

**FINAL REPORT**

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**Respect Victoria  
Evidence Review****Authors:**

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**List of acronyms**

ACRONYM	
ANROWS	Australia's National Research Organisation for Women's Safety
CALD	Culturally and Linguistically Diverse
DPC	Department of Premier and Cabinet
DSS	Department of Social Services
DV	Domestic violence
FGC	Female genital cutting
FGM	Female genital mutilation
FV	Family violence
GEI	Gender Equality Index
IPV	Intimate partner violence
LGA	Local Government Authority
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
RCFV	Royal Commission into Family Violence in Victoria
SA	Sexual assault
SIGI	Social Institutions and Gender Index
SV	Sexual violence
UN	United Nations
VAW	Violence against women
VicHealth	The Victorian Health Promotion Foundation

# Executive Summary

## AIMS

The aim of the Evidence Review is to provide key information for Respect Victoria to set a research agenda, which is critical to initiate within Respect Victoria's establishment phase. The Review sets out current evaluation research on the primary prevention of family violence (FV) and violence against women (VAW), and the extent and nature of current research funding for primary prevention interventions.

There are two parts to the Evidence Review.

- Part 1: a critical review of the recent national and international literature on the effectiveness of primary prevention interventions in FV and VAW; and
- Part 2: a scan of current research funding in primary prevention of FV and VAW in Australia.

## METHOD

### Part 1

A scoping review method was used to answer the following research questions:

- What interventions have been shown to be effective in the primary prevention of FV and VAW?
- What drivers and/or enabling factors (risk or protective) are targeted in these interventions?
- What outcomes are used to determine effectiveness?

#### *Scoping review method*

Step	Detail
Set the search strategy, based on research questions	Piloting terms and databases
Identify relevant studies	Detailing inclusion/exclusion criteria
Study selection	Google Scholar searched, reviewed via title and abstract, in regular consultation with KF and LH. Undecided reviewed by KF and LH for final decision
Charting the data	Data extracted using agreed tables with RV
Collating, summarizing and reporting the results	KF and ES analysed and reported on results of peer-review and grey literature

For peer-reviewed literature, key search terms covering all forms of VAW or FV, primary prevention, intervention and evaluation were searched across electronic databases: Medline, PsycINFO, Business Source Complete, CINAHL, SPORTDiscus, SocINDEX, ERIC and Scopus. A specific list of websites and google were also searched for grey literature that met the inclusion criteria.

We restricted literature to the last 10 years and publications in English language only. Studies located in countries not sufficiently socio-culturally politically similar to Victoria, Australia were excluded. Studies predominantly focussed on

secondary prevention or response, or abuse other than FV or VAW, were excluded. Studies reporting process evaluation or feasibility only were also excluded. Literature reviews were restricted to systematic reviews or meta-analyses only.

## Part 2

Part 2 involved a scan of current research funding in primary prevention of FV and VAW in Australia and answers the following research question:

- What is the nature and extent of current research funding in Australia in primary prevention of FV and VAW?

A comprehensive and systematic grey literature search of Australian research grants, fellowships and other funding of primary prevention research and program evaluation was undertaken. The search was separated into National and Victorian state funding on primary prevention of FV and VAW from 2009-2019. In addition, publications from the results of Part 1 were examined to assess any Australian funding.

Findings were tabulated according to a priori criteria, descriptively analysed and research projects categorised to identify funding gaps and potential areas for future primary prevention research. Results were charted according to the research program's target population or focus.

## RESULTS

### Part 1

The search in the electronic databases and websites identified 5,035 references (after removal of duplicates). Following title and abstract review, relevant papers were reduced to 514. Following a final assessment of papers, 201 were included for review (individual study evaluations no.=160; systematic reviews no.=31; grey literature no.=10).

The majority of individual evaluated studies appearing in the peer-reviewed literature had been conducted in USA (no.=127), followed by Canada (no.=12), continental Europe (no.=12), Australia/New Zealand (no.=5) and U.K. (no.=4). It is important to note that studies located in countries not sufficiently socio-culturally politically similar to Victoria, or those published in a language other than English, were excluded. As such, there may be further studies showing effective primary prevention interventions but which do not appear in this Review. It is also important to note that the search parameters for grey literature were narrow in order to adhere to tight timeframes in which to conduct the search and analysis of literature. The search was predominantly focused on Australian websites, and inclusion criteria whereby process evaluations or feasibility studies were excluded, was strictly adhered to. This resulted in a low number of grey literature being included in the review.

The spread of the studies across violence types can be seen below.

Child abuse/maltreatment and child sexual abuse	• 59 studies (6 effective), 13 systematic reviews
Elder abuse	• 1 study
Intimate partner violence (including domestic violence)	• 13 studies (0 effective), 3 systematic reviews
Youth sexual assault and dating violence	• 68 studies (8 effective), 9 systematic reviews
Sexual assault/harassment and all types of VAW combined	• 19 studies (1 effective), 4 systematic reviews
Female Genital Mutilation	• 1 systematic review

A study was categorised as "effective" if impact on violence occurring had been measured and successfully shown. Studies were deemed "promising" if they measured and successfully showed an impact on the drivers or reinforcing factors of violence. These categories were used as part of the scoping nature of the Review to provide an overview of



national and international research into the effectiveness of primary prevention interventions and what and how effectiveness has been measured. We acknowledge that assessing primary prevention intervention efficacy is challenging and that measuring success by associated decrease in violence rates is contested. However, these categories provided a useful categorisation of studies to understand and summarise the overall state of primary prevention intervention research.

## Part 2

Ninety-nine funded primary prevention research projects were identified including 34 National and 65 Victorian programs. National prevention funding on FV/VAW was dominated by the Australian Research Council (47%) and Our Watch (24%). Aside from federal programs, Queensland benefited from the bulk of the national funding. Victorian state government funded most (52%) of the Victorian research identified. Others included VicHealth, local government and several individual organisations.

National level research appears to have focussed predominantly on young people (45%), with community level programs the second most popular group to be targeted. The majority of Victorian funded research over the past 10 years has been at the community level (35%), along with prevention research targeting young people (20%).

## CONCLUSION

### Part 1

There is a lack of separation between primary and secondary prevention across many studies internationally. It is often challenging to determine to what extent primary prevention, as opposed to secondary prevention, is being targeted.

The current state of international evaluation research, undertaken by countries sufficiently similar to Victoria, Australia and published in peer-reviewed academic journals, shows an overwhelming dominance by USA-based studies and a significant lack of such work being published from Australia. This suggests that primary prevention intervention development, whilst potentially underway in Australia, is not visible nationally or internationally through traditional peer-reviewed academic channels and therefore not being built upon by further emerging studies.

Education programs or those set within an education context are the most prolific form of intervention being implemented and evaluated. Furthermore, the population most frequently targeted across the spectrum of VAW is young people. With most studies being developed in the USA for tertiary level students or tested within that context, a very real challenge is relevance to the Australian context. There is a significant lack of studies that target more universal and adult populations. There is also a surprisingly small number of studies examining primary prevention strategies for IPV or FV elder abuse. There were also no studies that looked specifically at other categories of FV, such as sibling abuse or child/adolescent to parent abuse. In terms of VAW, there are very few studies published that look at the primary prevention of female genital mutilation/cutting (FGM/C) (outside of Africa or the Middle East) and reproductive coercion.

There is also a lack of focus on particular population groups, such as women with a disability, Indigenous or culturally and linguistically diverse (CALD) communities, and Lesbian, Gay, Bisexual, Transsexual, Queer and Intersex (LGBTQI) communities. Equally, there is a lack of insight within each of those communities, for example the drivers of VAW across the various communities within the overall LGBTQI community. There is little understanding or a lack of application with regards to intersectionality, particularly regarding how to incorporate or adapt interventions for different segments of the population or indeed how these intersect with other factors such as disability, race, culture, sexuality and socio-economic status.

Given the overriding focus on youth populations and educational programs, few studies looked at the impact of policy and its effectiveness in preventing FV or VAW. Even with a substantial number of educational programs being evaluated, their heterogeneity means it can be very challenging to summarise what aspects of these programs work and for whom.

Assessing effectiveness of the interventions was hard to establish, with many studies reporting on complex programs containing multiple outcome measures that were not necessarily well aligned with a focus on primary prevention of FV and

VAW. Whilst we were not formally assessing the quality of the studies we found, it was apparent that the quality of evaluations was varied and many of the authors of systematic reviews argued for more higher-quality evaluations in order to ascertain an evidence base. Follow-up was often short, giving no indication of impact beyond several months. There is a clear need for more longitudinal studies and evaluations that include long-term follow-up to understand effective change over time.

The grey literature included in this Review was small in number and predominantly Australian based. Many studies found through the grey literature reported process evaluations or reported on study feasibility rather than reporting impact. This may be due to inappropriately designed evaluations so that impact is hard to establish.

## Part 2

There has been limited Australian funded research on primary prevention of FV/VAW in the past 10 years. Funded research preventing VAW makes up most of the findings rather than addressing broader forms of FV e.g. elder abuse, child/adolescent violence towards parents and programs targeting minority groups e.g. LGBTQI communities. Young people have been the focus of prevention research, especially at the national level. In Victoria, community interventions have promoted gender equality in local government, sports settings and the media.

Identification of funded prevention research was often challenging due to varied interpretations of primary prevention, lack of documentation/transparency and access. Victorian prevention projects frequently appear disjointed or siloed, one-off programs without coordination or strategic processes for future research collaboration. Nor do they have clear program logic or outcome measures for evaluation.

## LIMITATIONS

There are several key limitations to this Review.

- The search strategy was limited across time, language and countries in which studies took place and were evaluated. We acknowledge that there may be many more primary prevention initiatives that have not been included.
- The grey literature search was restricted to literature that was available publicly outside the traditional peer-reviewed academic channels. Whilst the search targeted government and organisation reports and working papers, the search was biased towards Australia and those that were easily accessible within the timeframe of the Review. We recognise that this means there may be many more primary prevention initiatives that have been evaluated but not included in this Review.
- Given the challenge in differentiating primary and secondary prevention focus of the programs, some studies may be included that could be predominantly aimed at secondary prevention.
- As this was a scoping review, the quality of the studies was not assessed.

## RECOMMENDATIONS

- Understand that long term investment is needed before changes will be seen.
- Strategic planning of future primary prevention research in a clear and coordinated manner that facilitates collaboration.
- Expand funding on general prevention of VAW in Australia.
- Funding needs to be directed to gaps in existing knowledge on effective primary prevention activities, for example:
  - IPV;
  - other forms of FV (such as elder abuse; reproductive coercion; female genital mutilation or cutting (FGM/C);
  - adult targeted (and potentially) universal populations in relation to sexual assault, harassment and stalking across a broader range of contexts such as workplaces, public transport, and public spaces;
  - impact across (and within) particular population groups (disabled, Indigenous, CALD, LGBTQI) – sufficiently taking into account intersectionality;
  - how to target men and boys in Australia to engage with primary prevention (and all genders both individually and collectively) to understand what works for whom;

- those adapting existing international evidence to the Australian context (there is a potential to build upon the evidence developed in USA, but test adaptation to the Australian context).
- Funding should be made available to establish what are the agreed drivers of various manifestations of FV (outside of men's violence against women).
- A stipulation of funding should be that applications identify the drivers or reinforcing factors of FV or VAW that they are targeting.
- Applications to fund primary prevention initiatives should include detailed plans for a high-quality impact evaluation. Sufficient financial and time support should be available from funders to ensure a good-quality evaluation can be conducted over time, with sufficient long-term follow-up included. Complex social interventions, for example, can be guided by the Campbell collaboration methodological guidelines.
- Evaluations should have consensus on outcome measures beyond awareness raising and process evaluation for assessment of sustainable change in community attitudes and men's behaviour, potentially aligning with the National Community Attitudes Survey.
- Improve documentation and monitoring of primary prevention research and funding across Victoria
- For small-scale studies undertaken in the community setting, there is a need to provide guidelines for a simplified, but effective evaluative approach. This will be key for community organisations in which individuals might not have specialist knowledge or experience. This could also be addressed by the delivery of training programs for organisations wishing to undertake primary prevention activity development and evaluation.
- Evaluations need to show an understanding of and take into consideration contextual complexities as well as be able to better compare impact across diverse communities. Studies need to be able to establish what is effective for whom, when and where.
- Need consistent use of measures across studies so that they can be collectively compared, to build stronger evidence of knowledge, attitudinal and behavioural change. We would recommend:
  - a repository of validated scales and measures across the violence types, drivers being measured, and populations targeted; and
  - supporting the development and testing of new and appropriate scales specifically for use in primary prevention intervention evaluations in the Australian context.
- Given the scarcity of published peer-reviewed academic literature from Australia in primary prevention, a requirement of funding could be to publish the results of an evaluation. This would ensure Australia is recognised for its primary prevention work on the international stage and ensure knowledge dissemination and translation internationally. It would also potentially ensure Australian studies feature in systematic reviews and meta-analysis for evidence-based decision making.
- Any provision of a funding scheme should also have an overarching evaluation plan:
  - to ensure programs are cohesive and complementary;
  - to ensure collaboration between those involved; and
  - to ultimately measure the collective impact of such a funding scheme.
- Need to advocate for the establishment of consistent recording practices and measures of FV and VAW in Victoria, and nationally, to ensure primary prevention studies can measure impact over time. Whilst studies were able to do so for child maltreatment in the USA, it was clear very few were able to do so for IPV.

# Background

The Victorian Royal Commission into Family Violence (RCFV) was a seminal piece of work instigated by the State of Victoria in 2015. Its recommendations spanned across primary prevention to response, coordination of community and government stakeholders, accountability of perpetrators as well as support for victims (State of Victoria, 2016b).

Included in the recommendations was the development of a primary prevention strategy and the establishment of an initiative that would (State of Victoria, 2016b)(p.95-6):

- oversee prevention of family violence (FV) activities in Victoria;
- provide policy and technical advice to policy makers;
- provide technical advice and expertise on primary prevention to organisations and communities;
- coordinate research that builds an evidence-base for primary prevention; and
- ensure availability of primary prevention training.

This “initiative” has led to the creation of Respect Victoria and, , with legislation guiding its remit and responsibilities, by association, this Evidence Review of primary prevention interventions.

Respect Victoria is focussed on stopping FV and violence against women (VAW) before it starts. Primary prevention is distinct from secondary and tertiary prevention or indeed early intervention and tertiary response, focusing on a population approach and the drivers and contributing factors of FV and VAW (Our Watch, Australia’s National Research Organisation for Women’s Safety (ANROWS), & VicHealth., 2015).

## Family violence and violence against women

Family violence, including VAW, is a global issue that has reached “epidemic proportions” (World Health Organisation, 2018). In Australia, 17% of women have experienced violence by a partner, one in four women have experienced emotional abuse by a partner, every second woman has experienced sexual harassment, and one in six has experienced stalking (Australian Bureau of Statistics, 2017). It is hard to determine the rates of all forms of FV and VAW, for example family related child abuse and female child sexual abuse, given various issues not least of all consistency and comprehensiveness of reporting and data collection.

We know that VAW has far reaching negative mental and physical health consequences for women and girls across their life-course (Ayre, Lum On, Webster, Gourley, & Moon, 2016; World Health Organization, 2013), as well as impacting the health of those who perpetrate such violence (Oram, Trevillion, Khalifeh, Feder, & Howard, 2014). The cost of VAW and their children to the Australian economy has been estimated to be \$22 billion in 2015–16 (up from an estimate of \$13.6 billion in 2009)(KPMG, 2016; The National Council to Reduce Violence against Women and their Children, 2009). But even then, as KPMG notes, a lack of adequate prevalence data relating to Aboriginal and Torres Strait Islander peoples, pregnant women, women living with the effects of a disability or disabilities, and homeless women may mean the estimated cost could be short by \$4 billion.

Our Watch, VicHealth and Australia’s National Research Organisation for Women’s Safety (ANROWS) set out a framework for the primary prevention of VAW and their children in Australia in 2015 (Our Watch et al., 2015). This was underpinned by foundational work undertaken by Kim Webster and Michael Flood (2015). Webster and Flood (2015) provided an overview of the drivers and reinforcing factors of VAW: the root cause being gender inequality, which intersects with various other social inequalities, such as social class, ethnicity or race, sexuality and age. Webster and Flood (2015) group factors associated with VAW into four categories, as follows (p.21):

- those associated with gender inequality;
- those associated with the practice of and response to VAW;
- those associated with the practice of and response to violence in general; and
- those challenging gender hierarchies, compounding gender inequalities or weakening non-violent and gender equitable social norms.

These are then discussed in terms of social practices, norms and structures (p.13) as interrelated mechanisms that are influential across individual, community and social levels (in an ecological model). Conceptualising VAW in this way enables examination beyond the individual experience.

The definitions of FV and VAW overlap but are also quite distinct. Whilst VAW is broad, in that it includes all forms of violence against women in all contexts, FV is narrower in that it focuses on the family context but is broader in that it is not gender specific (Our Watch, 2015). The definitions used in this report and for the Evidence Review are detailed below, but essentially FV is “behaviour by a person towards a family member of that person” causing harm or fear of harm<sup>1</sup>. The definition of “family” is broad, and includes any person regarded as a family member by way of the circumstances of the relationship.

As such, there are certain types of violence that can fall within as well as outside the definition of FV and VAW, depending upon the gender of the victim and the context within which the violence occurs. Elder abuse and child abuse can occur within the family, and are therefore considered FV, but they can also occur outside of the family context and be perpetrated by a range of abusers, for example institutional abuse (Dean, 2019). However, if the victim is female, elder abuse and child abuse may still sit within the definition of VAW. This raises challenges in determining whether interventions are targeting FV and/or VAW.

We reviewed all forms of FV, including intimate partner violence (IPV), child abuse, elder abuse and adolescent violence. Prevention of adolescent violence within the family is an emerging field. Prevention of elder abuse is less prominent in the literature but is currently being investigated, predominantly, across aged care. The research field of child abuse and maltreatment prevention is better established. It can be challenging to ascertain whether interventions fall within FV, VAW or have a broader focus such as institutional child abuse (being neither FV nor VAW if the victim is male).

Increasingly, the term “Family Violence” is seen as problematic for its lack of gendered focus. Yates (2020) argues that Victoria’s focus on FV is somewhat unique, in that at the Federal level, the focus is on domestic violence (understood to be male perpetrated violence against women) and violence against women, whilst at the international level the focus is predominantly on violence against women. She raises the potential issue that such a gender-neutral term prevents the focus being on men’s violence against women and their children. Whilst Victoria has maintained a gendered approach to FV through the RCFV and ongoing work, Yates highlights the potential for such a gendered framework to be lost without feminist leaders to continue to drive it (Webster & Flood, 2015).

## Evaluation and Evidence

Time and investment in applied research and effective evaluations of primary prevention interventions is essential. But what we measure and how we assess evidence of efficacy is an ongoing debate across primary prevention.

In their discussion of emerging evidence of interventions that prevent VAW, Webster and Flood (2015) argued that “high quality impact evaluations are relatively rare” (p.63). Recently, VicHealth, in reviewing research work undertaken so far in responding to VAW, reiterated the need for evaluation to form part of any intervention development and implementation (VicHealth, 2019).

However, what is meant by “evaluation” is often questioned. The Australian Institute of Family Studies have raised issues of intervention evaluation and the quality of the evidence when discussing the primary prevention of VAW and sexual assault (Quadara & Wall, 2012; Walden & Wall, 2014). These papers question what is meant by ‘evaluation’ and how or what is measured when it comes to evaluating the ‘success’ of a primary prevention intervention. Walden and Wall (2014) do not provide full answers to these questions, although do argue for greater clarity around what is intended as success for any intervention and establishing what will be the indicators for establishing success. Furthermore, they argue for the ongoing development of national indicators to establish success in reduction of violence over the long term. Whilst indicators exist such as the Personal

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<sup>1</sup> Taken from the Victorian *Family Violence Protection Act 2008*

Safety Survey and the Australian Gender Indicators conducted by the ABS as well as the National Survey of Community Attitudes to Violence Against Women conducted by ANROWS, they may not comprehensively address FV or VAW.

It has been shown internationally that sufficient data to analyse the incidence of VAW or FV over time is scarce, if at all available. For example, Ertan's (2014) review of gender equality indices explains that indices often miss key relevant variables, ill-reflect women's societal participation (for example participation in the labour force ignores women's informal or care labour), or are challenged with conceptual clarity issues. There are two indices of FV in Brazil and Spain that have been developed and reported, although both of these reflect on only a small aspect of FV, namely violence against children and adolescents or IPV against women, and use only political/policy-related indicators or reports/records of IPV cases and deaths (Deslandes, Mendes, & Pinto, 2015; Vives-Cases, Álvarez-Dardet, Colomer, & Bertomeu, 2005). There are indices that include FV or VAW as part of the overall focus, for example the National Index of Violence and Harm in the US, the Social Institutions and Gender Index (SIGI) developed by the Organisation for Economic Co-operation and Development and the Gender Equality Index (GEI), developed to measure gender equality across the European Union (Brumbaugh-Smith, Gross, Wollman, & Yoder, 2008; Development Centre's Social Cohesion Unit, 2014; European Institute for Gender Equality, 2013, 2017). Interestingly, in 2014, Australia was not ranked within the SIGI as it had no score for two of the five dimensions included in the Index (including "restricted physical integrity", which used VAW as an indicator). This has since been resolved, and in 2019 SIGI reported Australia as ranked "very low" for inequality. Furthermore, the GEI originally could not find sufficient indicators for the domain of VAW because of a lack of or inconsistent and comparable data. As such, whilst the domain was included in the index, it remained blank with developers hoping that it would encourage "reflections on how to begin the monitoring of this dimension" (European Institute for Gender Equality, 2013). In 2012, however, a European Union-wide survey was undertaken by the European Union Agency for Fundamental Rights examining violence against women (European Union Agency for Fundamental Rights, 2014). This data source enabled the domain to be filled, although the GEI reports that since then, no updated survey data has been available (European Institute for Gender Equality, 2017).

In Webster and Flood's (2015) review of forms of primary prevention interventions, it was clear that interventions differed significantly, and evidence of efficacy was mixed. Such mixed results, however, was unsurprising as building an evidence base takes time and relies upon "strong research and evaluation capacity" (p.61), as had been seen in primary prevention across other fields such as road safety. In their foundational work, Webster and Flood had endeavoured to categorise the forms of interventions across four levels of 'impact': effective, promising, conflicting and ineffective (p.64). Interventions deemed "effective" were those shown to reduce violence, while promising interventions were those that had been shown to have an impact on the drivers and reinforcing factors of violence. A fifth category was also used to classify interventions that had been implemented but insufficiently evaluated to determine effectiveness at that stage, such as policy, legislative and institutional reform, and advocacy.

Community level effects of prevention interventions may take many years or decades to eventuate and be complicated by confounding factors (Quadara & Wall, 2012; Walden & Wall, 2014). This does not mean evaluations cannot assess impact on violence directly, but such a measure may not be the primary goal of an intervention in the short or even medium term. Our Watch's Change the Story framework supports program development and evaluation to focus on impacting the drivers of violence rather than violence itself (Our Watch et al., 2015).

An additional challenge is that prevention programs are often instigated within the local community and, as such, may not be sufficiently rigorously evaluated (Municipal Association of Victoria & VicHealth, 2013). VicHealth has set out frameworks and guidance for community organisations undertaking evaluations of VAW primary prevention programs, in order to build evaluation capacity (Flood, 2013; Kwok, 2013; VicHealth, 2016). VicHealth identified that for community level program evaluation, good quality evaluations such as the use of randomised controlled trials (RCT) were challenging without the support of funded university research partners (Flood, 2013). They propose a "participatory and learning oriented" (p.4) approach to evaluation that engages stakeholders and ensures their information needs and values are embedded throughout the process from start to finish (VicHealth, 2016). However, when considering the 'success' of a program or assessing what the evidence is for implementing a type of program, high quality evaluations are still required. Whilst RCTs are considered gold standard for evaluating interventions, there is increasing debate as to their relevance for evaluating interventions relating to complex social issues or for assessing the broad socio-ecological implications in impact

effectiveness (Olsen, 2019). Methodological rigour is still required, however, if we are to ascertain why interventions are considered a success or not. Despite the challenge in conducting such evaluations of complex interventions, there have been systematic reviews conducted in the field of primary prevention, as this Evidence Review shows, and we reflect upon this and the outcomes of such reviews further in this Review.

## AIM OF REVIEW

Respect Victoria commissioned this Evidence Review to examine the current state of evaluation research into the primary prevention of FV and VAW. The aim of the Evidence Review is to provide key information for Respect Victoria to set a research agenda, critical to initiate within Respect Victoria's establishment phase.

The review will describe the state of evaluation research on the primary prevention of FV and VAW, what interventions or programmatic elements of interventions are effective, and the extent and nature of current research funding for primary prevention interventions.

There are two parts to the Evidence Review:

- a critical review of the recent national and international literature on the effectiveness of primary prevention interventions in FV and VAW; and
- a scan of current research funding in primary prevention of FV and VAW in Australia.

## DEFINITIONS

The following definitions have been used for this Evidence Review.

### Family violence

FV is defined in accordance with the Victorian *Family Violence Protection Act 2008* as "behaviour by a person towards a family member of that person":

- that is physically, sexually, emotionally, psychologically or economically abusive;
- that is threatening, coercive or "in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person";
- that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour listed immediately above.

For the purposes of the Act, "family member" includes:

- a current or ex-spouse or domestic partner (including intimate personal relationship);
- a relative; and/or
- a child:
  - who normally/regularly resides with the abuser or previously resided with the abuser on a normal or regular basis; and/or
  - of a person who has, or has had, an intimate personal relationship with the abuser.

A family member also includes "any other person ... regarded as being like a family member" if it is or was reasonable to do so having regard to the circumstances of the relationship. The Act refers to a 'carer' becoming a family member if the relationship "over time" has "come to approximate the type of relationship that would exist between family members", taking into account: social and emotional ties; living together or relating together in a home environment; the reputation of the relationship as being like family in their community; the cultural recognition of the relationship as being like family in their community; the duration of the relationship and frequency of contact; financial dependence or interdependence; any other form of dependence or interdependence; the provision of any responsibility or care, whether paid or unpaid; and the provision of sustenance or support.



## Violence against women

We follow the definition set out by the United Nations (UN) in Articles One and Two of the Declaration on the Elimination of Violence against Women (Proclaimed by General Assembly resolution 48/104 of 20 December 1993). The UN defines VAW as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”

This can include violence within the family, general community or which is perpetrated or condoned by the State. It includes, but is not limited to:

- battering;
- sexual abuse of female children;
- dowry-related violence;
- rape;
- female genital mutilation;
- sexual abuse;
- sexual harassment;
- trafficking; and
- forced prostitution.

Although not included within the 1993 definition, we also include cyber sexism and abuse.

## Primary prevention

We follow the definition of primary prevention used in *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*, which defines primary prevention as “whole of population initiatives that address the primary (‘first’ or underlying) drivers of violence” (Our Watch et al., 2015, p. 15). Interpretation of what primary prevention means can vary, and can sit across broader population, community and individual levels. There can be a fine line between primary and secondary prevention, with the latter referring to prevention amongst high risk population groups and approaches that focus on immediate responses to violence (also known as early intervention); thereby preventing progression (Flood, 2013; García-Moreno et al., 2015; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). However, our focus in the review remains on primary prevention and as such we examine interventions that aim to prevent violence before it has occurred (Krug et al., 2002).



# Part 1

Respect Victoria set the following research questions to be answered by the Evidence Review:

- What interventions have been shown to be effective in the primary prevention of FV and VAW?
- What drivers and/or enabling factors (risk or protective) are targeted in these interventions?
- What outcomes are used to determine effectiveness?

These questions were answered by a traditional literature search and is represented by the table of included papers/studies at Appendix 1. We present our findings in detail below.

## METHODS

We followed the scoping review method as set out by Arksey and O'Malley (2005) and further developed by Levac, Colquhoun, and O'Brien Kelly (2010). Given the broad scope of the Evidence Review, the scoping review method is appropriate as it is used where there is little known about a particular topic—in this case where little is known as to the extent of evidence of successful primary prevention interventions for FV and VAW. Scoping reviews are also used to map existing literature, identifying gaps and future research needs. Scoping reviews, whilst not a systematic review, are systematically undertaken and use an iterative approach. They also allow for greater flexibility in taking account of grey literature.

Whilst systematically undertaken, and despite greater flexibility afforded by a scoping review with respect to taking account of grey literature, the search contained a number of inclusion and exclusion criteria. This was done in order to ensure manageability of the search and literature selection within a tight time frame and to align with Respect Victoria's timelines for developing a research agenda. These limitations are discussed further below.

There are five stages to the scoping review methodological framework (Arksey and O'Malley, 2005: p22)

Stage 1: identifying the research question

Stage 2: identifying relevant studies

Stage 3: study selection

Stage 4: charting the data

Stage 5: collating, summarizing and reporting the results.

Respect Victoria has established the research question, which we have further clarified by clearly articulating the scope to establish a specific, effective, and feasible (given time constraints) search strategy (Levac et al., 2010). In identifying relevant studies, we were aware of the potential challenge intrinsic to scoping reviews—a high yield of literature due to the breadth of scope (Arksey & O'Malley, 2005; Levac et al., 2010). In identifying literature within scope (Stage 2), we assembled a review team with relevant content expertise to make decisions on breadth and to refine the inclusion and exclusion criteria (with each decision being fully justified without compromising comprehensiveness) (Levac et al., 2010). This second stage was further enhanced through Stage 3 with O'Sullivan, Forsdike and Hooker regularly communicating with regards to abstract review, discussing any selection uncertainties and agreeing final inclusion (Levac et al., 2010). Final review was undertaken by Hooker and Forsdike. With regards to Stage 4, the templates for the data extraction tables were developed by the team collectively prior to confirming with Respect Victoria (Levac et al., 2010). We then collated descriptive data from published publicly available empirical research evaluations and systematic reviews (see Appendix 1). Finally, we undertook a thematic analysis of the included literature and identified funded research (from Part 2) to discuss the gaps and "broader implications for research, policy and practice" (Levac et al., 2010, p. 7).

In addition, the detail we provide below with regards to the search strategy and selection of studies adheres to the new Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) extension for scoping reviews, enabling evidence of sufficient rigour in process for future publication (Tricco et al., 2018). PRISMA guidelines set out the required items that need to be included in research reports to enhance transparency in methods (Tricco et al., 2018).

## Search strategy

For peer reviewed literature, the electronic databases Medline, PsycINFO, Business Source Complete, CINAHL, SPORTDiscus, SocINDEX, ERIC and Scopus were searched. Further electronic resources including Google were searched, and the following websites were specifically targeted for evaluations of primary prevention interventions:

### National

- Australian Institute of Family Studies <http://www.aifs.gov.au/>
- Australian Institute of Health and Welfare <http://www.aihw.gov.au/>
- Australia's National Research Organisation for Women's Safety <http://www.anrows.org.au/>
- Australian Government Department of Health <https://www.health.gov.au/>
- Australian Government Department of Social Services <https://www.dss.gov.au/>
- Our Watch <https://www.ourwatch.org.au/>
- VicHealth <https://www.vichealth.vic.gov.au/>
- Domestic Violence Resource Centre Victoria <https://www.dvrcv.org.au/>
- Domestic Violence Victoria <https://dvvic.org.au/>
- Women's Health Victoria <https://whv.org.au/>
- Gender Equity Victoria <https://www.genvic.org.au/>
- Action to Prevent Violence Against Women <https://www.actionpvaw.org.au>
- Beyond Blue <https://www.beyondblue.org.au/>

### International

- Cochrane Database of Systematic Reviews
- Campbell Collaboration
- New Zealand Domestic Violence Clearinghouse <https://nzfvc.org.nz/>
- World Health Organization <https://www.who.int/> and <http://apps.who.int/violence-info/studies?aspect=prevention&group-by=region>
- PreVAiL Preventing Violence Across the Lifespan Research Network Canada <https://prevailresearch.ca/>
- Centre for Gender and Violence Research UK <http://www.bris.ac.uk/sps/research/centres/genderviolence/>
- World Bank ([www.worldbank.org](http://www.worldbank.org)).
- Violence Prevention (Centre for Public Health, Liverpool John Moores University; [www.preventviolence.info](http://www.preventviolence.info)).
- Centers for Disease Control and Prevention ([www.cdc.gov/injury](http://www.cdc.gov/injury)).
- Centre for Public Health ([www.cph.org.uk/expertise/violence](http://www.cph.org.uk/expertise/violence)).
- National Institute of Justice (<https://nij.ojp.gov/>)

We restricted literature to the last 10 years and publications in English language only. Reference lists of identified papers were examined in order to identify other relevant studies.

Tables 1 and 2 below show the search strategy used for Medline and PsycINFO, which was adapted for the other databases as necessary.

Table 1 Medline and PsycINFO search strategy for FV primary prevention

STEP	TERMS
1	famil* violence OR Intimate partner abuse OR Intimate partner violence OR domestic abuse OR domestic violence OR partner violence OR wife abuse OR spouse abuse OR family conflict OR

	interparental conflict OR adolescent to parent violence OR child to parent violence OR elder abuse OR child abuse OR child sexual abuse OR child neglect OR child maltreatment OR sibling abuse OR sibling violence (ab.OR.ti.OR.kw)
2	prevent* (ab.OR.ti.OR.kw)
3	intervention OR program* OR programme OR implement* OR strateg* OR campaign* OR "public communication" OR policy OR policies OR activit* (ab.OR.ti.OR.kw)
4	Evalu* OR effective* OR pilot OR testing OR feasibility OR assessment (ab.OR.ti.OR.kw)
5	1 AND 2 AND 3 AND 4

Table 2 Medline and PsycINFO search strategy for VAW Primary Prevention

STEP	TERMS
1	Women OR woman OR female OR girl (ab.OR.ti.OR.kw)
2	violence against women OR gender-based violence OR rape OR Sexual assault OR Sexual harass* OR Sexual* violen* OR stalking OR cyber bullying OR dating violence OR batter* OR relational aggression OR reproductive coercion OR female genital mutilation OR trafficking OR forced prostitution (ab.OR.ti.OR.kw)
2	prevent* (ab.OR.ti.OR.kw)
3	intervention OR program* OR programme OR implement* OR strateg* OR campaign* OR "public communication" OR policy OR policies OR activit* (ab.OR.ti.OR.kw)
4	Evalu* OR effective* OR pilot OR testing OR feasibility OR assessment (ab.OR.ti.OR.kw)
5	1 AND 2 AND 3 AND 4 AND 5

Search results were imported into an electronic bibliography (Endnote), and duplicates were removed.

### Inclusion and exclusion criteria

There were three key limitations to the Review that arose due to inclusion and exclusion criteria being put in place to ensure relevancy to Victoria, alignment with Respect Victoria's timeframes for developing a research agenda and restrictive costs.

Literature in a language other than English was excluded due to the difficulty and cost of translation. Literature reporting on interventions implemented in countries that are not sufficiently similar to the state of Victoria (i.e., socially, culturally, politically different) were excluded due to potential lack of relevance to the Australian context (for which this Review was commissioned). As such, this Review may have excluded some studies that might have been found to be effective or promising.

Grey literature for the purposes of this review was determined to be literature that is available publicly and exists outside the traditional peer-reviewed academic channels (government and organisation reports and working papers). Given time constraints, we did not search for literature that was not easily accessible online in the public domain. We acknowledge that there may be many studies being evaluated and reported, but which may only be accessible through a freedom of information application.

Further to these key limits to the Review, we only included papers on the basis they were identifying interventions that had been evaluated for effectiveness.

### What we mean by 'effective'

We identified interventions that had been evaluated for impact across long- and medium-term indicators: 1) reduction of violence, or 2) impact on identified drivers/reinforcing factors of violence (thereby potentially reducing violence over time).

In considering impact on identified drivers and reinforcing factors of VAW, we were guided by the Change the Story framework. We acknowledge that the drivers of VAW "are the most consistent predictors of VAW", whilst reinforcing risk factors, although important in relation to the gendered drivers, do not "predict or drive violence against women on their own" (Our Watch et al., 2015, p. 23). We also acknowledge that there is little understanding to date of the drivers and contributing factors for FV outside of the dominant male to female dynamic. Furthermore, not all studies would openly state the drivers or reinforcing factors of VAW, or FV, they were targeting. In these cases, we assessed what drivers or factors the studies appeared to be addressing.

Essential actions to address the gendered **drivers** of VAW are:

- challenge condoning of VAW;
- promote women's independence and decision making in public life and relationships;
- foster positive personal identities and challenge gender stereotypes and roles;
- strengthen positive, equal and respectful relations between and among women and men, girls and boys;
- promote and normalise gender equality in public and private life.

Reinforcing factors of VAW can increase the frequency or severity of violence but will not drive violence alone. The following list may be actions to address **reinforcing factors** of VAW:

- challenge the normalisation of violence as an expression of masculinity or male dominance;
- prevent exposure to violence and support those affected to reduce its consequences;
- address the intersections between social norms relating to alcohol and gender;
- reduce backlash by engaging men and boys in gender equality, building relationship skills and social connections; and
- promote broader social equality and address structural discrimination and disadvantage.

Interventions could be evaluated qualitatively or quantitatively. We also examined systematic reviews of primary prevention interventions, which were categorised (using an adapted form of the data extraction tables) and explored thematically.

### What we mean by 'intervention'

The actions listed above could be addressed in several ways. As such, interventions may include programs (for example, education across different sectors), marketing or communication campaigns, policy implementation and advocacy. Such interventions could also take place across various settings or sectors, as set out in the RCFV (2016a), such as:

- schools and tertiary institutions;

- local government;
- workplaces and organisational settings;
- sports settings;
- bystander intervention;
- media and popular culture; and
- faith-based contexts.

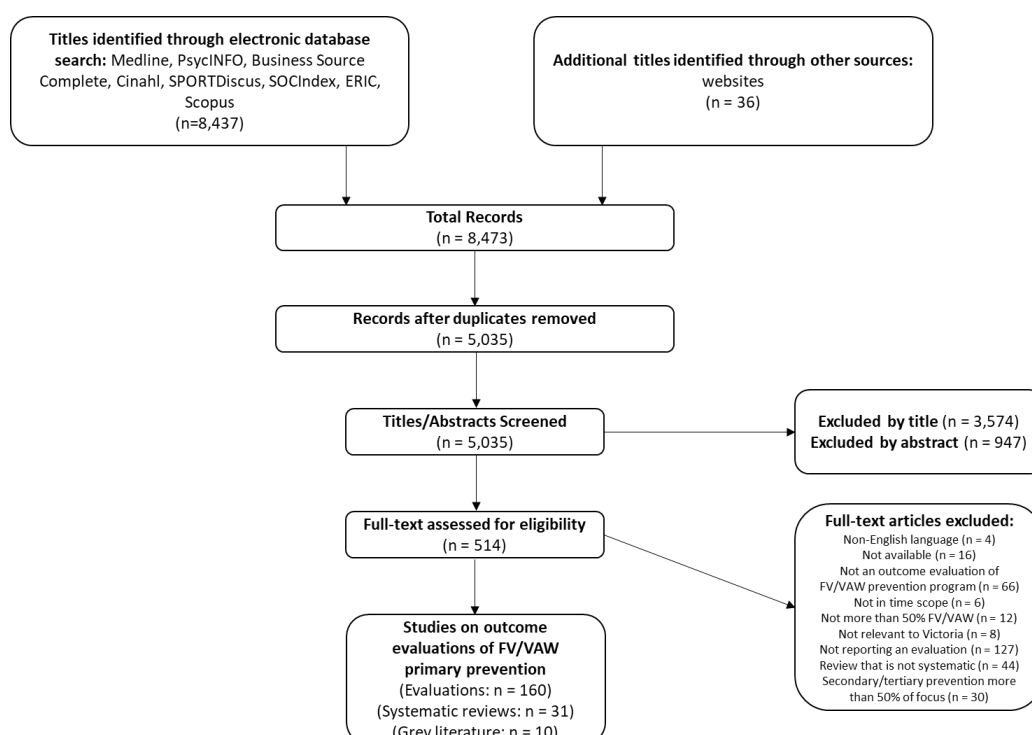
Interventions were included if they had been evaluated for effectiveness and were primary prevention interventions.

In addition to the above, the following were specified as excluded:

- interventions that have not been evaluated or which only report process evaluation (the process of implementing the intervention), program satisfaction, or feasibility study;
- narrative reviews, letters, editorials, commentaries, case reports, conference abstracts, and lectures and addresses;
- interventions addressing elder abuse or child abuse perpetrated by someone other than a family member (for mixed population study, the intervention must be targeted to at least 50% child abuse/elder abuse by a family member to be included);
- interventions addressing child sexual abuse or elder abuse outside of the family where less than 50% of the target population is female; and
- prevention interventions that are not considered “primary”, for example those focusing on interventions where violence has already occurred (i.e., secondary prevention/early intervention, tertiary prevention) (for mixed population/context prevention studies or for systematic reviews, activities/studies reviewed must be at least 50% primary prevention to be included).

## RESULTS

The search in the electronic databases and across websites identified 5,035 references (after removal of duplicates). Following title and abstract review, relevant papers were reduced to 514. Following a final assessment of papers, 201 were included for review. A PRISMA diagram outlining the search result process can be found at Figure 1.



*Figure 1 PRISMA diagram***PRISMA diagram**

The papers included in the review, together with key details of the studies on which they report, can be seen in the following data extraction tables at Appendix 1:

- peer reviewed primary prevention evaluations;
- peer reviewed systematic reviews;
- grey literature evaluation reports.

**FINDINGS**

The peer-reviewed literature predominantly comes from the United States and relates to programs implemented in schools or tertiary institutions to prevent sexual assault or youth dating violence. There are surprisingly few studies published elsewhere, of relevance to Victoria, Australia. Some studies have been conducted in Canada and a small number have been conducted in the United Kingdom, Australia/New Zealand, Spain and Portugal.

We examined the literature by type of violence and considered the level of effectiveness of the evaluated initiatives found as pertaining to focus on primary (violence reduction) or secondary outcomes (impact on the drivers or reinforcing factors). We did this separately for peer reviewed literature and grey literature, given the additional complexities of the studies and methodologies reported in the grey literature.

Some of the results of studies included in the review covered both primary outcomes (violence reduction) and secondary outcomes (impact on the drivers or reinforcing factors, e.g. attitudes and knowledge), and thus sometimes had two 'quality of evidence' ratings: one for the primary outcomes (effective, conflicting, or ineffective); and one for the secondary outcomes (promising, conflicting, or ineffective). The detail pertaining to these categories has been provided earlier in this report. Whilst Webster and Flood (2015) had included a fifth category of "successfully implemented but not yet evaluated", we did not use this category. As we were excluding any studies that had not been sufficiently evaluated, this fifth category was not relevant for our purposes. The team agreed that for 'quality of evidence' in relation to the impact on drivers/enablers to be considered 'promising' it needed 75% or more of the analysis to be statistically significant.

As such, the categories were determined as follows:

1. Effective (at preventing violence);
2. Promising (has an impact on drivers/reinforcing factors): study's analysis indicates approximately 75% or more as statistically significant;
3. Conflicting (not more than approximately 75% of the analysis shows significance);
4. Ineffective.

**Peer reviewed literature**

Given the overlap across many FV and VAW terms, we have reported on the literature across the following categories:

- child abuse/maltreatment and child sexual abuse;
- elder abuse;
- intimate partner violence (including domestic violence);
- youth sexual assault and dating violence;
- sexual assault/harassment and all types of VAW combined; and
- female genital mutilation/cutting (FGM/C).

**Child abuse/maltreatment and child sexual abuse**

The key challenge in scoping the literature for primary prevention of child abuse was a difficulty in assessing whether a study was looking at FV-related child abuse or whether it was focusing on child sexual abuse more broadly (within and outside of the family). The latter, if the child was female, could fall within the category of VAW

rather than FV. These nuances in type of violence and appropriate classifications were an ongoing challenge in searching and reviewing.

Here we looked at studies in the review that focussed on abuse against children, whether that be FV or VAW (sexual abuse against a female child).

Over a third of all studies fitting the inclusion criteria for this review evaluated interventions related to the primary prevention of child abuse (across either FV/VAW) (studies no.= 59; systematic reviews no.= 13). This has been a prominent area of research and intervention development, although predominantly only in North America. Forty-three of the 52 included individual studies were conducted in the United States of America (USA), with a further eight being conducted in Canada and six in Europe. Only two studies were from Australia.

The settings for 19 of the studies were educational, including pre-school, kindergarten, elementary, primary, middle and high schools. These studies focussed on educational programmes for children and young people. Those targeting a younger population group focussed on teaching about personal safety and recognising sexual assault to prevent child (sexual) abuse against themselves, whilst older children were taught parenting skills to prevent abusive behaviours towards children in adulthood.

The other most oft-used settings for the studies were health care (no.=14, eight of which were delivered through primary care), the general community (no.=11, including one in a community centre), and in the home (no.=6). Given that two of the systematic reviews also focussed on the primary care setting, this is a key site for primary prevention of child abuse. Studies in primary care settings focussed predominantly on discipline strategies to prevent abusive behaviours by parents, such as spanking, whilst studies in hospital settings focussed on preventing head trauma to infants, such as shaken baby syndrome, through strategies to reduce stress and responding to crying.

#### What is effective at preventing violence?

Six studies were considered effective at preventing violence (Altman et al., 2011; Barr et al., 2018; Dodge, Murphy, O'Donnell, & Christopoulos, 2009; McDonnell, Ben-Arieh, & Melton, 2015; McLeigh, McDonnell, & Melton, 2015; Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009) although several were considered promising as they reported a significant impact on drivers or reinforcing factors of violence targeted as part of the studies. Those studies considered effective at preventing violence related to child abuse/maltreatment (rather than child sexual abuse specifically).

We focus on the studies considered effective at preventing violence, examine what the initiatives being implemented were, how impact was assessed, and the key limitations raised.

Dodge et al. (2009) provided detail, albeit brief, of the empirical outcomes of the Durham Family Initiative, a community-based prevention initiative run throughout Durham County in North Carolina, USA. The initiative cut across all socio-ecological levels by working with individual families, the neighbourhood and the community more broadly. This included identifying families that needed to be connected to a range of services, making evidence-based services available and then connecting families to those services. Such services were broad in scope, and included schools, a mental health centre, the police, the juvenile court, health department, social services and a day care council.

The primary outcome measure used was a secondary analysis of child maltreatment rates for the county in comparison to five other similar counties in North Carolina. The source of data was not specified, neither was any detail of statistical analysis provided. The authors report that maltreatment rates declined by 49% over a four-year period for Durham county (in comparison to 22% average for the other counties analysed). There are many limitations to considering this initiative as truly 'effective'. Firstly, there is insufficient detail provided and it is hard to assess whether any reported reduction in maltreatment rates were as a result of this initiative. As the authors note, there may be significant differences in recording of maltreatment within and across the counties or there could have been other factors at play.

Prinz et al.'s (2009) study undertaken in the USA, evaluated a multi-layered comprehensive positive universal parenting program, referred to as Triple P, including social marketing, primary care education delivery, one-on-one



and group education, and home resources. This program appears several times in systematic reviews reported upon below and was originally developed by researchers at the University of Queensland. It targets families with at least one child aged between 0-12 years. The program has intervention manuals, systematic training for providers/practitioners, and resource materials for parents. The authors detail the program as focusing on five principles of positive parenting: ensuring a safe, engaging environment, promoting a positive learning environment, using assertive discipline, maintaining reasonable expectations, and parent self-care. The strategies and skills to cover these principles fall into eight categories:

- parent–child relationship enhancement;
- encouraging desirable behaviour;
- teaching new skills and behaviours;
- managing misbehaviours;
- preventing problems in high-risk situations;
- self-regulation skills;
- parental mood management and coping skills;
- partner support and communication skills.

The program is split into five levels, as follows:

1. Universal: the implementation of media and informational strategies pertaining to positive parenting (including use of radio, local newspapers, school newsletters, mass mailings, presence at community events, and website);
2. Selected: individual consultations and parenting seminars;
3. Primary care: four brief (20 minute) consultations “that incorporate active skills training and the selective use of parenting tip sheets covering common developmental and behavioural problems of preadolescent children”;<sup>1</sup> (Prinz et al., 2009, p. 5)
4. Standard and Group: individual and group family sessions for those families with children who have been identified as having problems; and
5. Enhanced: for those families identified as having additional risk factors, additional modules on issues such as partner communication, mood management and stress.

This study reports on an RCT of Triple P across 18 counties (randomised to intervention and control). Overall, 649 service providers received training, various media channels were used and between 8,883 and 13,560 families participated in Triple P. Outcome measures included: substantiated child maltreatment (Child Protective Services records); child out-of-home placements (Foster Care System records); and child maltreatment injuries (hospital mandatory reporting). All measures showed a positive effect in the intervention counties.

Altman et al.’s (2011) hospital-based educational program targeted parents of newborns to prevent child abuse in the form of head trauma/shaken baby syndrome. The program involved providing parents with an educational leaflet and an eight-minute video. The content of the leaflet and the video were not disclosed by the authors in the literature reviewed. To assess effectiveness of the program, the study compared the frequency of shaking injuries during the three years after the program was implemented with the five years preceding (considered a control period). Across those hospitals taking part, 76,108 births took place across the three years with 85% of parents being exposed to the program in year one, 88% in year two, and 88% in year three. Fourteen per cent of questionnaires completed by parents were in Spanish. The study found that the frequency of shaking injuries decreased by 75% from the control period to the post-program implementation period. In three other comparison states, no reduction was seen. One key issue that the authors noted was that, whilst males are more likely to “shake” a baby, only 40.4% of fathers watched the educational video, compared with 85.0% of mothers. As such, they acknowledged that better ways to reach male carers were needed. Two key limitations are reported. Firstly, it is impossible to state whether the reduction was due to the program. Furthermore, incidence statistics were hard to establish given inconsistent methods of recording such injuries across district attorneys’ and medical examiners’ offices, and Child Protective Services. The authors argue that effective systems to track injuries are needed.

Barr et al.’s (2018) Canadian study is similar to Altman et al.’s (2011) in that it was an education program (the Period of PURPLE Crying), using written and video resources in a province-wide, nurse-led education session that sought to prevent abusive head trauma in infants. It also had some similarity to the Durham Family Initiative in that it looked to broader organisational and community input as part of the initiative. Parents of newborns were



subjected to three educational activities: 1) a booklet and DVD during maternity admission; 2) nurses reinforcing material during a telephone call and/or home visit post-discharge; and 3) annual community education (through a purple-knitted cap delivered to all newborns). Other service providers such as paediatricians, family physicians, and support workers were also trained so that consistent provider messages about crying and how to respond, was delivered at multiple points in time. Similar to Altman et al. (2011), fathers were not as present as mothers during each phase of education delivery. The study found that the intervention was associated with a 35% reduction in child abusive head trauma admissions. Incident data was tracked via the Child Protection Service and an Inflicted Head Injury Surveillance program. The key limitation in this study was a lack of suitable comparative data from other provinces.

The USA studies by McDonell et al. (2015) and McLeigh et al. (2015) were deemed effective in that they were seen to reduce violence, but also promising or conflicting in other areas of impact. Both studies reported the results of an initiative called Strong Communities for Children. This initiative aimed to strengthen communities and was implemented across urban, suburban, and rural settings. The two parts of the initiative included: 1) a campaign to recruit volunteer outreach workers that could organise communities to “keep kids safe” through watching out for one another (engaging organisations to develop and implement action plans) and 2) new, informal services for families using existing facilities such as churches, community centres, schools, and libraries, to connect with other families, provide activities to build social support networks, and provide support for those in need.

Despite an original goal of a 10-year effort with three waves of data collection, McDonell et al. (2015) report on what was a complex suite of individual initiatives, following a set of principles to guide the intervention strategies rather than a prescriptive model, with associated complex evaluation methodology that was hampered by implementation delays and cessation of funding.

The evaluation of the Strong Communities initiative sought to assess: 1) improvements in the quality of life for families (e.g. social support, parental stress and parental efficacy), 2) improvements in community norms for child and family well-being (e.g. nurturing, neglectful or punitive parenting amongst neighbourhood families; and rates of giving/receiving help), and 3) improved child safety (cases of child maltreatment and ICD-9-CM<sup>2</sup> coded child injuries). To analyse improvements in quality of life and community norms, data was collected via a survey, using validated scales and purposely developed items conceptualised across:

- support and reciprocal helping (some success);
- perceptions of neighbourhood and neighbours (success);
- perceptions of neighbours’ parenting;
- parental attitudes and beliefs; and
- self-reported parenting practices.

To assess cases of maltreatment and injuries, secondary analysis was undertaken of substantiated child maltreatment data (identified by the Department of Social Services) and ICD-9-CM coded hospital inpatient and emergency room discharge diagnoses.

McDonell et al. (2015) reported that most of the measures showed positive impact on family quality of life, improvement in community norms and improvements in child safety, including a reported reduction in abuse and injuries. This led us to review the initiative as promising for secondary outcomes and effective for the primary outcome of reduction in child abuse/maltreatment. The key limitations to this study were that: separate samples were used at each wave (although authors argue that given samples were from the same neighbourhood, they will not be fully independent of each other); and the measure of perceptions of children’s safety was developed for the survey and therefore untested.

McLeigh et al.’s (2015) report of the initiative differed from McDonell et al. (2015) in that it focused on comparing impact across low- and high-resource communities. Whilst both study results suggest the initiative was effective

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<sup>2</sup> International Classification of Diseases, Ninth Revision, Clinical Modification

in reducing violence, McDonnell et al.'s (2015) results propose the initiative was promising in its impact relating to secondary outcomes whilst McLeigh et al.'s (2015) results were more conflicting when the two communities were compared. In particular, the low-resource community experienced greater community mobilisation. These studies suggest, therefore, that initiatives need to take account of contextual differences at the community level and results of secondary outcomes interpreted accordingly.

### Systematic reviews

We found 13 systematic reviews on prevention of child abuse, with most focussing on initiatives directed at parents and only two focussing on initiatives directed at children (male and female school students aged 5 to 18).

These reviews varied dramatically in terms of scope, often covering both studies measuring direct impact on violence prevalence and those assessing the impact on risk factors for violence. The level of detail in each of these reviews is vast, and as such is not reported here. However, we note that the inclusion criteria for study design was broad and not limited to RCTs, an acknowledgment of the complexity of some of these studies and the varied ways in which interventions are developed and assessed. The number of systematic reviews available in this space suggests this field of research is well-established with substantial evidence of effective, promising and ineffective initiatives.

The challenge with reviewing these systematic reviews is the extent to which they focus on primary prevention initiatives and those that fall either within FV or sexual abuse against a female child (VAW). Only three of the reviews<sup>3</sup> found, focussed solely on primary prevention initiatives (Altafim & Linhares, 2016; Poole, Seal, & Taylor, 2014; Viswanathan et al., 2018a; Viswanathan et al., 2018b) with the remainder including studies that cut across primary, secondary and tertiary prevention. For the purposes of this report, we will look at these three studies in more detail.

The aim of Altafim and Linhares's (2016) review was to examine "universal violence and child maltreatment prevention programs for parents" published between 2008 and 2014. They specifically looked at the geographical spread of studies, including across developing countries, what methodologies were used and what the findings were. Their definition of programs to be included were those that were structured, so they could be replicated, and face-to-face (i.e., online or other forms of delivery were excluded). They included studies written in English, Spanish and Portuguese. The authors explain they do not limit inclusion of studies to only those that are deemed methodologically rigorous (e.g. RCTs) as this would critically limit the studies under review and perhaps fail to show a program under realistic conditions. Following their search, 23 articles remained for review, 21 of which were located in developed countries (just over half in the USA). Eleven of the studies were reviewing two established programs: Adults and Children Together (ACT)-Raising Safe Kids program and Triple P.

Outcomes examined were predominantly secondary: parenting (including practices, stress, beliefs and behaviours), anger management, mental health, social support, and family conflict, as well as child behaviour. Only one study looked at population indicators of child maltreatment and was evaluated to be effective in reducing maltreatment. The data sources used for assessing population indicators in this study were: child protective services substantiated reports; records of child out-of-home placements; and hospitalisations and emergency room visits for child maltreatment injuries. One key point the authors make is that some of the studies included in the review "did not seek to directly prevent violence and maltreatment but rather promote effective and positive parenting practices and consequently prevent child violence" (Altafim & Linhares, 2016, p. 36), in which case violence is rarely measured as an outcome in these studies. Furthermore, the authors suggest that with only seven of the included studies using RCTs, it is hard to assess the efficacy of the programs.

Poole et al. (2014) focussed solely on the prevention of child physical abuse through population level interventions using a media campaign component. Through the review, the authors sought to examine the effectiveness of the interventions as well as the risk factors addressed, and campaign messages used. Fifteen campaigns were found (across 17 articles). Most of these were delivered in the USA, although one was carried

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<sup>3</sup> Viswanathan et al (2018) published the same review twice, hence four references appear for three reviews.

out in Australia (out of scope for this review, given the age of the study). Campaign materials varied widely and included a range of print, broadcast and online media. Only six studies reported evaluation procedures. The most frequent risk factors addressed included: lack of knowledge or skills in positive parenting techniques, parental impulsivity, lack of knowledge of child development or inappropriate expectations for development, insufficient social support, and stigma of asking for help.

Only three studies (two of which used strong evaluation methodology design) examined child abuse outcomes, specifically a reduction in abusive head injuries, child maltreatment injuries, and child maltreatment cases. In terms of secondary measures, behaviour change was assessed in more than half of the studies reviewed, with decreases in child behaviour problems and inappropriate parenting behaviours, increases in calls to helplines, and those seeking help for parental alcohol and drug use. Whilst seven studies assessed attitudes, only one reported a significant improvement in attitude towards prevention of child abuse. However, knowledge was improved across several studies. Again, Triple P was the most often evaluated program (through RCTs) showing significant changes in beliefs, knowledge, emotions and/or behaviours across five studies.

Overall, again there was a lack of rigorous methods used so any indication of effective or promising results are questionable.

Viswanathan et al. (2018) reported the most recent systematic review focusing on primary prevention through primary care. It seemed to be the least successful with authors finding that “interventions provided in or referable from primary care did not consistently prevent child maltreatment” (p.2138). This review only included studies that directly measured abuse and neglect (or injuries with a high specificity for abuse) as an outcome, and which were conducted in high income countries. The study found 22 RCTs (from 33 publications), 16 of which were conducted in the USA, of good to fair quality to include in the review. All studies were over nine years old (pre-2010), with almost all including a home visit component. Outcomes were assessed from within six months of the intervention to over 13 years after the intervention and examined via: reports to child protective services; removal of child from home; study specific measures; emergency department visits and hospitalisations; and death. Other indicators used included: failure to immunise; child behaviours and development; and school performance and attendance.

The key issue raised by the authors was the lack of consistency across studies in terms of their intervention components and few reporting long-term outcomes. No evidence was found that primary care was an effective means to prevent child maltreatment.

#### Australian studies

Two Australian studies on primary prevention of child abuse were identified in this review (Dale et al., 2016; White et al., 2018). Whilst neither of the Australian studies were found to be effective for preventing violence (they did not include violence reduction as an outcome), we provide detail here given their contextual relevance. The two Australian studies were undertaken in a primary school setting, both evaluating the Learn to BE SAFE with Emmy™ program (Dale et al., 2016; White et al., 2018). These studies provided both promising and conflicting results. Learn to BE SAFE with Emmy™ is a psychoeducational, child protection program for young children that targeted multiple forms of abuse and built on a protective behaviour’s framework. Such a program can be considered targeting both primary and secondary prevention. Upon our brief analysis, one study evaluating this program was found to show promising results, whilst the other was considered to provide conflicting results.

The Learn to BE SAFE with Emmy™ program seeks to be broader than a sexual abuse program by addressing several “unsafe situations” including physical, sexual and emotional abuse, as well as bullying. The program is a series of workshops that:

- help young children to identify and articulate their feelings;
- identify early warning signs of fear;
- know the difference between safe and unsafe secrets;
- identify public and private body parts;
- develop an awareness of personal space; and
- identify multiple safe adults.

The program aims to build resilience and coping skills across a variety of situations both inside and outside of the family and home.

Both studies conducted RCTs, with White et al. (2018) building upon the RCT conducted by Dale et al. (2016). Dale et al.'s RCT had a total of 245 Grade 1 students participating across five primary schools (with 131 children participating in the intervention arm of the RCT, but only 92 completing the full program). Five per cent of participants were Indigenous Australian and 19% spoke English as a second language. Parents of those in the intervention arm completed surveys at three time points, although the response rate decreased from an initial 54% of parents to 41% at the 6-month post-completion time point. Children were interviewed individually. The following validated questionnaires were used:

- Protective Behaviors Questionnaire;
- Application of Protective Behaviors Test;
- Parent Protective Behaviors Checklist.

This study showed promising results, with a significant increase in knowledge of protective behaviours being shown in the intervention group and parents observing significantly more protective behaviours following the program. However, there was no significant difference between the intervention and control groups regarding an ability to choose safe response options to unsafe situations.

White et al. (2018) built upon the previous RCT by improving randomisation, including a six-month follow-up for both the intervention and control arms, and introducing additional measures such as indicators of behaviour change (i.e. confidence in disclosing unsafe situations; ability to recognise unsafe situations; and a behavioural skills measure). White et al. also used observation to evaluate behaviour change in interpersonal safety skills.

This second RCT was larger, with 611 Grade 1 students participating, including 375 in the intervention arm. Less detail is provided in terms of retention rates within the program and associated response rates of parents. In addition to the measures used by Dale et al. (2016), White et al. (2018), used the following:

- Observed Protective Behaviours Test;
- Revised Children's Manifest Anxiety Scale: Second Edition Short Form.

In comparison to Dale et al.'s (2016) study, this second RCT was found to have more conflicting results. Whilst, again, protective behaviours in the intervention group were found to significantly improve (in comparison with the control group), disclosure intentions, confidence, safety identification, and interpersonal safety skills did not.

This more in-depth look at these Australian studies highlights challenges in assessing the effectiveness of primary prevention programs. These programs cover both primary and secondary prevention activities, making it challenging to assess effectiveness in primary prevention. Neither study looked at a reduction in violence, and we are unsure of the program's impact on children from Indigenous or culturally and linguistically diverse (CALD) communities. Only Dale et al. (2016) reported that these populations were included in the demographics of the intervention arm, whilst White et al. (2018) merely acknowledged the lack of diversity in their study as a limitation (in a suburban area of Australia), but potential for further research. Furthermore, without greater detail of the program's contents, it is unclear as to how much of the program relates to prevention of FV or child abuse more broadly (although the program does aim to cover multiple settings). We included both studies in the review as they had a gender equal split in the intervention groups suggesting child sexual abuse against female children (and therefore falling within VAW), as well as covering family contexts.

In conclusion, this scoping review found a large number of initiatives aiming to prevent child abuse. These initiatives could target children, parents or the general population, using various methods from educational programs, community-wide initiatives, and/or campaigns run from an equally varied range of deliverers (e.g., hospitals, primary care and health care centres, schools, media, service providers and communities, with programs such as Triple P covering several types of program delivery and deliverers). The outcomes were equally varied, with very few looking at direct impact on incidence of child abuse and often conflicting results across the vast range of potential secondary measures and outcomes. However, the studies detailed above did look at direct impact on incidence of child abuse/maltreatment and could be considered effective. This does little to provide firm evidence of what initiatives are successful, in which context and to whom specifically – particularly

given that studies are predominantly conducted in the USA, with minimal studies considering effectiveness across diverse populations.

### **Elder abuse**

Only one study was found, from the USA, that evaluated an initiative aimed at the primary prevention of elder abuse (Hayslip, Reinberg, & Williams, 2015). It showed conflicting results. Hayslip et al. (2015) argue in their introduction there has been a lack of attention on designing interventions for elder abuse or examining their outcomes. To this end, Hayslip et al. (2015) sought to develop an intervention that minimises tolerance and intentions of elder abuse by young adults. To do this, the study focussed on young people's attitudes towards their own ageing as well as ageing generally.

The educational program was delivered to 218 (68% female) undergraduate students enrolled in introductory psychology courses. These participants attended one of four evening sessions: elder abuse education, in which a handout, video and case studies were discussed; ageing education (no elder abuse was specified), in which again a handout and video were discussed; family education, in which a lecture, film and discussion took place; and a control group. A pre-post-test design was used, with an additional one-month follow-up (57% response rate). The measures used focussed on attitudes and behavioural intention, and included Kogan's Attitudes Toward Old People Scale, Personal Anxiety Toward Aging Scale, and the Elder Abuse Attitudes and Behavioural Intentions Scale—Revised. The study found that whilst those in the elder abuse education session showed less tolerance for and intention to abuse, this was not sustained through the one-month follow-up, providing conflicting results and suggesting overall ineffectiveness of the study. The authors argue that such education may need to be reinforced over time.

It is clear that the primary prevention of elder abuse (family violence specifically) is a severely under-researched field, with very little evidence of what may work in this space.

### Systematic reviews

Given the issue with classifying elder abuse as a form of FV or not, depending upon the relationship between the perpetrator and the elder victim, the question of whether to include certain systematic reviews within the scoping review was challenging. We chose to only include reviews that contained at least 50% studies that looked at elder abuse as a FV issue. Systematic reviews such as those by Baker et al. (2016) and Day et al. (2017) where only a quarter of the reported studies related to FV-related elder abuse, were excluded. Similarly, systematic reviews where less than 50% of the studies included were on primary prevention (with the remaining looking at secondary and/or tertiary response) were also excluded. For example, in Fearing et al.'s (2017) systematic review, only two of the final nine studies were partially on primary prevention. With these criteria, no systematic reviews were found on FV-related elder abuse.

### **Intimate partner violence (including domestic violence)**

One of the key challenges in separating out FV and VAW is the terminology around relationship-based violence. For example, domestic violence and IPV can both refer to violence between intimate partners, whilst dating violence is often separated out from the term "domestic" or "intimate partner". For the purposes of this review, we include domestic violence that refers to intimate partners within IPV, and review dating violence separately (given the nature of dating is different and predominantly involves youth in short relationships).

Thirteen individual studies were found that focussed primarily on the primary prevention of IPV, and three systematic reviews. Eight of the individual studies were based in the USA, four in Europe (three in the UK) and one in Canada. There were no studies within Australia that fulfilled our inclusion criteria. Settings for the studies were varied and included educational institutions (no.=6), the community (no.=4), a social service agency, air force and research setting/home.

### What is effective?

None of the studies in the review were considered effective as none measured direct impact on population-level IPV incidence, which is unsurprising given the difficulties and inconsistencies in reporting IPV and the individual- and relationship-level focus of many of the studies. One study that used a similar measure evaluated the impact

of the 1995 *Firearms Act* (Bill C-68) for restricting and banning certain guns on the number of firearm homicides and the number of spousal firearm homicides (Custom Homicide Survey data tables from Statistics Canada; and published data from the Department of Justice, Canada) (McPhedran & Mauser, 2013). This study is somewhat on the periphery of our inclusion criteria as it focuses on homicide rates. This suggests violence may already be occurring, as risk factors for intimate partner homicide include prior domestic violence (J. C. Campbell, Glass, Sharps, Laughon, & Bloom, 2007), and as such could be considered a measure of secondary prevention. Ultimately, this intervention was deemed ineffective.

Six of the studies were promising, showing significant impact on drivers of violence. (Anderson et al., 2013; Fox, Corr, Gadd, & Sim, 2016; Magnussen, Shoultz, Iannce-Spencer, & Braun, 2019; Rhoades, 2015; Rogers, Rumley, & Lovatt, 2019; Schramm & Gomez-Scott, 2012). However, it is important to note that the drivers of family violence, in which IPV also sits, are not as well established as those for VAW. Most studies included in this review focussed on targeting the individual/relationship level and were conducted primarily through schools, although one was in the air force and one the community. One study targeted the community level through a culturally sensitive community intervention in Hawai'i involving facilitated discussions to raise awareness of IPV, and a discussion of interventions, actions and community solutions (Magnussen et al., 2019). The uniqueness of this study is worth discussing, given how few studies considered cultural differences in their population targets.

Magnussen et al.'s (2019) intervention was developed in collaboration with "women engaged in prior IPV outreach and education" in Hawai'i. The intervention included five "talkstory" sessions lasting two hours across seven months aimed at community groups with an interest in IPV prevention. The sessions sought to encourage discussion around: perceptions of IPV; actions taken to prevent, interrupt, or stop IPV; suggested actions that community groups could take; resources available and resources needed. Information on IPV, gender roles and relationships, effects of IPV, community support and skills to create safe environments were woven into the sessions. Prior to implementation, 20 facilitators were trained as group leaders. Participants were culturally diverse, with a third being Native Hawai'ians (as desired by the researchers), and two-thirds of all participants being female.

The intervention was evaluated using a simple single-group, pre-post-test design and used the following measures:

- Perceptions of the acceptability of violence (modified Perceptions of the Acceptability of Violence Tool);
- Self-assessed capacity to address IPV (newly designed Awareness, Knowledge, and Confidence Tool); and
- Competence of the community to address IPV (newly designed Perception of the Capacity of the Community Tool).

Follow-up was undertaken at one month and six months. Significant improvements were found across all three measures, suggesting the intervention would be promising in preventing intimate partner violence.

The promising studies set in a school context all targeted high school students and delivered educational programs on healthy relationships and domestic violence prevention, with one including positive parenting education aiming to prevent child abuse (Fox et al., 2016; Rogers et al., 2019; Schramm & Gomez-Scott, 2012). These programs measured attitudes and knowledge related to relationships and IPV via survey method using a variety of validated and newly designed measures. The validated measures were only used in Fox et al. (2016) and Schramm et al.'s (2012) studies and included:

- Attitudes to Domestic Violence Questionnaire
- Attitudes About Romance and Mate Selection Scale
- Scale measuring:
  - attitudes towards counselling;
  - marriage attitudes;
  - sexual attitudes; and
  - resisting sexual pressure
- Conflict Tactics Scale.

These measures were undertaken pre- and post-program, with Fox et al. (2016) comparing against a control group (waiting list). Fox et al.'s (2016) and Rogers et al.'s (2019) UK based studies both found positive attitudinal



change following program delivery, with Fox et al. (2016) finding acceptance of domestic violence was reduced for both girls and boys. Schramm and Gomez-Scott (2012) found their healthy relationship program also showed a positive impact on knowledge and attitudes regarding relationships and parenting.

The only other community-based study was a couples-based relationship education program, called “Within Our Reach” involving a series of sessions that focussed on positive relationship skills such as communication, fun, and coping with stress (Rhoades, 2015). This RCT study was undertaken across three states in the USA, through a variety of community-based organisations and targeted low-income married couples. For the intervention, three types of service were offered: a curriculum, supplemental activities, and family support services. The curriculum covered “managing conflict/improving communication, building positive connections/supportiveness, building support networks, understanding strengths and weaknesses, managing life stressors, and understanding marriage”. The supplemental activities varied widely, but covered activities such as social events, financial workshops, parenting workshops, and date nights or family outings.

The study used newly developed measures from a larger associated project called Supporting Healthy Marriage (SHM). These covered a wide range of topics, including:

- relationship happiness/trouble in marriage;
- men and women’s reports of: warmth and support; positive communication skills; negative behaviour and emotions; partner’s psychological abuse, physical assault, infidelity, psychological distress; and
- men’s and women’s reports of cooperative co-parenting (newly designed scale).

Eight out of the 12 outcomes measured showed positive change from pre to post intervention at the 12-month follow-up, reducing to six successful measures at the 30-month follow-up. Those measures showing (small) improvement included: higher relationship happiness, more warmth and support, more positive communication, less negative behaviour and emotion, less psychological abuse, less physical assault (experienced by men), lower psychological distress (experienced by women), and less infidelity.

Educational programs are the most used, and promising, type of intervention to tackle knowledge and attitudes around IPV. However, these studies only assessing change in attitudes and knowledge rather than any behavioural change, which is a more challenging proposition. As such, whilst the studies detailed above are promising (positive impact on the potential drivers of violence), it is unknown as to what impact such initiatives have on preventing IPV over the long term.

### Systematic reviews

Unlike the individual studies found, some of the studies contained within the three systematic reviews that met our inclusion criteria showed some effectiveness for prevention of IPV.

Two of the systematic reviews focussed on interventions targeting adolescents (De Koker, Mathews, Zuch, Bastien, & Mason-Jones, 2014; Stanley, Ellis, Farrelly, Hollinghurst, & Downe, 2015), whilst a third looked at alcohol-related interventions (Wilson, Graham, & Taft, 2014). However, only two of 21 studies found by Wilson et al. (2014) were deemed effective, with the authors recommending more studies be done to test alcohol interventions on IPV incidence at the population level, preferably using consistent measures across such studies.

Stanley et al. (2015) reviewed school-based programs for the prevention of IPV. Outcome measures across the studies focussed predominantly on knowledge, attitudes, and help-seeking behaviours although some did directly measure incidence of perpetration/victimisation. Some positive changes were found across the studies, but Stanley et al. (2015) found on analysis that where such change was significant, the effect was very low to only moderate. Where a large positive change in incidence rates occurred in one study, it was clear this study was considering secondary prevention rather than primary. This was an additional challenge with systematic reviews, given they often did not differentiate clearly between primary and secondary prevention, leaving many of the ‘effective’ studies irrelevant for this review’s purpose.

Overall, however, Stanley et al.’s (2015) review did find a lack of focus on minority groups of young people, particularly lesbian, gay, bisexual and transgender youth, and that there was more evidence for knowledge and attitude change than there was for behavioural change.

De Koker et al. (2014) found only six RCTs (across eight papers) that evaluated the effects of primary and secondary prevention of IPV interventions among adolescents, although they found half of these showed effectiveness in preventing IPV. Whilst all of these contained some measure of IPV incidence, they varied significantly in terms of measures used and therefore type of violence examined. Most of the studies used educational programs and were school-based, although some also used a community component (training service providers), additional information sessions for parents and a manual on preventing violence in the community. The authors concluded that “comprehensive IPV prevention interventions based in both school and community are effective in preventing IPV perpetration” among adolescents. Such interventions also needed key adults as part of program delivery. Those using only an education program were ineffective. However, the authors exercised caution over the strength of the results due to high attrition rates in the studies, vastly varying analytical methods, follow-ups used, and questionable generalisability.

### **Youth sexual assault/harassment and dating violence**

The studies included in this review most often addressed sexual assault, harassment and (teen) dating violence amongst a young population, predominantly college and university students. This is not surprising, given the focus on sexual violence on campuses in the USA and now also Australia. Sixty-eight evaluation studies and nine systematic reviews were included in this review. Almost all the programs reported were delivered in an educational setting, with the majority set in a college or university. Given the focus in the USA on sexual assault on campus, 88% (no.=60) of papers included in the review were from the USA, with only five in Europe, two in Canada and one in Australia/New Zealand. This is significant bias towards USA research and suggests a scarcity of context-specific youth-focused sexual assault and dating violence research elsewhere, particularly Australia. Sexual assault in universities has only recently received significant attention in Australia (Australian Human Rights Commission, 2017), with the Universities Australia (2017) national action plan (*Respect. Now. Always* initiative) including awareness campaigns, improved reporting and responses to victims, university staff training and student respectful relationship education. However, it seems we are yet to see published results of any evaluated primary prevention programs in this space.

A surprisingly high number of the papers reviewed (no.=41) were considered conflicting or ineffective, suggesting there is little evidence of significant positive results across this field of research. However, 19 papers reviewed showed promising results, suggesting many of the studies showed success in impacting drivers of violence. A total of eight papers were found through our review that were considered to be effective in reducing the prevalence of such violence, all of which were located in the USA. We will look at these in more detail.

#### What is effective?

Most of the studies found to be effective addressed dating violence, targeting students in middle/high school and universities. All except one delivered an education program solely through the school/university (one delivered the program online). Some of the studies targeted both male and female students, two targeted males only and two females only.

The oldest of these studies targeted male and female students aged 14-15 in high school, through the delivery of an interactive curriculum that integrated the prevention of dating violence with lessons on healthy relationships, sexual health, and substance use (Wolfe et al., 2009). The study used a randomised control design. Twenty participating schools were equally split between the intervention and control groups. The study was evaluated using a pre-post and follow-up (at 2.5 year) survey and a validated scale. To assess the effectiveness of the curriculum, and prevalence of violence (physical only – not including sexual violence), the authors used the perpetration of physical dating violence items in the Conflict in Adolescent Dating Relationships Inventory.

The study found there was less self-reported use of physical violence within a relationship for boys in the intervention schools after 2.5 years compared to those in the control schools. Interestingly, the difference in physical violence use was not significant between the intervention and control groups for girls, who overall had higher self-reported rates of physical violence use. However, the authors noted that, through interviews with female participants, such violence was often in response to male violence. There were several limitations to the results of this study. Firstly, the study examined physical violence only. Secondly, both the intervention and control groups received information on dating violence (with only the intervention group receiving interactive skills sessions). Thirdly, and not often raised in other studies, those participating did not specify their sexual orientation and so the authors acknowledge that it is impossible to know whether this program is relevant for



students in same-sex relationships. Finally, there was a distinct lack of diversity in those participating (students predominantly from white, two-parent families).

Another study targeted male and female grade 10 students, aged 14-19, in the prevention of dating violence (Joppa, Rizzo, Nieves, & Brown, 2016). The program was delivered in partnership with a non-profit community agency and was tested using randomisation and a wait list control group (receiving the usual health curriculum). The program was brief, involving: five sessions delivered in class to 225 grade 10 students with a recent dating history in a large public school. Lessons used a mix of lecture, discussion and group activity aimed at modifying dating attitudes, expectations, and knowledge, as well as behaviours (conflict resolution, and communication skills) as part of developing healthy relationships. Surveys were administered at baseline, end of program, and three months post-intervention. Students were surveyed across: dating conflict items from a modified Conflict in Adolescent Dating Relationships Inventory; normative beliefs about approval of aggression through items in the Normative Beliefs about Aggression Scale; attitudes about dating violence through the Attitudes Towards Dating Violence Scale; and dating violence knowledge and healthy relationship attitudes through a scale designed for the program content.

Intervention group students reported less emotional/verbal and total dating violence perpetration and victimisation at the three-month follow-up compared to those in the wait list control group. They also reported significantly lower approval of aggression, healthier dating attitudes, and more dating violence knowledge, sustained at three-month follow-up. Of course, three months is a very short time frame for a follow-up, leaving the sustained effects of this program questionable. One further limitation of the study was the lack of items on sexual violence. The authors explained that the school administrators had requested such items not be asked.

Another school-based dating violence prevention program was conducted in a school within a high-risk urban area, targeting middle school students in sixth to eight grades (average age 12 years) (Niolon et al., 2019). An RCT design was used with a pre-post evaluation survey which included validated and modified scales. Forty-six middle schools in high-risk urban neighbourhoods across four cities were randomised. The program contained several elements, including classroom-delivered programs, training for parents, facilitator training, youth communications programs, and activities for local health departments to track teen dating violence-related policy and data.

The measures used were teen dating violence items from the Conflict in Adolescent Dating Relationships Inventory on physical abuse, threatening behaviours, sexual abuse, relational abuse, and emotional/verbal abuse, and items from the Safe Dates scales on physical abuse (experienced) and threats with a weapon. The authors also measured negative conflict resolution strategies with a dating partner or friend using the Compliance, Conflict Engagement, and Withdrawal subscales from the Conflict Resolution Style Inventory, and positive relationship skills items from the Healthy Marriage Study (reflecting teen dating rather than marriage).

The program resulted in lower teen dating violence perpetration and victimisation, and lower use of negative conflict resolution strategies (but no effect on positive relationship behaviours). The strength of this study lies in its longitudinal approach, with participants surveyed at baseline, four-months after the program and then twice a year over four years. Another key strength was the diversity of participants, given the location of the school. However, the evaluation did not examine race/ethnicity as part of its analysis and, as the authors state, this needs to be addressed in future evaluations. One limitation they draw attention to, regarding this diversity, is the low consent rate to participation (58%), highlighting the potential for lack of generalisability.

Two studies targeted undergraduate females in the prevention of dating violence and sexual assault (Menning & Holtzman, 2015; Simpson Rowe, Jouriles, McDonald, Platt, & Gomez, 2012). Whilst both showed effectiveness in preventing violence incidence, they only followed up with participants to a maximum of three or six months. Simpson Rowe et al. (2012) conducted an RCT of the Dating Assertiveness Training Experience program, a sexual assault prevention program for women that includes training on self-protection skills in dating and sexual situations. Such content suggests the program covered both primary and secondary prevention activities. The study was evaluated by way of survey across three follow-up time points (once a month for three months). The survey used items from the Sexual Experiences Survey and the Conflict in Adolescent Dating Relationships Inventory and some newly developed items on response to sexual victimisation.

Whilst the study showed that women participating in the program were less likely to be victimised, the short follow-up period raises questions over the sustainability of such success and how effective the program really is for primary prevention. Menning and Holtzman (2015) evaluated a sexual assault program called “Elemental”, comparing intervention and control groups, that combined primary prevention (peer culture) and risk reduction (how to deal with imminent threats and bystander training). It surveyed participation across two time points (six weeks and six months) and used sexual assault self-protection attitudes items from the Sexual Assault Self-protection Scale as well as self-reported occurrence of sexual assault post program. The study found the program to be effective at preventing incidences of assault as well as successful in changing attitudes and behaviour. However, given the relatively short time points at which participants were surveyed, the program’s long-term success is questionable.

Two studies (across three papers) targeted male students (one focussed on high school athletes, the other on college students) to prevent either dating violence or sexual assault. (Miller et al., 2013; Salazar, Vivolo-Kantor, Hardin, & Berkowitz, 2014; Salazar, Vivolo-Kantor, & Schipani-McLaughlin, 2019). Miller et al. (2013) reported on a 12-month follow-up of the “Coaching Boys into Men” program, a coach-delivered program for high school male athletes which included bystander training. The program involved training athletics coaches to integrate violence prevention messages into their coaching via regular, brief, and scripted discussions with their athletes. The study was tested through an RCT and measured via survey. The survey used items across intention to intervene, gender attitudes, recognition of abuse, bystander behaviours and abuse perpetration. The study was found to be effective for reports of dating violence perpetration but conflicting for attitudes and bystander behaviours.

Two papers reported on an online bystander study called “RealConsent” directed at male college students (one focussed on the application of a theoretical framework) (Salazar et al., 2014; Salazar et al., 2019). The study sought to enhance prosocial intervening behaviours and prevent perpetration of sexual violence. It delivered six 30-minute media-based and interactive online modules that covered knowledge of informed consent, communication skills regarding sex, the role of alcohol and male socialisation in sexual violence, empathy for rape victims, and bystander education. Using an RCT design, the study was evaluated by way of a pre-post survey that used validated scales. The survey included items on: prosocial intervening behaviours; sexual violence (the sexual coercion subscale from the Revised Conflict Tactics Scale); legal knowledge of assault/rape; knowledge of effective consent for sex, self-efficacy to intervene; intentions to intervene; outcome expectancies for intervening behaviours; normative beliefs regarding sexual violence toward women; rape myths; gender-role ideology; empathy for rape victims; hostility toward women; attitudes toward date rape; and outcome expectancies for engaging in non-consensual sex. The study was deemed effective across both sexual violence prevention and bystander intervention. It was also promising across secondary outcomes such as increased knowledge of sexual assault and consent, reduced rape myths, greater empathy for rape victims, less negative date rape attitudes, less hostility toward women, and less hyper-gender ideology. The study only followed up at six months, so again it is questionable whether such effects would continue over time.

What is important to note about these studies is that, although many are considered effective at preventing violence, several key limitations exist. Studies implementing programs in schools for dating violence did not measure sexual violence. Furthermore, studies rarely used a longitudinal design, raising questions over the program’s long-term success. Only one (dating violence prevention program) measured impact over several years (twice a year for four years) (Niolon et al., 2019). However, there appears to be benefits to targeting male and female students separately, with four studies designed specifically for individual genders.

### Systematic reviews

The systematic reviews that fall within this category are challenging to integrate, given their different focuses. However, there were three reviews that suggested some effectiveness across the studies they reviewed and, as such, a summary is provided here.

De La Rue, Polanin, Espelage, and Pigott (2014) focus on reviewing dating violence programs. The review covered various prevention and intervention efforts implemented in middle and high schools that sought to prevent or reduce incidence of dating violence or sexual violence in intimate relationships. Studies included in the review measured the impact of the program on either attitude change, the frequency of IPV perpetration or victimisation, teen dating violence knowledge, or the ability to recognise both safe and unhealthy behaviours in intimate partner

disputes. Based on the author's findings, it appears that included studies were promising for attitudes and knowledge, effective for perpetration, but ineffective for victimisation.

Two reviews focussed on bystander programs (Kettrey & Marx, 2019; Storer, Casey, & Herrenkohl, 2015). Storer et al. (2015) focussed on dating violence, specifically bystander programs across schools and colleges designed to prevent dating abuse among youth and young adults. Kettrey and Marx (2019) concentrated on youth sexual assault, specifically bystander programs for college students and high school students. The measures used across the studies included in Storer et al.'s (2015) review were using: utilisation of bystander behaviours, willingness to intervene, rape myth acceptance, and confidence or efficacy in utilising bystander intervention. Meanwhile, Kettrey and Marx's review focussed on two outcome measures: actual intervention behaviour when witnessing instances or warning signs of sexual assault (Bystander Behaviours Scale); and perpetration of sexual assault. Overall, Storer et al.'s (2015) review of these studies showed four study results were effective, 10 were promising, four conflicting and one was ineffective. Kettrey and Marx (2019) showed that two of five were effective for sexual assault perpetration.

#### Australian study

There was one Australian-based study included in the review that targeted youth sexual assault prevention and, whilst not deemed effective, it is worth noting for its promising results and contextual relevance (Carmody & Ovenden, 2013).

Carmody and Ovenden (2013) reported on an evaluation of a co-designed sexual violence program for young people that aimed to reduce unwanted and pressured sex between people known to each other, but not at the expense of positive sexuality. The program was called the "Sex and Ethics Violence Prevention Program". It focussed on young people gaining the agency and ability to negotiate ethical sexual lives. The study resulted from a three-year Australian Research Council Grant (2005 to 2008) and was funded through the Respectful Relationships Program Funding from the former Australian Department of Families, Housing, Community Services and Indigenous Affairs and the New Zealand Ministry of Justice.

Carmody and Ovenden (2013) report on a program evaluation involving 154 young people (aged 16 to 26) from across Australia and Wellington, New Zealand. Despite a small sample, it was quite diverse with 35 cultural and ethnic groups and a range of sexualities represented. The program involved two to three hours per week across six sessions. The program provides participants with "opportunities to engage with 'real life' scenarios and to explore alternative ways of negotiating sexual intimacy" (p.795).

The study followed a pre-post-follow-up evaluation design and used two newly developed and tailored survey questions indicating participants' understanding of how to determine their own, and their partner's, sexual needs with a focus on attitudinal and behavioural change. Follow-up was at six weeks post-program and then again at four to six months (with a response rate of 61.4%, no.=94). Older analyses looked at knowledge, but this paper focussed purely on understanding their own and their partner's sexual needs. The paper concluded that, despite gender differences across increased awareness of perceived needs for themselves and their partner, both women and men self-reported some attitudinal and behavioural change.

The overall program is interesting for its broad scope of secondary measures, although only a small part is reported here. It also combines both quantitative and qualitative analysis in discussion. Furthermore, unlike many other studies, it's population sample was diverse across cultural and ethnic backgrounds, and sexualities (although Carmody and Ovenden (2013) only reported on results as a whole). However, it only included a small number of participants, and this paper only reported on one aspect of the program. Furthermore, the paper itself does not detail any limitations of the study. So, whilst we deem it promising the program's real success is still somewhat unknown.

#### **Sexual assault, harassment and all forms of VAW**

The review included 19 evaluation studies and four systematic reviews that covered: sexual assault and/or harassment; or combined all forms of VAW in their application. Again, the USA has mostly undertaken this work (no.=15 of the 19 evaluation studies), but the review also includes two studies from Australia, and one each from Canada and the Netherlands.

Settings for the programs were far more varied than other types of violence and included workplaces (bars, military and the police force) (no.=4), the community, and home. However, educational institutions were still the most used setting for such programs (no.=12). The only study considered to be effective was undertaken in Australia (West, Muller, Clough, & Fitts, 2018), but an additional eight were seen as promising. We will look at the study deemed effective in detail and summarise those considered promising.

West et al. (2018) undertook a study that was funded by the National Health and Medical Research Council of Australia (NHMRC No. 1042532 Project Grant and NHMRC, ECR Grant No. 1070931). The study focussed on Aboriginal and Torres Strait Islander communities and examined the impact of the Queensland Government's Alcohol Management Plans (AMPs) that were introduced to most Aboriginal and Torres Strait Islander communities from 2002/2003, in Cape York, Australia. The aim of the AMPs was to address, amongst other forms, VAW. By 2008, there was total prohibition of alcohol in some communities and tightened restrictions in others. The authors report on a pre-post-prohibition comparison. The measures included: a clinical file audit for alcohol-related injuries; epidemiological data including police reports on person-to-person violence and victim information; qualitative and quantitative survey items exploring impacts of the program on alcohol supply and consumption, injury, violence, and community health. The study found that female-specific assault-related injury presentations decreased more in communities where prohibition was in place compared to tighter restrictions alone. The same was seen across police data. The study was somewhat unique in that it utilised quantitative and qualitative data analysis, with qualitative data obtained via the surveys to provide more information around community perception of the AMPs impact.

The eight studies that were promising in preventing violence were mostly targeting young people at middle, high schools or college/university. The remaining study targeted workplace employees from the service sector, military sector, and social service sector (C. Campbell et al., 2013). Given we have already extensively covered studies targeting young people, we will focus on the one study conducted in Australia, as well as the one study targeting employees.

The Australian study evaluated the Respectful Relationships Program and was funded by the Victorian Government and coordinated by Our Watch (Ollis & Dyson, 2018). The program was a whole-school, gender-based violence prevention program that focused on the school's culture and environment, its policies, and the wider community. It included curriculum, teaching and learning aspects. The evaluation used post-program focus groups. The Respectful Relationships Program was carried out across 19 secondary schools in Victoria, Australia in 2015. It included two units, one for grade eight students (12-13 years) and for grade nine students (14-15 years). The grade eight students received education around gender, relationships and respect, and the grade nine students explored gender-based violence.

Whilst the study was evaluated using quantitative and qualitative methods, the authors only report on the qualitative findings in the paper. There were 30 focus groups (including student participants, teaching staff involved in teaching the curriculum, and leadership teams consisting of principals, student wellbeing coordinator and other school leaders), with a total of 152 participants. Focus group questions related to the curriculum, behaviour change, cultural impact of the program, and attitudes to gender-based violence. The study found that the resources provided, and teaching approaches implemented, assisted students in developing an understanding of respectful relationships.

The workplace study was conducted in the USA and piloted a brief workplace sexual harassment prevention workshop (C. Campbell et al., 2013). The aim of the one-hour workshop was to help employees recognise and prevent sexual harassment and to compare knowledge between those who did and did not attend the workshop. The pilot also examined participants' perceptions of the adequacy of their workplace sexual harassment policies. The evaluation used a pre-post survey with validated scales and compared the intervention group (no.=44 employees) against the control group (no.=36 employees). The measures included sexual harassment knowledge and perceptions of adequacy of workplace sexual harassment policy. The post-test survey was undertaken immediately after the workshop and results showed a significant improvement in knowledge of sexual harassment.

Whilst positive results were obtained, realistically, Campbell et al.'s (2013) study, only included a small sample (44 employees) across three workplaces (100 employees were invited), participants were not randomized, and follow-up was immediately after the workshop, limiting conclusions on effectiveness.

### Systematic reviews

The four systematic reviews varied widely in terms of intervention type and population groups, challenging the ability to summarise and compare them. Only one of the reviews showed some studies as effective, which we will examine further here.

Graham et al. (2019) report on a systematic review of randomised controlled studies of prevention programs for sexual, dating, and IPV targeting boys and men, including bystander programs. This review focussed on domestic violence perpetration, physical or sexual IPV, sexual coercion and sexual aggression outcomes. Ten studies were included in their review, each showing heterogeneity in program content and delivery. It was therefore difficult to ascertain what program aspects were effective (much like the evaluation studies found in this review). Most of the studies reviewed recruited undergraduate college students. Only one program showed a significant reduction in sexual violence perpetration in a universal population: "RealConsent"; a program we have reviewed above (Salazar et al., 2014; Salazar et al., 2019). The other studies showed partial effectiveness for some population groups within the studies.

### **Female genital mutilation/cutting**

Whilst only one systematic review on female genital mutilation/cutting (FGM/C) is included in this scoping review, it is important to note why. There are studies that evaluate prevention of FGM/C, however few, if any, of these are conducted in locations that are similar to Victoria, Australia. Given our inclusion criteria, and the purpose of this scoping review, these studies were excluded from the review. This included systematic reviews that had initially been identified as being potentially relevant to our review. However, when we looked a little more closely, these reviews examined studies mostly undertaken in Africa and the Middle-East (Berg & Denison, 2012; Salam et al., 2016; Waigwa, Doos, Bradbury-Jones, & Taylor, 2018).

The one systematic review we were able to include found six studies had some promising results, whilst other studies lacked relevant, useful results or data (Njue, Karumbi, Esho, Varol, & Dawson, 2019). The review analysed the evidence for FGM/C prevention interventions from a public health perspective in high-income countries. The review's 11 papers covered both primary and secondary prevention. The authors concluded that high-income countries had undertaken legislative action and bureaucratic interventions that "address social injustice and protect those at risk of FGM". Other prevention activities focussed on health, community engagement and healthcare professional training and capacity strengthening. The authors argue that there is a scarcity of prevention programs that seek to empower individual women. As with many of the systematic reviews covered in this review, the authors argue that evidence of effectiveness in reducing the prevalence of FGM/C is lacking and needs "investment in impact evaluation and rigorous study designs" (Njue et al., 2019, p. 18).

## Grey literature

The grey literature search was restricted to literature that was available publicly outside the traditional peer-reviewed academic channels. Whilst the search targeted government and organisation reports and working papers, the search was biased towards Australia and those that were publicly and easily accessible within the timeframe of the Review. With the inclusion and exclusion criteria in place, ten reports/papers were included in the grey literature review. We recognise that this means there may be more primary prevention initiatives that have been evaluated but not included in this Review.

It is important to note that the grey literature identified was mixed in relation to evaluation methods used to determine effectiveness. A significant number of papers were excluded because the evaluation was primarily “process” orientated and did not include any outcome measures. In some cases, both a “process” and “outcome” evaluation had been conducted. These papers were only included if outcome measures for prevention of violence or impact on drivers and reinforcing factors were reported.

The grey literature search found evaluations focussed on specific primary prevention programs and evaluations of funding schemes. A funding scheme refers to an umbrella approach that distributes funding to multiple organisations to design and deliver different VAW or FV programs. For example, Ninnes and Koens (2019) conducted an evaluation of a primary prevention toolkit developed by the Australian Government Department of Social Services (DSS). The toolkit was created for use by Local Government Authorities (LGAs) across Australia and was based on National policy and conceptual framework outlined in *Change the Story* (Our Watch et al., 2015). Each of the five LGAs included in the evaluation implemented the toolkit in a different way, therefore each VAW or FV suite of activities varied markedly. In these circumstances it was common for evaluations to take place at an organisational level and be process orientated, rather than assess the collective impact of the funding. Alternatively, funded organisations were sometimes responsible for conducting or commissioning their own evaluation, which often led to a mix in the quality and a lack of cohesion across the funding scheme (i.e. lack of consistency regarding the evaluation framework and conceptualisation of rigorous methods to examine outcomes – in relation to the drivers/enabling factors targeted). Because of the lack of outcome data, be it either for medium-term (i.e. drivers and reinforcing factors) or long-term measures (i.e. reduction in violence), it is difficult to rely on the grey literature.

Most of the grey literature found was published in Australia (Flynn, 2011; Kearney, Gleeson, Leung, Ollis, & Joyce, 2016; Le Brocque et al., 2014; Love & Taylor, 2014; Ninnes & Koens, 2019; Our Watch, 2017; Struthers, Parmenter, & Tilbury, 2019), with the remaining from USA (Taylor, Stein, Woods, & Mumford, 2011) or New Zealand (Appleton-Dyer, Dale-Gandar, Adams, & Ansari, 2018; Carmody, Ovenden, & Hoffman, 2011). The funding awarded within the Australian context was principally delivered by the Australian Federal Government. The other sources of funding included the Victorian State Government and the Victorian Health Promotion Foundation (VicHealth). At the Federal level, the DSS funded the bulk of work conducted. The Department of Premier and Cabinet (DPC) was the main funding body within the Victorian Government.

Most of the programs included focussed on VAW, with two studies looked at both VAW and FV. IPV (no.=5) dating violence (no.=2) and sexual assault (no.=1) were the key areas within the VAW thematic. No studies had a focus on elder abuse and only one study had an explicit focus on child abuse. Across the evaluations the population targeted was generally young males and females aged between 10 and 26 years old. Correspondingly, these programs tended to be school or community-based and consisted of respectful relationships and gender equality education. Furthermore, the individual and relationship level tended to be the main focal point when mapping against the socio-ecological model (no.=8), with two studies operating outside of this at the organisational and community level.

The intervention type varied markedly, but the majority centred around the design and implementation of direct participation education programs. Other common intervention approaches included the use of social media campaigns/messaging and general community advocacy and awareness-raising. In more complex approaches a combination of intervention types was sometimes used and this tended to be more prevalent where multiple organisations were funded as part of a discrete funding scheme. For example, Our Watch (2017) delivered a multi-pronged approach as part of ‘The Line’ project that included social media, advertising and stakeholder engagement, resources for ‘influencers’ (e.g. parents, carers and teachers), and general public relations.



### **Effective primary prevention interventions for FV and VAW**

Of the 10 evaluations that met the inclusion criteria, five were classed as promising (e.g. measured successful impact on the drivers or reinforcing factors of VAW) and five were classed as conflicting. None of the interventions measured impact on violence and as such, none were deemed to be 'effective' as previously defined in this Review. The lack of interventions reporting effectiveness for violence prevention stands in contrast to the peer-review literature. There may be several reasons for this, including the challenge of measuring impact on violence and potentially short funding cycles of programs with associated limited capacity to measure impact. Overall, categorising efficacy of interventions is challenging because of the evaluation methods applied and lack of outcome measures.

Whilst we discuss methods of evaluation in more detail below, it is important to note that in the majority of reports, results were mostly descriptive analysis of survey items and did not include any significance testing. These were analysed in the form of response percentages e.g. increase in capacity, knowledge or skills, or selecting a 'correct or preferred' response, for example in relation to gendered roles (e.g. males should be head of the household). If over 50% (but under 75%) of respondents selected the 'correct' answer or indicated improvements (cross sectionally, post program), or if there was an improvement pre-post-program in the percentage of participants that selected correct responses, then these were deemed 'conflicting'. If over 75% of relevant items had positive indications, then these results were deemed 'promising'.

#### Sexual assault on campus

There was one evaluation that focussed on sexual assault that was deemed to be promising, examining the outcome of the "Sex + Ethics program" (Carmody et al., 2011). The intervention consists of a six-week education program targeted at young people. The program was underpinned by several good practice prevention research principles. These included clearly articulated theoretical foundations (see Dyson and Flood (2008))—in this instance, the use of Foucauldian ideas about sexual subjectivity, ethics and gender—and the use of cognitive and social learning models that have been previously evidenced as effective in generating behavioural change (Lundgren & Amin, 2015). The program sought to provide participants with concepts and tools that they can use in their own relationships. Primarily, the program introduced participants to an ethical framework for decision making in their sexual relationships. Results demonstrated that participants were better able to understand what they wanted from a sexual experience and were better able to understand their partner's needs in sexual experiences (particularly for heterosexual men). The second item was considered critical to the program and relationships education more broadly, given that elevated levels of sexual assault for the target age group arise in a context where negotiation, consent and women's wants are invisible or misunderstood.

#### Dating violence

The only evaluation considered promising under this thematic was the Mates & Dates program (Appleton-Dyer et al., 2018). The program was school-based and focussed broadly on healthy relationships education and the identification of inappropriate behaviour. Whilst the program reported emerging, positive results there was limited discussion in the evaluation concerning what it was about the program and the approach that contributed to these outcomes. Consequently, this highlights the need for more complex and rigorous evaluations that combine process, outcome and impact measures. The key indicators of change related to consent, bystander attitudes, gender roles and expectations, gender identities and healthy relationships. Interestingly, the intersectional data that emerged highlighted that Pacific Islander students were more likely to suggest that they would engage in unhealthy behaviours in a relationship, which connects back to the need for intersectional approaches.

#### IPV

Three evaluations were considered promising that were addressing IPV (Kearney et al., 2016; Love & Taylor, 2014; Struthers et al., 2019). Love and Taylor (2014) conducted an evaluation of the You, Me and Us project, which delivered respectful relationships education sessions to participants aged 10–13 and 18–24 in four settings: primary schools, sports clubs, youth organisations and universities/TAFEs. Unlike other direct

participation education programs, the model adopted a peer-education approach. Research shows that young people are strongly influenced by their peers and more likely to change their behaviour because of relatable and positive role modelling (Imbesi, 2011). Therefore, this was deemed a cornerstone of the emerging results that highlighted notable increases in participants' awareness and knowledge about what constitutes a respectful/disrespectful relationship and their ability to challenge gender stereotypes and inequity. There were notable differences in regard to results pertaining to the 10 to 13-year-old cohort and the 18 to 24-year-old cohort, with the latter more likely to have high knowledge and awareness of respectful relationships, and more likely to see change in relation to understanding violence-supportive attitudes, and bystander action.

Similar to the education-based approach of the You, Me and Us project, Kearney et al. (2016) were responsible for evaluating the Respectful Relationships in Education in Schools (RREiS) pilot, which is the second 'promising' evaluation. The pilot project was a collaboration between Victorian DPC and the Department of Education and Training (DET). The program is Victoria's largest DET-supported approach to respectful relationships education and the delivery partner was Our Watch. Because of this, the program was implemented following currently understood best practice principles with the delivery agency having a strong understanding of primary prevention work. These included: taking a whole-of-school approach, addressing the drivers of gender-based violence, integrating evaluation and continual improvement and using an age-appropriate, interactive curriculum. Additionally, there was focus on building sector capacity by upskilling teachers to deliver this type of curriculum. The evaluation again focussed on the drivers of violence and was able to demonstrate improvements in student knowledge and attitudes particularly in relation to gender, gender inequality and violence. However, there was limited engagement with a long-term vision for the evaluation, and no follow-up with participants.

R4Respect is another violence prevention program targeting IPV aimed at young people, which sought to promote respectful relationships and challenge harmful and violence-supporting attitudes; the evaluation was conducted by Struthers et al. (2019) in Queensland. The approach again incorporated a peer-led education model and positioned young people at the centre of the research as participants and researchers. This was deemed a notable benefit of the model and peer educators were considered relatable, knowledgeable and gained the trust/interest of the young people involved (Struthers et al., 2019). However, unlike the RREiS pilot the project did not take place in collaboration with the relevant school authority, which made it difficult to embed as a whole-of-school approach, which was considered a major drawback.

A fundamental emerging factor that was central to all three of the IPV evaluations was the implementation of a theory of change and program logic model to clearly articulate how the approach was attempting to instigate change and how this can be assessed. Across all three studies this included incorporating a feminist lens and a gender-based analysis of violence, which is positive (Flood, 2019).

### Family violence

The evaluation of the local council domestic and FV prevention toolkit by Ninnes and Koens (2019) was the only promising study to emerge that targeted FV. It should be noted that the evaluation consisted of several smaller studies pertaining to how each LGA had implemented the toolkit, therefore, the classification of promising refers to two of the five projects that had collated outcome data.

Both approaches involved the delivery of information and education sessions in order to build targeted participant's awareness and understanding of FV and how this is connected to gendered drivers. It should be noted that both LGAs were located in areas where rates of FV and VAW are high and there is often resistance to change. Consequently, this high level of need was considered a key variable that helped to challenge the status quo and raise awareness. Furthermore, one of the projects aimed to build the capacity of community groups that would subsequently be funded to undertake initiatives to prevent FV. This raises an important point about the need for individuals and groups to have a base level of understanding of FV and primary prevention theory before designing and undertaking work in this space.

The second project worked with managers within the LGA and focussed on bystander action and training. Whilst results were promising, there were some areas of concern, including the lack of role modelling of appropriate behaviour by managers at all times and the considerable occurrence of staff engaging in sexual banter or jokes. These studies were some of the only ones in the grey literature to focus on adults in the community and in the workforce, demonstrating the need for more work in these areas.



## Drivers and reinforcing factors targeted by interventions

The most common essential actions to address drivers of violence against women addressed by the programs or interventions being evaluated were challenging the condoning of violence and strengthening positive, equal and respectful relations (Table 3). The most common supporting actions that addressed reinforcing factors were preventing exposure to violence and support those affected to reduce its consequences and challenging the normalisation of violence as an expression of masculinity or male dominance (Table 3). As previously noted, there are no clear drivers of FV and as such we only report on those studies clearly targeting VAW in Table 3 below.

*Table 3 Frequency of drivers/reinforcing factors being targeted by included peer reviewed evaluations (not including systematic reviews)*

		IPV	YOUTH SA & DATING VIOLENCE	SA & ALL TYPES VAW
<b>Essential action to address driver of violence</b>				
E1	Challenge condoning of violence	12	66*	16
E2	Promote women's independence	0	5*	3
E3	Foster positive identities and challenge gender stereotypes	5	29*	8
E4	Strengthen positive/equal/respectful relations	11	45*	10
E5	Promote/normalise gender equality	4	17*	7
<b>Supporting action to address reinforcing factor of violence</b>				
S1	Challenge the normalisation of violence as an expression of masculinity or male dominance	1	15*	8
S2	Prevent exposure to violence and support those affected to reduce its consequences	13	68*	19*
S3	Address the intersections between social norms relating to alcohol and gender	0	8*	3*
S4	Reduce backlash by engaging men and boys in gender equality, building relationship skills and social connections	2	16*	5
S5	Promote broader social equality and address discrimination/disadvantage	2	3*	2

\* addressed by those studies deemed effective (prevent violence)

Whilst challenging the condoning of violence against women is the most targeted driver, Our Watch assert that initiatives focussed on changing beliefs and attitudes will be limited in their success. Rather, they argue, it should be seen as the "tip of the iceberg" (Our Watch et al., 2015, p. 24). Furthermore, the supporting actions that target reinforcing factors will not prevent VAW alone but they can provide a "significant contribution" when used alongside the essential actions (Our Watch et al., 2015, p. 34).

Within the grey literature the interventions tended to focus on the promotion of gender equality and fostering positive and equal (respectful) relationships (Table 4). Generally, these interventions could be classed as working towards the gendered drivers of VAW or FV, as opposed to addressing the reinforcing factors.

As the majority of work found in the grey literature originated in Australia, the language around primary prevention tended to be consistent and address the generally agreed upon drivers of VAW. This was not necessarily the case with the peer-reviewed literature, the majority coming from the USA. Studies targeted a wide range of drivers and reinforcing factors, often not directly specified, either combined or in isolation which meant it was challenging to categorise across those listed in Table 3.

Out of the 10 grey literature studies included, five used Our Watch's Change the Story as a guide to developing a program logic and identifying drivers targeted by the intervention. This helps to demonstrate the importance of primary prevention work being able to gravitate around a shared vision and approach. The use of Change the Story is unsurprising given that these interventions were developed in Victoria and are relatively recent; from 2015 onwards.

As the majority of studies across both the peer-reviewed and grey literature focused on youth and younger people the main emphasis within such interventions was on the following concepts: challenging the condoning of violence; promoting gender equality; awareness raising around what constitutes healthy/unhealthy relationships; advancing an understanding of how gender roles and expectations impact relationships; awareness raising around respect and what crosses the line in relation to negative dating/sexual behaviour; and some focus on bystander behaviour. IPV programs do seem to focus more on gender equality, fostering positive identities and challenging gender stereotypes. In the grey literature, for example, the project "Baby Makes 3" had the key objective of promoting relationship equality by providing education on gender roles, balancing work and family, and the equal capacity of men and women to care for infants. However, the results of the study were conflicting (which is why it has not been detailed in the section above).

*Table 4 Frequency of drivers/reinforcing factors being targeted by grey literature*

		FREQUENCY
<b>Essential action to address driver of violence</b>		
E1	Challenge condoning of violence	10
E2	Promote women's independence	1
E3	Foster positive identities and challenge gender stereotypes	9
E4	Strengthen positive/equal/respectful relations	6
E5	Promote/normalise gender equality	9
<b>Supporting action to address reinforcing factor of violence</b>		
S1	Challenge the normalisation of violence as an expression of masculinity or male dominance	1
S2	Prevent exposure to violence and support those affected to reduce its consequences	8
S3	Address the intersections between social norms relating to alcohol and gender	0
S4	Reduce backlash by engaging men and boys in gender equality, building relationship skills and social connections	1
S5	Promote broader social equality and address discrimination/disadvantage	2

Across both the peer-reviewed literature and the grey literature there was limited consideration and implementation of intersectional approaches that recognised other key influences contributing to inequalities including colonialism and discrimination on the basis of social class, ethnicity or race, sexuality and gender identity, ability, and age (Frawley, Dyson, Robison, & Dixon, 2015).

Within the grey literature it was apparent that there were two main ways of approaching primary prevention work that should be acknowledged. The overriding focus was on targeting a specific population to influence attitudes and behaviours with the aim of preventing violence before it occurs. However, a secondary emerging theme was to build the capacity of individuals and organisations (and a broader sector) to conduct primary prevention work and deliver interventions. Therefore, the medium-term outcomes targeted in this type of intervention were slightly different, but included:

- Increased awareness/knowledge/skills for individuals/workers;

- Increased implementation of VAW or FV projects;
- Development of new partnerships to deliver informed and effective interventions (e.g. between local councils and women's health agencies); and
- Development of new policy and practice around VAW or FV.

## Measuring outcomes

Given the heterogeneity of programs and challenges in assessing the effectiveness of such programs, we examined what and how outcomes were measured. There was limited engagement with any long-term or population-level violence reduction as an outcome measure. Rather, studies predominantly focussed on how the intervention had instigated change in relation to knowledge/awareness, confidence, attitudes, intentions and behaviour. These outcomes often aligned with drivers and reinforcing factors of violence against women (even if they did not directly reference such drivers and factors in the literature).

Knowledge/awareness was assessed in relation to a broad range of factors including ethical behaviour with regard to sex and relationships (consent and pressure), what constitutes respectful relationships, sexual harassment, what constitutes violence, types of violence, and how gender-based factors and gender inequality contribute to FV and VAW. Confidence was assessed by examining whether participants felt better able to identify different types of violence, felt able to step in as a bystander, and felt more confident in their capacity to recognise unhealthy relationships. Attitudinal change was measured by assessing perceptions of gender equitable relationships, gender roles, and gendered identities and expectations. Behaviour was more difficult to measure because often participants were self-projecting at the end of the intervention, i.e. what do they intend to do. However, this was generally assessed by asking participants to predict their future behaviour post involvement; as both a potential victim and perpetrator. There were few long-term follow-ups to measure any actual impact on individual behaviour. To measure the success of bystander education, studies used subjective measures of future intention to act.

The methods employed to measure effectiveness and determine outcomes were fairly consistent and principally included a pre and post evaluation design that had a baseline measure prior to participation in the intervention and then a follow-up measure post-participation. Many of the studies in the peer-reviewed literature, and of course amongst the systematic reviews, included some form of randomisation and control groups, albeit with vastly varying degrees of quality. Two studies in the grey literature used the RCT method, although this was very much in the minority amongst the grey literature studies. Qualitative and quantitative tools were used, namely: surveys, focus groups, interviews and, in the grey literature, reflective journaling.

The scales and questions used for the surveys included a mix of tested and validated questions and scales, and newly designed questions that were considered more fit for purpose. Some scales and questions were adapted from existing surveys. Regarding analysis, it should be highlighted that often results could be descriptive in nature, particularly amongst the grey literature, rather than being tested for statistical significance. The outcomes were presented as a descriptive analysis of survey items with percentages reported.

Of course, with many studies using their own developed survey questions, the validity and reliability of these results is questionable when not using tested survey items and scales. Similarly, there are challenges in assessing the effectiveness of studies whose only evaluation method is qualitative interviews.

Often, evaluations included process-related data (although those studies only reporting on process evaluations had been removed). Whilst this data is important to improve practice and learnings around the effective implementation of VAW and FV interventions, it does little to support new knowledge concerning what has efficacy across a range of settings and with different population groups.

The grey literature best highlights some of the key issues in evaluation research and we discuss this further here. It appeared that some of the evaluation issues and the decision to use outcome measures of essential and support actions manifested because of the nature of the interventions included in the grey literature. Often the projects were funded on short to medium funding cycles (i.e. one to two years) with no consideration of what happened beyond the end of the funded period. Additionally, it did not appear that the research or funding body had considered a coherent or long-term evaluation framework from the outset. Consequently, the data collection practice was often retrospective, as opposed to forward thinking with longitudinal measures in mind. Similarly,

many of the studies in the peer reviewed literature appeared to have very short follow-ups that may or may not have been linked to funding limitations or short funding cycles, as the grey literature findings suggest.

To provide some more detail on outcome measures, we outline below the scales and measures used across the peer reviewed literature.

## Outcome measures used

### Child Abuse

In terms of incidences of child abuse, studies looked to child protective services data, the ICD-9-CM and patient hospital data. For secondary outcomes, studies targeting parents were predominantly measuring knowledge (of child disciplinary techniques), attitudes and beliefs towards preventing child abuse and parenting, motivation and behaviours to prevent child abuse, and social support. Those targeting children were measuring: knowledge about safe versus unsafe people, actions and situations; and child (sexual) abuse; problem-solving, assertiveness and resilience skills; and relationships (including friends, intimate partners).

Validated scales used across the studies evaluating child abuse prevention initiatives included in this review were broad in scope and show the variety of outcomes studies may seek to assess (see Table 5).

*Table 5 Validated measures and scales used across peer reviewed child abuse primary prevention evaluation studies*

PARENTS AND FAMILIES	CHILDREN
FRIENDS protective factors survey (looking at family functioning/resilience, social support, concrete support, nurturing and attachment)	Inappropriate Touch subscale of the Child Knowledge Abuse Questionnaire
Family Social Support Network Function Scale	Personal Safety Questionnaire (child sexual abuse knowledge)
Personal and Social Support Scale	What-If Situations Test-III-R (self-protection skills)
The general functioning scale (GFS) of the McMaster Family Functioning Device	The Protective Behaviours Questionnaire
The Parent Behaviour Checklist	The Application of Protective Behaviours Test
Parenting Stress Index	Teacher-Student Relations, Delaware School Climate Survey
Strengths and Difficulties Questionnaire	Children's Knowledge of Abuse Questionnaire
The Parent Protective Behaviours Checklist	Sexual Assault and Attitudes Questionnaire
The Parent-Child Conflict Tactics Scale	Understanding Shaken Baby Syndrome-20
Adult-Adolescent Parenting Inventory	Shaken Baby Syndrome Awareness Assessment
ACT Parenting Behaviours Questionnaire	Adult-Adolescent Parenting Inventory
Preventive Behaviours Questionnaire	
Child Sexual Abuse Myth Scale	
Juvenile Victimization Questionnaire	
The Knowledge of Infant Crying Scale	
The Shaking Knowledge Scale	
The Preparation for Infant Crying Scale	
Attitudes Toward Spanking Questionnaire	

**IPV, Sexual assault and dating violence**

For assessing impact on violence prevalence, most of the IPV, youth sexual assault and dating violence related studies looked at self-reported perpetration or victimisation through items in surveys delivered as part of the study. However, to assess impact on sexual assault prevention, West et al. (2018) used medical and police data whilst Gatley, Sanches, Benny, Wells, and Callaghan (2017) used sexual-assault crime data from the national Uniform Crime Reporting survey.

Some of the validated scales or measures to examine incidents of violence included:

**VALIDATED SCALE OR MEASURE**

American Association of University Women Sexual Harassment Survey

Assault Characteristics Questionnaire

Conflict Tactics Scale (in various forms)

Cook-Craig et al.'s [2014] measure of victimisation and perpetration

Dating aggression victimisation (the Conflict in Adolescent Dating Relationships Inventory)

Families for Safe Dates Psychological and Physical Violence Perpetration scales

National Intimate Partner and Sexual Violence Survey

Psychological Dating Abuse Scale

Sexual Experiences Questionnaire

Sexual Harassment Questionnaire

National Violence Against Women Survey

Other measures were very broad in scope and covered knowledge, attitudes and behaviours across sexual assault, dating violence, relationships, and bystander. The validated scales or measures used included:

**VALIDATED SCALES AND MEASURES ACROSS SEXUAL ASSAULT, IPV AND DATING VIOLENCE**

Acceptance of Interpersonal Violence Scale	Adolescent Sexual Harassment Attitudes Scale
Adversarial Sexual Beliefs Scale	Ambivalent Sexism Inventory
Attitudes Towards Dating Violence Scale	Attraction to Sexual Aggression Scale
Banyard's Bystander Attitudes Scale	Banyard's Bystander Behaviour Scale
Banyard's Decisional Balance Scale	Banyard's Bystander Confidence, Willingness to Help, and Bystander Behaviour Scales
Barker's Gender-Equitable Norms Scale	Barriers to Responding to Sexual Aggression scale
Barriers to Sexual Assault Bystander Intervention subscale	Burn's Bystander Intervention Behaviour Scale
Bystander Attitude Scale;	Bystander Behaviour Scale
Bystander Efficacy Scale	Bystander Intention to Help Scale
College Date Rape Attitude and Behaviours Scale	Conflict in Adolescent Dating Relationships Inventory;
Conflict in Adolescent Dating Scale	Dating Behaviour Survey
Dating Self-Protection Against Rape Scale	Goodchilds and Zellman's (1984) measure of sexual aggression acceptance

VALIDATED SCALES AND MEASURES ACROSS SEXUAL ASSAULT, IPV AND DATING VIOLENCE	
Hostility Toward Women Scale	Illinois Rape Myth Acceptance scale
Interpersonal Reactivity Index	knowledge about peer aggression (RISE Knowledge Questionnaire);
Multidimensional Sexual Self-Concept Questionnaire	Myths of Romantic Love Scale;
Preventing Harassment/Hostile Environment Checklist	pro-bullying attitudes (Provictim Scale);
Pros and Cons of Bystander Action Scale	Prototype Willingness Model with consent scenarios;
Rape Outcome Expectancy Scale of the Probability Questionnaire;	Rapist Empathy Measure
Readiness to Help Scale	SCREAM Measure of Acquaintance rape Knowledge;
Self-Efficacy Scale	Self-Protection Against Rape Scale
Sexual Assault Awareness Survey;	Sexual assault beliefs (IRMA-R)
Sexual Assault Knowledge questionnaire;	Sexual Assertiveness Scale for Women
Sexual Communication Survey;	Sexual Double Standards Scale
Sexual Harassment for Employees Knowledge Quiz	Sexual Violence Attitude scale
Social Norms Measure and the Sexual Social Norms Inventory	Token Resistance to Sex Scale
Victim Empathy Scale	

## CONCLUSION AND RECOMMENDATIONS

One of the key issues raised by this review is the lack of separation between primary and secondary prevention across many of the studies identified. Whilst the review targeted primary prevention only, it was often hard to establish to what extent a study was examining primary prevention as opposed to secondary prevention. This was particularly difficult in cases of bystander interventions but was also a general issue across all forms of interventions and types of FV and VAW.

The largest and somewhat surprising finding from this review is the dominance of studies from the USA across all forms of FV and VAW, with surprisingly few included from other English-speaking countries such as Canada, the UK, Australia and New Zealand. There were some studies from Europe published in English, but these were very few. The review was targeting only those studies conducted in countries sufficiently similar to Victoria in terms of socio-cultural-political context, but the overwhelming dominance of the USA within this overall limitation was still somewhat surprising. There has been a significant lack of Australian primary prevention evaluation studies published over the last 10 years. This suggests that there is a disconnect between primary prevention work occurring in the field and translation of learning into academic literature. Given the investment made in this country, specifically Victoria, in primary prevention research since the Royal Commission into Family Violence, it is expected this will change over time. However, currently, the findings suggest that primary prevention intervention development and implementation is potentially being conducted in Australia without a sufficient contextually current evidence base accessible to program developers.

Similar to Webster and Flood's initial review of existing categories of intervention and their level of effectiveness for primary prevention of VAW (Webster & Flood, 2015), education programs or those set within an education context are the most prolific form of intervention being implemented and evaluated within academic literature. In fact, the population most targeted across the spectrum of VAW is young people – whether the intervention is specifically for young people, or whether that population has been used to test a program aimed at whole of population (perhaps for recruitment and follow-up convenience, given the large number of studies being conducted in USA colleges). With most studies being developed in the USA for tertiary level students or tested within that context, a very real challenge is these studies relevance to the Australian context. There are significant differences between USA and Australian tertiary institutions, culturally and socially, not to mention a difference in cultural diversity across the two countries. More Australian primary prevention of VAW research is needed in tertiary settings to examine the Australian context.

Given the plethora of studies focussed on child abuse and/or those targeting younger populations in an aim to prevent sexual assault and dating violence amongst adolescents and young adults, there is a significant lack of studies that target more universal and adult populations. There is also a surprisingly small number of studies examining primary prevention strategies for IPV. Furthermore, whilst initial search results suggested many elder abuse prevention programs, it quickly became apparent when selecting papers for inclusion that these targeted predominantly non-family contexts. There were also no studies that looked specifically at other categories of FV, such as sibling abuse or child/adolescent to parent abuse. In terms of VAW, there are very few studies published that look at the primary prevention of FGM/C (outside of Africa or the Middle East), reproductive coercion, trafficking or forced prostitution. Again, there is work being done across Australia particularly with regards to reproductive coercion, although primarily with regards to early intervention and response rather than primary prevention.

There is also a distinct lack of focus on particular population groups, such as women with a disability, Indigenous or CALD communities, and LGBTQI communities. Equally, there is a lack of insight within each of those communities, for example the drivers of FV or VAW across the various communities within the overall LGBTQI community. There is little understanding or a lack of application with regards to intersectionality, particularly regarding how to adapt programs interventions for different segments of the population or indeed how these intersect with other factors such as disability, race, culture, sexuality and socio-economic status.

Whilst many bystander interventions were included in the review, it is challenging to establish whether these are targeting primary or secondary prevention, or even tertiary response, with many often targeting several aspects of prevention. Bystander interventions can fall into two categories: intervening in incidents related to the drivers of VAW, such as sexist jokes (primary prevention); or intervening in an actual incident of violence or abuse such



as safely stepping in when a sexual assault or stalking is occurring (secondary prevention). The difficulty we found in selecting papers to include in the review is that the detail of the program was not always clear. For example, one study (Amar, Sutherland, & Kesler, 2012) adapted the Bringing in the Bystander® program which explains is both a program to teach how to safely intervene when violence is occurring and when there is a risk that it will occur (Banyard, Moynihan, & Plante, 2007). This cuts across tertiary, secondary and primary prevention but without the detail of the program delivered, it is hard to conclude to which category such a study aligns. In this instance, we excluded the study based on a perception that it was predominantly teaching a safe intervention when an assault was occurring – thereby making it an early intervention or response program rather than primary prevention. There has been a recent interesting bystander program in the USA that was a video game developed by University students. Whilst the program focussed on intervening during an incident of sexual assault or IPV, thereby categorising this as early intervention and response and excluded from our review, it showed the unique ways in which such programs can be developed and delivered for younger populations (Potter, Flanagan, Seidman, Hodges, & Stapleton, 2019). Such innovative mediums for educational interventions could also be adopted for primary prevention interventions.

As noted, with most studies looking at educational programs across the violence types, few studies looked at the impact of policy and its effectiveness in preventing FV or VAW. Two key studies were identified, the Australian study by West et al. (2018) and a Canadian study reported upon by Gatley et al. (2017), with both examining the impact of alcohol reduction (either restricting access or drinking age laws). There was a further study included in the review relating to firearms regulations, although it was considered ineffective (McPhedran & Mauser, 2013).

Even where there is evidence, for example among the large number of studies evaluating educational programs, the heterogeneity of programs means it can be very challenging to summarise what aspects of these programs work and for whom (Graham et al., 2019).

Assessing effectiveness of the interventions was hard to establish, with many studies reporting on complex programs containing multiple outcome measures that were not necessarily well aligned with a focus on primary prevention of FV and VAW. There was also a lack of evaluation across the board, particularly in relation to certain population groups (Crooks, Jaffe, Dunlop, Kerry, & Exner-Cortens, 2019). It is clear from the results of our search that there is a lack of studies that seek to measure impact on rates of violence. Rather, studies predominantly examine impact on medium and short term measures such as the impact on the drivers and reinforcing factors of violence. The assumption being, in these latter cases, that improving knowledge and changing attitudes will lead to long term behavioural change. Smaller scale program evaluations may not seek to monitor rates of violence due to the difficulties in capturing accurate rates of violence more generally and challenges in linking specific interventions with changes in rates of violence, particularly in contexts when there are multiple interventions and programs taking place.

An evaluation of the Second Action Plan of the National Plan to Reduce Violence against Women and their Children 2010-2022 was undertaken by KPMG on behalf of the Department of Social Services in 2017 (KPMG, 2017). Their evaluation was not included in the scoping review because it mainly focussed on secondary prevention and response initiatives rather than primary prevention. But it is important to note that they acknowledged their evaluation was predominantly “process based” rather than assessing impact or effectiveness because of a lack of sufficient evaluative data:

“The evaluation has largely been a process-based evaluation focusing on progress with the 26 actions that were outlined in the Second Action Plan. This is primarily due to the lack of an evidence base upon which the impact or effectiveness of particular programs or interventions can be assessed” (p.1)

Whilst we were not assessing the quality of the studies we found, it was apparent that the quality of evaluations was varied and many of the authors of systematic reviews argued for more higher-quality evaluations. Baker et al. (2016) argued for “appropriate study characteristics to determine whether specific intervention programs, and which components of these programs, are effective in preventing” (p.2) violence. There is a clear need for more longitudinal studies and evaluations that include long-term follow-up as a means to understand effective change over time. Again, several authors of systematic reviews commented that there was inadequate evidence to assess the impact of interventions on occurrence of violence (Baker et al., 2016). This may be as a result of short funding cycles that lead to a failure to consider the long-term vision and measurement of the intervention.



Whilst effectiveness predominantly relies upon quantitative analysis in showing an impact on the occurrence of violence, studies are richer when including qualitative elements that provide detail around perceptions of the success of interventions and their self-reported/perceived impacts (Carmody & Ovenden, 2013; West et al., 2018). Two key studies detailed in the review undertaking and reporting on such a mixed methods evaluation were both Australian and perhaps pertain to the work now being done in Australia around complex interventions for primary prevention of FV and VAW.

In relation to the grey literature predominantly reporting on community-based programs, many reported process evaluations rather than reporting impact. This may be influenced by results inadequately showing impact and such results being tied to potential further organisational funding. It may also relate to insufficiently designed evaluations so that impact is hard to establish. It is important to combine all three forms of evaluation, particularly for such complex interventions, in order to understand what has efficacy and why. The contextual data is important. Implementing complex interventions like those preventing VAW should include rigorous, replicable methods such as RCTS with embedded process evaluation to examine 'how' an intervention worked (Craig et al., 2013). However, there may also be need for a simplified, but effective evaluative approach, particularly in community settings where individuals might not have specialist knowledge or experience to undertake rigorous evaluation methods.

An issue particular to the studies in the grey literature was a strong focus on building the capacity of individuals and organisations (and a broader sector) to conduct primary prevention work and deliver interventions. Whilst important, this needs greater clarity from the outset of the study as the outcome measures could be different. However, recent work amongst the grey literature did show theory of change or gender-based (feminist) theory being used to inform the frameworks and interventions being conducted. Furthermore, program logic models that inform an evaluation and articulate the gendered drivers are also becoming more prevalent.

## Key recommendations

- Funding needs to be directed to gaps in existing knowledge on effective primary prevention activities, for example:
  - IPV;
  - other forms of FV (such as elder abuse; reproductive coercion; female genital mutilation or cutting (FGM/C));
  - adult targeted (and potentially) universal populations in relation to sexual assault, harassment and stalking across a broader range of contexts such as workplaces, public transport, and public spaces;
  - impact across (and within) particular population groups (disabled, Indigenous, CALD, LGBTQI) – sufficiently taking into account intersectionality;
  - how to target men and boys in Australia to engage with primary prevention (and all genders both individually and collectively) to understand what works for whom;
  - those adapting existing international evidence to the Australian context (there is a potential to build upon the evidence developed in USA, but test adaptation to the Australian context (keeping in mind that the adaptability of American tested interventions is not clear (Stanley et al., 2015)).
- Funding should be made available to establish what are the agreed drivers of various manifestations of FV (outside of men's violence against women).
- A stipulation of funding should be that they identify the drivers or enablers of FV or VAW that they are targeting.
- Applications to fund primary prevention initiatives should include detailed plans for a high-quality impact evaluation. Sufficient financial and time support should be available from funders to ensure a good quality evaluation can be conducted over time, with sufficient long-term follow-up included. Complex social interventions, for example, can be guided by the Campbell collaboration methodological guidelines (The Campbell Collaboration, 2019).
- For small-scale studies undertaken in the community setting, there is a need to provide guidelines for a simplified, but effective evaluative approach. This will be key for community organisations where individuals might not have specialist knowledge or experience. This could also be addressed by the delivery of training programs for organisations wishing to undertake primary prevention activity development and evaluation.

- Evaluations need to show an understanding of and take into consideration contextual complexities as well as be able to better compare impact across diverse communities. Studies need to be able to establish what is effective for whom, when, where and how.
- Need consistent use of measures across studies so that they can be collectively compared, to build stronger evidence of knowledge, attitudinal and behavioural change. We would recommend:
  - a repository of validated scales and measures across the violence types, drivers being measured, and populations targeted; and
  - supporting the development and testing of new and appropriate scales specifically for use in primary prevention intervention evaluations in the Australian context.
- Given the scarcity of published peer reviewed academic literature from Australia in primary prevention, a requirement of funding could be to publish results of evaluation. This would ensure Australia is recognised for its primary prevention work on the international stage and foster knowledge dissemination and translation internationally. It would also potentially ensure Australian studies feature in systematic reviews and meta-analysis for evidence-based decision making.
- Any provision of a funding scheme should also have an overarching evaluation plan:
  - to ensure cohesiveness and complementarity of the programs being funded;
  - to ensure collaboration between those involved; and,
  - to ultimately measure the collective impact of such a funding scheme.
- Need to advocate for the establishment of consistent recording practices of FV and VAW incidences in Victoria, and nationally, to ensure primary prevention studies can measure impact over time. Whilst studies were able to do so for child maltreatment in the USA, it was clear very few were able to do so for IPV.

## CHALLENGES AND LIMITATIONS

We encountered several challenges in conducting this part of the review. Firstly, the scope of the brief resulted in a very high number of papers to sort and eventually review. Secondly, the selection of papers was challenging given the definitional issues around FV and VAW as well as the overlap between primary and secondary prevention. Addressing the drivers or underlying causes of FV and VAW is a crucial component for undertaking primary prevention activity. A lack of shared understanding about what drives the various manifestations of FV, outside of the common male to female dynamic, made assessing the effectiveness of interventions difficult. In addition, there were many studies, given the complex nature of FV and VAW, that targeted both primary and secondary prevention and as such were hard to differentiate and thereby categorise. Systematic reviews, in particular, would often include studies that could cut across both primary and secondary prevention. Whilst our inclusion and exclusion criteria guided selection through requiring studies to be more than 50% related to primary prevention, this was not always possible to determine. Studies examining elder abuse or child abuse were sometimes hard to categorise within FV or VAW, as raised in earlier in this review. There was a Cochrane systematic review that examined effectiveness of prevention and response interventions for elder abuse but it was difficult to ascertain whether any or all were partially related to FV (Baker et al., 2016). In these cases, such studies or systematic reviews were included in the review, but we acknowledge that they may not truly sit within the FV or VAW scope of the Evidence Review.

It is worth acknowledging that there were several inclusion and exclusion criteria for studies within this review and a bias towards peer reviewed academic literature. Key limitations to the review therefore include the following:

- no studies were included that were published in a language other than English;
- no studies were included that were undertaken in countries insufficiently similar to Victoria, Australia;
- only studies that were accessible via online academic databases or those that were publicly available were included.

There are multiple interventions internationally that will have been excluded; for example, studies within countries similar to Australia but not reported upon in English. Furthermore, there are many interventions occurring within Victoria currently and in the last ten years that were not included within this review. This was partly due to the public accessibility of the reports. In addition, a number of studies did not meet the inclusion criteria as they did not have measures in place to either examine impact on rates of violence or impacts on the drivers of violence.

Finally, this is a 'scoping' review and as such does not review the quality of the evaluations undertaken. Whilst we have indicated effectiveness of a study, in that the study has had a direct impact on prevention of FV or VAW, we have not formally measured/considered the quality of the evaluation methods used in making this decision. Many of the studies have significant methodological quality issues, as was often pointed out in the systematic reviews where quality has been assessed.

Whilst challenging, a strength of this review is its scope. We have not found any other review conducted to this extent, with most scoping or systematic reviews focusing on one element of FV or VAW, or on a particular population group.

## Part 2

Part 2 of this report seeks to answer the following research question:

*What is the nature and extent of current research funding in Australia in primary prevention of family violence and violence against women?*

### METHODS

In order to answer the above research question, a comprehensive and systematic grey literature search of funding for Australian primary prevention research projects was undertaken. As in Part 1, we restricted the search to the past 10 years and only included literature published in English.

Where possible, we applied the following varied combinations of key words and phrases to the websites listed in Appendix 2. The exact search terms and process varied according website search function.

"Family violence" OR "Domestic violence" OR "Violence against women" OR "Intimate partner violence" OR "Elder abuse" OR "Child abuse" OR "adolescent to parent violence" AND "funding" OR "grant" OR "fellowship" AND "prevention" OR "primary prevention"

In addition, we examined all full text records identified in Part 1 to assess any funding of research we may have missed.

### Inclusion criteria

We applied the inclusion and exclusion criteria described in Part 1 to our search of evaluated primary prevention interventions with the additional criteria:

- grants and fellowships awarded in last 10 years (2009-2019);
- grants and fellowships awarded by an Australian organisation/institution;
- grants or fellowships to undertake projects or programs of work in Australia or in another country or countries relevant to the Victorian context;
- at least part of the work comprises primary prevention of family violence and/or violence against women;
- grants or fellowships where the focus is on conducting research.

Findings were descriptively analysed and research projects categorised to identify funding gaps and potential areas for future primary prevention research.

### FINDINGS AND SYNTHESIS IN RELATION TO THE REVIEW QUESTION

Following the extensive search, 99 funded VAW/FV primary prevention programs and research projects were identified (Appendix 3) which met the criteria of the review. Considering the 10-year time frame, few Australian studies have been funded and evaluated solely addressing true VAW/FV primary prevention which met the criteria of the review. Most programs addressed VAW, rather than other manifestations of FV outside of common male to female dynamic. Prevention of child abuse, including child sexual abuse was covered, however we failed to identify any primary prevention research on other forms of FV, such as elder abuse or adolescent violence toward parents. To identify funding gaps, projects have been synthesised according to the National or Victorian state funding body and the intervention target population/focus. Research limitations and suggestions for future research follow.

### National

At the national level, most of the funded projects identified (no.=34) were through the Australian Research Council (no.=16) and Our Watch (no.=8). The National Health and Medical Research Council (NHMRC) have funded two projects and Australia's National Organisation for Women's Safety (ANROWS) have also funded two, since their launch in 2014. The remaining six projects have come from other federal government funding, through Department of Social Services and White Ribbon (no.=4), and two private women's fashion companies (Mimco and Suzanne Grae) providing philanthropic grants. Many organisations do not disclose funding amounts, however of those at national level that do (ARC and NHMRC), a total of \$7,026,248 AUD was provided for all types of primary prevention research over the past 10 years.

National level funding has covered a diverse range of projects focussing on partial or solely FV/VAW primary prevention interventions, aimed at all societal, community, organisational and individual levels (Our Watch et al., 2015) (Appendix 3). Thirty two percent of programs (no.=10) were community-focused interventions – supporting councils with gender equity solutions, addressing potential drivers or risk factors associated with FV/VAW such as gambling and awareness raising through sport and the media. Aside from federal level projects (no.=14), Queensland received the most national level funding (no.=9), followed by Victoria (no.=5) and NSW (no.=2). The ACT, SA, WA and NSW and WA received one funded project each, with the NT and Tasmania missing out on any money for primary prevention research at the national level (Figure 2).

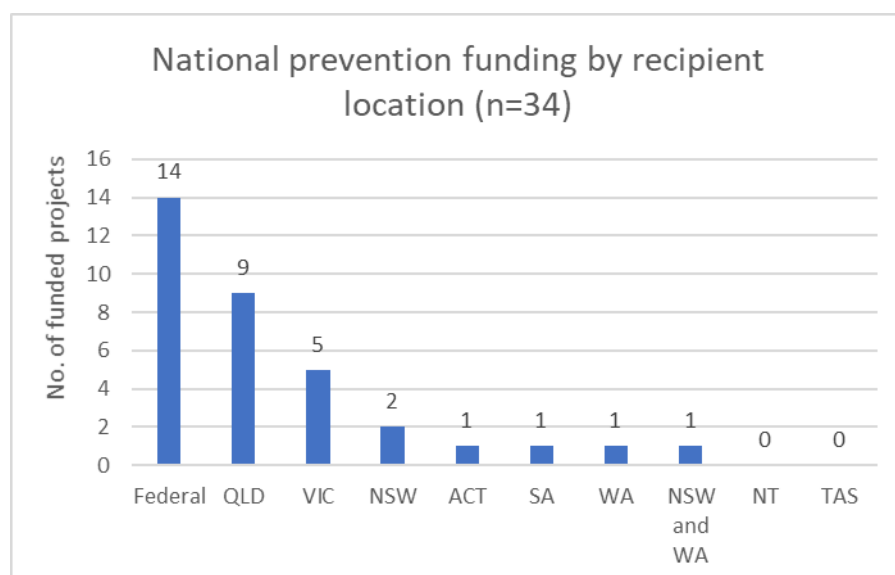


Figure 2 Funded primary prevention projects by recipient location (n=34)

Figure 3 provides a summary of the target populations covered by national level projects. Primary prevention programs for children and young people (no.=14) make up 45% of the research, which include projects on respectful relationships, arresting intergenerational abuse and mental health in Indigenous children and preventing child abuse, including sexual abuse within the family.

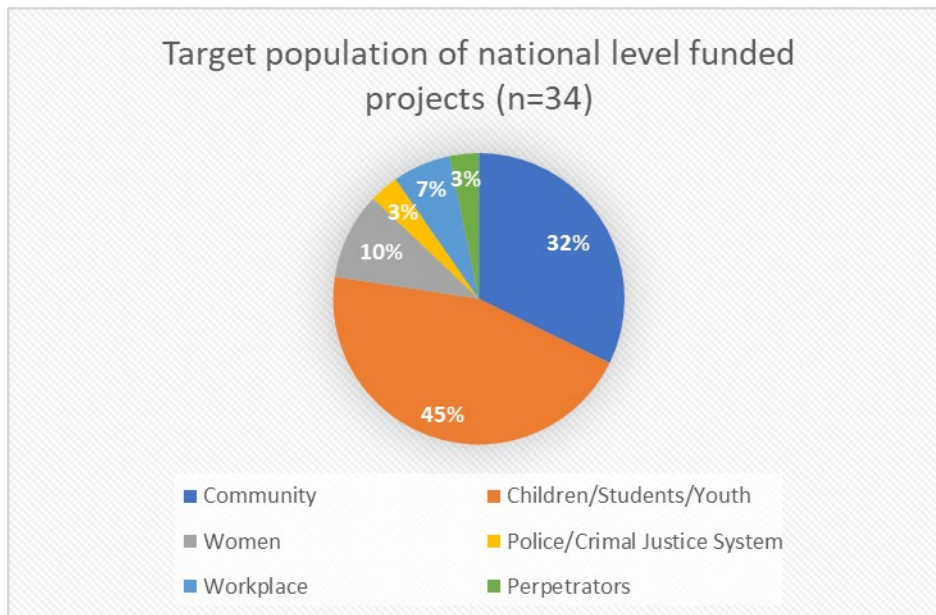


Figure 3 Target population of national level funded projects (n=34)

## Victoria

The Victorian state government was identified as the key funder of research on FV/VAW primary prevention in Victoria over the past 10 years. Funders of Victorian research on primary prevention (no.=65) included Our Watch (no.=3), VicHealth (no.=8), Victorian Government (no.=34), Local Government (no.=8) and a range of twelve other organisations (Appendix 3). More than half of the projects (55%) outlined community or child-focused prevention programs (no.=36). Nine of the 23 community programs (39%) funded gender equality projects through sporting clubs. Other types of community programs targeted diverse populations e.g. CALD, LGBTQI and FGM/C populations. Other areas include prevention interventions for new parents, workplace programs and council specific strategies. Figure 4 outlines the range and proportion of targeted programs funded and evaluated over the past 10 years.

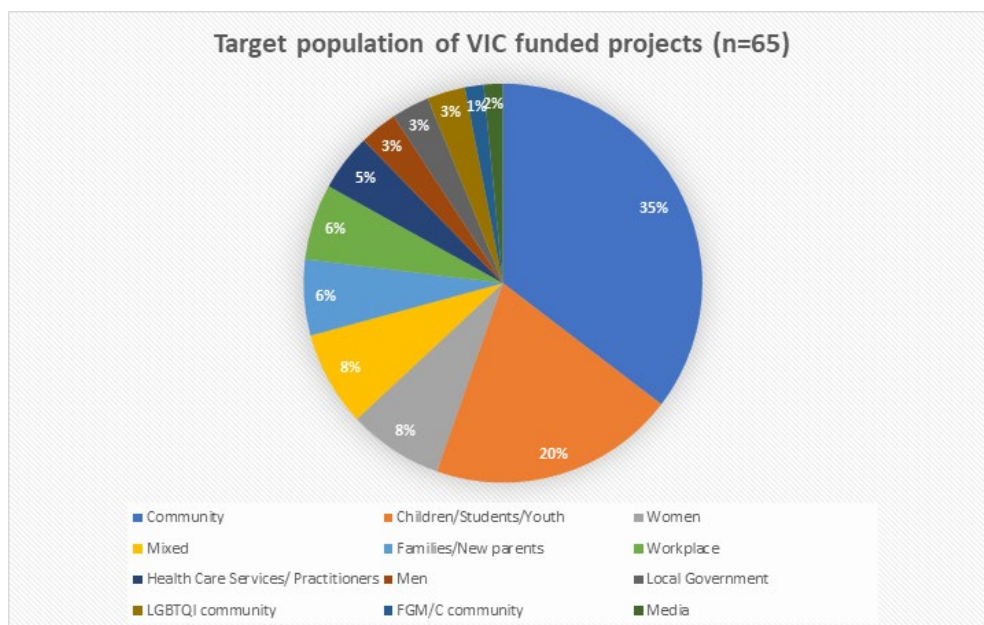


Figure 4 Target population of Victorian funded projects (n=65)

## CHALLENGES AND LIMITATIONS

We encountered several challenges in the search for FV/VAW primary prevention research that has been funded and evaluated in Victoria and Australia. While searching for Victorian research funding, it was frequently unclear the source of funding or amount provided. Consequently, we have listed identified primary prevention projects which may not have been funded specifically through research grants and fellowships.

The first key issue was how challenging research of or pertaining to primary intervention programs were to find on most websites. Due to differences in search functions across the broad range of areas, continuity was also difficult to maintain. For example, NHMRC offered a list of 15 000+ initiatives' in one Excel spreadsheet which required a very different approach to, for example, a small local council where a search function was severely restricted. The search was further hampered by organisational/researcher confusion over the definition of primary prevention and a clear understanding of what constitutes drivers, vs contributing factors. Frequently, organisations use the term primary prevention, but upon closer inspection the program is not a primary prevention strategy. Further, some outline how their organisation is invested in primary prevention but then list initiatives that are clearly not primary prevention.

Another crucial issue was the lack of both information and transparency. Some initiatives only had a sentence or two outlining the program or research. Other than large funding bodies, few, if any initiatives listed the amount they were awarded when a grant was received. Once initiatives were identified, it was often difficult to ascertain whether they involved primary prevention evaluation research. Most often, the evaluation would be found incidentally when searching elsewhere. Some organisations had their programs evaluated by outside organisations for transparency, however the evaluation was not listed with the project.

These challenges speak to a broader concern of access for those who would benefit from these initiatives. Improving the recording and documentation of prevention research would enhance transparency and clarity which could stop duplication and/or cross over of funding and projects in future. As a result of these challenges, some FV/VAW prevention research may have been missed. However, despite these challenges, we are confident of having found a broad range of the primary prevention research projects. Therefore, what is presented here does not claim to be a complete list but offers a sound indication of what has been and is being funded.

There are a broad range of VAW primary prevention initiatives and research being funded across Australia. Less funding has been provided for FV prevention, outside of the dominant male to female dynamic. Challenges occur in identification of prevention research that has been funded due to varied interpretations of primary prevention, lack of documentation/transparency and access to research. Prevention projects appear disjointed or siloed, one-off programs without coordination or strategic processes for future research collaboration. Nor do they have a clear program logic or outcome measures for evaluation. This is a considerable issue, alongside the lack of transparency. Future FV/VAW program funding needs to have clear and consistent evaluation strategies, such as the outcomes framework detailed in the Change the Story (Our Watch et al., 2015).

## CONCLUSION AND RECOMMENDATIONS

A diverse range of prevention/primary prevention research projects (that entail applied, theoretical and evaluation research) have been conducted in Australia over the last 10 years. Despite methodological challenges, it was identified that funding and research at the national and Victorian level has mostly focussed on gender equality and community and child/student populations, preventing VAW rather than other forms of FV. While these are important areas of research and need to be continued, other FV research e.g. primary prevention of child and elder abuse, and research within more diverse groups is also needed. Programs preventing VAW in diverse populations were reflected more in the Victorian research (e.g. CALD, LGBTQI research), with more Indigenous programs funded nationally. Queensland has received the most national funding, with Tasmania and the Northern Territory receiving no research income we could identify.

Aside from investing in more FV prevention research, other gaps in program funding appear in those areas addressing the social determinants, drivers and contributing factors of violence e.g. the influence of alcohol and other drugs. Prevention of VAW in areas such as reproductive coercion, financial abuse, sexual assault, stalking and harassment are limited. To ensure all communities are reached, intervention research settings need to



expand beyond community services and schools to areas such as public spaces/transport, work and leisure and tertiary education institutions. Primary prevention research with families in the early years to prevent intergenerational violence would offer government investment returns in the long term.

## **Recommendations**

- Work to improve documentation, monitoring and coordination of primary prevention research and funding across Victoria.
- Understand that long term investment is needed before change seen.
- Advocate for funding to align with rigorous program evaluation, with consensus on outcome measures beyond awareness raising and process evaluation for assessment of sustainable change.
- Expand settings of prevention research to more public spaces, tertiary education and family settings.
- Support more FV research, whilst continuing to fund and expand funding on general prevention of VAW.

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# Appendices

## APPENDIX 1: DATA EXTRACTION TABLE, PART 1

### Peer reviewed primary prevention interventions

AUTHOR	YEAR	PLACE	VIOLENCE TYPE	PREVENT LEVEL <sup>4</sup>	DRIVER <sup>5</sup>	FACTOR <sup>6</sup>	SETTING	INTERVENTION TYPE	SOCIO-ECO LEVEL <sup>7</sup>	POPULATION TARGET (INCL. GENDER)	AGE OF TARGET	KEY MEASURES	EVALUATION METHODS	QUALITY OF EVIDENCE <sup>8</sup>
Ahrens et al	2011	USA	VAW (SA/H)	Primary & Secondary	E1, E5	S2, S5	School - College	Interactive theatre bystander education	1	Male & female college students	NA	Program participation; Personal benefits of engaging in bystander interventions (Banyard's Decisional Balance Scale); Self-reported likelihood of engaging in bystander interventions & helpfulness of bystander interventions (Banyard's Bystander Attitudes Scale).	Survey, pre-post-follow-up, modified validated scales	Promising
Alegria-Flores et al	2017	USA	VAW (all types)	Primary & Secondary	E1	S2	School - College	Bystander training versus IPV response training	1	Male & female college students	Mean: 19.7 years	Rape attitudes & behaviours (College Date Rape Attitude & Behaviours Scale); & bystander attitudes & behaviours (Banyard's Bystander Confidence, Willingness to Help, & Bystander Behaviour Scales).	Survey, pre-post-follow-up, modified validated scales, theory based; comparison intervention group	Promising

<sup>4</sup> P is Primary; S is secondary

<sup>5</sup> E1) challenge condoning of violence E2) promote women's independence E3) foster positive identities and challenge gender stereotypes E4) strengthen positive/equal/respectful relations E5) promote/normalise gender equality

<sup>6</sup> S1) challenge violence as expression of masculinity/male dominance S2) prevent exposure to violence and support those affected S3) address social norms relating to alcohol (and violence) S4) reduce backlash by engaging men in gender equality, building relationship skills and social connections S5) promote broader social equality and address discrimination/disadvantage

<sup>7</sup> Taken from the "Socio-ecological model of violence against women" (Our Watch et al., 2015; Figure 3, p.21): 1. Individual and relationship level; 2. Organisational and community level; 3. System and institutional level; 4. Societal level

<sup>8</sup> Taken/adapted from Webster and Flood's (2015) assessment of effectiveness (p.64): **effective** (shown to be effective in violence prevention); **promising** (shown to have an impact on risk factors, but not on violence directly); **conflicting** (shown to have conflicting effectiveness or effectiveness unclear); **ineffective** (evaluation has not established a positive impact on violence against women or its risk factors).

AUTHOR	YEAR	PLACE	VIOLENCE TYPE	PREVENT LEVEL <sup>4</sup>	DRIVER <sup>5</sup>	FACTOR <sup>6</sup>	SETTING	INTERVENTION TYPE	SOCIO-ECO LEVEL <sup>7</sup>	POPULATION TARGET (INCL. GENDER)	AGE OF TARGET	KEY MEASURES	EVALUATION METHODS	QUALITY OF EVIDENCE <sup>8</sup>
Almeida et al	2012	Portugal	FV (Child abuse/ maltreatment)	Primary & Secondary	E1	S2	Various	Group parent education & training programs, focusing on positive parenting. Manualised programs & tailored programs.	1	Parents, majority (87%) were mothers	Mothers' average age = 35.6, fathers' average age = 40.0	Parenting Stress Index; Parenting & child rearing attitudes (subscales of Adult-Adolescent Parenting Inventory); Perception of social support (the Family Social Support Network Function Scale & the Personal & Social Support Scale); & Child behavioural & emotional difficulties (The parent version of Strengths & Difficulties Questionnaire).	Survey, pre & post, validated & modified scales; multiple intervention groups	Promising
Altman et al	2011	USA	FV (Child abuse/ maltreatment)	Primary & Secondary	E1	S2	Health - Hospital	Leaflet & video information/education on prevention of abusive head trauma/shaken baby syndrome	1	Parents of new babies	NA	No. of patients treated at participating children's hospital for abusive head injuries resulting from shaking during a given 12-month period; & survey questions on education usefulness/utilisation & content recollection	Records of diagnosis of abusive head injuries resulting from shaking; survey at follow-up; intervention & control periods	Effective
Anderson et al	2013	USA	VAW/ FV (IPV)	Primary	E1, E4	S2	US Air Force	Marriage & relationship education: prevent partner abuse. Comparing grp v self-directed book format	1	Couples in the US Air Force	Mean age = 29.5 yrs (group) & 35.4 yrs (book)	Relationship satisfaction (the Couples Satisfaction Index); & anger management (Anger Management Scale)	Survey, pre-post, validated scales; comparative intervention group	Promising for group format, conflicting for the book format
Baker et al	2013	USA	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School - Elementary	Train-the-trainer program for elementary school teachers: to increase the knowledge of students re child sex-abuse	1	Male & female children in grades 3-5	7-10 years	Children's abuse knowledge (an adapted version of the Children's Knowledge of Abuse Questionnaire), including an inappropriate touch subscale & an appropriate touch subscale.	Survey, pre & post, validated & modified scale; intervention & comparison schools	Promising

AUTHOR	YEAR	PLACE	VIOLENCE TYPE	PREVENT LEVEL <sup>4</sup>	DRIVER <sup>5</sup>	FACTOR <sup>6</sup>	SETTING	INTERVENTION TYPE	SOCIO-ECO LEVEL <sup>7</sup>	POPULATION TARGET (INCL. GENDER)	AGE OF TARGET	KEY MEASURES	EVALUATION METHODS	QUALITY OF EVIDENCE <sup>8</sup>
Baldwin-White & Moses	2019	USA	VAW (Youth SA/H)	Primary & secondary	E1, E4	S2	College	5 SA prevention programs - multi-session program. Includes healthy relationship, bystander intervention, & SA education	1	Male & female college freshmen	Not disclosed	SA knowledge (a newly designed scale); understanding of healthy intimate sexual relationships (a newly designed scale); & intent to intervene as a bystander (a newly designed scale).	Survey, pre-post, newly designed scales, theory-based' multiple intervention groups	Conflicting
Bannon	2017	USA	VAW (SA/H)	Primary & secondary	E1, E2, E4	S2	School - College	Women's SA prevention & resistance program. Includes bystander training.	1	Undergraduate female college students	18-21 years	The Risk Perception Survey - a response to risk vignettes; The Self-efficacy Ratings Questionnaire; The Self-Protection Against Rape Scale;	Survey, post-program, validated scales, compared to control group	Promising
Banyard et al	2010	USA	VAW (Youth SA/H)	Primary & secondary	E1	S2	College	Bystander education & training	1	Male & female college students	18-23 years	Bystander readiness for change; Knowledge of & attitudes about sexual violence (newly developed scale); Illinois Rape Myth Acceptance Scale; College Date Rape Attitude Survey; Banyard's Bystander Confidence, Willingness to Help, Decisional Balance, & Bystander Behaviour Scales; Individual correlates (sense of community, social desirability, perceived control)	Survey, pre-post, use of validated, modified, & newly developed scales, theory based	Conflicting
Banyard et al	2009	USA	VAW (Youth SA/H)	Primary & secondary	E1	S2	College	A SA prevention bystander program for college student leaders	1	Male & female college student leaders	Mean age = 20 years	Bystander efficacy; Illinois Rape Myth Acceptance Scale; bystander intervention willingness; pros about being a bystander; cons about being a bystander (validated scale); composite measure of pros/ cons to determine decisional balance.	Survey, pre-post, validated scales	Promising

AUTHOR	YEAR	PLACE	VIOLENCE TYPE	PREVENT LEVEL <sup>4</sup>	DRIVER <sup>5</sup>	FACTOR <sup>6</sup>	SETTING	INTERVENTION TYPE	SOCIO-ECO LEVEL <sup>7</sup>	POPULATION TARGET (INCL. GENDER)	AGE OF TARGET	KEY MEASURES	EVALUATION METHODS	QUALITY OF EVIDENCE <sup>8</sup>
Barr et al	2018	Canada	FV (Child abuse/maltreatment)	Primary	E1	S2	Health - Hospital & home	Education program using written & video resources in nurse-led sessions to prevent abusive head trauma in infants	1	Parents with newborn infants	NA	Incidence of abusive head trauma (Child protective services case charts; & the inflicted head injury surveillance program).	Secondary data analysis, pre-post program implementation	Effective
Barron & Topping	2013	Scotland	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School	Education & training program to increase awareness of risky situations for SA & increase disclosure.	1	Male & female school students in years 6, 7 & 8	11-13 years	Sex abuse knowledge (the Children's Safety Knowledge & Skills Questionnaire); abuse disclosures (recorded in class, & to a nominated telephone helpline).	Survey, pre-post, validated scale; disclosure data, during & post program; wait-list control group	Conflicting
Belknap et al	2013	USA	VAW (dating violence)	Primary & secondary	E1, E4	S2	College	Adapted interactive theatre bystander education to prevent dating violence	1	Male & female Mexican/American middle school students	Mean: 13.4 years	Acceptance of Couple Violence scale; Confidence to resolve conflicts non-violently (Self-Efficacy Teen Conflict Survey Scale), & Violent Intentions Teen Conflict Survey; & questions on relationship status, experience of violence, & perceived personal safety.	Survey, pre-post, use of validated scales; post-program essay	Promising
Benzies et al	2014	Canada	FV (Child abuse/maltreatment)	Primary	E1	S2	School - Preschool	2 generation (child & parents) preschool education program to improve child development - centre-based learning &	1	Male & female preschool students & their parents	Children mean age = 3.9 years. Parent mean age = 30.8 years	Child measures: Receptive vocabulary (Peabody Picture Vocabulary Test, 3rd end); & global development (Developmental Inventory - Screening Test, 2nd end). Parent measures: Self-esteem (Rosenberg Self-Esteem Scale); Community resource usage (Community Life Skills Scale); Parental stress (Parenting Stress	Survey, pre-post-follow-up, validated scales	Conflicting

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								parental psycho-social resources				Index-Short Form); & Parental child maltreatment attitudes (Adult-Adolescent Parenting Inventory-2)		
Black et al	2012	USA	VAW (dating violence)	Primary	E1, E4	S2	Middle school	Education & training program for ethnically diverse youth, to prevent participation in dangerous dating behaviours	1	Male & female African American school students in grades 6-9	Not disclosed	Attitudes about dating violence (modified version of the Attitudes about Aggression in Dating Situations scale); & the occurrence of acts of perpetration & victimisation (modified version of the Conflict Tactics Scale).	Survey, pre-post, modified validated scales	Promising
Bonar et al	2019	USA	VAW (Youth SA/ harassment )	Primary & secondary	E1, E4	S2	College	Co-designed, campus-tailored, SA prevention program. Covers healthy relationships, consent, SA, & sex health	1	Male & female first-year college students	Not disclosed	Knowledge & attitudes towards program content, including items on consent & coercion scenarios, & relevant items on knowledge & confidence in sexual & relationship contexts.	Survey, pre-post, newly designed questions, theory-based; control group	Promising
Bradley et al	2009	USA	VAW (Youth SA/ harassment )	Primary & secondary	E1, E4	S2	College	SA prevention program - manualised & mixed media. Covers rape myths & facts; risk factors & risk perception; response strategies; victim empathy.	1	Male & female undergraduate college students	Average age = 23.2 years	SA Awareness Survey; Dating Behaviour Survey; Sexual Communication Survey. Rape Myth Acceptance Scale; Acceptance of Interpersonal Violence Scale; Adversarial Sexual Beliefs Scale; Affective [emotional] state (modified The Adjective Checklist); The Rape Outcome Expectancy Scale of the Probability Questionnaire.	Survey, pre-post, validated & modified scales	Conflicting

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Brown	2017	USA	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School - Kinder	Kindergarten-based SA prevention curriculum to increase children's knowledge of safety risks & protection strategies.	1	Male & female kindergarten children	Average age = 6.2 years	Questions on 5 curriculum concepts: 1. understanding safety rules, 2. introducing concept of a stranger versus a trusted grown-up "buddy," 3. body boundaries, 4. recognizing safe versus unsafe secrets, & 5. knowing difference between tattling & reporting	Oral survey, pre-post, newly designed questions	Promising
Bruce et al	2017	USA	FV (Child abuse/maltreatment)	Primary & secondary	E1	S2	Community	Community-based training & education	2	Community members & organisations	NA	Newly developed survey/focus-group questions on program satisfaction, bystander intervention knowledge & behaviour, confidence to intervene & sense of role in community to protect children.	Survey/focus group, post-follow-up, newly developed survey/focus group questions	Promising
Cadaret et al	2019	USA	VAW (Youth SA/H)	Primary & secondary	E1, E3, E5	S2	College	Bystander education & training	1	Male & female college students	19-26 years	The Rape Culture Inventory - personal endorsement of rape culture & perceived endorsement of rape culture by others in their community (in this case their university)	Survey, pre-post-follow-up, use of validated scale; control group	Conflicting
Campbell et al	2013	USA	VAW (SA/H)	Primary	E1, E4	S2, S4	Workplace	A workplace sexual harassment workshop using adult learning & job-related scenarios	1	Male & female employees	Not disclosed	Sexual Harassment for Employees Knowledge Quiz; Workplace sexual harassment policy adequacy perception (The Preventing Harassment/Hostile Environment Checklist) [post only].	Survey, pre-post & post only, validated scales; control group	Promising
Carmody & Ovenden	2013	Australia & New Zealand	VAW (Youth SA/H)	Primary & secondary	E1, E3, E4, E5	S1, S2, S3, S4	Varied	Co-designed SV program for young people to reduce unwanted & pressured sex. Young people	1	Male & female young people	16-26 years	Two newly developed & tailored survey questions indicating their understanding of how to determine their own, & their partner's, sexual needs.	Survey, pre-post-follow-up, newly designed questions	Promising



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								gaining agency & ability to negotiate ethical sexual lives.						
Carrascosa et al	2019	Spain	VAW (dating violence)	Primary	E1, E3, E4, E5	S1, S2, S4	Secondary School	Program for adolescents to prevent peer & dating violence. Covering consequences of violence, myths about romantic love, sexist attitudes, increase personal/ social resources.	1	Male & female secondary school students	12-17 years	Sexist attitudes (Ambivalent Sexism Inventory for adolescents); myths about romantic love (modified Romantic Love Myth Scale); School-based peer aggression behaviours (School Aggression Scale); peer cyber aggression (Scale of Cyber-aggressions among peers).	Survey, pre-post, validated & modified scales; two control groups	Promising
Chavis et al	2013	USA	FV (Child abuse/maltreatment)	Primary	E1	S2	Health - Primary care	An interactive multi-media parent education program on child discipline	1	English & Spanish speaking caregivers of 6–24 month old children	Average age = 28 years	Spanking attitudes (Attitudes Toward Spanking scale); & qualitative responses to a misbehaving child scenario, coded & quantified (newly designed questions).	Survey, post-program, validated scale & newly designed questions; randomisation & a control group	Promising
Clinton-Sherrod et al	2009	USA	VAW (SA/H)	Primary	E1, E3, E4, E5	S1, S2, S4	School - Middle & high schools	4 unique multiple-session school-based SV interventions	1	Male & females students in grades 6 to 12	Not disclosed	Newly designed scale with three factors: 1. Sexual harassment & personal boundaries; 2. Positive dating relationship norms; 3. Sexual coercion	Survey, pre-post, newly designed scales; multiple intervention groups	Conflicting
Coker et al	2016	USA	VAW (Youth SA/H)	Primary & secondary	E1, E4	S2	College	Bystander SA prevention program to encourage students to encourage peers to be	1	Male & female first year college students	18-20+ years	Occurrence of perpetration & victimisation of various SA behaviours. National Intimate Partner & Sexual Violence Survey, Sexual Experiences Questionnaire, stalking (National VAW Survey), & Revised Conflicts Tactic Scales.	Crossectional survey, post-program, compared to non-participants, validated & modified scales	Conflicting

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								involved as bystander.						
Coker et al	2017	USA	VAW (Youth SA/H)	Primary & secondary	E1, E4	S2	High school	A bystander SA prevention program that aims to encourage college students to encourage their peers to be involved in bystander behaviour.	1	Male & female high school students in grades 9-12	Not disclosed	Occurrence of sexual violence perpetration & victimisation: coerced sex, physically forced sex, alcohol & drug facilitated sex, sexual harassment, stalking, psychological dating violence, physical dating violence (Newly designed survey questions). Effect of violence: physically hurt, missed school, sought help (Newly designed survey questions).	Survey, annual repeated measures, newly designed scales; randomisation, control group	Promising
Coker et al	2011	USA	VAW (Youth SA/H)	Primary & secondary	E1, E3, E4, E5	S1, S2, S3, S4	College	A college-based bystander training & education program designed to increase bystander behaviours & reduce dating & sexual violence.	1	Male & female undergraduate college students	18-26 years	Student rape myth belief (Illinois Rape Myth Acceptance Scale); norms supporting dating violence (Acceptance of General Dating Violence Scale); bystander behaviours (modified Bystander Behaviours Scale).	Crossectional survey, post-program, compared to non-participants, validated & modified scales	Promising
Coker et al	2019	USA	VAW (SA & dating violence)	Primary & secondary	E1, E4	S2	High school	A bystander SA prevention program that aims to encourage college students to encourage their peers to be involved in	1	Male & female high school students in grades 9-13	Not disclosed	Dating violence acceptance (Acceptance of General Dating Violence subscale of the Acceptance of Couple Violence scale); Sexual Violence Acceptance (Modified Illinois Rape Myth Acceptance Scale).	Survey, annual repeated measures, validated & modified scales; randomisation, control group	Promising

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								bystander behaviour.						
Connolly et al	2015	Canada	VAW (SA & dating violence)	Primary	E1, E3, E4, E5	S1, S2, S4	Middle school	Youth-led peer program for involving bullying, the other covers gender-based aggression including sexual harassment & dating aggression.	1	Male & female middle school students in grades 7-8	11-14 years	Knowledge about peer aggression (RISE Knowledge Questionnaire); pro-bullying attitudes (Provicim Scale); Adolescent Sexual Harassment Attitudes Scale; Attitudes Towards Dating Violence Scale; Bullying victimisation (the Canadian Public Health Association Safe School Survey for Grades 4-7); Sexual Harassment Questionnaire; the Conflict in Adolescent Dating Relationships Inventory	Survey, pre-post, validated scales; randomisation & comparison intervention group	Conflicting & ineffective
Czerwinski et al	2018	Germany	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School - Primary school	SA prevention program to strengthen children's ability to protect themselves against SV by increasing their knowledge about sexual abuse & skills in responding to others misbehaving, & encourage reporting to adults.	1	Male & female primary school students in third grade	average age about 8.7	Child sex-abuse knowledge (a revised & shortened version of the Children's Knowledge of Abuse Questionnaire); course of action decision in potentially hazardous situations (newly designed response questions to vignettes); child sex-abuse recognition (a newly designed scale partially based on the "What-If Situations Test"); anxiety (German version of the Screen for Child Anxiety Related Disorders questionnaire); & touch aversion (newly designed scale).	Survey, pre-post-follow-up, validated, modified & newly designed scales; control group & comparison intervention groups	Promising
Daigneault et al	2015	Canada	VAW (Youth SA/H)	Primary & secondary	E1	S2	High school	A SA awareness & prevention program for	1	Male & female high school	15-17 years	SA knowledge (The SA Knowledge questionnaire); knowledge of resources in case of SA (newly	Survey, pre-post-follow-up, validated & newly	Conflicting

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								youth aiming to reduce the incidence of SA by improving knowledge & attitudes towards SA.		students from levels 4 & 5		designed single question); SV attitudes (The SV Attitude scale); ability to recognise a SA disclosure & ability to respond to a disclosure (The SA Disclosure scale); & sexual victimisation & perpetration (each with a newly designed single question).	designed scales & questions; randomisation & control group	
Daigneault et al	2012	Canada	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School - Elementary	An education & training workshop for children 3 to 12 years old, that aims to prevent bullying & emotional, physical, & sexual abuse. Children are taught about personal rights, self-assertion skills, & appropriate responses to instances of abuse.	1	Culturally diverse male & female elementary school students in grades 1 to 4	3-12 years	Inappropriate touch knowledge (inappropriate touch subscale from the revised Children Knowledge of Abuse Questionnaire); ability to recommend appropriate behavioural response to abusive situations (an adaption of the What If Situation Test asking responses to vignettes); occurrence of peer victimisation (Orpinas & Kelder 1995's scale); & feelings of safety (Henry 2000's adapted version of Schwab-Stone et al., 1995's scale). Additional measures at the booster session: general knowledge about violence (a newly developed scale); confidence in others Vaux Social Support Record); children's concern toward one-another (empathic concern subscale of the Interpersonal Reactivity Index); respect towards one-another (Self-Efficacy questionnaire from the Teen Conflict Survey)	Survey, pre-post-follow-up, validated, modified, & newly designed scales; randomisation & control group	Conflicting
Dale et al	2016	Australia	FV/VAW (child abuse - all types)	Primary & secondary		S2, S3	School - Primary school	A psychoeducational child protection program for	1	Male & female grade 1 students	5-7 years	Protective behaviours (The Protective Behaviours Questionnaire); applying protective behaviours to risk scenarios (The Application of Protective	Survey, pre-post-follow-up, validated scales; randomisation & control group	Promising

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								young children targeting multiple forms of abuse & builds on the protective behaviours framework				Behaviours Test); childhood anxiety (The Revised Children's Manifest Anxiety Scale 2nd Edition); & parent observations of children's protective behaviours (The Parent Protective Behaviours Checklist).		
Darnell & Cook	2009	USA	VAW (SA/H)	Primary	E1	S1, S2, S4	School - College	An anti-street harassment documentary film shown to male college students to challenge male's acceptance of street harassment & increase victim empathy	1	Male undergraduate psychology students	18-40 years	Acceptance of street harassment (newly designed scale modelled on Goodchilds & Zellman's (1984) measure of sexual aggression acceptance); Peer acceptance of street harassment (As above); victim empathy (modified Rapist Empathy Measure); & hostility towards women (a combination of the Hostility Toward Women Scale & the hostile sexism subscale of the Ambivalent Sexism Inventory)	Survey, post-intervention, validated & modified scales; randomisation & a control group	Ineffective
Daro et al	2009	USA	FV (Child abuse/maltreatment)	Primary & secondary	E1	S2	Community	Community engagement activities	2	Community members, parents/families, & organisations	NA	Child welfare data (child abuse investigations & substantiations); Hospital intake & emergency room data (trends on the number of cases of at least one diagnostic code suggestive of child maltreatment); face-to-face interview/surveys (questions on abusive & neglectful parenting behaviours, positive parent-child interactions, a parent's ability to effectively access informal supports, & perceptions of neighbourhood quality & collective efficacy); multiple organizational data assessing increased capacity on child protection (databases & staff surveys).	Survey, baseline & follow-up, newly developed survey questions, theory based, child welfare & hospital intake data; two matched intervention comparison communities	Conflicting

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de Haas et al	2010	Netherlands	VAW (SA/H)	Primary & secondary	E2, E3, E4, E5	S1, S2, S5	Police Force	Sexual harassment policies, including training & promotion	2	Police force members at all levels	NA	Sexual harassment (the Dutch adaptation of the Sexual Experience Questionnaire), Interview questions & document review assessed policy content.	Survey, pre-post; key informant interviews; & policy document analysis	Ineffective
de Lijster et al	2016	Netherlands	VAW (Youth SA/H)	Primary & secondary	E1, E4	S2	Secondary school	A peer-educator led classroom education & theatrical program for addressing sexual harassment victimisation & perpetration among adolescents.	1	Male & female secondary students	12-16 years	Sexual harassment behaviour (newly designed scale based on previous Dutch research); Attitude, Perceived Social Norm, Self-Efficacy & Intention (newly designed scales based on Theory of Planned Behaviour & Social Learning Theory & in relation to sexual harassment scenarios); Prototype (Prototype Willingness Model with consent scenarios); & distal factors (existing scales on attitude towards gender roles, attitude towards media influence, & sexual self-esteem)	Survey, pre-post-follow-up, validated & newly designed scales; theory-based; randomisation & a control group	Conflicting
DeGannes	2009	USA	VAW (SA & dating violence)	Primary	E1, E4	S2	Middle school	A school-based SA & dating violence prevention program, incorporating education & roleplay, that targets SA & dating violence knowledge, attitudes & behaviour.	1	Male & female middle students	12-17 years	Rape attitudes (The Rape Myth Attitudes Scale); knowledge about acquaintance rape (The SCREAM Measure of Acquaintance Rape Knowledge); & abuse in adolescent dating relationships (The Conflict in Adolescent Dating Relationships Inventory).	Survey, pre-post-follow-up, validated scales	Conflicting

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Dodge et al	2014	USA	FV (Child abuse/maltreatment)	Primary	E1	S2	Home	A brief, universal, postnatal nurse home-visiting intervention to target positive parenting	1	Parents of newborn children	Mean maternal age = 28.3 years	Health care domain: hospital records of number of ED visits for participating children; mother-reported number of emergency medical visits; mother-reported date of most recent well-baby primary care visit. Community connections: mother-reported list of all community resources used in recent months. Parenting & child care domain: Parenting behaviours & knowledge (Child Neglect Scale, the Parent-Child Conflict Tactics Scales, the Knowledge of Infant, the Parenting Sense of Competence Scale, & the Survey of New Parents); in-home interviewers scored mother parenting quality (Responsivity & Acceptance subscales of the Infant-Toddler Home Observation for Measurement of the Environment); use of non-parental & regulated child-care (newly designed questions). Family & home safety domain: Interviewers rated the home environment quality (the Duke Endowment Child Abuse Prevention Initiative Neighbourhood Survey); partner relationship conflict (Conflict Tactics Scale). Parent well-being domain: maternal depression & anxiety (Edinburgh Postnatal Depression Scale); & maternal substance abuse (CAGE & CAGE-AID questionnaires)	Aural survey & secondary data collection at follow-up, validated scales & newly developed questions; randomisation & a control group	Conflicting



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Dodge et al	2009	USA	FV (Child abuse/maltreatment)	Primary	E4	S2	Community	A community-based prevention initiative connecting at risk families to prevention services within the community & multiple community initiatives that worked across socio-ecological levels	Individual, relationship, organisational & community	Families	NA	Outcome measure was rate of child maltreatment across time compared to other counties in relevant State with similar demographics	Secondary data analysis, pre-post program implementation; surveys with service providers	Effective
Donais et al	2018	USA	VAW (Youth SA/H)	Primary	E1, E2, E3, E4, E5	S1, S2, S3, S4	College	A peer-facilitated SV prevention program that focusses on rape myth acceptance, affirmative consent, & confidence in interpreting cues related to sexual consent	1	Male & female first-year college students	Not disclosed	Newly designed survey questions for rape myth acceptance; sexual consent; & confidence in recognising sexual cues.	Survey, Post-program, newly designed questions; randomisation & a control group	Promising
Dubowitz et al	2012	USA	FV (Child abuse/maltreatment)	Primary		S2, S5	Health - Primary care	Enhanced primary care targeting possible risk factors of child maltreatment in a low risk sample	1	Parents with children 5 years or younger	NA	Parent-child conflict scale, medical records & child protective services reports, time spent assessing psycho-social issues in primary care consultations	Self-reported child maltreatment risk assessments at pre-post-follow-up, a validated scale; post-program medical records & child protective	Promising

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													services reports; randomisation & control group	
Durrant et al	2014	Canada	FV (Child abuse/maltreatment)	Primary	E1	S2	Various	A positive discipline parent education group program aiming to prevent physical punishment of children	1	Parents of children aged from birth to 18 years	NA	Approval of physical punishment (newly designed scale); Subjective norms of parent-child conflict (newly designed scale); & Self-efficacy or perceived behavioural control (newly designed scale).	Survey, pre-post, newly designed scales; theory-based	Promising
Edwards	2009	USA	VAW (Youth SA/H)	Primary & secondary	E1, E3, E4, E5	S1, S2, S4	College	A SA prevention program aimed at college residential advisors that focusses on framing rape as a men's issue, accurately defining rape, & how college men & women can work together to change the rape culture.	1	Male & female newly hired college residential advisors	Not disclosed	Rape myth acceptance (modified Burt Rape Myth Acceptance Scale); definitions of rape (newly designed questions in response to scenarios); supporting a SA survivor (newly designed scale)	Survey, pre-post-follow-up, modified & newly designed scales; includes a comparative intervention group	Promising

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Edwards et al	2019	USA	VAW (all types)	Primary & secondary	E1, E4	S2	School - High school	Bystander focused, classroom-delivered curriculum, aimed at reducing rates of interpersonal violence.	1	Male & female high school students	Average age - 15.8 years	Violence victimisation & perpetration (Cook-Craig et al.'s [2014] measure of victimisation & perpetration); Bystander behaviour (The Bystander Behaviour Scale); knowledge about interpersonal violence (newly designed scale plus items from the Knowledge Questionnaire); rape myth acceptance (shortened version of the Illinois Rape Myth Acceptance Scale); relationship media literacy (Bothered by the Media subscale of the Relationship Media Literacy Scale); bystander readiness (the Denial subscale of the Readiness to Help Scale); barriers & facilitators of bystander helping (The Pros & Cons of Bystander Action Scale); & victim empathy (The Victim Empathy Scale)	Survey, pre-post1-post2-follow-up, validated & newly designed scales; randomisation & a control group	Conflicting
Elias-Lambert & Black	2016	USA	VAW (Youth SA/H)	Primary & secondary	E1, E3, E4, E5	S2, S4	College	Peer-facilitated bystander SV prevention program	1	Male college students	18-26 years	SA risk status (Modified-Sexual Experiences Survey); social desirability (Marlowe-Crowne Social Desirability Scale-Short Form); SA/rape attitudes (Illinois Rape Myth Acceptance Scale-Short Form); bystander attitudes (Bystander Attitude Scale-Revised); sexually coercive behavioural intentions (Attraction to Sexual Aggression Scale-Modified); self-reported sexually coercive behaviour (M-SES); bystander behaviour (Bystander Behaviour Scale-Revised)	Survey at pre-post-follow-up, validated scales; high-risk & low-risk comparison groups	Conflicting

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Enriquez et al	2012	USA	VAW (dating violence)	Primary	E1, E3, E4	S2	High school	A co-designed program for preventing interpersonal & dating violence among Hispanic-American teens that aims to change attitudes toward violence & dating violence as well as improving prevention efficacy by enhancing ethnic pride.	1	Male & female freshman & sophomore high school students	Not disclosed	Outcome measures included: Attitudes about couple violence (acceptance couple violence); Attitudes about gender (gender attitudes); Incidence of physical fighting (physical fighting behaviour); & Incidence of dating violence (victimisation in dating). All scales taken from the CDC's Measuring Violence-Related Attitudes, Behaviours & Influences among youth: a Compendium of Assessment Tools.	Survey, pre-post, validated scales; theory-based	Conflicting
Evans et al	2012	USA	FV (Child abuse/maltreatment)	Primary	E1	S2	Community	Child abuse & neglect social marketing campaign including public service announcements & parent resources	Societal level	Male & female city residents with children	18+ years	Campaign exposure & message recognition; Outcome measures of (a) knowledge of child development, (b) knowledge of child disciplinary techniques that are nonviolent & developmentally appropriate, (c) knowledge of community resources, (d) attitudes & beliefs toward preventing child abuse & neglect, (e) motivation to prevent child abuse & neglect, & (d) action to prevent child abuse & neglect (all newly designed survey questions)	Survey, pre-post, newly designed survey questions	Promising

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Feinberg et al	2016	USA	FV (Child abuse/maltreatment)	Primary	E4	S2	Health	Transition-to-parenthood intervention, delivered as a psycho-educational group program	1	Couples expecting their first child	Mean age = 29.1 years for mothers, & 31.1 for fathers	Video-taped couple/family interaction coded for co-parenting, couple relationship quality, & parenting quality; parent-report survey measures including co-parenting & couple relations (Co-parenting Relationship Scale, & the Quality of Marriage Index), parent adjustment (CES-Depression Scale, State-Trait Anxiety Inventory Scale, Penn State Worry Questionnaire, & the Parenting Stress Index), child outcomes (Infant Behaviour Questionnaire, Child Sleep Questionnaire), FV (Conflict Tactics Scale, Parent-Child Conflict Tactics Scale).	Video-taped couple/family interactions pre & post-program (post-birth); survey at pre-post program, validated scales; randomisation & control group	Conflicting
Foley et al	2015	USA	VAW (all types)	Primary	E1, E3, E4, E5	S1, S2, S4	School - Elementary school	Teacher-led lessons for boys on gender equality & handling emotions with the ultimate goal of reducing attitudes conducive to gender-based violence	1	Male elementary school students	10-11 years	Outcome survey questions on: attitudes & beliefs regarding masculinity, gender norms & social responsibility, & responses to witnessing mistreatment (items on rape myth beliefs were removed due to not being age-appropriate).	Survey, pre-post, modified validated scale; interviews, post-program	Conflicting (also underpowered sample size)
Foshee et al	2012	USA	VAW (dating violence)	Primary	E1, E4	S2	Home	A family-based teen dating abuse prevention program, involving mailed resources & health educator	1	Families nationwide with teen children	Parents with children aged 13-15 years	Care-giver engagement with teen around dating abuse prevention activities (newly designed scales); teen outcomes: acceptance of dating abuse, perceived negative consequences of dating abuse, conflict resolution skills, & date rule setting (all newly designed scales)	Oral survey, pre-follow-up, newly designed scales; randomisation & matched-pair family control group	Conflicting

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								telephone support						
Fox et al	2014	UK	VAW/FV (IPV)	Primary	E1, E3, E4, E5	S2, S4, S5	School - Primary & Secondary Schools	Domestic abuse prevention education programme	1	Children in years 4 through to 11	8-16 years (participants aged 10-11 & 13-14 years)	Thematic analysis of focus group transcripts	Post-program focus groups	Conflicting
Fox et al	2016	UK	VAW/FV (IPV)	Primary	E1, E3, E4, E5	S2	School - High school	A school-based six week healthy relationships & domestic abuse prevention program for years 4 to 11.	1	Male & female high school students	13-14 years	Attitudes to domestic violence (The Attitudes to Domestic Violence questionnaire); help-seeking [in the case of the occurrence of abuse] (newly designed scale)	Survey, pre-post-follow-up, validated & newly designed scales; wait-list control group	Promising
Gadd et al	2014	England, France, Spain	VAW/FV (IPV)	Primary	E1, E3, E4, E5	S2, S4, S5	School - Primary & Secondary Schools	Domestic abuse prevention education programme	1	Children in years 4 through to 12	England 13-15 years, France 11-18 years, Spain 14-19 years	Attitudes to domestic abuse (Attitudes towards Domestic Violence questionnaire); Thematic analysis of focus group transcripts	Survey at pre & post program, a newly created scale based on validated scales; post program focus group; three comparison countries, one country included a control group	Conflicting
Gagné et al	2018	Canada	FV (Child abuse/maltreatment)	Primary	E1	S2	Community	A mass-media communication program [posters & flyers] promoting a positive parenting	2	Mothers of children aged 6 months to 8 years	NA	Campaign recognition & campaign message recall & understanding (newly designed survey questions)	Survey, post-campaign, newly designed questions	Conflicting

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								program & parenting tips						
Gatley et al	2017	Canada	VAW (SA/H)	Primary		S2	National	Minimum legal drinking age laws	Societal level	Teenagers just under & over the legal drinking age of 18/19 years (depending on State law)	Around the 18-19 years	SA incidence (sexual-assault crime data from the national Uniform Crime Reporting survey)	Secondary data analysis, pre-post intervention age	Conflicting
Gidycz et al	2015	USA	VAW (SA/H)	Primary & secondary	E1, E2, E3	S2	School - College	A SA risk reduction program, that covers psychological barriers to resistance & self-defence training	1	1st year female college students	18-19 years	Sexual victimisation (the Sexual Experiences Survey); Assault history (the Assault Characteristics Questionnaire); Assertive sexual communication (Sexual Assertiveness Questionnaire for Women); Self-efficacy in responding to risky dating situations (threatening dating scenarios assessed with the Self-Efficacy Scale); Self-protective dating behaviour (Dating Self-Protection Against Rape Scale); Resistance tactics (newly designed question asking the likelihood of utilizing a range of self-defence tactics in response to an unwanted sexual advance)	Survey at pre-post-follow up, validated scales, theory based; randomisation & control group	Conflicting



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Gidycz et al	2011	USA	VAW (Youth SA/H)	Primary & secondary	E1, E3	S1, S2, S4	College	A SA prevention program workshop including a social norms model of change & bystander intervention techniques	1	1st year male college students	18-19 years	Rape myths & negative attitudes toward women (Illinois Rape Myth Acceptance Scale & the short form of the Hyper gender Ideology Scale); Men's perceptions of other men's attitudes & behaviours (Differential Reinforcement subscale of the Social Norms Measure & the Sexual Social Norms Inventory); Norms Regarding SA Behaviour (Association with Aggressive Peers subscale of the Social Norms Measure, Modelling subscale of the Social Norms Measure, Overall Reinforcement subscale of the Social Norms Measure); Prosocial Bystander Behaviour & Support for Victims (the Bystander Intervention subscale of the Sexual Social Norms Inventory & a telephone survey asking about increased student fees for services including rape prevention services); understanding of consent (assessing if two scenarios constitute rape); sexual aggression (the Sexual Experiences Survey).	Survey at pre-post-follow up, validated scales, theory based; randomisation & control group	Conflicting
Gilliam et al	2016	USA	VAW (SA/H)	Primary	E1, E4	S2	Research setting & home	A co-designed interactive, narrative-based, multimedia game to promote learning & communication about SV & health topics	1	Male & female high school students (or recent graduates)	14-18 years	Focus group an interview questions covering: reactions to the game, investigate learning, engagement & past exposure to similar content (newly designed questions)	Focus group, post-game-play, newly designed questions; follow-up interviews, newly designed questions	Promising

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Gonzalez-Guarda et al	2015	USA	VAW (dating violence)	Primary	E1, E3, E4, E5	S2, S5	School	Co-designed dating violence prevention program targeting Hispanic adolescents, their parents & school personnel	1	Male & female Hispanic adolescents	13-16 years	Dating Violence victimisation & perpetration (The Safe Dates Victimisation & Perpetration Scale)	Survey, pre-post-follow-up1-follow-up2, validated scale; randomisation & a control group, theory-based	Conflicting
Hatcher	2009	USA	VAW (Youth SA/H)	Primary	E1, E4	S1, S2	College	A video-based SA education program aiming to decrease rape myths, increase victim empathy, & reduce attraction to sexual aggression among college men	1	Male college undergraduates	18-29 years	Generalised empathy (Interpersonal Reactivity Index); rape empathy (Rape Empathy); attraction to sexual aggression (Attraction to Sexual Aggression scale); & rape myth acceptance (Rape Myth Acceptance scale).	Survey, pre-post-follow-up; wait-list control group	Conflicting
Hayslip et al	2015	USA	FV (Elder abuse)	Primary	E1	S2	College	A multi-media elder abuse education program for college students	1	Male & female college students in undergraduate psychology	Average age 19	Attitudes about older people (Kogan's Attitudes Toward Old People Scale); attitudes towards own aging (Personal Anxiety Toward Aging Scale); & elder abuse attitudes, intentions, & behaviours (modified Elder Abuse Attitudes & Behavioural Intentions Scale—Revised);	Survey, pre-pot-follow-up; comparative interventions groups & a control group	Conflicting

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Herrman & Waterhouse	2014	USA	VAW (dating violence)	Primary & secondary	E1, E3, E4	S2	High school	A high school curriculum intervention for pregnant &/or parenting teens to prevent teen dating violence	1	Female teen mothers - either pregnant or with a new-born	12-19 years	Responses to Anger; Conflict Resolution Skills; Acceptance of Dating Abuse/Norms; Perceived Consequences of Dating Abuse; Belief in Need for Help; Gender Stereotyping Awareness of Community Resources - Victims; Awareness of Community Resources - Perpetrators; Psychological Dating Abuse Victimization Scale; Physical/Sexual Dating Abuse Victimization Scale; Psychological Dating Abuse Perpetration Scale; Physical/Sexual Dating Abuse Perpetration Scale (adapted from the original Safe Dates evaluation tool)	Survey, pre-post-follow-up, modified scales)	Conflicting
Heyman et al	2016	USA	FV (Child abuse/maltreatment)	Primary & secondary	E1, E4	S2	Home	A multi-mode parenting prevention intervention that targets both couple & parent behaviours during the perinatal period.	1	Couples with a newborn	NA	Study 1: scales measuring IPV (both psychological & physical) & relationship satisfaction	Study 1: Survey pre-mid-post-follow-up [Studies 2,3,4 did not meet inclusion criteria]	Conflicting
Hill & Hill	2018	USA	FV (Child abuse/maltreatment)	Primary		S2, S5	Community	Development of a community based system that promotes child development, seeks early detection of developmental delays, & links	2	Parents with a child who were linked to at least one participating service	Mean age 30	Family protective factors including - Family functioning/resilience, Social support, Concrete support, Nurturing & attachment, plus knowledge of parenting questions (the FRIENDS Protective Factors Survey).	Survey at pre-post program, validated scale; control panel	Promising

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								families to services.						
Hines & Reed	2015	USA	VAW (SA & Dating violence)	Primary & secondary	E1	S2	College	Peer-facilitated versus professionally led bystander SV & dating violence prevention program for college students	1	Male & female college students	Mean age = 18.11	Dating violence attitudes (modified Attitudes Towards Dating Violence); rape attitudes (Illinois Rape Myth Acceptance Scale Short Form); rape empathy (modified Rape Empathy Scale); bystander efficacy (The Bystander Efficacy Scale); & bystander behaviours (the Modified Bystander Behaviours Scale);	Survey, pre-post, validated & modified scales; randomisation, & a comparative intervention group	Conflicting
Hoefer et al	2015	USA	VAW (dating violence)	Primary & secondary		S2, S5	National	National & State policy: state economic resources, party control of institutions of government & details of state law regarding Civil Protection Orders for minors	4	Society	NA	Prevalence of teen dating violence (2011 Youth Risky Behaviour Survey & expressed as a percentage of respondents); Household income (from the 2009 United States Census Bureau); State government affiliation (information from the Council of State Governments); & State dating violence policy strength (ratings from advocacy group 'Break the Cycle').	Cross-sectional national surveys & census; policy document analysis; State government records	Conflicting
Holden et al	2014	USA	FV (Child abuse/maltreatment)	Primary	E1	S2	Research setting	An active-reading education intervention communicating the research on the harms of corporal punishment on children	1	Parents & non-parents (college students)	non-parents mean age = 19.5 years; parent average ages = 37 (college grads) & 31	Attitudes towards spanking (Attitudes Toward Spanking Questionnaire - modified for non-parents with an intention to spank sub-scale & items on day-care & research awareness for the parent sample))	Survey, pre-post, validated & modified scales); comparative intervention group, & control group (in parents study only)	Promising

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											(population sample)			
Holland et al	2014	USA	VAW (SA/H)	Primary	E1	S2	Military	Department of defence SA training tailored to the USA military	1	Male & female members of the US military	Not disclosed	Knowledge of SA Resources & Protocol (newly designed scale); & Judgments of Training Effectiveness (newly designed questions).	Survey, post-program, newly designed scales & questions.	Conflicting
Hollis	2019	USA	VAW (Youth SA/H)	Primary & secondary	E1, E3, E4, E5	S2	College	A bystander education & training program that aims to improve awareness about SA & IPV, & to train participants on how to promote safety, tolerance, & nonviolence	1	Male & female undergraduate college students	Average age = 21	Sexual norms (Sexual Social Norms Inventory - Adjusted [Male] & Sexual Social Norms Inventory - Adjusted [Female]); Bystander efficacy (Bystander Efficacy Scale); Bystander attitude (Bystander Attitude Scale); & Bystander behaviours (Bystander Attitudes scale & qualitative responses to Bystander Behaviour Vignettes).	Survey, pre-post-follow-up, validated & modified scales; Control group, theory-based	Ineffective
Hudnut-Beumler et al	2018	USA	FV (Child abuse/maltreatment)	Primary & secondary	E1	S2	Health - Primary care	A parent training video on reducing spanking incorporated into routine child health checks.	1	English- & Spanish-speaking parents of 1 - 5 year-old children	Average age 29.2 years	Open & closed interview questions on: intention to change child discipline practices & how/what; why they think the program worked if they stated they were going to alter their discipline practices/use spanking less.	Interview, post program, newly designed questions	Promising

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Jacobs et al	2016	USA	FV (Child abuse/maltreatment)	Primary	E1	S2	Home	A home visitation program for adolescent first-time parents	1	Teenage first-time mothers	16 - 19 years	Parenting outcomes: Child Protective Services records; the Parenting Stress Index Short Form; the corporal punishment subscale of the Conflict Tactics Scale–Parent-Child. Massachusetts public health agency data; & Brief Infant-Toddler Social & Emotional Assessment. Education & employment outcomes: Education completion & employment status. Repeated birth outcomes: use of birth control & occurrence of subsequent births. Maternal health & well-being: mother engagement in risky behaviours (moderated Youth Risk Behaviour Surveillance System scale); & the Conflict Tactics Scale–Partner.	Survey & secondary data, pre-follow-up x2, validated & modified scales & newly designed questions; randomisation & a control group	Conflicting & ineffective
Joppa et al	2016	USA	VAW (dating violence)	Primary	E1, E3, E4, E5	S2	High school & community	A brief high school & community-based dating violence prevention program for adolescents in partnership with a non-profit community agency.	1	Male & female 10th grade high school students	14 - 19 years	Dating conflict (modified Conflict in Adolescent Dating Relationships Inventory); normative beliefs about approval of aggression (Normative Beliefs about Aggression Scale); attitudes about dating violence (Attitudes Towards Dating Violence Scale); dating violence knowledge & healthy relationship attitudes (scale designed for the program content)	Survey, pre-post-follow-up, validated & modified scales; randomisation & a wait-list control group, theory-based	Effective & promising
Jozkowski	2015	USA	VAW (Youth SA/H)	Primary	E1, E3, E4, E5	S2	College	A basic college-based SA prevention education program embellished	1	Male & female college students	18 - 24+ years	Two specific interview questions posed post-vignette audio-recordings to assess their ability to identify 'victim blaming' in the vignette & to explore their own belief structure: (a) Can you tell me	Interviews, post-program: comparative interventions	Conflicting

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								with content on underlying contextual variables that affect consent				what is going on in the scene? & (b) What do you think each of the characters is thinking? Plus, participants were asked for an overall reflection after hearing all vignettes.		
Jozkowski & Ekbria	2015	USA	VAW (Youth SA/H)	Primary	E1, E4	S2, S3	College	A co-designed computer game that includes knowledge & skills regarding SA prevention which includes scenarios, game mechanics, & learning objectives	1	Male & female college students	18+ years	endorsement of rape myths (a modified version of the Illinois Rape Myth Acceptance Scale); endorsement of sexual double standards (a modified version of the Sexual Double Standards Scale); endorsement of token resistance (the Token Resistance to Sex Scale); targeted learning outcomes (newly designed questions based on game learning objectives)	Survey, pre-post, validated, modified & newly designed scales & questions	Conflicting
Keller et al	2010	USA	VAW/FV (IPV)	Primary & secondary	E1	S1, S2	Community	A media intervention (TV & newspaper ads, billboard, & a poster) designed to raise awareness about domestic violence & to prevent abuse.	2	Male & females adults in the target communities	18+ years	Attitudes toward domestic violence (newly designed scale); perceived severity of DV (scale from Witte, Meyer, & Martell (2001)); & response efficacy/knowledge of services (question from Witte, Meyer, & Martell (2001))	Survey, pre-post, validated & newly designed scales & questions	Conflicting
Kenny	2010	USA	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School - Preschool	A parent-child psychoeducational group program aimed at educating families about general safety & personal safety related to	1	Hispanic parents with children aged 3-5 years	Parent mean age = 36.1 years	Parent measures: The Child Sexual Behaviour Inventory; parent-child communication/ perception of child's assertiveness/ rating of child's knowledge of safety information (newly designed scale). Child measures: Personal Safety Questionnaire; recognition, resisting, & reporting of CSA (What	Survey, pre-post-follow-up, validated, modified & newly designed scales.	Conflicting



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								childhood sexual abuse.				If Situations Test); child's safety knowledge related to the program (newly designed scales); Modelled after the Fear Survey Schedule for Children.		
Kenny & Wurtele	2010	USA	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School - Preschool	A classroom behavioural training program educating about body safety, e.g. good & bad touch from perceived 'good' & 'bad' people	1	Male & female preschool children	3-5 years	Questions to scenarios to determine if children can identify 'good' as a potential perpetrator of inappropriate touch (newly designed questions)	Aural survey, pre-post, newly designed questions	Promising
Kenny et al	2012	USA	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School - Preschool	psychoeducation program focused on teaching pre-schoolers & their parents' general safety as well as personal/body safety (e.g. good & bad touch from good & bad people)	1	Hispanic parents & their children aged 3-5 years	3-5 years	Personal Safety Questionnaire; recognition, resisting, & reporting of CSA (What If Situations Test); child's safety knowledge related to the program (newly designed scales); Modelled after the Fear Survey Schedule for Children; Questions to scenarios to determine if children can identify 'good' as a potential perpetrator of inappropriate touch (newly designed questions); & knowledge of genital terminology (previously used questions asking about the anatomy of drawings of a boy & girl)	Survey, pre-post-follow-up, validated, modified & newly designed scales & questions; control group	Promising
Kernsmith & Hernandez-Jozefowicz	2011	USA	VAW (Youth SA/H)	Primary & secondary	E1, E3, E5	S1, S2, S4	High school	A gender-sensitive school-based peer education program emphasizing	1	Male & female high school students - all grades	Not disclosed	Attitudes about SA (a combination of items from the Burt Rape Myth Acceptance Scale & the Rape Myth Belief Scale)	Survey, pre-post-follow-up, modified validated scale : theory-based	Promising

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								male responsibility includes bystander training						
Khalifian et al	2019	USA	VAW/FV (IPV)	Primary	E1, E4	S2	School - College	An IPV prevention program for college students	1	Male & female college students	18 - 39 years	Communication skills (Communication Skills Test); Relationship skill confidence (Interpersonal Competence Questionnaire); & Relationship abuse (using one item each from the Psychological & Sexual Abuse subscales & the two-item subscales of Physical & Injurious Abuse from the Conflict Tactics Scales Short Form)	Survey, pre-post-follow-up, validated scales; theory-based	Conflicting
Knox et al	2013	USA	FV (Child abuse/maltreatment)	Primary	E1	S2	Health - Community health	A parent training & education program, centred in community health centres, for parents of young children.	1	Parents with young children (aged 8 & under) who engage with community health centres	Mean age = 34.2 years	Parents nurturing behaviours (The Parent Behaviour Checklist); parents response to children's behaviours (The Parent-Child Conflict Tactics Scale); & Parents' positive parenting & disciplinary practices (a newly designed scale - the ACT Parenting Behaviours Questionnaire)	Survey, pre-post, validated & newly designed scales: randomisation, & a control group	Promising
Krahé & Knappert	2009	Germany	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School - Primary school	A theatre-based intervention to prevent sexual abuse among primary school students	1	Male & female first & second grade primary school students	6 - 9 year olds	Class based survey of responses to scenarios to check if children comprehend the self-protective messages of the play - e.g. good vs bad secrets, good vs bad touch, being able to say 'no' to if asked something one does not want etc.	Class survey, pre-post-follow-up1-follow-up2, newly designed questions; comparison intervention group & a wait-list control group	Promising

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Langhinrichsen-Rohling et al	2011	USA	VAW (Youth SA/H)	Primary & secondary	E1, E4	S2, S4	College	A SA prevention bystander intervention for male college students	1	Male freshman college students	Mean age = 18.9 years	Confidence to intervene as a bystander (Bystander Efficacy Scale); willingness to intervene as a bystander (Bystander Willingness to Help Scale); & belief in rape myths (Illinois Rape Myth Acceptance Scale–Short Form).	Survey, pre-post, validated scales ; randomisation & a control group	Promising
Lanier et al	2019	USA	FV (Child abuse/maltreatment)	Primary	E4	S2, S4	Community Centre	Professionally facilitated peer support group for fathers	1	Fathers with a child attending a child development/family support service	18+ years	The protective factors survey; The parents' evaluation of developmental status scale; The Child–Parent Relationship Scale; the Parenting Self-Efficacy Scale; fatherhood commitment (a newly developed scale based on other parenting measures); The Parental Stress Scale	Survey, post program & follow-up, validated scales	Conflicting
Lawson et al	2012	USA	FV (Child abuse/maltreatment)	Primary & Secondary		S2, S5	Community	Community-program. Home visitation program, health professionals supporting families, family resource centre, family support collaborative, lead intermediary organisation, lead gvt fiscal agent.	2	Families with children in the local community	NA	Outcome measures included: Substantiated Child Abuse Report from Child Protective Services; the Adult Adolescent Parenting Inventory-2; Maternal Social Support Index; Maternal depression (Centre for Epidemiological Studies Depression scale). There were multiple predictor variables including: Indicators of risk (multiple measures); indicators of protection & change (multiple measures); demographic variables; program participation (multiple measures)	Surveys administered at multiple time points (not rigidly set), validated scales; secondary data analysis from CPS.	Conflicting
Lawson et al	2012	USA	VAW (Youth SA/H)	Primary & secondary	E1, E4	S2, S4	Community	A SA prevention bystander intervention for Hispanic male	1	Young Hispanic men not enrolled at a college or university	18 - 25 years	Attitudes towards rape (Rape Attitude & Belief Scale); & likelihood of intervening as a bystander (Bystander Attitude Scale); newly designed focus group questions on	Survey, pre-post, validated scales; focus group post-program	Promising

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								non-college students				the experience of participating in the intervention & its material/content.		
Lopez et al	2018	USA	FV (Child abuse/maltr eatment)	Primary & Secondary	E1	S2, S5	Health - Primary care	A culturally adapted parenting program that focuses on improving family dynamics by decreasing problematic child behaviour & helping parents manage stress.	1	Latino parents with children aged 3-7 years	Parents: 26-42 years; Children: 3-7 years	Child coping competence (Coping Competence Scale-Revised); Child behaviour problems (Eyberg Child Behaviour Inventory-2); Parent competence (Parental Sense of Competence Scale); Parenting stress (Parenting Stress Index/Short Form)	Survey at pre & post program, validated scales	Conflicting
Magnussen et al	2019	USA	VAW/FV (IPV)	Primary & secondary	E1, E3, E4	S2	Community	A 'Talkstory' culturally sensitive community intervention in Hawaii involving facilitated discussions to raise awareness of IPV, & discuss interventions, actions & community solutions	2	Women & men from select communities	18+ years	Perceptions of the acceptability of violence (modified Perceptions of the Acceptability of Violence Tool); self-assessed capacity to address IPV (newly designed Awareness, Knowledge, & Confidence Tool); & competence of the community to address IPV (newly designed Perception of the Capacity of the Community Tool).	Survey, pre-post, follow-up 1m follow-up 6m, modified & newly designed scales; theory-based	Promising

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McDonnell et al	2015	USA	FV (Child abuse/maltreatment)	Primary	E1	S2, S5	Community	Community-based: integrates support for children & families; strengthens community norms for protecting children; mobilise community leaders/residents; strengthen org capacity; assisting their parents	1, 2	Parents/caregivers of a child aged 10 or younger residing in the program area	NA	Validated scales for: Social support, Giving & receiving help; Neighbouring activities; Collective efficacy; Neighbourhood satisfaction; Observed parenting; Parenting stress; Parenting efficacy; & Self-reported parenting practices. Newly developed scale for Child household safety. Child protective services data & The ICD-9-CM coded child injury data.	Survey, pre-post, validated scales; secondary data analysis from census data, theory based; intervention & non-intervention comparison communities	Effective & Promising
McLeigh et al	2015	USA	FV (Child abuse/maltreatment)	Primary	E1	S2	Community	A neighbourhood based child abuse/maltreatment programs based on creating communities of support & resources for families involving volunteers & local organisations	2	Caregivers of children aged under 10 from target communities	Range of mean ages = 32 - 36 years	Survey measures: support & reciprocal helping, perceptions of neighbourhood & neighbours, perceptions of neighbour parenting, parenting attitudes & beliefs (validated scales). Secondary data: Child protective Services data on child abuse. Maltreatment; & Internal Classifications of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) coded injuries to children.	Survey, post-program, validated & newly designed scales ; secondary data analysis; control/comparison community	Effective & conflicting
McMahon et al	2014	USA	VAW (Youth SA/H)	Primary & secondary	E1	S2	College	A peer education theatre program	1	Male & female new college students	Not disclosed	Attitudes towards rape (Rape Myth Acceptance Scale); & attitudes	Survey, pre-post, validated scales	Promising

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								including bystander training				towards bystander intervention (The Bystander Attitude Scale)		
McManus	2016	USA	VAW (Youth SA/H)	Primary & secondary	E1	S2	College	A skills-based SA prevention program among college undergraduate women that focusses on sexual assertiveness training	1	Female undergraduate college students	Not disclosed	Risk Perception & Response Appraisal of SA vignettes (The Vignette Rating Questionnaire); Barriers to Responding to Sexual Aggression scale; The Sexual Assertiveness Scale for Women; The Illinois Rape Myth Acceptance Scale; The Conflict in Adolescent Dating Scale; The SA Knowledge Test	Survey, pre-post, randomisation & a comparison intervention group; theory-based	Conflicting
McPhedran & Mauser	2013	Canada	VAW/FV (IPV)	Primary		S2	National	The 1995 Firearms Act (Bill C-68) for restricting & banning certain guns	Societal level	National	NA	The number of firearm homicides & the number of spousal firearm homicides (Custom Homicide Survey data tables from Statistics Canada; & published data from the Department of Justice, Canada)	Secondary data analysis trends, pre to post law	Ineffective
Mennicke et al	2018	USA	VAW (Youth SA/H)	Primary	E1, E3	S1, S2, S4	College	A 5-year social norms SV prevention marketing campaign designed specifically for men on a large public university.	1	Male undergraduate college students	Average age = 20.2 years	Attitudes towards victims of SA (newly designed scale); beliefs about SV (adapted Illinois Rape Myth Acceptance Scale); & behaviour related to sexual aggression & bystander intervention (newly designed scale).	Survey, repeated annually (years 1 to 4 of intervention), validated & newly designed scales ;theory-based	Promising
Menning & Holtzman	2015	USA	VAW (Youth SA/H)	Primary & secondary	E1, E3	S1, S2	College	A SA program that combines primary prevention (peer culture) & risk reduction (how to deal with imminent	1	Female undergraduate students	Average age = 19 years	SA self protection attitudes (SA Self-protection Scale); & occurrence of SA post program (newly designed question)	Survey, pre-post-follow-up1, follow-up2, validated scale & newly designed question; control group; theory-based	Effective & promising

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								threats & bystander training)						
Miller et al	2013	USA	VAW (Dating violence)	Primary & secondary	E1, E3, E4, E5	S2	High school	A coach-delivered dating violence prevention program for high school male athletes - includes bystander training	1	Male high school athletes in grades 9 - 11	Not disclosed	Intention to intervene (newly developed scale); Gender attitudes (validated scale); Recognition of abuse (validated scale); Bystander behaviours [positive or negative] (newly developed scale); Abuse perpetration (newly developed scale).	Survey, pre-follow-up, validated and newly designed scales; randomisation and a control group	Effective for reports of dating violence perpetration . Conflicting for attitudes and bystander behaviours.
Miller et al	2012	USA	VAW (dating violence)	Primary & secondary	E1, E3, E4, E5	S1, S2, S4	High school	A coach as role-model dating violence prevention program for high school male athletes, including bystander training	1	High school male athletes from grades 9 to 12	Not disclosed	Recognition of abusive behaviour (validated scale); Gender-equitable attitudes (modified Barker's Gender-Equitable Norms Scale); Intentions to intervene as a bystander (newly designed scale); bystander behaviour (newly designed questions); Conflict Tactics Scale 2.	Survey, pre-follow-up, validated, modified & newly designed scales & questions; randomisation & a control group	Conflicting
Miller et al	2015	USA	VAW (dating violence)	Primary	E1, E3, E4, E5	S2	Middle school	Multi-component initiative focussing on developmental needs of students. Enhance skills & attitudes consistent with promotion of healthy relationships &	1	Male & female middle school students in grades 7-8	11 - 14 years	Teen Dating Violence perpetration & victimisation; Gender stereotypes; Acceptance of dating violence; Perceived negative consequences of dating violence; Responses to feeling anger; Communication skills; Parent-child communication about relationships (adapted Parent-Adolescent Communication Scale); & boy/girlfriend relationship quality (four scales from the Network Relationships Inventory)	Survey, pre-follow-up, validated & newly designed scales; control schools	Conflicting



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								reduction of teen dating violence						
Moreno-Manso et al	2014	Spain	FV/VAW (Child abuse - all types)	Primary & secondary	E1	S2	School - Primary school	program uses stories, & aimed to improve a child's capacity to face potentially threatening situations	1	Male & female primary school students	9 - 10 years	Content knowledge quality about child abuse recognition & response from the stories presented (newly designed questions)	Survey, pre-post-follow-up, newly designed questions	Promising
Morrill et al	2015	USA	FV (Child abuse/maltreatment)	Primary	E1	S2	Health - Maternity ward & home	A media-based infant maltreatment prevention program, whose messaging provides strategies for reducing parental stress & soothing infants	1	First-time parents of infants (70% male quota)	Age range = 15 - 78	Behaviours: strategies for calming a crying infant, strategies for managing parental stress (quantitative newly designed scales), behaviour change (open-ended question); Family Protective Factors: Knowledge of parenting & child development (newly designed scales); & Parental resilience (newly designed scales); Social connection (newly designed question);	Interviews (qualitative & quantitative), newly designed scales, pre-follow-up1-follow-up1, control group; theory-based	Promising
Morris et al	2017	USA	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School - Elementary	A school-based child sex abuse prevention program for kindergarten through 6th grade how to recognize, respond to, & disclose SA.	1	Male & female elementary school students	Not disclosed	Knowledge retention on: safe versus unsafe people; safe versus unsafe situations; problem-solving skills; assertiveness skills; & disclosure methods (newly designed scales)	Survey, pre-post, newly designed scales: randomisation & wait-list control group	Promising

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Moynihan et al	2011	USA	VAW (all types)	Primary & Secondary	E1, E4, E5	S2	School - College	A SA & IPV bystander education & training program	1	Male & female intercollegiate athletes	Mean age = 19.4 years	Rape myths (Illinois Rape Myth Acceptance Scale–Short Version); Bystander efficacy (Bystander Efficacy Scale); Bystander intentions (Bystander Intention to Help Scale–Short Form); Bystander behaviour (Bystander Behaviour Scale); Backlash (a reduction in bystander measures pre to post); Use of bystander skills/knowledge at follow-up (newly designed questions).	Survey, pre-post-follow-up, validated scales & new survey items; randomisation & a control group	Conflicting
Muck et al	2018	Germany	VAW (Youth SA/H)	Primary & secondary	E1	S2	High school	A comparison of scientific-practitioner combined & practitioner only designed & run SA prevention education programs for adolescents	1	Male & female high school students	Mean age 14.2 years	General knowledge of SV (newly designed scale); Knowledge of professional help (newly designed scale); Victim-blaming attitudes (adapted items from the “she asked for it” subscale of the Illinois Rape Myth Acceptance Scale); Anxiety about SV (newly designed scale); Personal space perception (newly designed scale); Personal space appraisal (newly designed scale); occurrence of SV victimisation (newly designed scale); & occurrence of SV perpetration (newly designed scale)	Survey, pre-post-follow-up, modified & newly designed scales; randomisation, comparison intervention group & a control group	Conflicting
Müller et al	2014	Germany	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	Online	A web-based education tool teaching elementary school aged children about sexual abuse knowledge & prevention	1	Male & female elementary school students	Mean age = 9 years	Child abuse knowledge (based on the Children’s Knowledge of Abuse Questionnaire); behavioural intentions in potentially risky situations (responses to situation descriptions creating a validated index); Anxiety (adapted Domain Specific Anxiety Questionnaire for Children); &	Survey, pre-post, validated, modified & newly designed scales; theory-based	Promising

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												emotional regulation (Emotion Awareness Questionnaire)		
Muñoz-Fernández et al	2019	Spain	VAW (Youth SA/H)	Primary & secondary	E1, E3, E4	S2	High school	A high school-based universal & multi-component SA, violence, & bullying prevention program designed for adolescents, including bystander training & education & skill learning	1	Male & female high school students	Mean age = 15 years	Moderate & severe dating physical violence (adapted version of the physical violence scale from the Conflict Tactics Scale); SV (an adapted version of the sexual dating violence measure proposed by Foshee et al.); & Bullying perpetration & victimisation (the Spanish version of the European Bullying Intervention Project Questionnaire).	Survey, pre-post-follow-up, validated & modified scales; randomisation & a control group; theory-based	Conflicting
Nickerson et al	2018	USA	FV/VAW (Child sexual abuse)	Primary & Secondary		S2	Home	A video-based education & guidance program for parents to talk to their children about child sexual abuse	1	Parents with children aged 3-11 years	Average age = 38 to 39	CSA Myth Scale; Motivation to discuss personal safety/CSA (a modified pre-existing scale); Parent-child communication about CSA (Preventive Behaviours Questionnaire); The general functioning scale (GFS) of the McMaster Family Functioning Device); Child experience of CSA (Parents completed the 7-item sexual victimisation module of the Juvenile Victimization Questionnaire at pre-test); Exposure to CSA (parents ticked any of a list of abuse types they had experienced);	Survey, pre-post1-post2, validated & modified scales; randomisation & a control group	Promising

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Nickerson et al	2019	USA	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School - Elementary	A school-based curriculum that provides students with education & skills around recognising & responding to sexual abuse & dispelling abuse myths	1	Male & female elementary school students	4 - 12 years	Inappropriate touch knowledge (the Inappropriate Touch subscale of the Child Knowledge Abuse Questionnaire – Revised); child sexual abuse knowledge (Personal Safety Questionnaire); Self-protection skills (What-If Situations Test-III-R); & perceived quality of interactions with teachers (Teacher-Student Relations, Delaware School Climate Survey)	Survey, pre-post, validated scales; randomisation & a control group	Promising
Niolon et al	2019	USA	VAW (dating violence)	Primary	E4, E5	S2	Middle schools in high-risk neighbourhoods	comprehensive dating violence prevention model targeting school youth in high-risk urban communities . Promote healthy relationships & prevent dating violence. Including training for parents & teachers.	1, 2	Middle school students in 6th to 8th grade (a 2-year program)	Average age = 12 years	Conflict in Adolescent Dating Relationships Inventory on physical abuse, threatening behaviours, sexual abuse, relational abuse, & emotional/verbal abuse, & items from the Safe Dates scales on ever physical abuse & threatening with a weapon); Negative conflict resolution strategies with a dating partner or friend (Compliance, Conflict Engagement, Withdrawal subscales from the Conflict Resolution Style Inventory); Positive relationship skills (items from the Healthy Marriage Study that reflect teen dating & not marriages)	Survey, pre-post (cohorts varied by having 2 to 6 post assessments), validated & modified scales	Effective & conflicting
Ollis & Dyson	2018	Australia	VAW (all types)	Primary	E1, E3, E4, E5	S1, S2, S4	School - High school	Whole-school GBV prevention program, includes curriculum, teaching & learning aspects.	1	Male & female high school students	12 - 15 years	Focus group questions on understandings of key concepts in curriculum, the experience of being taught or teaching the curriculum, observed changes in behaviour, the impact on the culture of the school, attitudes to gender-based violence, & key barriers & enablers to implementation in the classroom.	Focus groups, post-program, newly designed interview questions; theory-based	Promising

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Ornstein et al	2016	Canada	FV (Child abuse/maltreatment)	Primary	E1	S2	Health - Hospital & home	A multi-media resource on preventing infant crying related abusive head trauma, including education & skills.	1	First-time mothers	20 - 39 years	Knowledge of infant crying (The Knowledge of Infant Crying Scale); Knowledge of infant shaking (The Shaking Knowledge Scale); & preparedness of mothers for infant crying before delivery (The Preparation for Infant Crying Scale)	Survey, pre-post, validated scales	Promising
Ortiz & Shafer	2018	USA	VAW (Youth SA/H)	Primary	E1, E3, E5	S1, S2	College	A college student-driven sexual consent education campaign to improve college students' sexual consent understanding.	1	Male & female college undergraduates	Not disclosed	Positive sexual consent attitudes (Humphreys & Brousseau's Sexual Consent Scale-Revised); perceived behavioural control to obtain sexual consent (Humphreys & Brousseau's Sexual Consent Scale-Revised); intentions to obtain sexual consent (Sexual Consent-Related Behaviour Intentions Scale); & SA identification (newly designed questions about scenarios)	Survey, pre-during-post campaign, validated & newly designed scales	Promising
Owen et al	2017	USA	VAW/FV (IPV)	Primary	E1, E4	S2	Social service agency	A healthy relationship education & IPV prevention program for individuals	1	Male & female individuals who engage with any of several service agencies	Average age = 37	Physical aggression (The Revised Conflict Tactics Scale CTS-physical aggression subscale); Controlling behaviours (The Controlling Behaviours Scale).	Survey, pre-post-follow-up, validated scales; wait-list control group	Conflicting
Peskin et al	2019	USA	VAW (dating violence)	Primary	E1, E3, E4	S2	Middle schools	A multilevel technology-enhanced adolescent dating violence (DV) intervention	1	Male & female ethnic-minority sixth graders	Average age = 12.3 years	Conflict in Adolescent Dating & Relationship Inventory. Determinants of Dating Violence including: individual [norms toward boy-against-girl violence & girl-against-boy violence, self-efficacy to resolve conflict, communication skills, attitudes toward sexting, belief in need for help, & coping], perceived peer Dating Violence, family [parent-child communication,	Survey, pre-post, validated scales; randomisation & a control group; theory-based	Conflicting

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												closeness], & community [social support] psychosocial factors (all with validated scales).		
Peterson et al	2018	USA	VAW (dating violence)	Primary & secondary	E1	S2	College	A bystander SA education program versus a traditional SA awareness education program	1	Male & female college freshmen & sophomores	Not disclosed	SA beliefs (IRMA-R); abuse acceptance (GVS); bystander confidence (BES); bystander willingness (BIH); bystander behaviour (BBS); experience of IPV (Abuse assessment screen); & sexual victimisation (Sexual Experiences Survey);	Survey, pre-post-follow-up, validated scales; randomisation, comparative intervention group & a control group	Promising
Ports et al	2018	USA	FV (Child abuse/maltreatment)	Primary		S5	State	Affordable housing policy intervention in the form of a Low Income Housing Tax Credit	4	People & families with housing insecurity	NA	Prevalence of child abuse/neglect (National Child Abuse & Neglect Data System); Unintentional injuries of children (Online Analytical Statistical Information System);	Cross-sectional secondary data analysis	Conflicting
Portwood et al	2011	USA	FV (Child abuse/maltreatment)	Primary	E1	S2	Social service agency	A national & universal parenting education & support program on parenting knowledge & skills aiming at preventing violence & maltreatment towards children	1	Parents enrolled in existing social service programs	Average age = 33 years	A Parenting Survey consisting of five measures designed to assess positive parenting skills, family conflict, social support, & parenting stress (the Parent Behaviour Checklist, the Conflict Scale of the Family Environment Scale, the Perceived Social Support from Family & Friends Scales, & the Parenting Stress Index–Short Form)	Survey, pre-post-follow-up, validated scales; randomisation & a control group	Conflicting
Powers & Leili	2018	USA	VAW (SA/H)	Primary & secondary	E1, E3	S1, S2, S3	Bars	A bystander education & training	2	Male & female bar-staff	Average age = 32 years	Illinois Rape Myth Acceptance scale; modified Barriers to SA Bystander Intervention subscale; &	Survey, pre-post, modified & newly designed scales.	Conflicting

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								program for bar-staff, that covers rape-myths (including alcohol-related) & bystander strategies				Bystander willingness to intervene (scale combining Banyard's Bystander Behaviour Scale, Burn's Bystander Intervention Behaviour Scale, & newly designed questions).		
Prinz et al	2009	USA	FV (Child abuse/maltreatment)	Primary & secondary	E1	S2	Various	Multi-layered comprehensive positive parenting program: social marketing, primary care education delivery, one-on-one & group education, & home resources	1, 2	Families with at least one child under 8 years	NA	Substantiated child maltreatment (Child Protective Services records); child out-of-home placements (Foster Care System records); & child maltreatment injuries (hospital mandatory reporting)	Post-program follow-up secondary data analysis; randomisation & control conditions (by county)	Effective
Pulido et al	2015	USA	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School - Elementary	A school-based child sexual abuse (CSA) prevention program using puppets to roleplay scenarios	1	Male & female elementary school students in 2nd & 3rd grade	Average age = 8.3 years	Children's knowledge about Child Sexual Abuse concepts & prevention skills (CKAQ)	Verbally administered survey, validated scale; randomisation & a control group	Conflicting
Raymond & Hutchison	2019	USA	VAW (Youth SA/H)	Primary & secondary	E1	S2	College	A sex-positive education program for college women that includes assertiveness & self-defence training to help prevent SA	1	Female college students	Average age = 23 years	The Sexual Experience Survey; Multidimensional Sexual Self-Concept Questionnaire; The Sexual Assertiveness Scale; The Behavioural & Characterological Self-Blame Scale; The Sexual Communication Survey; & confidence in self-defence ability in	Survey, pre-post, validated & modified scales; wait-list control group	Conflicting

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												situations risky for SA (scale adapted from validated measures).		
Reed et al	2014	USA	VAW (dating violence)	Primary & secondary	E1	S2	College	A SA & dating violence bystander education program v traditional psycho-edu program. documentary film on SV	1	Male & female first-year college students	Average age = 18 years	Rape myth endorsement (Illinois Rape Myth Acceptance Scale – Short Form); Dating violence attitudes (previously used questions); dating & SV knowledge (newly designed scale); & confidence in performing bystander behaviours (Bystander Efficacy Scale)	Survey, pre-post-follow-up, validated & newly designed scales	Conflicting
Rhoades	2015	USA	VAW/FV (IPV)	Primary	E1, E4	S2	Community	A couple-based relationship education program involving series of sessions that focusses on positive relationship skills such as communication, fun, & coping with stress	1	Couples enrolled in a healthy marriage program with children	Average age of 32.6 years	Relationship happiness; Marriage in trouble; reports of warmth & support; reports of positive communication skills; reports of negative behaviour & emotions; reports of partner's psychological abuse; reports of partner's physical assault; reports of partner's severe physical assault; Infidelity; reports of cooperative co-parenting (all newly designed scale).	Survey, pre-follow-up1, follow-up2; randomisation & a control group	Promising
Ritchwood et al	2015	USA	VAW (dating violence)	Primary	E1, E4	S2	Community	Community participatory research project to address co-occurrence of adolescent risk behaviours on acceptance of teen dating violence. Peer-health advisors,	2	Male & female African American youth	10 - 14 years	Acceptance of dating violence (validated scale); Barnes & Olsen's Parent-Adolescent Communication scale; family functioning (validated sub-scales); knowledge of healthy dating behaviours (validated scale); & Self-efficacy for healthy dating behaviours (newly designed scale)	Survey, pre-follow-up, validated & newly designed scales; control group; theory-based	Conflicting



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								ambassadors, & allies						
Rogers et al	2019	UK	VAW/FV (IPV)	Primary	E1, E3, E4, E5	S2	School - High school	Social norming strengths-based with young people - workshop & a peer poster campaign	1	Male & female high school students	13 - 14 years	Physical violence norms & attitudes [pre-post]; Coercive control & psychological abuse norms & attitudes [post only] (newly designed questions);	Survey, pre-post, newly designed questions; theory-based	Promising
Rushton et al	2015	USA	FV (Child abuse/maltreatment)	Primary	E1, E3	S2	Home & a childcare facility at an elementary school	Home visitation, & group medical visits with a multidisciplinary team	1	Medicaid families who enrolled their newborns in the participating community paediatric practice	NA	Children's medical records; family's environmental stress (the Orr stress test); Parent questionnaire (parental recall of anticipatory guidance, sense of parental competence, & satisfaction with well-child care).	Survey, pre-post & post-only, newly designed questions & a validated scale; Medical records, pre & post; theory-based; matched non-intervention group	Conflicting
Salazar et al	2014	USA	VAW (Youth SA/H)	Primary & secondary	E1, E3	S1, S2, S4, S5	Online	A web-based bystander approach to SV prevention, in enhancing prosocial intervening behaviours & preventing SV perpetration.	1	Male college students	18 - 24 years	Reactions to Offensive Language & Behaviour index; sexual coercion (Conflict Tactics Scale). <u>Secondary outcomes</u> : legal knowledge of assault/rape; knowledge of effective consent for sex, self-efficacy to intervene; intentions to intervene, outcome expectancies for intervening behaviours; normative beliefs regarding SV toward women; rape myths; gender-role ideology; empathy for rape victims; hostility toward women; attitudes toward date rape; & outcome expectancies for engaging in non-consensual sex (all validated scales)	Survey, pre-post-follow-up, validated & modified scales; randomisation & a control group	Effective & promising
Salazar et al	2019	USA	VAW (Youth SA/H)	Primary & secondary	E1, E3	S1, S2, S3, S4	Online	A web-based bystander	1	Male college students	19 - 24 years	Prosocial intervening behaviours (Reactions to Offensive Language &	Survey, pre-post-follow-up,	Effective & promising

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								approach to SV prevention, in enhancing prosocial intervening behaviours & preventing SV perpetration.				Behaviour index plus newly designed questions); SV (Conflict Tactics Scale). <u>Mediator variables</u> : legal knowledge of assault/rape; knowledge of effective consent for sex, self-efficacy to intervene; intentions to intervene, outcome expectancies for intervening behaviours; normative beliefs regarding SV toward women; rape myths; gender-role ideology; empathy for rape victims; hostility toward women; attitudes toward date rape; & outcome expectancies for engaging in non-consensual sex (all validated scales)	validated & modified scales; randomisation & a control group; theory-based	
Sánchez-Jiménez et al	2018	Spain	VAW (dating violence)	Primary	E1, E4	S2	High school	A multi-component, school-based dating violence prevention program directed at young people & involving peer learning	1	Male & female high school students	11 - 19 years	Psychological Dating Abuse Scale; Physical violence (Conflict Tactics Scale); Online violence (the non-sexual online violence scale pertaining to the Cyber Dating Abuse survey); Myths of Romantic Love Scale; Couple quality (combination of multiple validated subscales); Anger regulation (adapted version of the Emotional Quotient Inventory: Youth Version); The Rosenberg Self-Esteem Scale.	Survey, pre-post, validated & modified scales; randomisation & a control group	Ineffective & conflicting
Savasuk-Luxton et al	2018	USA	VAW (dating violence)	Primary	E1, E3, E4	S2	High school	High school curriculum that promotes healthy relationships & aims to prevent dating violence	1	Male & female high school students	Mean age = 15.7 years	Gender role beliefs (validated scale); & Dating violence acceptance (validated scale).	Survey, pre-post, validated scales; control group	Conflicting

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Schilling et al	2019	USA	FV (Child abuse/maltreatment)	Primary & secondary	E1	S2	Community	Multi-tiered parenting interventions - education & support to parents, to enhance parental competence, prevent dysfunctional parenting	2	Parents in target communities	NA	Child Welfare (welfare data publicly available data from the UNC School of Social Work); Emergency Department child maltreatment data (NC Disease Event Tracking & Epidemiologic Collection);	Cross sectional secondary data analysis, post-program; control counties; theory-based	Conflicting
Scholer et al	2010	USA	FV (Child abuse/maltreatment)	Primary	E1	S2	Health - Primary care	Program for parents: offers strategies for responding to child aggression & help prevent punishment	1	English/Spanish speaking caregivers of children aged 1 -5 years	NA	Interview questions asking whether participants plan to alter the way they discipline their children in response to bad behaviour, & in what way - post program	Interview, post-program, newly designed questions; randomisation & a control group	Promising
Scholer et al	2015	USA	FV (Child abuse/maltreatment)	Primary	E1	S2	Health - Primary care	A program involving a computer presentation of intervention that teaches parents appropriate discipline strategies.	1	English/Spanish speaking caregivers of children aged 1 -5 years	NA	Interview questions asking whether the intervention presentation helped them have a discussion with their physician about discipline, & if yes, how did the program help with the discussion.	Interview, post-program, newly designed questions	Promising

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Schramm & Gomez-Scott	2012	USA	VAW/FV (IPV)	Primary	E1, E4	S2	School - High school	A program for high school students that combines healthy relationship education with child abuse prevention/positive parenting education	1	Male & female high school students	Not disclosed	Relationship knowledge (newly designed scale); Attitudes about romance & mate selection scale; attitudes towards counselling; marriage attitudes; sexual attitudes; resisting sexual pressure (all validated scales); verbal & physical aggression (Conflict Tactics Scale); Harsh caregiving response scale from the Shaken Baby Syndrome Awareness Assessment; the Adult-Adolescent Parenting Inventory; child abuse knowledge & SIDS knowledge (newly designed scale).	Survey, pre-post, validated & newly designed scales	Promising
Schutt	2016	USA	FV (Child abuse/maltreatment)	Primary	E1	S2	Health - Primary care	Patient-centred action plans to enhance caregiver knowledge about Shaken Baby Syndrome Provide skills & resources to effectively & efficiently cope when unable to console infant.	1	Pregnant women & their partners	18+ years	Shaken baby syndrome knowledge (newly designed questions)	Survey, pre-post, newly designed questions	Promising
Self-Brown et al	2018	USA	FV (Child abuse/maltreatment)	Primary & secondary	E1	S2	Home	A parent training program involving home visits for marginalised fathers (with 2 or more risk factors for poor parenting)	1	Fathers with children aged 2 - 5 years	18 + years	Father mental health (the Brief Symptom Inventory); Father involvement (the Inventory of Father Involvement); & Child maltreatment behaviours (the Parent-Child Conflict Tactics Scale). Interview questions on the participants program experience (newly designed questions)	Survey, pre-post-follow-up, ; interviews post-program; randomisation & a control group	Ineffective

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Simpson Rowe et al	2015	USA	VAW (Youth SA/H)	Primary & secondary	E1, E2	S2	High school	An assertive resistance training program. Emphasizes skill practice in an immersive virtual environment	1	Female high school students	14 - 19 years	Sexual & Non SV Victimization (Conflict in Adolescent Dating Relationships Inventory); & Psychological Distress (Trauma Symptom Checklist)	Survey, pre-follow-up (multiple), validated scales; randomisation & a wait-list control group	Conflicting
Simpson Rowe et al	2012	USA	VAW (Dating violence)	Primary & secondary	E1, E2, E4	S2	College	A SA prevention program for women that includes training on self-protection skills in dating & sexual situations	1	Undergraduate female college students	Average age = 19.5	Sexual victimisation (Survey items from the Sexual Experiences Survey & the Conflict in Adolescent Dating Relationships Inventory, plus some newly designed items); response to sexual victimisation	Survey, pre-follow-up (3 follow-up periods), validated scales items & newly developed items; randomisation & control group	Effective & Promising
Smothers & Smothers	2011	USA	VAW (SA/H)	Primary & secondary	E1, E3, E4	S1, S2	School - Middle & high school	A school-based program for reducing the tolerance of SV & sexual harassment including students, staff, & parents	1 & 2	Male & female middle & high school students	Not disclosed	Knowledge about SA & sexual harassment; school climate & a student's awareness of helping resources; ability to identify healthy & unhealthy relationship behaviours (all subscales of the newly designed SA & Attitudes Questionnaire)	Survey, pre-post, newly designed scale; theory-based	Promising
Steen & Burg	2019	USA	FV (Child abuse/maltreatment)	Primary	E1	S2	Online	Prevention campaign involving 8-page printed parent info package on child health & development, injury prevention, discipline	1	Parents with children under the age of 18 years	18+ years	Effects of child maltreatment, appropriateness of harsh parenting, physical needs & dangers, child abuse prevention, & appropriateness of nonviolent discipline (all subscales of a newly designed scale)	Survey, post-program, newly designed scale; randomisation & a control group	Promising

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Stelzel	2009	USA	FV (Child abuse/maltreatment)	Primary	E1	S2	School - High school	A classroom-based shaken baby syndrome intervention involving a 50 minute interactive class with a SBS Simulator™ developed by Realityworks® (2009)	1	Male & female 10th grade high school students	13 - 18 years	Shaken baby syndrome knowledge (newly adapted scale, Understanding Shaken Baby Syndrome-20)	Survey, pre-post, newly designed scale; randomisation & a control group	Promising
Stephens	2009	USA	VAW (Youth SA/H)	Primary & secondary	E1	S2, S3, S4	College	A standard & a culturally-based SA prevention program including education & bystander training for Caucasian (study 1) & Pacific Islander/Asian college men (study 2)	1	Male Caucasian & Pacific Islander/Asian college students	Average age = 19 years	Rape Myth Scale & the Illinois Rape Myth Acceptance Scale; Rape Empathy Scale; expectations of the effect of alcohol on sexuality (combination of The Sex-Related Alcohol Expectancies Scale & the Alcohol Expectancies Regarding Sex, Aggression, & Sexual Vulnerability Questionnaire); Sexual aggressiveness (combination of the M-SES, the likelihood to be sexually aggressive adapted scale, & the Attraction to Sexual Aggression scale);	Survey, pre-post-follow-up, randomisation & a comparison intervention group, & a control group; theory-based	Conflicting
Stephens & George	2009	USA	VAW (Youth SA/H)	Primary & secondary	E1, E4	S2, S3, S4	College	A rape prevention intervention for high & low risk college men	1	Male college students	Average age = 19.3 years	Rape Myth Scale; Illinois Rape Myth Acceptance Scale; Rape Empathy Scale; The Sex-Related Alcohol Expectancies Scale. Self-reported sexually coercive behaviour (The M-SES); Behavioural intentions [i.e. likelihood to use force or coercion] (newly designed scale); Attraction to Sexual Aggression scale.	Survey, pre-post-follow-up, validated & newly designed scales; randomisation & a control group; theory-based	Conflicting

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Steward	2017	USA	VAW (Youth SA/H)	Primary & secondary	E1, E2, E4	S2	College	A SA bystander training & education program in combination with a healthy relationships program	1	Undergraduate female college students in sororities	Average age = 19.6	Bystander measures (Bystander Behaviour Scale, Bystander Efficacy Scale, Bystander Intention to Help Scale); sexual activity in the context of violence (Sex-Related Alcohol Expectancy Scale); rape myths (Illinois Rape Myth Acceptance Scale – Short Form); experiences of psychological aggression (Multidimensional Measure of Emotional Abuse); alcohol use (Alcohol Use Disorders Identification Test)	Survey, pre-post, validated scales; comparison intervention group & control group	Ineffective
Sundstrom et al	2018	USA	VAW (SA/H)	Primary & secondary	E1, E3, E5	S1, S2, S3	School - College	A multi-media, multi-channel social marketing campaign aiming to increase awareness & mastery of bystander intervention techniques for SA prevention	1	Male & female college students	Age range = 18-70, average age = 21.5 years	Bystander intention (Newly designed scale); attitudes towards bystander intervention (Newly designed scale); perceived behavioural control (Newly designed scale); subjective norms [what others think] about bystander intervention (Newly designed scale); campaign awareness & message recall (Newly designed survey items); campaign related behaviours [e.g. seeking more information, talking with others (Newly designed survey items).	Cross-sectional survey post-program only, newly designed scales, theory based	Promising
Taylor et al	2010	USA	VAW (SA & dating violence)	Primary & secondary	E1, E4	S2	Middle school	School-based curricula for the prevention of gendered violence & sexual harassment - comparing a knowledge-based format with an	1	Male & female middle school students in grades 6-7	11 - 13 years	Sexual & Non SV Victimization & Perpetration (adapted from the CDC's Youth Risk Behaviour Survey & another validated scale); Sexual Harassment Victimization & Perpetration (adapted from the American Association of University Women Educational Foundation's sexual harassment in schools survey & two other validate scales); Attitudes towards gendered	Survey, pre-post-follow-up, modified & newly designed scales; randomisation & a comparative intervention group & a control group	Conflicting

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								interactive beliefs/attitudes-based format including bystander training				violence & sexual harassment (adapted from another validated scale); & Knowledge Related to Gender Violence & Harassment Prevention (newly designed scale);		
Taylor et al	2010	USA	VAW (SA & dating violence)	Primary & secondary	E1, E4	S2	Middle school	School-based curricula to prevent GBV & sexual harassment	1	Male & female middle school students in grades 6-7	11 - 13 years	Sexual & Nonsexual physical Violence Victimization & Perpetration (adapted from the CDC's Youth Risk Behaviour Survey & another validated scale)	Survey, pre-post-follow-up, modified scale; randomisation & a comparative intervention group & a control group	Conflicting
Taylor et al	2014	USA	VAW (dating violence)	Primary	E1, E3, E4	S2	Middle school	Classroom-based &/or building based dating violence prevention program incl. classroom content on laws/consequences, gender roles, & healthy relationships; & building interventions like more faculty/security staff in unsafe 'hot spots'	1	Male & female middle school students in grades 6-7		Sexual Harassment Victimization & Perpetration prevalence & incidence (adapted from previous research); Sexual & Physical Violence Victimization & Perpetration prevalence & incidence (adapted from previous research); Behavioural Intentions to engage in or avoid violence (newly designed scale adapted from previous research); & Dating violence & harassment knowledge (scale adapted from previous research).	Survey, pre-post-follow-up, modified scale; randomisation & a comparative intervention group & a control group	Conflicting
Thatcher	2011	USA	VAW (Youth SA/H)	Primary & secondary	E1, E3	S2, S3	College	Comparing two college-based SA programs, an interactive SA theatre	1	Male & female college students	Not disclosed	SA related attitude & behaviour change (The college date rape attitudes & behavior survey)	Survey, pre-post-follow-up, validated scale; a comparison	Conflicting



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								performance & a video performance with similar content					intervention group & a control group	
Tutty	2014	Canada	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School - Kinder & elementary	An age-appropriate, child sexual abuse prevention training & education program for elementary schools	1	Male & female Kinder & Elementary school students	6 - 12 years	Focus group questions asked what participants remembered of the program, if they had heard of these ideas before, what they had learned, & what they liked & did not like	Focus groups, post-program, newly designed interview questions	Promising
Tutty et al	2019	Canada	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School - Kinder & elementary	An age-appropriate, child sexual abuse prevention training & education program for elementary schools	1	Male & female Kinder & Elementary school students	6 - 12 years	Knowledge of abuse prevention concepts (adapted shortened & age-group adjusted versions of the Children's Knowledge of Abuse Questionnaire)	Survey, pre-post, modified scale	Promising
West et al	2018	Australia	VAW (all types)	Primary		S2, S3	Community	An alcohol management plan in indigenous communities that lead to prohibition in some communities & tightened restrictions in others	2	two communities	NA	Clinical file audit for alcohol related injuries; epidemiological data including police reports on person to person violence & victim information; qualitative & quantitative survey items exploring impacts of the program on alcohol supply & consumption, injury, violence, & community health (newly designed survey items)	Secondary data analysis, pre-post; post-program survey, newly designed survey items	Effective

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White et al	2018	Australia	FV (Child abuse/maltreatment)	Primary & secondary	E1	S2	School - Primary school	A school-based facilitated child abuse prevention education program	1	Male & female primary school students in grade 1	5 - 7 years	Parents: Parent/caregiver perceptions about their child's understanding & application of protective behaviour concepts (Parent protective behaviours checklist) Children: Children's knowledge of interpersonal safety concepts (Protective behaviours questionnaire); confidence & ability to apply safety knowledge (Application of protective behaviours test-revised); in-situation behavioural observation test of safety skill knowledge (Observed protective behaviours test); & Anxiety (Revised children's manifest anxiety scale 2nd edition: short form)	Oral survey, pre-post-follow-up, validated scales; In-situation tests, validated measures; randomisation & a wait-list control group	Conflicting
Williams et al	2015	USA	VAW (dating violence)	Primary	E1, E4	S2	Middle school	Multi-component teen dating violence prevention program, incl school-based TDV prevention curricula, social marketing, & policy/environmental changes.	1	Male & female 7th grade middle school students	Not disclosed	Psychological & physical teen dating violence perpetration & victimisation (the Families for Safe Dates Psychological & Physical Violence Perpetration scales); Sexual harassment (the American Association of University Women Sexual Harassment Survey); & Bullying (validated scale)	Survey, pre-follow-up, validated scales; a control group	Conflicting
Williamson et al	2015	USA	VAW/FV (IPV)	Primary & secondary	E1, E4	S2	Research & home	Three types or relationship education programs, 2 skill-based workshop series (1 psycho-	1	Engaged or newlywed couples	Men average age = 29.3 years & women average age = 27.9 years	Relationship health (the Marital Adjustment Test)	Survey, pre-post-follow-upx4, validated scale; 3 intervention groups & a control group	Conflicting

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								education, the other empathy/support focused), & 1 awareness-based workshop series						
Wolfe et al	2009	USA	VAW (dating violence)	Primary	E1, E4	S2	High school	An interactive curriculum that integrates dating violence prevention with lessons on healthy relationships, sexual health, & substance use	1	Male & female grade 9 high school students	14 - 15 years	Perpetration of physical dating violence from the Conflict in Adolescent Dating Relationships Inventory)	Survey, pre-post-follow-up, validated scale; randomisation & a control group	Effective
Wood & Archbold	2015	USA	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School - Elementary	A school-based education program designed to inform elementary school students about personal safety & sexual abuse prevention	1	Male & female elementary school students in 2nd to 4th grade	Not disclosed	Program knowledge retention: remembering the program, identifying the program, identifying bad touch, what to do in the case of a bad touch (newly designed question based on the program content)	Survey, follow-up, newly designed questions	Promising
Yeater et al	2016	USA	VAW (Youth SA/H)	Primary & secondary	E1, E2, E4	S2	College	A skills-based bibliotherapy approach to SA prevention for college-aged women.	1	Female college undergraduates	Mean age = 20 years	Sexual victimisation (Sexual Experiences Survey); alcohol use (Quantity-Frequency of Alcohol Use Index); rape myth beliefs (Rape Myth Acceptance Scale); risky dating behaviours (Dating Behaviour Survey); sexual assertiveness (Sexual Assertiveness Scale);	Survey, pre-follow-upx2, validated scales; randomisation & a control group	Promising & ineffective

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												sexual intentions in dating (Sexual Communication Survey); motivation (Motivation Ratings); & self-efficacy (Self-Efficacy Ratings)		
Zolotor et al	2015	USA	FV (Child abuse/maltreatment)	Primary	E1	S2	Health - Primary care & home	A Shaken Baby Syndrome prevention program, delivered by nurse-provided education, a DVD, & a booklet, with reinforcement by primary care practices & a media campaign	1	Parents of newborns		Help-seeking regarding infant crying (nurse advice line telephone calls regarding infant crying); & occurrence of abusive head trauma (AHT rates per 100,000 infants calculated from hospital discharge data across the state)	Secondary data analyses, post-program	Conflicting

## Peer reviewed systematic reviews

AUTHOR	YEAR	PLACE	VIOLENCE TYPE	PREVENT LEVEL	DRIVER	FACTOR	SETTING	INTERVENTION TYPE	SOCIO-ECO LEVEL	POPULATION TARGET	AGE OF TARGET	MEASURE	EVALUATION METHODS	QUALITY OF EVIDENCE
Admon Livny & Katz	2018	Not disclosed	FV (Child abuse/ maltreatment)	Primary & secondary	E1, E5	S2	Various	Child abuse/neglect/ maltreatment prevention programs that involve parents, children, and schools to some degree	1, 2	Parents with children any age under 12 years (varies)	NA	Various outcome measures including increased child abuse knowledge; parental stress and anger management; family support; corporal punishment; occurrences of child maltreatment	Systematic review	Some effective and some promising
Altafim & Linhares	2016	Various, mostly developed countries	FV (Child abuse/ maltreatment)	Primary	E1, E4	S2, S5	Various	Child maltreatment prevention programs for parents, where parents work in groups to improve parenting	1	Parents with children any age under 18 years (varies)	NA	Various and multiple outcomes measures. Mostly underlying causes, but also some measuring the occurrences of maltreatment	Systematic review	Some effective, some promising, some ineffective
Casillas et al	2016	Not disclosed	FV (Child abuse/ maltreatment)	Primary & secondary	E1, E4	S2	Home	Home visitation programs addressing risk factors for child maltreatment	1	Care givers of children aged 0-5 years	NA	Various generally described outcomes, including: Parent knowledge and attitudes; Positive parenting; Negative parenting; Parental promotion of child health; Maltreatment; Parent functioning; Family environment; Birth outcomes; Child behaviour; Child cognitive/education; Child health; Child social functioning	Systematic review	Conflicting

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Chen & Chan	2016	America, Canada, Australia, New Zealand, England, Thailand, and Iran	FV (Child abuse/ maltreatment)	Primary, secondary, & tertiary	E1	S2	Various	Universal and targeted parenting programs (home visits or parent training) that aim to reduce child maltreatment	1	Parents with various degrees of abuse risk	NA	The meta analysis focussed on 3 outcome variables: 1) the reduction in child maltreatment, 2) the reduction in parental risk factors, and 3) the enhancement of parental protective factors	Meta analysis	Effective and conflicting
De Koker et al	2014	America, Canada, and South Africa	VAW (IPV)	Primary & secondary	E1, E4, E5	S2	School and community	Various interventions that aim to prevent physical, sexual, and psychological violence perpetration and victimisation among adolescents	1	Male and female adolescents	10 - 19 years	Measurement of the perpetration or victimisation of any type of IPV among adolescents	Systematic review of RCTs	4 of 8 studies (describing 6 RCTs) had effective results
De La Rue et al	2014	USA and Canada	VAW (Dating violence)	Primary & secondary	E1, E4, E5	S2	Middle and high schools	Various prevention and intervention efforts implemented in middle and high schools that sought to reduce or prevent incidents of dating violence or sexual violence in	1	Male and female middle and high school students in 4th to 12th grades	Not disclosed	Measurements of: The impact of the program on either attitude change; The frequency of intimate partner violence perpetration or victimisation; Teen dating violence knowledge; or The ability to recognize both safe and unhealthy behaviours in intimate partner disputes	Systematic review of controlled studies and meta analysis	Promising for attitudes and knowledge; effective for perpetration, but ineffective for victimisation

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								intimate relationships						
DeGue et al	2014	Not disclosed	VAW (SA/H)	Primary & secondary	E1, E4, E5	S2	Mostly educational settings, but also community and other settings	Various types of primary prevention strategies for sexual violence perpetration, mainly brief, psycho-educational programs focussed on increasing knowledge or changing attitudes - includes bystander training	1	Various, mostly college and school students	Overall age range = 10 - 47.5 years; mean age = 18.4 years	Primary measure: Occurrence of sexually violent behaviour. Secondary measures: Rape proclivity; Attitudes; Knowledge; Bystanding behaviour; Bystanding intentions; Relevant skills; Affect/arousal to violence	Systematic review	Primary measures: Conflicting Secondary measures: Conflicting
Fellmeth et al	2015	All but one (Republic of Korea) were in the USA	VAW (Dating violence)	Primary & secondary	E1, E2, E4, E5	S2	Mostly educational settings, but also community and other settings	Various educational and skills-based interventions to prevent relationship and dating violence in adolescents and young adults - includes universal programs and those targeted to high-risk groups	1	Various, mostly college and school students	12 - 25 years	Primary outcome measures: Episodes of relationship and dating violence experienced; injuries resulting from relationship and dating violence; self-reported subjective improvement in mental well-being; and adverse events. Secondary outcome measures: Improvements in behaviour or knowledge about relationship and dating violence; improvements in access to (or knowledge of) help or support services; and attainment of protective skills.	Systematic review and meta analysis of RCTs	Ineffective

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Fellmeth et al (different publications of the same review, with a minor difference)	2013	All but one (Republic of Korea) were in the USA	VAW (Dating violence)	Primary & secondary	E1, E2, E4, E5	S2	Mostly educational settings, but also community and other settings	Various educational and skills-based interventions to prevent relationship and dating violence in adolescents and young adults - includes universal programs and those targeted to high-risk groups	1	Various, mostly college and school students	13 - 25 years	Primary outcome measures: Reduction in the number of episodes of relationship and dating violence victimisation and perpetration; reduction in injuries resulting from relationship and dating violence; self reported subjective improvement in mental well-being; and adverse events Secondary measures: Improvements in behaviour or knowledge about relationship and dating violence; improvements in access to/or knowledge of help or support services; attainment of protective skills;	Systematic review and meta analysis of controlled studies	Conflicting for knowledge, ineffective for attitudes, and ineffective for episodes of violence
Garrity	2011	USA	VAW (Youth SA/H)	Primary & secondary	E1, E4	S1, S2, S4	College	Sexual assault prevention programs designed for college men, including bystander programs	1	College men	Mostly 17-25 years	Various measures of rape attitudes and beliefs (mostly quantitative, but also some qualitative measures)	Systematic review	Mostly promising, some conflicting
Graham et al	2019	USA and The Ivory Coast Africa	Violence against women (all types)	Primary & secondary	E1, E3, E4, E5	S1, S2, S3, S4	Mostly colleges, but also some in high schools, and one in a community	Sexual violence, dating violence, and intimate partner violence perpetration prevention programs for men and boys, including	1	Men and boys, mostly college students	Varied	This review focussed on outcome results on domestic violence perpetration, physical or sexual IPV, sexual coercion, sexual aggression	Systematic review	5 ineffective, 4 effective, 1 conflicting



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								bystander programs						
Jouriles et al	2018	Not disclosed	VAW (Youth SA/H)	Primary & secondary	E1, E3, E4	S2	College	Bystander programs that address sexual violence on college campuses	1	Male and female college students	Not disclosed	Various measures of attitudes, beliefs, or bystander behaviour	Systematic review and meta analysis of controlled studies	Promising
Katz & Moore	2013	USA	VAW (Youth SA/H)	Primary & secondary	E1, E3	S1, S2	College	Meta analysis of multiple sexual assault bystander education and training programs in US colleges	1	Male and female college students	mean age around 19 years	Included studies varied between these measured variables: Bystander efficacy; Rape attitudes; Bystander intent; Bystander behaviour; Rape proclivity; Perpetration	Meta analysis	Promising
Kettrey & Marx	2019	USA	VAW (Youth SA/H)	Primary & secondary	E1	S2, S3	Educational settings	Sexual assault prevention bystander programs for college students and adolescents	1	Male and female college students and high school students	12 - 25 years	This review focussed on two outcome measures: Actual intervention behaviour when witnessing instances or warning signs of sexual assault (Bystander Behaviours Scale); and perpetration of sexual assault.	Systematic review	10 of 12 effective for bystander behaviour; 2 of 5 effective for sexual assault perpetration

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Kettrey et al	2019	Mostly USA but also 1 in Canada and in India	VAW (Youth SA/H)	Primary & secondary	E1, E3, E5	S2, S4	Middle and high school and college	Bystander sexual assault prevention programs aimed at adolescents and college students	1	Male and female middle school, high school and college students	12 - 25 years	At least one of the following: Attitudes toward sexual assault and victims; skills and knowledge for bystander intervention; self-efficacy with regard to bystander intervention; intentions to intervene as a bystander; actual intervention behaviour; and perpetration of sexual assault.	Systematic review and meta-analysis of controlled studies	Conflicting on knowledge, attitudes and behaviours. Ineffective on sexual assault perpetration
Mikton & Butchart	2009	Various, though 83% were in USA	FV (Child abuse/maltreatment)	Primary & secondary	E1, E4	S2, S5	Various	Multiple, including: home visiting, parent education, child sex abuse prevention, abusive head trauma prevention, multi-component interventions, media-based interventions, and support and mutual aid groups	1	Parents, children, community, and/or society	NA	This review of reviews focussed generally on effectiveness of (various) direct measures of child abuse/maltreatment occurrence, and on (various) risk factors of child abuse/maltreatment.	Systematic review of reviews	Direct measures: 6 of 32 reviews were effective and the rest conflicting. Risk factors: 22 of 26 reviews promising, the rest conflicting

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Moon et al	2018	USA	FV (Child abuse/maltreatment)	Primary & secondary	E1	S2, S5	Health - Primary care	Various types of parent education and training programs set in primary care facilities	1	Care givers of children aged 1-17 years	NA	Various parent-based outcomes, including: Knowledge, attitudes, monitoring, parenting practice, interaction, negative discipline, and parent well-being. Various child-based outcomes, including: Child behaviour, externalising behaviour, disruptive behaviour, clinical behaviour, socio-emotional behaviour, number of behavioural concerns, aggression, bullying, physical fight, delinquency, attention, hyperactivity, anxiety/depression, separation distress, social skills.	Systematic review	Most parent outcomes on risk factors were promising or conflicting. Just over half of parent direct measures of abuse/maltreatment were effective or conflicting. Just under half of child-based outcomes were promising or conflicting.
Njue et al	2019	Multiple countries including UK, EU states, Canada, and Australia	VAW (FGM)	Primary & secondary	E1, E2	S2	Various	Various public health interventions to prevent female genital mutilation in high income countries	1, 2, 4	Members of affected communities, general communities, and service providers	NA	Mainly measures of knowledge and awareness	Systematic review	6 of 11 studies with promising results, others lacked relevant or useful results or data

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Pontes et al	2019	All but 1 study (Brazil) set in the USA	FV (Child abuse/maltreatment)	Primary & secondary	E1	S2	Various	A specific parenting intervention that teaches care givers positive parenting skills and prevents violence - includes some studies that trained the program facilitators	1	Parents, mostly with children under 10 years, and program facilitators	NA	For program facilitators, outcome general outcomes included facilitation and content knowledge and skills. For parents, general outcomes included parent behaviours/style, parent-child interactions, parent stress/mental health, family conflict, child behaviour/conduct, harsh parenting/discipline, corporal punishment, nurturing.	Systematic review	14 study results were promising, 5 were effective and 1 was conflicting
Poole et al	2014	USA, Australia, UK, New Zealand, Canada, and Japan	FV (Child abuse/maltreatment)	Primary	E1	S2	Community and society	Various universal campaign interventions with a media component aimed at preventing child physical abuse	1, 2, 4	Various, including the general public, adults over 18 years, and parents/care givers	NA	A minority measured outcomes of occurrences of child abuse (e.g. abuse reports, abusive injuries) . More measured forms of behaviour change (e.g. child problem behaviour and problematic parenting), help seeking (e.g. calls to parenting helpline), helping others (e.g. child minding). Many measured attitude change and/or knowledge gain. Some measured parent self-efficacy/competence or anger.	Systematic review	Child abuse: 2 effective; 1 ineffective. Behaviour change: 8 effective. Attitude: 1 promising, 7 ineffective. Knowledge: 4 promising, 6 ineffective. Parent psychology: 3 promising, 1 ineffective.

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Smith et al	2012	All but 1 study (Australia ) set in the USA	FV (Child abuse/maltreatment)	Primary & secondary	E1, E4	S2	Various	Child maltreatment programs designed for or that included fathers.	1	Fathers (and mothers) of children aged 5 and under	NA	Various parent outcomes, including: Parental beliefs/attitudes, parental mental health/stress, child abuse risk/potential, parental substance abuse, shaken baby syndrome/likelihood/knowledge, father's role in parenting, home safety/infant's home environment, positive parenting behaviours, and social support. Various child outcomes, including: child behaviour, child healthcare, program effects on the child, and child sexual abuse knowledge.	Systematic review	4 studies had effective results, 9 studies had promising results, 6 studies had conflicting results, 1 study had ineffective results
Stanley et al	2015	USA, Canada, UK, India	VAW (IPV)	Primary & secondary	E1, E3, E4, E5	S1, S2, S4	School	School-based programs for the prevention of IPV	1, 2	Male and female children and adolescents	18 years or less	Outcome measures fell into four categories: knowledge; attitudes; behaviours (such as help-seeking); and incidence of perpetration/victimisation	Systematic review	Of 28 studies: 19 promising results; 5 conflicting results; 7 effective results; and 3 ineffective results
Storer et al	2015	Not disclosed	VAW (Dating violence)	Primary & secondary	E1, E4	S1, S2, S3, S4	Colleges and high schools	Bystander programs designed to prevent dating abuse among youth and young adults	1	Male and female youth and young adults	Not disclosed	General outcomes among the studies include: Utilization of bystander behaviours; Willingness to intervene; Rape myth acceptance; and Confidence or efficacy in utilizing bystander intervention.	Systematic review	4 study results were effective, 10 study results were promising, 4 study results were conflicting, 1 study result

AUTHOR	YEAR	PLACE	VIOLENCE TYPE	PREVENT LEVEL	DRIVER	FACTOR	SETTING	INTERVENTION TYPE	SOCIO-ECO LEVEL	POPULATION TARGET	AGE OF TARGET	MEASURE	EVALUATION METHODS	QUALITY OF EVIDENCE
														was ineffective.
Tait & Lenton	2015	USA	VAW (all types)	Primary	E1	S2, S3	Online	Online or computer-based alcohol interventions - either for an alcohol focused brief intervention alone, or one that includes additional content relating to sexual violence that aims to reduce the prevalence of alcohol-related sexual violence and IPV.	1	Male and female high school and/or university students	Various but 14 - 24 years overall range	Sexual violence: a "taken advantage of sexually" survey item (mostly as part of a composite 'negative consequences of alcohol scale score). IPV: items from the Conflict in Adolescent Dating Relationships Inventory.	Systematic review and meta-analysis	Ineffective
van der Put et al	2018	USA, Canada, Europe, Australia, New Zealand	FV (Child abuse/maltreatment)	Primary & secondary	E1	S2	Various	Variety of child maltreatment interventions: CBT, home visitation, parent training, family-based/multisystemic, substance abuse, before-school, general population prevention, crisis	1	Parents and care givers	NA	Occurrence of child maltreatment or related behaviours such as harsh parenting	Meta analysis	Conflicting

AUTHOR	YEAR	PLACE	VIOLENCE TYPE	PREVENT LEVEL	DRIVER	FACTOR	SETTING	INTERVENTION TYPE	SOCIO-ECO LEVEL	POPULATION TARGET	AGE OF TARGET	MEASURE	EVALUATION METHODS	QUALITY OF EVIDENCE
Viswanathan et al	2018	USA, UK, Canada, Australia, New Zealand	FV (Child abuse/maltreatment)	Primary	E1	S2	Health - Primary care	Primary Care Interventions to Prevent Child Maltreatment	1	Parents enrolled in primary care from the prenatal to after the perinatal period	NA	Direct measures of: occurrence of physical, sexual, or emotional child abuse by a parent or care giver; occurrence of physical (e.g., failure to thrive), emotional, dental or medical (e.g., lack of immunizations or well-child visits), or educational neglect; reports to Child Protective Services (CPS); and removal of the child from the home. Proxy measures of: occurrence of injuries; visits to the emergency department; and hospitalizations.	Systematic review	Most results were ineffective, some were conflicting
Walsh et al	2015	USA, Canada, China, Germany, Spain, Taiwan, and Turkey	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School	Various types of school-based education programs for the prevention of child sexual abuse	1	Male and female school students	5 - 18 years	Primary prevention outcomes: Measures of protective behaviours and/or abuse knowledge (survey based, vignette-based, and knowledge retention)	Systematic review and meta analyses of RCTs	Protective behaviours: promising. Abuse knowledge: promising
Walsh et al (repeat of Walsh et al 2015)	2018	USA, Canada, China, Germany, Spain, Taiwan, and Turkey	FV/VAW (Child sexual abuse)	Primary & secondary	E1	S2	School	Various types of school-based education programs for the prevention of child sexual abuse	1	Male and female school students	5 - 18 years	Primary prevention outcomes: measures of protective behaviours and/or abuse knowledge (survey based, vignette-based, and knowledge retention)	Systematic review and meta analyses of RCTs	Protective behaviours: promising. Abuse knowledge: promising

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Wilson et al	2014	USA, Australia, Brazil	VAW (IPV)	Primary & secondary		S2, S3	Various	Alcohol policy and interventions at the population, community, relationship, and individual level, including: Alcohol pricing/taxation and IPV; Alcohol sales restrictions and IPV; Alcohol outlet density and IPV; Couples-based treatment; Treatment	1, 2, 4	Varies	18 years and older	A change in any form of IPV directly related to an alcohol intervention, e.g. self-report national surveys, police reports, homicide data, emergency department data, self-report data from participants [3 studies were excluded because they determined that there was an increase in IPV as a result of increased density of alcohol outlets - thus were not considered interventions] [Studies of interventions where alcohol consumption was a mediator but not the target of the intervention were also excluded].	Systematic review	Of 21 study results, most conflicting, 2 effective, and 2 ineffective
Wright et al	2018 (only 1/3 studies presented conducted since 2009)	Not disclosed	VAW (SA/H)	Intervention types not reported			Intervention types not reported	Male-targeted sexual assault prevention interventions.	1	Males	Average age = 18+	Measures of sexual assault attitudes; future inclinations toward engaging in sexually aggressive behaviour; engaging in sexual assault prevention behaviour; rape empathy; sexual assault knowledge; sexual assault-related attitudes; and sexual assault perpetration.	Meta analysis	Conflicting and ineffective



## Grey literature evaluation reports

AUTHOR/ORG	YEAR	PLACE	VIOLENCE TYPE	PREVENTION LEVEL	DRIVER	FACTOR	SETTING	INTERVENTION TYPE	SOCIO-ECO LEVEL	POPULATION TARGET (INCLUDING GENDER)	AGE OF TARGET	MEASURE	EVALUATION METHODS	QUALITY OF EVIDENCE
Appleton-Dyer et al	2018	NZ	VAW (Dating violence)	Primary & secondary	E1, E3, E4, E5	S2	High school	School-based program: teaching young people healthy relationships, identifying unhealthy or abusive relationship behaviour, help-seeking, how to intervene in potentially harmful situations	1	Male & female high school students	Not disclosed	Survey: knowledge/confidence in behaviour re: consent; bystander behaviour; healthy relationships; gender stereotypes; identities; gender roles/ expectations; help-seeking	Survey, post-program	Promising
Carmody et al	2011	NZ	VAW (SA)	Primary & secondary	E1, E4	S2, S3	Community	Co-designed youth-focused SV prevention education program to increase ethical sexual decision making. Includes bystander training	1	Male & female youth from the community	16 - 26 years	Own & partner sexual experience needs*; Use of skills/ knowledge from program (quant/ qual)* Knowledge re SV (qual)*; use of ethical bystander skills (qual)*.	Survey, pre-post-follow-up; theory-based	Promising
Flynn	2011	AUS	VAW (IPV)	Primary	E1, E3, E4, E5	S2	Community health	Program that promotes equal & respectful relationships during transition to parenthood. Parent education, discussion session for fathers, & sector capacity building	1	First time parents with babies up to 12 months old	Not disclosed	Group program outcome data: attitudes to gender roles/norms*; perceived level of relationship equality; contribution to work & family*. Behaviour & attitude change (qual)*. No outcome data re fathers' session.	Survey, pre-follow-up; Interviews post-program; theory-based	Conflicting

AUTHOR/ ORG	YEAR	PLACE	VIOLENCE TYPE	PREVENTION LEVEL	DRIVER	FACTOR	SETTING	INTERVENTION TYPE	SOCIO-ECO LEVEL	POPULATION TARGET (INCLUDING GENDER)	AGE OF TARGET	MEASURE	EVALUATION METHODS	QUALITY OF EVIDENCE
Kearney et al	2016	AUS	VAW (IPV)	Primary	E1, E2, E3, E4, E5	S2	High school	Respectful relationships program, builds capacity of education system to deliver respectful relationship curriculum, training staff, & develop policy, supported by Dept. Education & Training	1	Male & female students in years 8 and 9	13 - 16 years	Student knowledge/ attitudes DV, respectful relationships, violence myths; confidence in skills to recognise unhealthy relationships, be assertive, intervene in others unhealthy behaviours* (some adapted from NCAS)	Survey, pre-follow-up; focus groups, post-program	Promising
Le Brocque et al	2014	AUS	VAW (IPV)	Primary	E1, E2, E3, E4, E5	S2	Primary & high schools, community, and detention	Culturally inclusive respectful relationships education program for young people	1	Male & female youth in various school & community settings	8 - 24 yrs	Attitudes/ behaviours re gender & respectful relationships (validated/ modified scales). Focus group questions for those capacity to complete surveys	Survey, pre-post; focus groups, post-program; theory-based	Conflicting
Love et al	2014	AUS	VAW (IPV)	Primary & secondary	E1, E2, E3, E4, E5	S2	Primary schools, sports clubs, youth organisations and universities/ TAFEs	Peer education based respectful relationships program to prevent VAW, redress causes of violence by promoting gender-equitable respectful relationships & by challenging gender stereotypes	1	Male & female late primary school aged youth, & young adults	10 - 13 yrs & 18 - 24 yrs	Skills, knowledge & attitude change re gender equitable respectful relationships, ethical behaviour & bystander action*	Survey, pre-post; theory-based	Promising
Ninnes & Koens	2019	AUS	FV/ VAW	Primary & secondary	E1, E3, E4, E5	S2	Community	5 local council DV/FV prevention programs: 1. survivor portrait arts	2	Male & female community members,	NA	Project 2: FV attitudes & self-rated knowledge*	Project 2: Survey, pre-post. Project	Project 2: Promising

AUTHOR/ORG	YEAR	PLACE	VIOLENCE TYPE	PREVENTION LEVEL	DRIVER	FACTOR	SETTING	INTERVENTION TYPE	SOCIO-ECO LEVEL	POPULATION TARGET (INCLUDING GENDER)	AGE OF TARGET	MEASURE	EVALUATION METHODS	QUALITY OF EVIDENCE
								project 2. DV&FV info sessions for community groups 3. training for council/ community DV/FV taskforce 4. council's internal gender attitudes survey 5. gender audit preforming arts projects		council staff, & DV&FV taskforce members		Project 3: Gender equality knowledge & behaviours (adapted from validated surveys)	3: Survey, pre-post-follow-up.	Project 3: Promising
Our Watch	2017	AUS	FV/ VAW	Primary	E1, E3, E4, E5	S2	Community	Multi-pronged social marketing campaign to prevent VAW, targeted at youth - focus on dating, relationship, & SV	2	Male & female youth in the community	12 - 20 yrs	Spontaneous & prompted awareness of campaign; consent & pressure; equality & gender roles; victim blaming; relationships & behaviour*	Survey, pre-follow-upx5; control group (who did not recognise campaign)	Conflicting
Struthers et al	2019	AUS	VAW (IPV & SA)	Primary	E1, E3, E4, E5	S1, S2, S4	School, community, online	Multi-layered youth-focused respectful relationships program. Peer led youth education, social media strategy, community events, law reform & advocacy - included bystander training	1	Young people in high schools & other youth settings	14 - 25 yrs	Participant views: what constitutes respect & harm in a relationship; gender-based factors & gender inequality that contribute to IPV; actions young people take/ perceived future actions to protect themselves/ others from harm; bystander behaviour. (adapted from existing surveys)	Survey, pre-post-follow-up; theory-based	Promising

AUTHOR/ ORG	YEAR	PLACE	VIOLENCE TYPE	PREVENTION LEVEL	DRIVER	FACTOR	SETTING	INTERVENTION TYPE	SOCIO- ECO LEVEL	POPULATION TARGET (INCLUDING GENDER)	AGE OF TARGET	MEASURE	EVALUATION METHODS	QUALITY OF EVIDENCE
Taylor et al	2011	USA	VAW (Dating)	Primary & secondary	E1, E3, E4, E5	S2	Middle school	School-based program involving classroom curriculum and/or building-based interventions (increased faculty & security presence, student mapping of safe/unsafe hotspots)	1	Male & female middle school students in grades 6 and 7	10 - 15 yrs	Survey: knowledge, attitudes, behavioural intentions, bystander intentions, peer & dating partner physical & SV, sexual harassment. Focus group on student change associated with interventions (adapted from validated scales)	Survey, pre-post-follow-up; Focus groups, post-program; randomisation, comparative group & a control group	Conflicting

\* newly designed questions

## APPENDIX 2: FUNDING AND ORGANISATIONS

### National Funding and Organisations

ORGANISATION	WEBSITE
1800RESPECT	<a href="https://www.1800respect.org.au/">https://www.1800respect.org.au/</a>
Australian Research Council (ARC)	<a href="https://www.arc.gov.au/">https://www.arc.gov.au/</a>
Australian Government Department of Health	<a href="https://www.health.gov.au">https://www.health.gov.au</a>
Australian Government Department of Social Services	<a href="https://www.dss.gov.au">https://www.dss.gov.au</a>
Australian Government Department of Education	<a href="https://www.education.gov.au">https://www.education.gov.au</a>
Australian Institute of Family Studies	<a href="https://aifs.gov.au">https://aifs.gov.au</a>
Australian Institute of Health and Welfare	<a href="https://www.aihw.gov.au">https://www.aihw.gov.au</a>
Australia's National Research Organisation for Women's Safety (ANROWS)	<a href="https://www.anrows.org.au">https://www.anrows.org.au</a>
DV alert	<a href="https://www.dvalert.org.au">https://www.dvalert.org.au</a>
National Health and Medical Research Council (NHMRC)	<a href="https://www.nhmrc.gov.au/">https://www.nhmrc.gov.au/</a>
Our Watch	<a href="https://www.ourwatch.org.au">https://www.ourwatch.org.au</a>
Safe Steps	<a href="https://www.safesteps.org.au/">https://www.safesteps.org.au/</a>
White Ribbon	<a href="https://www.whiteribbon.org.au/">https://www.whiteribbon.org.au/</a>

### State funding and organisations

ORGANISATION	WEBSITE
Department of Education	<a href="https://education.vic.gov.au/Pages/default.aspx">https://education.vic.gov.au/Pages/default.aspx</a>
Department of Health and Human Services	<a href="https://www.dhhs.vic.gov.au/">https://www.dhhs.vic.gov.au/</a>
Domestic Violence Resource Centre Victoria (DVRCV)	<a href="http://dvrcv.org.au/">dvrcv.org.au/</a>
DV Vic	<a href="http://dvvic.org.au/">http://dvvic.org.au/</a>
Change Our Game	<a href="http://changeourgame.vic.gov.au/">http://changeourgame.vic.gov.au/</a>
GenVic	<a href="https://www.genvic.org.au/">https://www.genvic.org.au/</a>
Municipal Association of Victoria	<a href="https://www.mav.asn.au/">https://www.mav.asn.au/</a>
Orange Door	<a href="https://orangedoor.vic.gov.au/">https://orangedoor.vic.gov.au/</a>
VicHealth	<a href="https://www.vichealth.vic.gov.au/">https://www.vichealth.vic.gov.au/</a>
Victorian Councils	All 79 councils

### Organisations, health services etc

ORGANISATION	WEBSITE
Anglicare	<a href="https://www.anglicarevic.org.au/">https://www.anglicarevic.org.au/</a>
Berry Street Services	<a href="https://www.berrystreet.org.au/">https://www.berrystreet.org.au/</a>
Better Place Australia	<a href="https://betterplaceaustralia.com.au/">https://betterplaceaustralia.com.au/</a>
Cairn Millar Institute	<a href="https://www.cairnmillar.edu.au/">https://www.cairnmillar.edu.au/</a>
CASA Forum	<a href="https://www.casa.org.au/">https://www.casa.org.au/</a>
Catholic Care	<a href="https://www.ccam.org.au/">https://www.ccam.org.au/</a>

Centre for Family Research and Evaluation	<a href="https://cfre.org.au/">https://cfre.org.au/</a>
College of psychiatrists RANZCP	<a href="https://www.ranzcp.org/home">https://www.ranzcp.org/home</a>
Djirra	<a href="https://djirra.org.au/">https://djirra.org.au/</a>
Drummond Street Services	<a href="https://ds.org.au/">https://ds.org.au/</a>
Eastern Access Community Health (EACH)	<a href="http://www.each.com.au/">http://www.each.com.au/</a>
Eastern Domestic Violence Service (EDVOS)	<a href="https://www.edvos.org.au/">https://www.edvos.org.au/</a>
Elder rights	<a href="http://era.asn.au/">http://era.asn.au/</a>
Families Australia	<a href="https://familiesaustralia.org.au/">https://familiesaustralia.org.au/</a>
Family Care	<a href="https://familycare.net.au/">https://familycare.net.au/</a>
Family Safety Victoria	<a href="https://www.vic.gov.au/family-safety-victoria">https://www.vic.gov.au/family-safety-victoria</a>
Flat Out	<a href="http://www.flatout.org.au/">http://www.flatout.org.au/</a>
Gippsland Women's Health	<a href="https://www.gwhealth.asn.au/">https://www.gwhealth.asn.au/</a>
Jesuit Social Services	<a href="https://jss.org.au/">https://jss.org.au/</a>
Kids First Australia	<a href="https://www.kidsfirstaustralia.org.au/">https://www.kidsfirstaustralia.org.au/</a>
Mackillop Family services	<a href="https://www.mackillop.org.au/">https://www.mackillop.org.au/</a>
Multicultural Centre for Women's Health	<a href="https://www.mcwh.com.au/">https://www.mcwh.com.au/</a>
National Australia Bank (NAB)	<a href="https://www.nab.com.au/about-us/social-impact/community/nab-foundation-and-grants">https://www.nab.com.au/about-us/social-impact/community/nab-foundation-and-grants</a>
Older persons advocacy network	<a href="https://opan.com.au/">https://opan.com.au/</a>
Philanthropy Australia	<a href="https://www.philanthropy.org.au/">https://www.philanthropy.org.au/</a>
Relate Well	<a href="http://relatowell.org.au/">http://relatowell.org.au/</a>
Relationship matters	<a href="https://relationshipmatters.com.au/">https://relationshipmatters.com.au/</a>
Relationships Australia (VIC)	<a href="https://www.relationshipsvictoria.com.au/">https://www.relationshipsvictoria.com.au/</a>
Resourcing Health & Education (RhED)	<a href="http://sexworker.org.au/">http://sexworker.org.au/</a>
South East Centre Against Sexual assault (SECASA)	<a href="https://www.secasa.com.au/">https://www.secasa.com.au/</a>
Seniors rights Victoria	<a href="https://seniorsrights.org.au/">https://seniorsrights.org.au/</a>
Rotary	<a href="http://rotaryaustralia.org.au/">http://rotaryaustralia.org.au/</a>
Telstra	<a href="https://exchange.telstra.com.au/telstra-news/telstra-foundation/">https://exchange.telstra.com.au/telstra-news/telstra-foundation/</a>
Victorian Aboriginal Child Care Agency	<a href="https://www.vacca.org/">https://www.vacca.org/</a>
Westpac	<a href="https://www.westpac.com.au/about-westpac/our-foundations/westpac-foundation/grants/community-grants.html?">https://www.westpac.com.au/about-westpac/our-foundations/westpac-foundation/grants/community-grants.html?</a>
Women's Health in the North (WHIN)	<a href="https://www.whin.org.au/">https://www.whin.org.au/</a>
Women's Information and Referral Exchange (WIRE)	<a href="https://www.wire.org.au/lead-for-change/">https://www.wire.org.au/lead-for-change/</a>
Women with disabilities VIC	<a href="https://www.wdv.org.au/">https://www.wdv.org.au/</a>
Women's Health Grampians (WHG)	<a href="https://whg.org.au/">https://whg.org.au/</a>
Women's Health and Wellbeing Barwon South West	<a href="http://www.womenshealthbsw.org.au/">http://www.womenshealthbsw.org.au/</a>
Women's Health east (WHE)	<a href="http://whe.org.au/">http://whe.org.au/</a>
Women's Health Goulburn North East	<a href="https://www.whealth.com.au/">https://www.whealth.com.au/</a>
Women's Health in the South East	<a href="https://whise.org.au/">https://whise.org.au/</a>
Women's Health Victoria	<a href="https://whv.org.au/">https://whv.org.au/</a>
Women's Health West	<a href="https://whwest.org.au/">https://whwest.org.au/</a>

**Victorian Councils**

ORGANISATION	WEBSITE
Alpine	<a href="https://www.alpineshire.vic.gov.au/">https://www.alpineshire.vic.gov.au/</a>
Ararat	<a href="http://www.ararat.vic.gov.au/">http://www.ararat.vic.gov.au/</a>
Ballarat	<a href="https://www.ballarat.vic.gov.au/">https://www.ballarat.vic.gov.au/</a>
Banyule	<a href="https://www.banyule.vic.gov.au/Home">https://www.banyule.vic.gov.au/Home</a>
Bass Coast	<a href="https://www.basscoast.vic.gov.au/">https://www.basscoast.vic.gov.au/</a>
Baw Baw	<a href="https://www.bawbawshire.vic.gov.au/Home">https://www.bawbawshire.vic.gov.au/Home</a>
Bayside	<a href="https://www.bayside.vic.gov.au/">https://www.bayside.vic.gov.au/</a>
Benalla	<a href="http://www.benalla.vic.gov.au/Home">http://www.benalla.vic.gov.au/Home</a>
Boroondara	<a href="https://www.boroondara.vic.gov.au/">https://www.boroondara.vic.gov.au/</a>
Brimbank	<a href="https://www.brimbank.vic.gov.au/">https://www.brimbank.vic.gov.au/</a>
Buloke	<a href="https://www.buloke.vic.gov.au/">https://www.buloke.vic.gov.au/</a>
Campaspe	<a href="https://www.campaspe.vic.gov.au/">https://www.campaspe.vic.gov.au/</a>
Cardinia	<a href="https://www.cardinia.vic.gov.au/">https://www.cardinia.vic.gov.au/</a>
Casey	<a href="https://www.casey.vic.gov.au/">https://www.casey.vic.gov.au/</a>
Central Goldfields	<a href="https://www.centralgoldfields.vic.gov.au/Home">https://www.centralgoldfields.vic.gov.au/Home</a>
Colac Otway	<a href="https://www.colacotway.vic.gov.au/Home">https://www.colacotway.vic.gov.au/Home</a>
Corangamite	<a href="https://www.corangamite.vic.gov.au/Home">https://www.corangamite.vic.gov.au/Home</a>
Darebin	<a href="http://www.darebin.vic.gov.au/">http://www.darebin.vic.gov.au/</a>
East Gippsland	<a href="https://www.eastgippsland.vic.gov.au/Home">https://www.eastgippsland.vic.gov.au/Home</a>
Frankston	<a href="https://www.frankston.vic.gov.au/Home">https://www.frankston.vic.gov.au/Home</a>
Gannawarra	<a href="https://www.gannawarra.vic.gov.au/Home">https://www.gannawarra.vic.gov.au/Home</a>
Glen Eira	<a href="https://www.gleneira.vic.gov.au/">https://www.gleneira.vic.gov.au/</a>
Glenelg	<a href="https://www.glenelg.vic.gov.au/page/HomePage.aspx">https://www.glenelg.vic.gov.au/page/HomePage.aspx</a>
Golden Plains	<a href="https://www.goldenplains.vic.gov.au/">https://www.goldenplains.vic.gov.au/</a>
Greater Bendigo	<a href="https://www.bendigo.vic.gov.au/">https://www.bendigo.vic.gov.au/</a>
Greater Dandenong	<a href="https://www.greaterdandenong.com/">https://www.greaterdandenong.com/</a>
Greater Geelong	<a href="https://www.geelongaustralia.com.au/">https://www.geelongaustralia.com.au/</a>
Greater Shepparton	<a href="http://greatershepparton.com.au/">http://greatershepparton.com.au/</a>
Hepburn	<a href="https://www.hepburn.vic.gov.au/">https://www.hepburn.vic.gov.au/</a>
Hindmarsh	<a href="https://www.hindmarsh.vic.gov.au/">https://www.hindmarsh.vic.gov.au/</a>
Hobson Bay	<a href="https://www.hobsonsbay.vic.gov.au/Home">https://www.hobsonsbay.vic.gov.au/Home</a>
Horsham	<a href="https://www.hrcc.vic.gov.au/Home">https://www.hrcc.vic.gov.au/Home</a>
Hume	<a href="https://www.hume.vic.gov.au/Homepage">https://www.hume.vic.gov.au/Homepage</a>
Indigo	<a href="https://www.indigoshire.vic.gov.au/Home">https://www.indigoshire.vic.gov.au/Home</a>
Kingston	<a href="https://www.kingston.vic.gov.au/Home">https://www.kingston.vic.gov.au/Home</a>
Knox	<a href="https://www.knox.vic.gov.au/page/HomePage.aspx">https://www.knox.vic.gov.au/page/HomePage.aspx</a>
Latrobe	<a href="http://www.latrobe.vic.gov.au/Home">http://www.latrobe.vic.gov.au/Home</a>
Loddon	<a href="https://www.loddon.vic.gov.au/Home">https://www.loddon.vic.gov.au/Home</a>
Macedon Ranges	<a href="https://www.mrsc.vic.gov.au/Home">https://www.mrsc.vic.gov.au/Home</a>
Manningham	<a href="https://www.manningham.vic.gov.au/">https://www.manningham.vic.gov.au/</a>
Mansfield	<a href="https://www.mansfield.vic.gov.au/">https://www.mansfield.vic.gov.au/</a>

Maribyrnong	<a href="https://www.maribyrnong.vic.gov.au/Home">https://www.maribyrnong.vic.gov.au/Home</a>
Maroondah	<a href="http://www.maroondah.vic.gov.au/Home">http://www.maroondah.vic.gov.au/Home</a>
Melbourne city	<a href="https://www.melbourne.vic.gov.au/Pages/home.aspx">https://www.melbourne.vic.gov.au/Pages/home.aspx</a>
Melton	<a href="https://www.melton.vic.gov.au/Home">https://www.melton.vic.gov.au/Home</a>
Mildura	<a href="https://www.mildura.vic.gov.au/Mildura-Rural-City-Council">https://www.mildura.vic.gov.au/Mildura-Rural-City-Council</a>
Mitchell	<a href="https://www.mitchellshire.vic.gov.au/">https://www.mitchellshire.vic.gov.au/</a>
Moirā	<a href="https://www.moirā.vic.gov.au/Home">https://www.moirā.vic.gov.au/Home</a>
Monash	<a href="https://www.monash.vic.gov.au/Home">https://www.monash.vic.gov.au/Home</a>
Moonee Valley	<a href="https://mvcc.vic.gov.au/">https://mvcc.vic.gov.au/</a>
Moorabool	<a href="https://www.moorabool.vic.gov.au/">https://www.moorabool.vic.gov.au/</a>
Moreland	<a href="https://www.moreland.vic.gov.au/">https://www.moreland.vic.gov.au/</a>
Mornington Peninsula	<a href="https://www.mornpen.vic.gov.au/Home">https://www.mornpen.vic.gov.au/Home</a>
Mount Alexander	<a href="https://www.mountalexander.vic.gov.au/page/HomePage.aspx">https://www.mountalexander.vic.gov.au/page/HomePage.aspx</a>
Moyne	<a href="http://www.moyne.vic.gov.au/Home">http://www.moyne.vic.gov.au/Home</a>
Murrindi	<a href="https://www.murrindindi.vic.gov.au/Home">https://www.murrindindi.vic.gov.au/Home</a>
Nillumbik	<a href="https://www.nillumbik.vic.gov.au/Home">https://www.nillumbik.vic.gov.au/Home</a>
Northern Grampians	<a href="https://www.ngshire.vic.gov.au/Home">https://www.ngshire.vic.gov.au/Home</a>
Port Phillip	<a href="http://www.portphillip.vic.gov.au/index.htm">http://www.portphillip.vic.gov.au/index.htm</a>
Pyrenees	<a href="https://www.pyrenees.vic.gov.au/Home">https://www.pyrenees.vic.gov.au/Home</a>
Queenscliff	<a href="https://www.queenscliffe.vic.gov.au/">https://www.queenscliffe.vic.gov.au/</a>
South Gippsland	<a href="https://www.southgippsland.vic.gov.au/">https://www.southgippsland.vic.gov.au/</a>
Southern Grampians	<a href="http://www.sthgrampians.vic.gov.au/page/HomePage.aspx">http://www.sthgrampians.vic.gov.au/page/HomePage.aspx</a>
Stonington	<a href="https://www.stonnington.vic.gov.au/Home">https://www.stonnington.vic.gov.au/Home</a>
Strathbogie	<a href="https://www.strathbogie.vic.gov.au/">https://www.strathbogie.vic.gov.au/</a>
Surf Coast	<a href="https://www.surfcoast.vic.gov.au/Home">https://www.surfcoast.vic.gov.au/Home</a>
Swan Hill	<a href="https://www.swanhill.vic.gov.au/">https://www.swanhill.vic.gov.au/</a>
Towong	<a href="https://www.towong.vic.gov.au/">https://www.towong.vic.gov.au/</a>
Wodonga	<a href="https://www.wodonga.vic.gov.au/">https://www.wodonga.vic.gov.au/</a>
Wyndham	<a href="https://www.wyndham.vic.gov.au/">https://www.wyndham.vic.gov.au/</a>
Yarra	<a href="https://www.yarracity.vic.gov.au/">https://www.yarracity.vic.gov.au/</a>
Yarra Ranges	<a href="https://www.yarraranges.vic.gov.au/Home">https://www.yarraranges.vic.gov.au/Home</a>
Yarriambiack	<a href="https://yarriambiack.vic.gov.au/">https://yarriambiack.vic.gov.au/</a>
Wangaratta	<a href="https://www.wangaratta.vic.gov.au/">https://www.wangaratta.vic.gov.au/</a>
Warrnambool	<a href="https://www.warrnambool.vic.gov.au/">https://www.warrnambool.vic.gov.au/</a>
Wellington	<a href="http://www.wellington.vic.gov.au/Home">http://www.wellington.vic.gov.au/Home</a>
West Wimmera	<a href="http://www.westwimmera.vic.gov.au/">http://www.westwimmera.vic.gov.au/</a>
Whitehorse	<a href="https://www.whitehorse.vic.gov.au/">https://www.whitehorse.vic.gov.au/</a>
Whittlesea	<a href="https://www.whittlesea.vic.gov.au/">https://www.whittlesea.vic.gov.au/</a>



## APPENDIX 3: DATA EXTRACTION TABLE, PART 2

Federal funding bodies, government departments and relevant organisations 2009-2019

FUNDER	NAME OF INITIATIVE	YEAR(S)	INITIATIVE/ RECIPIENT(S)	AWARD (\$)	LOCATION OF GRANT RECIPIENT	VIOLENCE TYPE	INTERVENTION TYPE	SETTING	SOCIO- ECOLOGICAL LEVEL <sup>9</sup>	POPULATION TARGET
ANROWS	Evaluation of the local council domestic and family violence prevention toolkit	2018-19	ANROWS	N/A	Federal	Domestic and FV	Toolkit	Council	2, 3, 4	Community
ANROWS	Young people as agents of change in preventing violence against women	2019	ANROWS	N/A	QLD	VAW	R4Respect school program	School	1, 4	Students (14-25 years)
ANROWS Sub total				N/A						
ARC-Linkage	Violence Against Women - A media Intervention	2016-18	University of Melbourne	\$106 000	Victoria	VAW	Media	Media	3, 4	Community
ARC-Linkage	Family Violence and Problem Gambling in Help-Seeking Populations: Prevalence, Comorbidity, Impact and Coping	2010-13	University of Melbourne	\$191 000	Victoria	Gambling related violence	Screening protocols and other programs	Community based services	1, 2, 3,4	Community/ Gamblers
ARC-Linkage	Enhancing Mental Health in Aboriginal Children	2010-14	University of NSW	\$1 021 140	NSW	Intergen. violence	Programs (management)	Community based services	1, 4	Indigenous children
ARC-Discovery Indigenous	Indigenous young people's resilience and wellbeing	2017-20	Murdoch University	\$371 000	WA & NSW	Violence	Research	Community level	1, 4	Indigenous youth
ARC-Linkage	Empowering and protecting children by enhancing knowledge, skills and well-being: a randomised trial of Learn to BE SAFE with Emmy™	2014-16	Griffith University	\$282 000	QLD	Child abuse	School program	School	1, 2, 3, 4	Primary students

<sup>9</sup> Taken from the "Socio-ecological model of violence against women" (Our Watch et al., 2015; Figure 3, p.21): 1. Individual and relationship level; 2. Organisational and community level; 3. System and institutional level; 4. Societal level

ARC-Discovery	Making prevention matter: Establishing characteristics of effective child sexual abuse prevention programs	2010-16	Queensland University of Technology	\$251 000	QLD	Child sexual abuse	Research for program design	School	2, 3	Students
ARC-Discovery	Preventing intimate partner homicide	2017-20	Monash University	\$336 874	Victoria	Homicide	Research	Literature review	3, 4	Women 15-44 years
ARC-Discovery	What works, what doesn't, and what is promising for preventing sexual violence and abuse: the effectiveness of situational prevention	2013-18	Griffith University	\$379 500	QLD	Sexual violence	Situational prevention	General	2, 3	Perpetrators
ARC-Linkage	Taking a stand: a case study of culture change addressing violence against women in a major sporting organisation in Australia	2010-13	La Trobe University	\$149 073	Victoria	VAW	Policy	Sports settings	2, 3	Sports women
ARC-Future Fellowship	Testing theoretical propositions concerning the onset and progression of child-sex offending, and field testing a new sexual abuse prevention model	2010-14	Griffith University	\$759 788	QLD	Child sexual abuse	Research	Community	3, 4	Indigenous children
ARC-Discover Early career	Adult drinking and child maltreatment in families, communities and societies	2019-21	La Trobe University	\$361 357	Victoria and International	Alcohol related child maltreatment	Research	Community	1, 2, 4	Children (age not specified)
ARC-Discovery	Understanding and preventing youth sexual violence and abuse: an investigation of offender development, offending onset, and progression	2011-14	Griffith University	\$370 000	QLD	Sexual violence	Research	Community	1, 3	Youth (age not specified)
ARC-Discovery	Preventing gendered violence: lessons from the global south	2018-21	Queensland University of Technology	\$228 951	QLD and Argentina	VAW	Police	Criminal justice system	3, 4	Women and police/Criminal Justice System

ARC-Discovery	Sexual harassment in Australia: Contexts, outcomes and prevention	2010-14	Queensland University of Technology	\$396 000	QLD	Sexual harassment	Policy and practice	Workplace	2, 3	Women at work
ARC-Future Fellowship	Engaging Men and Boys in Violence Prevention: Effective directions for practice	2018-20	Queensland University of Technology	\$640 275	QLD	VAW	Systematic framework	Scholarly and policy	2	Men and boys
ARC-Discovery	Child maltreatment, youth and adult offending: Pathways and prevention.	2020-22	The University of Adelaide	\$376 761	SA	Child abuse and youth offending	Prevention initiatives	Criminal Justice System	1, 3	Children and youth
ARC Sub total				\$6,220,719						
NHMRC	Public Health Approach to Child Abuse and Neglect	2011-18	University of Western Australia	\$326 377	WA	Child maltreatment	Prevention strategies	Community and institutional settings	3	Children
NHMRC	Pathways to prevention: The effectiveness of universal and selective prevention in altering developmental pathways to alcohol and cannabis related harms in young adults	2017-19	University of Sydney	\$479 151	NSW	Drug related	Program	School	1, 4	Students
NHMRC Sub total				\$805 528						
Department of Social Services (DSS)	Faith-based communities' responses to family and domestic violence	2018	The Australian National University	N/A	ACT	Family and domestic violence	Capacity building	Community and leaders	1, 2	Faith based communities
Federal Gov	Stop it at the start	2019	Mixed	N/A	Federal	Gender stereotype and mixed	Campaign	Mixed media	1, 4	Community
Federal Gov	Respectful Relationships	Current	Mixed	N/A	Federal	Mixed	Program	School	1, 4	Students
Our Watch	AMES Australia Leadership program	2016-current	Our Watch and AMES	N/A	Federal	VAW	Program	Gov and community orgs	2	Immigrant and refugee men

Our Watch	Change the story: A shared framework for the primary prevention of violence against women and their children in Australia	2015-21	Our Watch, ANRWOS and VicHealth	N/A	Federal	Mixed	Framework	Mixed	1, 2, 3, 4	Community
Our Watch	Changing the Picture: preventing violence against Aboriginal and Torres Strait Islander women	2018	Our Watch	N/A	Federal	Violence against ATSI women and children	Research	Community	3, 4	ATSI women
Our Watch	The Line	2015-current	Our Watch	N/A	Federal	Violence	Campaign	Social media	1, 4	Young people
Our Watch & DSS	Sports Engagement Program	2015-current	Our Watch	N/A	Federal	VAW	Campaign	Sport	1, 2, 3	Sporting community
Our Watch	Counting on change: A guide to prevention monitoring	2017	Our Watch	N/A	Federal	Mixed	Guide	Mixed	2	Policy-makers, researchers & advocates
Our Watch	Media Campaigns <sup>10</sup>	Ongoing	Our Watch	N/A	Federal	Mixed	Media	Mixed	1, 2, 4	Community
Our Watch	Workplace Equality and Respect	Current	Our Watch	N/A	Federal	VAW	Process	Workplace	2, 4	Workplace
White Ribbon	The White Ribbon Policy Research Series	2017	White Ribbon	N/A	Federal	Mixed	Research	Mixed	3, 4	Community
Sub total				N/A						
Mimco (Company)	#BecauseWhy	2016-current	Our Watch	N/A	Federal	Gender Stereotypes	Campaign	Families	1, 4	Community
Suzanne Grae <sup>11</sup>	Breaking the Silence	2014-current	White Ribbon	N/A	Federal	Relationship and FV	Program	School	1, 2, 3, 4	Students

<sup>10</sup> Our Watch have a range of media campaigns, such as *Let's Change The Story* that are listed here as they are promoting primary prevention and are based on primary prevention research and evaluations

<sup>11</sup> Suzanne Grae is a retailer. No other commercial industry primary prevention funded initiatives found.

<b>TOTAL NATIONAL FUNDING (ARC/NHMRC)</b>			<b>\$7,026,248</b>							
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**Victorian funding bodies, government departments and relevant organisations**

<b>FUNDER</b>	<b>NAME OF INITIATIVE</b>	<b>YEAR(S)</b>	<b>INITIATIVE/ RECIPIENT(S)</b>	<b>AWARD (\$)</b>	<b>LOCATION</b>	<b>VIOLENCE TYPE</b>	<b>INTERVENTION TYPE</b>	<b>SETTING</b>	<b>SOCIO- ECOLOGICAL LEVEL<sup>12</sup></b>	<b>POPULATION TARGET</b>
Our Watch	Strengthening Healthier Indian Families Together (SHIFT)	2015-16	Cohealth	N/A	Victoria	VAW	Mixed	Community	1, 2, 4	Indian community
Our Watch	Hamdel Project	2015-16	Whittlesea Community Connection, Salvation Army Crossroads & Women's Health in the North	N/A	Victoria	VAW	Mixed	Community	1, 2, 4	Iranian community
Our Watch and VicHealth	Voices for Change: A Media Advocacy Program for the Prevention of Violence Against Women	2016	Women's Health East	N/A	Victoria	VAW	Resource	Media	2, 4	Media/Reporters
VicHealth	GEAR: Generating Equality and Respect	2012-15	Vic Health, Monash City Council and Link Health and Community	\$1 million	Victoria	VAW	Cross sector	One geographic location, multiple programs across	1, 2, 3, 4	Community

<sup>12</sup> Taken from the "Socio-ecological model of violence against women" (Our Watch et al., 2015; Figure 3, p.21): 1. Individual and relationship level; 2. Organisational and community level; 3. System and institutional level; 4. Societal level

								multiple settings		
VicHealth	On Her Way: Primary prevention of violence against immigrant and refugee women in Australia	2011	Multicultural Centre for Women's Health	N/A	Victoria and Federal	VAW	Research	Health	2, 3, 4	Migrant and refugee women
VicHealth	Working Together Against Violence	2007-11	Working Together Against Violence	N/A	Victoria	Workplace VAW	Capacity building	Workplace	1, 2	Workplace
VicHealth	Respect and Equity Project: Preventing Violence Against Women	2008-10	Maribyrnong City Council	N/A	Victoria	Workplace and broader VAW	Mixed	Workplace and community	2, 3, 4	Councils and community
VicHealth	Northern Interfaith Respectful Relationships project	2011-12	Darebin City Council	N/A	Victoria	VAW	Mixed	Faith based organisations	1, 2	Faith based communities
VicHealth	Love: The good, the bad and the ugly	2000-current	DVRCV	N/A	Victoria and Federal	Violence in relationships	Campaign	Online and printed materials	1, 4	Young people
VicHealth	Prevention of violence against women: leading change in the Victorian local government sector	2013	Municipal Association of Victoria	N/A	Victoria	Mixed	Strategy	Council	1, 2, 3, 4	Community
VicHealth and RE Ross Trust	Sex, Love and Other Stuff	2011-current	DVRCV	N/A	Victoria and Federal	Violence in relationships	Campaign	Online and printed materials	1, 4	Young people and young men
VIC Gov	Partners in Prevention (PiP)	2007-current	DVRC	N/A	Victoria	FV/VAW	Network	Practitioners	2	Practitioners
VIC Gov	What's ok at home?	2003-current	DVRCV	N/A	Victoria and Federal	FV/Abuse of young people	Website	Online	1, 4	Young people

VIC Gov	Action to Prevent Violence Against Women website	2017-current	Gen VIC	N/A	Victoria	VAW	Website	Health services	2	Health services
VIC Gov	Family Foundations	Current	Drummond St	N/A	Victoria	Child abuse	Program	Support Service	1	New parents
VIC Gov	Preventing Violence Against Women in Our Community (PVAWC)	2011-14	Knox City Council, Maroondah City Council and Yarra Ranges Council	N/A	Victoria	VAW	Mixed	Mixed	1, 2, 3, 4	Community
VIC Gov	CoRE Plan (Communities of respect and equality)	2016-20	Women's Health Grampians	N/A	Victoria	VAW	Mixed	Mixed	2, 3, 4	Community
VIC Gov	Creating gender equity in the early years: A resource for local government	Current	Darebin City Council	N/A	Victoria	VAW	Resource	Local government & early years sector	2, 3	Local government and early years sector
VIC Gov	Working with local councils to stop family violence <sup>13</sup>	2018	Councils	\$2.4 million	Victoria	Mixed	Mixed	Mixed	1, 2, 3, 4	Local government
VIC Gov	Equality@work	2018-current	Multicultural Centre for Women's Health and Southern Cross Care	N/A	Victoria	Gender inequality	Program	Workplace	1, 2	Migrant and refugee women
VIC Gov	LGBTQI family violence prevention project	2018-current	Women's Health East	Approx \$100k	Victoria	LGBTQI violent relationships	Mixed	Mixed	1, 2	LGBTQI community and mixed range of organisations

<sup>13</sup> Many of the council initiatives listed here would have been recipients of this grant. As of writing this report, the recipients of this grant were not publicly available and so if has been listed separately to have a sense of what funding is allocated by the Victorian Government

VIC Gov	Free From Violence	2018-28	VIC Gov	N/A	Victoria	Mixed	Strategy	Mixed	1, 2, 3, 4	Community
VIC Gov	All Come out to Play!	Unknown <sup>14</sup>	Drummond St and Playgroup Victoria	N/A	Victoria	Gender stereotypes	Program	Playgroups and classrooms	1, 2, 4	Children
VIC Gov	Preventing family violence against LGBTIQ people	2017	Our Watch, GLHV@ARC SHS, La Trobe University	N/A	Victoria	LGBTQI violence	Research	LGBTQI Community	1, 2, 4	LGBTQI communities
VIC Gov	Safe and Strong	Ongoing	Vic Gov	N/A	Victoria	Mixed	Strategy	Mixed	1, 2, 3, 4	Community
VIC Dep. Justice and Regulation	Baby makes 3	2012-16	Whitehorse Community Health	RVAWC grant <sup>15</sup>	Victoria	Child abuse	Parent group	Health	1, 4	New parents
VIC Dep. Justice and Regulation	United: working together	2016	Women's Health West	RVAWC grant	Victoria	Mixed	Intervention	Workplace	2	Workplace
VIC Dep. Justice and Regulation	Act@work	2016	Women's Health Grampians	RVAWC grant	Victoria	Mixed	Intervention	Workplace	2	Workplace
VIC Dep. Justice and Regulation	Loddon Mallee Takes A Stand	2016	Women's Health Loddon Mallee	RVAWC grant	Victoria	Mixed	Strategy	Mixed	1, 2, 3, 4	Mixed
VIC Dep. Justice and Regulation	Gippsland Regional Preventing Violence against Women Strategy	2016	Gippsland Regional Women's	RVAWC grant	Victoria	Mixed	Strategy	Mixed	1, 2, 3, 4	Mixed

<sup>14</sup> Website error and therefore lack of information available regarding whether initiative is still running. Evaluation appears to have happened in 2018.

<sup>15</sup> \$4.8 million total across 8 successful applicants



			Health Service							
VIC Dep. Justice and Regulation	Hume Regional Preventing Violence against Women Strategy	2016	Women's Health Goulbourn North East	RVAWC grant	Victoria	Mixed	Strategy	Mixed	1, 2, 3, 4	Mixed
VIC Dep. Justice and Regulation	CHALLENGE Family Violence	2016	Cardinia Shire, City of Casey and City of Greater Dandenong	RVAWC grant	Victoria	Mixed	Mixed	Men's spaces	1, 4	Men
VIC Dep. Justice and Regulation	Workshops	2012-15	Our Watch	N/A	Victoria	VAW	Workshop	Practitioners	2	Practitioners
Department of Social Services	Early matters	Current	Relationships Australia, Victoria	N/A	Victoria	Family violence	Mixed	Mixed	1	Families
Department of Social Services	I like, like you: A healthy intimate relationships program for schools	Current	Relationships Australia, Victoria	N/A	Victoria	Violence in relationships	Program	School	1, 4	Young people
Department of Social Services	Side by Side	2017-current	WHIN	\$25,743	Victoria	Female Genital Cutting	Program	Community	1, 4	FGC affected communities
City of Greater Dandenong	Making Respectful Relationships a Reality delivered at Springvale Service for Children (SSC)	Current	Relate Well	N/A	Victoria	Domestic and family violence	Therapeutic	Clinic	1	CALD families
Unknown	Choose Respect App	Current	Frankston City Council	N/A	Victoria	Relationships	Technological	App	1	Community
Central Goldfields Shire Council	Go Goldfields	Current	Central Goldfields	N/A	Victoria	Mixed	Mixed	Mixed	1, 2, 3, 4	Community

			Shire Council							
Macedon Ranges Council	Prevention of Violence against women in emergencies	2015-current	Macedon Ranges Council	N/A	Victoria	VAW	Resource	Emergency setting	1, 4	Women in emergencies
Macedon Ranges Council	The Rural Challenge Gender Equality Leadership Program	Current	Macedon Ranges Council	N/A	Victoria	VAW	Advocacy	Industry and Sport	1, 2, 4	Community-Fire brigade and sporting clubs
City of Melbourne	Building Respect and Equity among Young Children: Pilot Project	2017	City of Melbourne	N/A	Victoria	Mixed	Project	Early childhood services	1	Children
Yarra Ranges City Council	Take action for gender equality and respect	2018	Genderworks	N/A	Resource	Mixed	Resource	School	1, 4	Students
City of Port Phillip and Launch Housing Children's Specialist Support Services	Reach out for respect	2014-unknown	City of Port Phillip and Launch Housing Children's Specialist Support Services	N/A	Victoria	Relationships	Program	Schools	1, 4	Students
Ian Potter Foundation	Mentoring Mums	2008-10	Child Protection Society	N/A	Victoria	Mixed	Program	Health	1	Vulnerable mothers
Child Protection Society <sup>16</sup>	Early Years Education Program (EYEP)	2016-18	Kids First	N/A	Victoria	At risk	Program	Childcare	1	Vulnerable children

<sup>16</sup> Multiple organisations also listed as funders in *Report No. 2 The first twelve months in the Early Years Education Program: An initial assessment of the impact on children and their primary carers* but this is nowhere on the website. The listed funders are: Commonwealth Department of Education, Employment and Workplace Relations (now Department of Education),

Child Protection Society	Therapeutic Trauma Program	2015-current	Kids First	N/A	Victoria	Sexual abuse	Therapeutic	Clinic	1	Children
Multicultural Affairs and Social Cohesion (MASC) and Office for Women and Our Watch	Safer and stronger communities pilot project	2019	MiCare, South East Community Links, Brotherhood of St Laurence, Ethnic Council of Shepparton and District, Diversitat	N/A	Victoria	VAW	Mixed	Mixed	1, 2, 3, 4	Migrant and refugee women
EDVOS	Level Playground	Current	EDVOS	N/A	Victoria	Gender stereotypes	Resource	Online	1, 2, 4	Children
WIRE	Lead for change	Current	Wire	N/A	Victoria	Gendered violence	Campaign	Individual	1, 4	Community
Variety of funders for each intervention	The Men's Project <sup>17</sup>	Current	Jesuit Social Services <sup>18</sup>	N/A	Victoria and Federal	Men's violence broadly	Mixed	Mixed	1, 2, 3, 4	Men
MacKillop Foundation and University of Melbourne	Power to kids: Respecting sexual safety	2018-current	MacKillop Foundation	N/A	Victoria	Sexual violence	Program	Residential care	1	Young people

Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (now Department of Social Services), the Victorian Department of Human Services (now Victorian Department of Health and Human Services), the Victorian Department of Education and Training (now Victorian Department of Education), the Ian Potter Foundation, the RE Ross Trust, the Pratt Foundation, the Barr Family Foundation, the Sidney Myer Fund, Vic Health, the Antipodean Family Foundation, the Murphy-McNicol Family, the Crawford Foundation, and Australian Research Council Linkage Grant LP140100897

<sup>17</sup> Project has a variety of approaches and different elements are funded while also consulting with a variety of organisations

<sup>18</sup> They have undertaken research in to implementing Stop It Now! which addresses child sexual abuse and currently runs in North America, the United Kingdom and Ireland and the Netherlands.

The Prevention Alliance <sup>19</sup>	INCEPT 2.0	Current	Inner North West Primary Care Partnership	N/A	Victoria and Federal	Mixed	Evaluation tool	Online	2	Mixed
SECASA	Respect, Protect, Connect or Feeling Safe Together	1996-Curent	Mixed	N/A	Victoria	Mixed	Program	School	1, 4	Students
Women's Health VIC	Take A Stand	2007-current	Women's Health VIC	N/A	Victoria	VAW	Program	Workplace	1, 2	Workplace
Variety of Organisations from the Eastern Metropolitan Region	Together for equality and respect: preventing violence against women in Victoria's east 2013-2021	2013-21	Women's Health East	N/A	Victoria	Mixed	Strategy	Mixed	1, 2, 3, 4	Mixed
VIC Government Office for Women-Gender Equality in Victorian Sport and Recreation Pilot Program	Barwon Game Changer	2018-2020	Barwon Region lead by Leisure Networks	N/A	VIC	Gender stereotypes and mixed	Capacity building	Sport	1, 2, 4	Relevant sport clubs and community
VIC Government Office for Women-Gender Equality in Victorian Sport and Recreation Pilot Program	Shining Stars – Strengthening Indigenous women through sport, culture and community	2018-2020	Fitzroy Stars lead by Aborigines Advanceme nt League	N/A	VIC	Mixed	Capacity building	Sport and Indigenous communities	1, 2, 4	Indigenous community
VIC Government Office for Women-VIC Government Office for Women-Gender Equality in	Act@Play	2018-2020	AFL Goldfields and Basketball	N/A	VIC	Gender inequality	Development of action plan	Sport	2, 4	Relevant sport clubs and community

<sup>19</sup> Twelve organisations in total: Access Health and Community, Campbell Page, City of Melbourne, City of Yarra, cohealth, Merri Health, Moonee Valley City Council, Moreland City Council, North Richmond Community Health Service, North Western Melbourne Primary Health Network, Women's Health in the North, Women's Health West

Victorian Sport and Recreation Pilot Program			Ballarat lead by Sport Central							
VIC Government Office for Women-Gender Equality in Victorian Sport and Recreation Pilot Program	A Level Playing Field For All	2018-2020	Valley Sport	N/A	VIC	Gender inequality	Program development	Sport	2, 4	Relevant sport clubs and community
VIC Government Office for Women-Gender Equality in Victorian Sport and Recreation Pilot Program	Gender Equality in Wyndham Sport (GEWS)	2018-2020	Variety of sport clubs, lead by Wyndham City Council	N/A	VIC	Mixed	Mixed	Sport	1, 2, 3, 4	Relevant sport clubs and community
VIC Government Office for Women-Gender Equality in Victorian Sport and Recreation Pilot Program	Working Together to create inclusive and equitable sporting environments	2018-2020	Maroondah City Council	N/A	VIC	Gender inequality in design	Design interventions	Sport	2, 3, 4	Relevant sport clubs and community
VIC Government Office for Women-Gender Equality in Victorian Sport and Recreation Pilot Program	Even Par – Victorian Gender Equality in Golf Clubs	2018-2020	Golf Australia	N/A	VIC	Gender inequality	Program	Sport	1, 2, 4	Staff, stakeholders and golf clubs
VIC Government Office for Women-Gender Equality in Victorian Sport and Recreation Pilot Program	Community Leaders United by Sport (CLUBS)	2018-2020	Range of sport clubs lead by City of Monash	N/A	VIC	Gender inequality	Program	Sport	1, 2, 3	Relevant sport clubs and community
VIC Government Office for Women-Gender Equality in Victorian Sport and Recreation Pilot Program	Tennis – a sport for all in everyway	2018-2020	Tennis clubs lead by Tennis Victoria	N/A	VIC	Gender inequality	Audit	Sport	1, 2, 4	Relevant sport clubs and community