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Evaluations of Prevention Programs for Sexual, Dating, and Intimate Partner Violence for Boys and Men: A Systematic Review

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Abstract

Among violence prevention educators and researchers, there is growing interest in sexual, dating, and intimate partner violence (SV/DV/IPV) prevention programs for males because of evidence showing that boys and men are more likely than girls and women to perpetrate SV as well as more severe forms of DV/IPV. To date, comprehensive guidance on the content, structure, delivery, and effectiveness of such programs is limited. We reviewed randomized controlled studies that evaluated SV/DV/IPV perpetration prevention programs for boys and men. Searches yielded 5,249 potential documents for review of which 10 met inclusion criteria—representing 9 unique studies of 7 distinct programs. Two reviewers independently reviewed and abstracted data from these studies regarding program setting and target audience; type of violence addressed; number and length of program sessions; program duration, topics, activities, and delivery mode; and implementer details. Study characteristics were also examined (sample size, participant characteristics, recruitment, randomization, comparison/control condition, data collection protocols, attrition, measures of violence perpetration, and perpetration findings). The Cochrane Risk of Bias Tool was used to assess study design quality. Results show considerable heterogeneity among program content and delivery strategies, study designs, and outcome measurement. Study sample size ranged widely, and most used cluster-randomized designs, recruited undergraduate college students, and evaluated a multisession program delivered via group sessions. Only one program reduced men's self-reported SV perpetration. Accordingly, critical gaps exist around "what works" for SV/DV/IPV perpetration prevention programs for boys and men.

Keywords

dating violence, domestic violence, prevention, sexual assault

Developing and evaluating sexual, dating, and intimate partner violence (IPV) prevention programs are critical given the high prevalence and deleterious consequences of such violence (Breiding et al., 2014; Centers for Disease Control and Prevention [CDC], 2017; DeGue et al., 2014). IPV includes stalking, sexual violence (SV), psychological aggression, or physical aggression perpetrated by current or former romantic partners (Breiding, Basile, Smith, Black, & Mahendra, 2015; CDC, 2017). *Dating violence* (DV) is a type of IPV that occurs between current or former *unmarried* adolescent or young adult romantic partners (Dardis, Dixon, Edwards, & Turchik, 2015). Although SV—any unwanted sexual activity where consent is not received or freely given (Breiding et al., 2014)—can occur within romantic relationships, SV can also occur between acquaintances and strangers.

Although boys and men are not the sole perpetrators of SV/DV/IPV, they are more likely than girls and women to perpetrate SV and severe forms of DV/IPV that result in emotional trauma, physical injury, and death (Archer, 2000; García-Moreno et al., 2013). Such evidence has spurred the development of gender-specific SV/DV/IPV programs that focus on preventing perpetration by boys and men. Despite growing interest in male-focused interventions among prevention

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educators and researchers, to our knowledge, there have been no literature reviews to examine whether gender-specific programs are effective in reducing SV/DV/IPV perpetration. Likewise, guidance is limited regarding the program content, structure, and delivery. This review sought to address these gaps by identifying male-focused SV/DV/IPV perpetration prevention programs that have been evaluated using randomized designs and have measured changes in perpetration behaviors longitudinally.

Preventing Male-Perpetrated SV/DV/IPV

Strategies are needed to prevent both first incidents of SV/DV/IPV perpetration (i.e., primary prevention) and its recurrence (i.e., secondary prevention; CDC, 2004). Additionally, prevention includes interventions focused on the general population of boys and men (i.e., universal interventions in the context of this review) and on boys and men at increased risk for violence perpetration (i.e., selected interventions; CDC, 2004). Therefore, this review focused on interventions intended to prevent SV/DV/IPV perpetration, included primary and secondary prevention, and focused on universal or selected interventions.

Our research team focused this review on SV/DV/IPV rather than a single form of violence for two reasons. First, boys and men are disproportionately identified as perpetrators of SV/DV/IPV (Archer, 2000; García-Moreno et al., 2013), several existing SV/DV/IPV prevention programs have been developed for delivery to boys and men exclusively (DeGue et al., 2014). Second, SV/DV/IPV perpetration share multiple risk factors (e.g., harmful gender role norms, association with delinquent peers), and the CDC promotes a crosscutting framework to target these shared root causes to prevent multiple violence types simultaneously (Wilkins, Tsao, Hertz, Davis, & Klevens, 2014).

Current Study

Other reviews of SV/DV/IPV prevention program evaluations and intervention research exist (e.g., Cornelius & Resseguie, 2007; DeGue et al., 2014; De La Rue, Polanin, Espelage, & Pigott, 2014; Ricardo, Eads, & Barker, 2011). However, the current study is unique in several ways. First, we focus on studies that used randomized designs to evaluate SV/DV/IPV prevention programs designed specifically for boys and men. Previous reviews include programs for mixed-sex audiences (e.g., Cornelius & Resseguie, 2007; DeGue et al., 2014; De La Rue et al., 2014), focus on a single form of violence (e.g., SV exclusively: DeGue et al., 2014; Ricardo et al., 2011; DV/IPV exclusively: Cornelius & Resseguie, 2007), and/or focus on a particular delivery context (e.g., school-based interventions; De La Rue et al., 2014). In addition, the current review provides a comprehensive overview of male-focused programs across developmental periods and in various contexts (e.g., programs for both adolescents and adults in school- and community-based programs) and exclusively describes programs that assessed change in perpetration.

We had several aims for this review. Specifically, we (a) identified programs for boys and men that intended to prevent SV/DV/IPV perpetration and that have been evaluated using randomized designs; (b) systematically reviewed each of the identified programs to determine the violence types addressed, the target audience, and key components of program delivery, activities, structure, and content; and (c) examined each program's outcome evaluation, including methods used, program effectiveness, and methodological quality using the Cochrane Risk of Bias Tool (Higgins & Altman, 2008).

Method

This review was guided by Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) recommendations for systematic reviews (Moher, Liberati, Tetzlaff, & Altman, 2009). Figure 1 details our review process. Literature included in this review met the following eligibility criteria: was a peer-reviewed article or gray literature (i.e., report or doctoral dissertation) published in English between January 1997 and August 2017, reported an evaluation of a universal or selected primary or secondary prevention program designed to prevent SV/DV/IPV perpetration, evaluated a program designed for and delivered to boys and men exclusively, studied program effects on SV/DV/IPV, and used a randomized design.

To identify studies meeting our inclusion criteria, we used several strategies. In September 2017, we identified peer-reviewed literature through searches of six electronic databases: PsycINFO, CINAHL Plus with Full Text, PubMed, Web of Science, Social Work Abstracts, and Social Services Abstracts. In July 2018, we supplemented earlier search results with searches of seven gray literature databases and repositories: ProQuest Dissertations and Theses Global, Open Grey, National Resource Center on Domestic Violence publications, CDC SV/DV/IPV publication lists, WorldCat Dissertations, National Institute of Child Health and Human Development publications, and National Institute of Mental Health publications. For all searches, we used the search string (*violence* OR *assault*) AND *prevention program* AND (*boys* OR *men* OR *male*). When a Boolean search string was inappropriate, we used combinations of these search terms. When feasible and appropriate, searches were focused using filters for *English language*, *peer-reviewed article*, *human subjects*, and *published 1997–2017*. Database and repository searches yielded 5,188 documents (4,238 unduplicated documents). A title review conducted by one member of the research team identified 420 potentially eligible documents. The same team member then examined the document abstracts to assess eligibility for inclusion and retained 36 articles for further review. This team member and one additional team member then independently assessed the Method and Results sections of each of the 36 documents for eligibility and agreed that eight documents met eligibility criteria.

We also reviewed reference lists of eligible documents found in searches of the peer-reviewed and gray literatures, as well as the reference lists of two prior reviews (DeGue

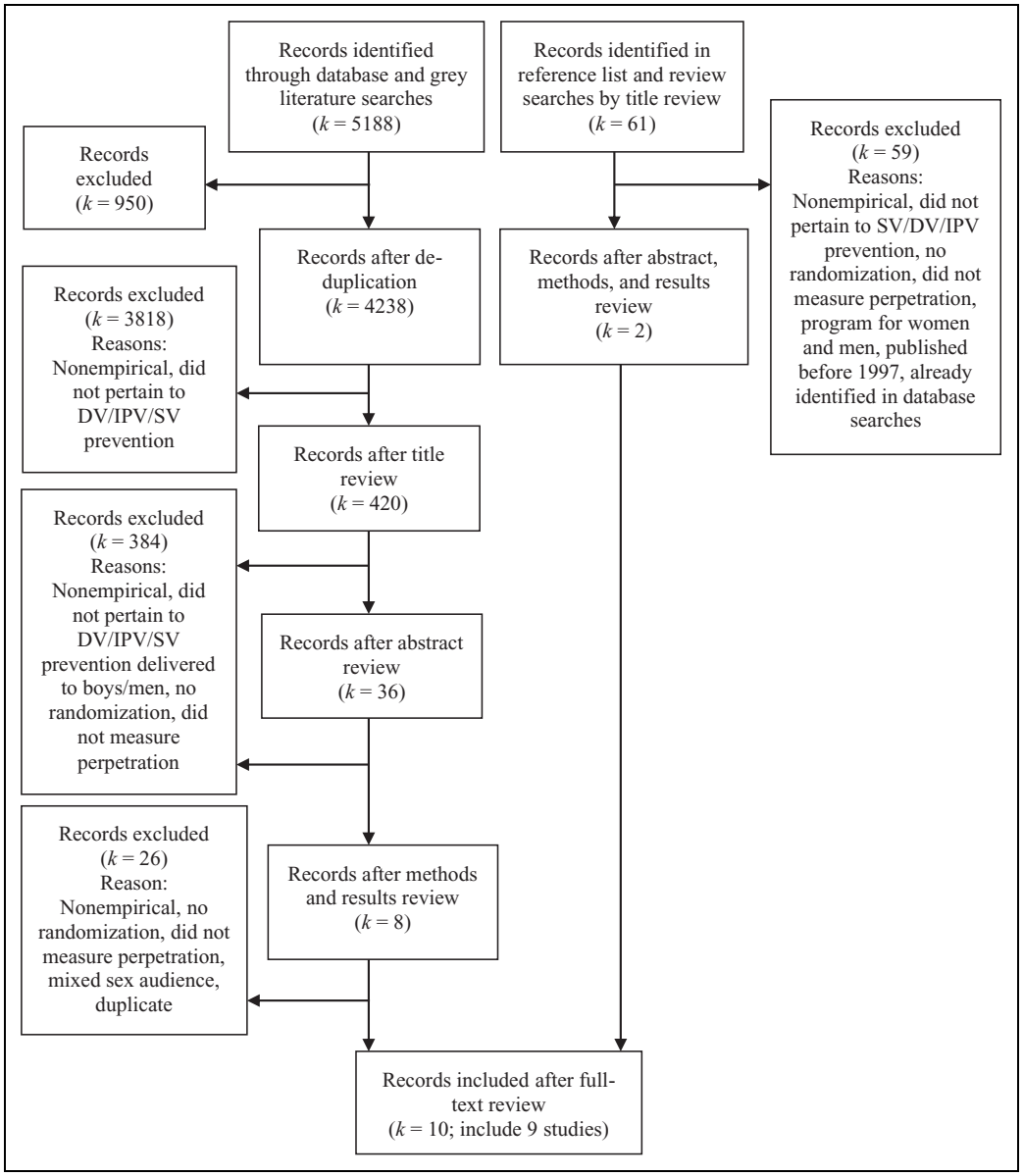

Figure 1. Flowchart of the review search process. SV = sexual violence; DV = dating violence; IPV = intimate partner violence.

et al., 2014; Ricardo et al., 2011). This process of reference harvesting identified another 61 potential documents, which were reviewed using the same protocol described above, yielding two additional documents for inclusion. Our final sample included 10 documents that discussed nine distinct evaluation studies of seven violence prevention programs designed for boys and men.

We developed a data abstraction form that collected information on the type of violence perpetration addressed; program setting, target audience, number and length of sessions, duration, delivery mode, topics, and activities; program implementer and required training; and study methods. One team member abstracted data, and a second member checked for accuracy. We discussed discrepancies until these two team members reached consensus.

The quality of each study design ($k = 9$) was assessed using the Cochrane Risk of Bias Tool (Higgins & Altman, 2008; Higgins et al., 2011) to evaluate the study's potential for selection, reporting, performance, detection, and attrition biases. *Selection bias* refers to the potential for bias in study findings to result from both the process used to randomize study units (i.e., random sequence generation bias) and the process used to mask the randomization protocol from those involved in the study (i.e., allocation concealment). *Reporting bias* refers to the possibility of study authors having chosen to report certain outcome findings instead of all outcome findings. *Performance bias* refers to the possibility for biased findings due to procedures used to mask the study condition from study personnel and participants, and *detection bias* refers to the possibility for biased findings because of procedures used to mask the study

condition from outcome assessors. Last, *attrition bias* refers to potential for biased findings resulting from missing outcome data and methods used for addressing such missingness (Higgins & Altman, 2008). Two team members pilot tested this tool with two randomly selected studies. The same team members then independently assessed the remaining studies and discussed discrepancies to reach consensus.

Results

Programs Evaluated

The 10 reviewed documents (nine peer-reviewed articles and one dissertation) reported on nine evaluation studies of seven distinct programs (see Table 1). Three articles described two studies that assessed the Coaching Boys into Men (CBIM) program (Jaime et al., 2016; Miller et al., 2012, 2013). Two articles reported on evaluations of The Men's Program (Foubert, 2000; Foubert, Newberry, & Tatum, 2007). The remaining five documents reported on an evaluation study of an individual program: Men's Discussion Groups (Hossain et al., 2014), RealConsent (Salazar, Vivolo-Kantor, Hardin, & Berkowitz, 2014), Sexual Assault Prevention Program for College Men (Lobo, 2004), the Men's Project (Gidycz, Orchowski, & Berkowitz, 2011), and an unnamed program, hereafter referred to as the "Video Program" (Stephens & George, 2009).

CBIM. CBIM focuses on preventing DV perpetration among male high school athletes. This program includes 11–12 brief sessions (10–15 min each) delivered in-person, in a group format. Program topics include abusive behavior, gender attitudes/norms, and ways in which bystanders can prevent DV. The program includes weekly discussions and encourages use of "teachable" moments in which the program implementer models positive behaviors or language. The program may also include supplementary activities such as developing an anti-violence campaign with program participants and hosting a school-wide pledge day to encourage all students to sign pledges not to perpetrate violence. Program implementers are athletic team coaches whose training on the CBIM program includes a 60-min session by a trained violence-prevention advocate (e.g., someone from a local crisis center) and a "coaches kit" (available online) that includes program materials. In addition, a trained advocate is available during program delivery to assist coaches with concerns and violence-related disclosures.

Men's Discussion Groups. This program aims to prevent IPV perpetration among male community members 15 years and older. Men's Discussion Groups was developed for implementation in communities affected by war or conflict. The program consists of 16 weekly sessions, but the duration of each session is not specified. Sessions are delivered in-person using a group format. The primary activity is the weekly discussion of topics such as gender violence against women and girls, the effects of violence, and healthy relationships. Hossain et al. (2014) did not specify program implementers (e.g., advocate, peer), but the implementers in the study participated in a 6-week training during which each trainee practiced delivery of the program.

The Men's Program. This program targets male undergraduate college students, including fraternity members. The program consists of a single 1-hr group session delivered in person. Topics presented include definitions of rape, common experiences of rape survivors, skills development to help female rape survivors in recovery, enhancing communication in sexual situations, such as gaining sexual consent, and statistics on prevalence of SV. Program activities center on a video depicting the rape of a male police officer by two men. The video is followed by discussion on the range of topics previously mentioned. The session concludes with a question–answer period and statistics on SV prevalence. The program is implemented by peer educators, such as undergraduate men, who have received 20 hr of peer education training.

RealConsent. This program for male undergraduate students consists of six, 30-min modules delivered online to individual participants who can access and complete the modules at their own pace. Module topics include information on bystander knowledge and skills to prevent SV; myths about SV; attitudes regarding date rape, sexual consent, masculinity/gender roles, and communication; and empathy for sexual assault survivors. Modules incorporate various activities, including interactive activities, didactic presentations, and a "serial drama" in which video clips provide information and model strategies for violence prevention (Salazar et al., 2014, "Interventions," para. 2). Participants can post messages and questions or contact RealConsent program staff via e-mail.

Sexual Assault Prevention Program for College Men. This program for male undergraduates consists of a single 2-hr, in-person group session. The program delivers content through "a combination of didactic presentation, group discussion, and a small group activity" (Lobo, 2004, p. 57), covering topics such as sexual assault facts and definitions, consent and sexual communication, how to approach risky sexual situations, including those involving alcohol, attitudes toward rape, and confronting other men's sexually aggressive behavior. Program activities include vignettes of hypothetical situations for discussion. Lobo (2004) evaluated the program as implemented by a male graduate student with "professional training" (p. 57) and did not describe the details of that training.

The Men's Project. This program for male undergraduates is delivered through an initial 1.5-hr session and a follow-up 1-hr booster session 4 months later. Program content includes topics such as masculinity/male gender roles, sexual consent, rape myths, social norms regarding sexual aggression, the bystander role, data on sexual assault, and men's norms for appropriate attitudes and behaviors in sexual encounters. The initial session includes discussion of SV's effects on women, rape myths, and sexual consent; operationalization of consent

Table 1. Descriptions of the Seven Violence Prevention Programs Assessed.

Program Document(s) Reviewed Perpetration Type	Setting Target Audience Number and Length of Session(s) Total Program Length Delivery Mode	Program Topics	Program Activities	Implementer Type Required Training
Coaching Boys Into Men Jaime et al. (2016) Miller et al. (2012) Miller et al. (2013) **DV**: Emotional/ psychological, sexual, or physical abuse in the context of a former or current romantic relationship	**Setting**: U.S. high schools **Target audience**: Athletes **Sessions**: 11 to 12, 10- to 15-minute participatory discussions with possible supplementary activities; Miller et al. (2012, 2013): 11 lessons or "training cards"; Jaime et al. (2016) described 12 lessons or "training cards" **Total program length**: 11-12 weeks with weekly discussions (max. of 180 minutes) **Delivery mode**: In person, group delivery	1. Abusive behavior 2. Gender attitudes and norms 3. Bystander program	1. Weekly participatory discussions on topics related to DV prevention and respect 2. Jaime et al. (2016) described extra activities that facilitators may choose to use: a. Host a day for students in the broader school community to sign a pledge to not perpetrate violence b. Develop an anti-violence campaign as a team	**Implementers**: Athletic team coaches **Training**: 60-minute training facilitated by a trained violence prevention advocate; includes an introduction of the "Coaches Kit" with program material (kit available online); A violence prevention advocate was made available during program delivery to assist coaches with concerns and disclosures that may occur
Men's Discussion Groups Hossain et al. (2014) **IPV**: Sexual and physical abuse in a romantic relationship	**Setting**: Rural communities in Côte d'Ivoire **Target audience**: Community members 15+ years; program developed for war/ conflict-affected communities **Sessions**: 16, length not specified **Total program length**: 16 weeks **Delivery mode**: In person, group delivery	1. "Gender and violence against women and girls" 2. "Violence and its impacts" 3. "Health choices and relationships" (p. 342)	Weekly discussion group based on a curriculum	**Implementers**: Trained facilitators **Training**: 6-week training with multiple stages, including a pilot test with the facilitators leading the program
The Men's Program Foubert (2000) Foubert et al. (2007) **SV**: Sexual coercion, including a range of behaviors from coerced sexual touching to forced sexual intercourse	**Setting**: U.S. college/ university **Target audience**: Undergraduate students and fraternity members • Foubert (2000): all participants were undergraduate male students and fraternity members • Foubert et al. (2007): all participants were undergraduate male students, some of whom joined a fraternity during the study **Session**: One, 60-minute session **Total program length**: One day (60 minutes) **Delivery mode**: In person, group delivery	1. Rape definitions 2. Common experiences of rape survivors 3. Skills to help female rape survivors in recovery 4. Communication in sexual situations/obtaining sexual consent 5. Statistics on sexual assault prevalence 6. Social norms about rape 7. Foubert et al. (2007) described the inclusion of a bystander program	1. Presentation of rape definitions 2. Video describing a rape scenario in which a male policer officer is raped by two men 3. Processing the video 4. Participants are taught skills to help female survivors of rape in their recovery 5. Presenters encourage open sexual communication and shifting rape-supportive societal norms 6. Time for question and answer 7. Facilitators close with rape/sexual assault statistics	**Implementers**: Peer educators (e.g., undergraduate men) **Training**: "20 hours of peer education training" (Foubert et al., 2007, p. 738) ***Note***: Foubert (2000) did not describe training.

(continued)

Table 1. (continued)

Program Document(s) Reviewed Perpetration Type	Setting Target Audience Number and Length of Session(s) Total Program Length Delivery Mode	Program Topics	Program Activities	Implementer Type Required Training
			Note: Foubert et al. (2007) provided program details not in Foubert (2000). Activities may have differed between the studies. Foubert et al. (2007) noted use of guided imagery and discussions of hypothetical situations related to the bystander program and time for participants to consider how to navigate sexual consent when alcohol is present.	
RealConsent Salazar et al. (2014) **SV**: Unwanted sexual attention or contact, including acts devoid of touch (e.g., harassment) and acts involving touch (e.g., rape)	**Setting**: U.S. college/ university **Target audience**: Undergraduate students **Sessions**: Six, 30-minute modules **Total program length**: Self-paced; encouraged to finish all modules in 3 weeks or less (180 minutes) **Delivery**: Web-based, individual participation	1. Bystander knowledge and skills 2. Myths about SV 3. Attitudes toward date rape 4. Sexual consent 5. Masculinity/ gender roles 6. Communication 7. Empathy for survivors of sexual assault	Each module included varied, interactive activities with a mix of didactic portions and serial drama	**Implementers**: Appears no implementer needed for program implementation (i.e., Web-based modules); however, participants contact project staff via email and post questions to message board **Training**: NA
Sexual Assault Prevention Program for College Men Lobo (2004) **SV:** Sexual aggression, including coercion and a range of behaviors from fondling to rape	**Setting**: U.S. college/ university **Target audience**: Undergraduate students **Session**: One, 2-hour session **Total program length**: One day (120 minutes) **Delivery mode**: In person, group delivery	1. Sexual assault facts/definitions 2. Consent and sexual communication 3. How to approach risky sexual situations, including those involving alcohol 4. Attitudes toward rape 5. Confronting men's sexually aggressive behavior	"A combination of didactic presentation, group discussion, and a small group activity . . . " (Lobo, 2004, p. 57), including use of vignettes that present various hypothetical situations for discussion	**Implementers**: Male graduate student **Training**: Note that the implementer had "professional training" (p. 57); did not provide details on this training
The Men's Project Gidycz et al. (2011) **SV**: Sexual aggression, including a continuum of behaviors from fondling to rape	**Setting**: U.S. college/ university **Target audience**: Undergraduate students **Sessions**: Initial session (1.5 hours) with a 1-hour booster session 4 months later **Total program length**: Four months with one-day booster session four months after the one-day initial session (135 minutes) **Delivery mode**: In person, group delivery	1. Masculinity/ male gender roles 2. Sexual consent 3. Rape myths 4. Social norms concerning sexual aggression 5. Bystander program 6. Data on sexual assault and actual norms among men regarding appropriate attitudes and behaviors for sexual encounters	1. Discussion of the impact of SV on women they know, rape myths, and consent definitions 2. Operationalize consent in specific scenario 3. Present program participant and campus-wide data " . . . on men's discomfort with inappropriate behavior and language of other men" (p. 724) 4. Adapted Small Group Norms Correction Program (developed by Far & Miller, 2003) " . . . to correct	**Implementers**: 4 undergraduate and 2 doctoral students; all with training and in psychology department **Training**: 20-25 hours of training; training included " . . . didactic learning, discussion, role plays, and supervised administration of the protocol" (p. 725); study authors supervised implementers; male research assistant trained in the program evaluated 25% of implementation and indicated adherence to the program protocol

(continued)

Table 1. (continued)

Program Document(s) Reviewed Perpetration Type	Setting Target Audience Number and Length of Session(s) Total Program Length Delivery Mode	Program Topics	Program Activities	Implementer Type Required Training
			men's misperceptions of other men's attitudes and behaviors with respect to sexual assault" (p. 724) 5. *Booster session*: Review of the first session and small group discussion	
Video Program Stephens & George (2009) **SV**: Sexual coercion including a continuum of behaviors from fondling to rape	**Setting**: U.S. college/ university **Target audience**: Undergraduate students **Sessions**: One, 50 minutes **Total program length**: One day (50 minutes) **Delivery mode**: In-person video screening for a group of men	1. Empathy for sexual assault survivors 2. How to help survivors in their recovery 3. Alcohol and sexual assault	Video with four parts: 1. Introduction of the issue of sexual assault on college campuses 2. Videotape of Foubert's (2000) The Men's Program 3. Introduction to video segment on alcohol and sexual assault 4. A video interview of Dr. Jackson Katz discussing the intersection of alcohol and sexual assault on college campuses	**Implementers**: Not described **Training**: Not described ***Note***: Implementers appear to have been unnecessary because the program was administered via video

Note: NA = not applicable. SV = sexual violence; DV = dating violence; IPV = intimate partner violence; Language used in this table mirrors language used by study author(s) and reflects information provided in each document reviewed.

in example scenarios; presentation of program participant and campus-wide data on men's discomfort with witnessing inappropriate behavior and language of other men; and an adapted version of the Small Group Norms Correction model (Far & Miller, 2003) to challenge misperceptions of other men's attitudes and behaviors regarding sexual assault. The booster session reviews initial session content and includes small group discussions.

Video Program. This program for male undergraduates is a single 50-min session that uses a group setting; the sole program activity is watching a prerecorded video that covers topics such as developing empathy for sexual assault survivors, how to help survivors in recovery, and the links between alcohol and sexual assault. The video has four segments (see Table 1). Stephens and George's (2009) evaluation of this program did not describe implementers.

Findings on Program Effectiveness

Table 2 presents the characteristics of the nine evaluation studies (reported in 10 documents) and findings regarding program effects on SV/DV/IPV perpetration.

Effectiveness of CBIM. Although the two articles by Miller et al. (2012, 2013) reported on the same evaluation study, each article reported on a different follow-up period. Miller et al. (2012) included 1,798 male athletes in Grades 9–12. The 12-month follow-up by Miller et al. (2013) included 1,194 of the athletes who participated in the 12-week study, all of whom were in Grades 9–11 at baseline. The racial/ethnic makeup of the study was diverse.

The CBIM study used a cluster-randomized controlled design in which 16 high schools were randomly assigned to two study conditions—8 clusters assigned to the CBIM intervention and eight assigned to a coaching-as-usual comparison condition. Data were collected at three time points: baseline ($n = 2{,}006$ male athletes; Miller et al., 2012), 12 weeks after baseline ($n = 1{,}798$; Miller et al., 2012), and 12 months after baseline ($n = 1{,}194$; Miller et al., 2013).

A modified version of the Revised Conflict Tactics Scale (CTS2) was used to capture self-report data on DV perpetration (i.e., physical, sexual, and emotional/psychological) of participants who had ever dated a girl or woman. The CTS2 was used at both follow-up time points to measure DV perpetration in the past 3 months. Participants were classified as DV perpetrators if they affirmed any of the 10 items describing abusive behaviors. Analyses controlled for baseline differences in school grade, immigration status, race/ethnicity, and parental education. Findings from the 12-week follow-up (Miller et al., 2012) showed no statistically significant difference in DV perpetration between the intervention and comparison groups. However, findings at the 12-month follow-up (Miller et al., 2013) showed significantly less physical/sexual/psychological DV perpetration reported by the intervention group relative to the comparison group; past 3-month DV perpetration was .15 units lower in the intervention group than the comparison group (95% confidence interval [CI] = [−0.27, −0.03], $p < .05$). A third article reported an evaluation of CBIM conducted by Jaime et al. (2016) using a sample of 148 athletes from Grades 7 to 12 drawn from two high schools. The sample was somewhat diverse racially/ethnically.

Jaime et al. (2016) used a cluster-randomized approach in which all participants received the CBIM program but compared the program as implemented by either a coach or a community-based violence prevention advocate. One high school was assigned to the coach-led condition and the other to the violence prevention advocate-led comparison condition. Data were collected at baseline and at 3 months after baseline.

Jaime et al. (2016) used the same perpetration measures as Miller et al.'s (2012, 2013) study, allowing comparisons across studies. Of note, this study differed from other studies included in this review because its primary focus was program implementation, testing implementer type (coach versus advocate), rather than program effects on violence perpetration. Analyses were adjusted for school grade and race/ethnicity. Jaime et al. found no statistically significant differences in DV perpetration over time for either condition and found no significant differences between the study conditions for changes in pre/posttest scores for DV perpetration.

Effectiveness of men's discussion groups. Hossain et al. (2014) assessed the effectiveness of Men's Discussion Groups in a sample of 300 men from 12 rural conflict-affected communities in Côte d'Ivoire. The mean age of participants was 40 years (range not reported). The sample of 346 men represented 10 ethnic groups, with Baoulé (25.7%) the largest group.

A cluster-randomized design was used with six communities assigned to the intervention group and six to the comparison group. All 12 communities received a similar community-level gender-based violence (GBV) program to increase awareness of the consequences of GBV, raise awareness of the rights of women, and create a committee trained to support survivors of GBV. The intervention group received this community-level intervention plus Men's Discussion Groups. The study team collected data at baseline and 12 months after the program ended.

The study measured physical and sexual IPV based on the reports made by the female partners of study participants regarding violence perpetrated by the study participant in the 12 months prior to baseline and again at the 12-month follow-up. The study

> "... questionnaire drew from violence and health outcome modules including the World Health Organization Multi-country Study on Women's Health & Domestic Violence against Women, the LSHTM violence and health among women asylum seekers study, and a trial on intimate partner violence and HIV prevention in Uganda. (Hossain et al., 2014, p. 344)

Both sexual IPV and physical IPV outcomes were coded as binary variables for study analyses. No statistically significant

Table 2. Study Characteristics of Eight Studies Reported in 10 Documents.

Document(s) Reviewed	Sample Size[a] Baseline Age Race/Ethnicity: *n*, %	Recruitment	Randomization Comparison/Control Condition Data Collection Points Attrition	Violence Perpetration Measurement	Perpetration Findings
Coaching Boys Into Men					
Miller et al. (2012)[b] Miller et al. (2013)[b]	**Miller et al. (2012)**: $n = 1798$ Age: Not reported (range from 9th – 12th grade students) Race/ ethnicity ($n = 2006$) – White: 680, 34.2 – Black: 439, 22.1 – Hispanic: 389, 19.6 – Asian:192, 9.7 – Native American/Pacific Islander: 94, 4.7 – Other: 193, 9.7 **Miller et al. (2013)** $n = 1194$ Age: Not reported (range from 9th – 11th grade students) Race/ ethnicity ($n = 1513$): – White[c]: 518; 34.6 – Non-Hispanic Black: 318, 21.3 – Hispanic: 292, 19.5 – Asian: 153, 10.2 – Other: 150, 10 – Native American/ Pacific Islander: 65, 4.3 – Other (not defined): 150, 10.0	• 4 of 5 invited school districts agreed to participate • Total of 16 high schools In Districts 1-3, all high schools participated; in District 4, about half (56%) participated. • Across the 4 districts, 87% of head coaches of mixed-sex and all-male sports teams participated • Across the 16 high schools, 3,424 athletes assessed for study eligibility • Slightly more than half (59%; $n=$ 2,006) athletes allocated to study conditions **Miller et al. (2013)**: 1513 (44.2%) randomized to study conditions (493 Grade 12 students included in Miller et al., 2012 excluded from this analysis.)	**Randomization**: Cluster-randomized, 16 clusters (8 schools randomly assigned to 1of 2 study conditions) **Comparison condition**: Coaching as usual **Data collection**: • Miller et al. (2012): 2 data waves (baseline, about 12 weeks from baseline) • Miller et al. (2013): Timing of 12-month follow-up is unclear. Appears to report on data collected 12 months from the baseline measurement reported in Miller et al. (2012). **Attrition**: **Miller et al. (2012)**: • Overall: 1798 of 2006 (90%) participants completed 12-week follow-up • Intervention: Retained 847 of 1008 (84.0%) randomized • Comparison: Retained 951 of 998 (95.3%) randomized • At baseline, study noncompleters were less likely to be White and less likely recognize abuse, but more likely to be non-Hispanic Black than study completers.	• Measured self-reported physical, sexual, emotional/ psychological DV of participants who had dated a female. • Measured using modified version of the Revised Conflict Tactics Scale (CTS2) • At both follow-up points, measured past 3-month perpetration of DV • Total score computed by summing *yes* responses to 10 items measuring the perpetration of abusive behaviors	• At 12-week follow-up, no significant effects found on DV perpetration (after adjusting for baseline differences in grade, immigration status, race, parental educa-tion, and outcomes). • At 12-month follow-up, program participants reported significantly less past 3-month DV perpetration than comparison group participants (estimated effect of -0.15; 95% CI[-0.27, -0.03], $p < .05$; after adjusting for baseline differences in grade, immigration status, race, parental education, and outcomes).

(continued)

Table 2. (continued)

Document(s) Reviewed	Sample Size[a] Baseline Age Race/Ethnicity: *n*, %	Recruitment	Randomization Comparison/Control Condition Data Collection Points Attrition	Violence Perpetration Measurement	Perpetration Findings
			Miller et al. (2013) • Overall: 1194 completed 3 data waves (baseline, 12-week follow-up, and 12-month follow-up; reported in Miller et al. 2012, 2013) • Intervention: Retained 537 of 750 (71.6%) participants • Comparison: Retained 657 of 763 (86.1%) participants • Study noncompleters were less likely to be White and more likely to be non-Hispanic Black than study completers • At baseline, study noncompleters had less-equitable gender attitudes, more DV perpetration, and were less likely to recognize abuse than study completers		
Jaime et al. (2016)	$n = 148$ **Age**: Not reported (range from 7th – 12th grade students) **Race/ethnicity** ($n = 148$): – Black: 80; 54.1% – White: 40; 27% – Multiracial: 14; 9.5% – Other: 6; 4.1% – Hispanic: 1; 0.7% – Pacific Islander: – 1; 0.7% – Native American: – 1; 0.7%	2 high schools identified as study sites based on • school's interest in implementing *Coaching Boys Into Men* program, • large athletic teams, and • school's relationship with local violence prevention agency.	**Randomization**: Cluster-randomized, 2 clusters (1 to each study condition) **Comparison condition**: Adaptation study—compared the same program led by different implementers, specifically program led by school athletic coach vs. program led by community-based violence prevention advocate. **Data collection**: 2 data collection waves (baseline, 3 months from baseline) **Attrition**: • Overall: 193 completed baseline; 148 of 193 (77%) completed follow-up survey (number randomized to each study condition not reported)	• Measured self-reported physical, sexual, emotional/psychological DV of participants who had dated a female. • Measured with modified CTS2 • Measured past 3-month DV perpetration • Total score calculated by summing "*yes*" responses to 10 items measuring abusive behaviors	• No significant changes in DV perpetration over time for either condition • No significant differences in DV perpetration score changes between the conditions (analyses adjusted for baseline grade and race/ethnicity)

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Table 2. (continued)

Document(s) Reviewed	Sample Size[a] Baseline Age Race/Ethnicity: *n*, %	Recruitment	Randomization Comparison/Control Condition Data Collection Points Attrition	Violence Perpetration Measurement	Perpetration Findings
			• Intervention: 69 completed both data waves • Comparison: 79 completed both data waves • Attrition was similar across study conditions • At baseline, noncompleters reported significantly lower gender equitable attitudes (p = .036, t = -2.12) and higher abuse perpetration (p = .002, t = 3.15) than study completers		
Men's Discussion Groups					
Hossain et al. (2014)	n = 300 **Age**: Program group M = 40.0 years (SD = 11.6); comparison group M = 39.6 years (SD = 13.6) **Ethnic languages:** Program Group (n = 166): – Baoulé (32, 19%) – Gueré (43, 26%) – Yacouba (28, 17%) – Beté (1, 1%) – Gouro (27, 16%) – Niamboua (16, 10%) – Mossi (6, 4%) – Wobé (3, 2%) – Dioula/Malinké (2, 1%) – Senoufo (2, 1%) Comparison Group (n = 180): – Baoulé (57, 32%) – Gueré (16, 9%) – Yacouba (41, 23%) – Beté (27, 15%) – Gouro (5, 3%) – Niamboua (0, 0%) – Mossi (11, 6%) – Wobé (1, 1%)	• Assessed study eligibility for 48 communities • 12 (25%) communities considered eligible (i.e., had a physical buffer to help prevent contamination of study conditions and socio-economic profile that could be matched) • Recruited boys/men 15 years and older who lived in participating communities with a limit of 30 men from each community • 2,758 men in the intervention group screened eligible; 174 enrolled in the study, of whom 166 (95%) completed baseline questionnaire • 3368 men in the comparison group screened eligible; 187 enrolled, of whom 180 (96%) completed baseline questionnaire	**Randomization**: • Cluster-randomized, 12 clusters (6 per condition) • Matched communities into pairs based on demographics and population size prior to randomization (1 in each pair randomized to intervention and 1 to comparison condition) **Comparison condition**: • Community-level gender-based violence (GBV) program that all communities were receiving to (a) increase awareness of consequences of GBV and the rights of women, and (b) create a committee trained to support survivors of GBV; the intervention group received this community-level intervention plus Men's Discussion Groups **Data collection**: 2 time points (baseline and 12 months after program activities were completed)	• Measured women's reports of their experiences of physical and/or sexual IPV perpetrated by their male partner who was participating in the study • "Questionnaire drew from violence and health outcome modules including the World Health Organization Multi-country Study on Women's Health & Domestic Violence against Women, the LSHTM violence and health among women asylum seekers study, and a trial on intimate partner violence and HIV prevention in Uganda" (p. 344) • Reported for the prior 12 months at each data collection time point • Asked questions about experiencing specific physically violent acts and sexually violent acts and the frequency of each (once, a few times, often, never) • Coded each perpetration outcome as binary	• Multivariate models, adjusted for age groups, ability to read, cohabitation status, experiences of trauma, and levels of the outcomes at baseline found nonsignificant findings for physical and sexual IPV as reported by female partners of study participants

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Table 2. (continued)

Document(s) Reviewed	Sample Size[a] Baseline Age Race/Ethnicity: *n*, %	Recruitment	Randomization Comparison/Control Condition Data Collection Points Attrition	Violence Perpetration Measurement	Perpetration Findings
	– Dioula/Malinké (2, 1%) – Senoufo (1, 1%)		**Attrition**: • Overall: 361 enrolled; 346 (95.8%) completed baseline; 316 of 361 (87.5%) completed follow-up; 300 of 361 (83.1%) completed baseline and follow-up • Intervention group: 174 enrolled; 166 (95.4%) completed baseline questionnaire; 159 of 174 (91.3%) completed follow-up questionnaire; overall, 152 of 174 (87.4%) completed baseline and follow-up • Comparison group: 187 in the comparison group enrolled; 180 (96.3%) completed the baseline questionnaire; 157 of 187 (83.9%) completed the follow up questionnaire; overall, 148 of 187 (79.1%) completed both baseline and follow-up		
The Men's Program					
Foubert (2000)	*n* = 145 **Age**: *M* = 20.33 years (*SD* = 1.23) **Race/ethnicity** (re-ported for experi-mental group only): – White (91%); – African American/ – Black (2%) – Asian American or Pacific Islander (4%); – Hispanic/Latino/ Chicano (2%); – Other (1%)	• All fraternities at one university invited to participate • 8 of 23 (35%) fraternities agreed to study participation	**Randomization**: Cluster-randomized, 8 clusters (4 to each study condition); Within each study condition, 2 clusters were randomized to pretest/posttest condition and 2 to posttest-only condition **Control condition**: No program **Data collection**: 3 time points (baseline, posttest immediately after program, 7- month follow-up)	• Measured self-reported sexual coercion with the Sexual Experiences Survey (SES) • Measured at posttest and the 7-month follow-up (unclear if SES was used in pretests and article language points to use at posttest) • Follow-up survey asked for self-reports of sexual coercion perpet-rated since the baseline survey.	• Analyses examining effects of the intervention, pretesting, and treatment*pretest-ing found nonsignificant findings for sexual coercion perpetration

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Table 2. (continued)

Document(s) Reviewed	Sample Size[a] Baseline Age Race/Ethnicity: *n*, %	Recruitment	Randomization Comparison/Control Condition Data Collection Points Attrition	Violence Perpetration Measurement	Perpetration Findings
			Attrition: • Overall: 217 at baseline; 145 (66.8%) completed all data collection time points asked of them • Intervention group: 109 at baseline; 70 (64%) completed all data collection time points • Control group: 108 at baseline; 75 (69%) completed all data collection time points		
Foubert et al. (2007)[d]	$n = 565$ **Age**: All of "traditional age" for undergraduate students (Foubert et al., 2007; p. 735) **Race/ethnicity** Not reported	• Participating university required all male first-year students to participate in the study program or another program • Research staff approached students who attended the study program about study participation (could participate in program and not the study) • Those who agreed to participate were randomly assigned to study conditions • 565 subjects comp-leted surveys, repre-senting 90% of all male first-year students at the university.	**Randomization**: RCT; Solomon 4-Square design varying pretesting—4 study groups: program with pretest, program without pretest, comparison with pretest, comparison without pretest **Comparison condition**: Exposure to a program that was designed not to promote change in attitudinal or behavioral variables measured in the study (no additional details provided) **Data collection**: Three time points (baseline, posttest immediately after program, follow-up 7 months after program) **Attrition**: • Sample size at each data collection time point not reported	• Measured self-reported sexual coercion with the SES (continuous measure) • At baseline, measured lifetime sexual coercion perpetration • At 7-month follow-up, measured sexual coercion perpetration since baseline	• Among study participants who joined fraternities, program participants ($M = .05$, $SD = .22$) reported perpetrating significantly fewer sexually coercive behaviors than those in the comparison condition ($M = .40$, $SD = 1.3$) at the 7-month follow-up (F [1,109] = 4.06, $p < .05$)
RealConsent					
Salazar et al. (2014)	$n = 215$ **Age** ($n = 743$): 20.38 years ($SD = 1.67$) **Race/ethnicity** ($n = 743$): – White (328, 44.1%) – African American/Black (166, 22.3%)	• Used list of undergraduate students' names, emails, and birth year for 2009-2010 academic year ($N = 21,280$) • Sorted list by birth year and deleted all students born before 1984	**Randomization**: RCT with attention-placebo comparison condition **Comparison condition**: Health Connection program (web-based, health promotion program that uses multimedia and covers nutrition/weight	• Measured self-reported sexual coercion with the CTS2 sexual coercion subscale • Timeframe of "ever" at baseline and "within the past 6 months" at the 6-month follow-up • Used as a continuous outcome in analyses	• Adjusting for baseline scores for sexual coercion and prosocial intervening behaviors and demographic variables, program participants reported perpetrating significantly less sexual coercion than those in the comparison group at 6-

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Document(s) Reviewed	Sample Size[a] Baseline Age Race/Ethnicity: *n*, %	Recruitment	Randomization Comparison/Control Condition Data Collection Points Attrition	Violence Perpetration Measurement	Perpetration Findings
	– Asian American (146, 19.6%) – Hispanic (80, 10.8%)	• Alphabetized remaining list by first name and used the online tool to assess the likelihood of a first name being that of a man; kept those names ($n = 8458$; the sampling frame) • Used SPSS random sample function to choose 5 groups of 300 to 3000 men who were invited via email to participate • 1406 men screened for study eligibility • Of the 1406, 295 (20.98%) did not meet inclusion criteria and 1,111 (79.02%) agreed and consented to participate	management, stress management, substance abuse, and fitness) **Data collection**: Three time points (baseline, posttest immediately after the program, 6-month follow-up); Participants were encouraged to complete the program modules within 3 weeks; as such, it is unclear when the posttest occurred on average. As such, it is also unclear when the 6-month follow-up occurred on average. **Attrition**: • Overall: Of 1,111 enrolled, 743 completed the baseline questionnaire and were randomized to study conditions; 451 of 743 (60.7%) completed the posttest; 215 of 743 (28.9%) completed the 6-month follow-up and were included in study analyses • Intervention: 376 of 376 (100%) randomized to this condition finished all program modules; 268 (71.3%) completed the posttest; 123 of 376 (32.7%) completed 6-month follow-up • Comparison: 367 of 367 (100%) randomized to this condition finished all program modules; 183 (49.9%) completed posttest; 92 of 367 (25.1%) completed 6-month follow-up		month follow-up (Cohen's $d = 0.29$) • Among participants who reported prior perpetration at baseline, program participants had 73% lower odds of perpetrating sexual coercion than those in the comparison condition

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Document(s) Reviewed	Sample Size[a] Baseline Age Race/Ethnicity: *n*, %	Recruitment	Randomization Comparison/Control Condition Data Collection Points Attrition	Violence Perpetration Measurement	Perpetration Findings
			• Attrition rate differed significantly across study conditions ($p = .02$) • Study completers were significantly more likely to have higher grade point averages than study noncompleters ($p = .01$)		
Sexual Assault Prevention Program for College Men					
Lobo (2004)	$n = 237$ **Age** ($n = 342$): 18 years (116, 33.9); 19 (126, 36.8); 20 (72, 21.1); 21 (19, 5.6); over 21 (9, 2.6) **Race/ethnicity** ($n = 342$; total who participated at baseline): – Non-Hispanic Caucasian (305, 89.2%) – African American (22, 6.4%) – Latino (3, 0.9%) – Asian/Pacific Islander (3, 0.9%) – American Indian (0, 0%) – Other (9, 2.6%)	• Recruited participants via sign-up sheets on a bulletin board in the psychology department of one college/university • 342 participants at baseline	**Randomization**: Individually randomized to intervention or control group **Control condition**: Offered participation in the intervention after the study ended **Data collection**: 3 time points (baseline, follow-up 3 months after the program, and follow-up 7 months after the program) **Attrition**: • Overall: 342 completed baseline; 291 (85.1%) completed 3-month follow-up; 264 (77.2%) completed 7-month follow-up; 237 of 342 (69.3%) completed all 3 time points • No significant between-group differences in attrition rates • Intervention group: Study completers (i.e., completed all follow-ups) were significantly younger; Study completers more likely to be (a) from higher-income families and (b) not a fraternity member. Completer perpetration history was significantly related to attrition at the 7-month follow-up	• Measured self-reported sexually aggressive behaviors with SES at baseline and follow-ups • At baseline, asked to report on behavior for ages 14-17 years • At each follow-up, asked to report on behavior since the prior survey • Logistic regression, perpetration co-variate coded as *none*, *moderate*, or *severe* • Logistic regressions perpetration out-come coded as binary (*no assault* vs *assault*)	• Intervention vs Control condition not significantly related to perpet-ration at 3-month follow-up, controlling for history of perpetration (coded as none, moderate, or severe) • Group membership not significantly related to perpet-ration at 7-month follow-up, controlling for same factors as 3-month follow and perpetration at the 3-month follow-up

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Table 2. (continued)

Document(s) Reviewed	Sample Size[a] Baseline Age Race/Ethnicity: *n*, %	Recruitment	Randomization Comparison/Control Condition Data Collection Points Attrition	Violence Perpetration Measurement	Perpetration Findings
			• Control group: No significant differences found in demographics and perpetration history between study completers and noncompleters		
The Men's Project					
Gidycz et al. (2011)	$n = 460$ **Age**: 622 (98%) were 18 or 19 years old **Race/ethnicity** ($n = 1285$; total at baseline): – White (627, 91.8); – African American (32, 5); – Asian (11, 1.7); Native Hawaiian or Pacific Islander (1, 0.2); – American Indian or Alaska Native: (2, 0.3) – Other (6, 0.9); – Hispanic/ Latino ethnicity (16, 2.5)	• Randomly selected 6 first-year residence halls at the participating university each year for 2 years for study participation • 1285 of possible 2243 (57.3%) eligible students in participating residence halls enrolled in the study • 635 of 1285 (49.4%) completed the baseline questionnaire	**Randomization**: • Cluster-randomized, 6 clusters randomly selected to participate each year for 2 years (total of 12 clusters) • Clusters (i.e., residence halls) were size-matched, and one in each pair was randomized to each study condition to created comparable sample sizes across study conditions **Control condition**: Waitlist control condition **Data collection**: Three time points (baseline, follow-up 4 months after initial session and before booster session, 7-month follow-up; unclear whether the 7-month follow-up occurred 7-months from baseline or another time point) **Attrition**: • Overall (not reported by condition): 635 at baseline; 529 of 635 (83.4%) completed the 4-month follow-up questionnaire; 494 of 635 (77.8%) completed the 7-month follow-up; total of 460 (72.4%) completed all 3 time points • No significant differences in participant return rates between intervention and	• Measured self-reported sexual aggression with the SES • For analyses, coded as no sexual aggression versus sexual aggression • Baseline asked about sexual coercion from age 14 years • Follow-ups asked about sexual coercion since the last data collection time point in the study	• At 4-month follow-up, intervention group (1.5%, $n = 3$) had significantly lower rates of sexual aggression than the control group (6.7%, $n = 17$; $\chi 2[1, N = 437] = 7.33$, $p < .01$; $p < .05$, Fisher's exact test). • At 7-month follow-up, 4-month finding was no longer present

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Table 2. (continued)

Document(s) Reviewed	Sample Size[a] Baseline Age Race/Ethnicity: *n*, %	Recruitment	Randomization Comparison/Control Condition Data Collection Points Attrition	Violence Perpetration Measurement	Perpetration Findings
			control groups for either follow-up time point • Study noncompleters who left the study after the 4-month follow-up but before the 7-month follow-up reported higher levels of hypergender ideology on the 4-month questionnaire than those who completed all data collection time points ($t[520] = -2.08$, $p < .05$) • No significant differences between intervention noncompleters and control noncompleters		
Video Program					
Stephens and George (2009)	$n = 65$ **Age** ($n = 146$): M = 19.3 (SD = 1.8); Range = 18-29 **Race/ethnicity** ($n = 146$): White (100%)	• Recruited participants via campus advertisements and through the undergraduate psychology student subject pool at the participating university • Study title in advertisements was "Helping Victims of Sexual Assault" • 146 participants at baseline	**Randomization**: • RCT with 2 (high risk vs low risk) x 2 (intervention vs comparison) between-subjects design • All participants randomized to intervention or comparison condition • Baseline scores on the Modified-Sexual Experiences Survey (M-SES) used to classify participants as low risk or high risk for sexual coercion perpetration **Comparison condition**: 50-minute video chosen for lack of content related to rape or sexual assault **Data collection**: 3 time points (baseline pre-randomization, posttest (average 11.5 days [*SD* = 8.2] after pretest), 5-week follow-up (average 49.2 days [Mode = 33, *Mdn* = 41, SD = 32.2] after posttest)	• Measured self-reported sexual coercion with the M-SES • Used M-SES to classify participants at baseline as high versus low risk for perpetrating sexual coercion • Re-administered the M-SES at 5-week follow-up, measuring sexual coercion perpetrated since posttest	**Full sample**: Showed an increase in self-reported sexually coercive behavior postintervention compared to those in the comparison group) at 5-week follow-up, though nonsignificant (Cohen's *d* effect size across all men = −.30, 95% CI [−.44, −.11], $p = .053$) **By risk status**: More treatment participants (82%, $n = 9$) at high risk for sexual coercion perpetration reported perpet-rating sexual coercion as compared with high risk counterparts in comparison group (47%, $n = 9$; Cohen's $d = -.74$, 95% CI [−.97,−.50], $p = .030$); No signifi-cant effects for low-risk group

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Table 2. (continued)

Document(s) Reviewed	Sample Size[a] Baseline Age Race/Ethnicity: *n*, %	Recruitment	Randomization Comparison/Control Condition Data Collection Points Attrition	Violence Perpetration Measurement	Perpetration Findings
			Attrition: • Overall: 146 at baseline (number randomized to each condition not reported); 83 of 146 (56.8%) completed the posttest; 65 of 146 (44.5%) completed the 5-week follow-up • Intervention: 51 completed posttest; 27 of 51 (53%) completed follow-up (unclear how many at baseline) • Comparison: 52 completed posttest; 38 of 52 (73%) completed follow-up (unclear how many at baseline) • Participants who left the study at posttest reported significantly less attraction to sexual aggression and behavioral intention to rape and more victim empathy than posttest completers ($p \leq .047$; $.38 \leq d \leq .42$) • Participants who left the study at posttest from the comparison group reported significantly more behavioral intentions to rape and sex-related alcohol expectancies than those who left the intervention group at posttest ($p \leq .020$)		

Note: RCT = Randomized controlled trial. CTS2= Revised Conflict Tactics Scale. SV = sexual violence. DV = dating violence. IPV = intimate partner violence.
Language used in this table mirrors language used by study author(s) and reflects information in each document. As such, some information is available for some studies and not others. We report Cohen's *d* when available. This table includes information on any significant differences in study condition attrition rates and between study completers and noncompleters when reported. All studies were U.S.-based except Hossain et al. (2014), which was conducted in Côte d'Ivoire.
[a]Sample size reported indicates the number of participants who completed all data collection time points included in analyses. [b]Miller et al. (2012, 2013) report on data collected at two distinct time points (i.e., 12-week follow-up and 12-month follow-up, respectively) in the same evaluation study. [c]Miller et al. (2013) reported "*White n = 18,*" which appears to be a typographical error; we calculated the value as 518. [d]We retained this study because of the limited number of studies available; however, the study design for analyses of program effects on perpetration is quasi-experimental (i.e., people could not be randomized to join or not join a fraternity).

differences were found between intervention and comparison groups on measures of physical and sexual IPV experiences reported by female partners of study participants. Multivariate models were adjusted for age groups, ability to read, cohabitation status, trauma experiences, and levels of the outcomes measured at baseline.

Effectiveness of the Men's Program. Foubert (2000) examined the impact of the Men's Program on 145 college fraternity men ($M = 20.33$ years; range not reported). Participant race/ethnicity was overwhelmingly White.

A cluster-randomized approach was used with four fraternities assigned to the intervention group and four to the no-program control group. Participants were assessed at baseline, posttest immediately after the program, and 7 months after the program.

The self-report Sexual Experiences Survey (SES) was used at posttest and 7-month follow-up to assess likelihood of sexual coercion perpetration (continuous measure). Analyses examining intervention effects, pretesting, and a Treatment × Pretesting interaction did not find any significant differences between the intervention and control groups on sexual coercion.

Foubert, Newberry, and Tatum (2007) conducted a second evaluation of The Men's Program with a sample of 565 male undergraduate students. Participant race/ethnicity was not reported. The randomized trial used a Solomon four-square design that varied pretesting among four conditions: program with pretest, program without pretest, comparison with pretest, and comparison without pretest. The programming used with the comparison condition was not intended to promote change in participants' attitudes or behaviors regarding violence. Participants were assessed at three time points: baseline, posttest immediately after the program, and 7 months after the program.

The SES was used to assess self-reported sexual coercion perpetration. At baseline, the survey measured lifetime sexual coercion perpetration. At 7-month follow-up, the survey measured sexual coercion perpetration since baseline. Among study participants who joined fraternities, program participants ($M = .05$, $SD = 0.22$) reported perpetrating significantly fewer sexually coercive behaviors than those in the comparison condition ($M = .40$, $SD = 1.3$) at the 7-month follow-up, $F(1, 109) = 4.06$, $p < .05$.

Effectiveness of RealConsent. Salazar, Vivolo-Kantor, Hardin, and Berkowitz (2014) evaluated the RealConsent program with a sample of 215 male undergraduate students who self-identified as either heterosexual or bisexual. The sample average age was 20.38 years old ($SD = 1.67$; range not reported) and was somewhat racially/ethnically diverse with more White participants than other groups.

Participants were randomly assigned to the RealConsent intervention group or the comparison group that received the Health Connection program, which is a web-based health promotion program that does not address SV prevention. Data were collected at three time points: baseline, posttest immediately after the program, and at 6-month follow-up.

The perpetration outcome of interest was change in sexual coercion, assessed with the Sexual Coercion subscale of the CTS2. Baseline assessments asked participants about lifetime sexual coercion, and the 6-month follow-up asked about sexual coercion in the past 6 months. Analyses, adjusted for baseline scores for sexual coercion, prosocial intervening behaviors, and sociodemographic variables, showed that at the 6-month follow-up, program participants reported perpetrating significantly less sexual coercion than those in the control group (Cohen's $d = .29$). As compared with the control group, program participants had 73% lower odds of perpetrating sexual coercion.

Effectiveness of the Sexual Assault Prevention Program for College Men. Lobo (2004) evaluated this program with 237 male undergraduate students (age range:18–21+ years). Racial/ethnic makeup of the sample was primarily non-Hispanic Caucasian. Study participants were randomly assigned to the intervention or the waitlist control group. Data were collected at 3 times: baseline, 3 months postprogram, and 7 months postprogram.

For each of the data waves, participant sexual aggression was measured using the self-report SES. At baseline, participants were asked to report on their behavior between age 14 and 17 years. Each of the two follow-up surveys asked participants to report on their behavior during the interval since completing the prior questionnaire. Analyses controlled for history of perpetration (*none*, *moderate*, or *severe*) and found group membership (i.e., intervention vs. control) was not significantly related to sexual aggression perpetration at the 3-month or the 7-month follow-ups.

Effectiveness of the Men's Project. Gidycz, Orchowski, and Berkowitz (2011) evaluated The Men's Project with a sample of 460 male college students, aged 18–19 years old, from 12 randomly selected first-year residence halls. The racial/ethnic makeup of the sample was overwhelmingly White. The study used a cluster-randomized design with six residence halls assigned to receive the intervention and six assigned to the waitlist control condition. Study participants were assessed at three time points: baseline, before the booster session (4 months after the initial session), and 7-month follow-up (unclear whether follow-up occurred 7 months from baseline or another time point).

The study measured self-reported sexual aggression with the SES as a dichotomous variable (*no sexual aggression*/*sexual aggression*). At baseline, the SES assessed sexual coercion from age 14 years. At the 4- and 7-month follow-ups, SES assessed sexual coercion since the last data collection. Results from the 4-month follow-up showed the intervention group (1.5%, $n = 3$) had significantly lower rates of sexual aggression than the control group, 6.7%, $n = 17$; $\chi^2(1, n = 437) = 7.33$, $p < .01$; $p < .05$, Fisher's exact test. However, at the 7-month follow-up, the results showed no significant between-group differences on reports of sexual aggression.

Effectiveness of the Video Program. Stephens and George (2009) examined the impact of the Video Program on 65 White males. Participants aged 18–29 years ($M = 19.3$ years, $SD = 1.8$). The study used a randomized controlled trial with a 2 (high risk vs. low risk) × 2 (intervention vs. comparison) between-subjects design. Participants were randomized to the intervention or comparison condition. Participants in the intervention condition watched a 50-min video addressing SV topics, whereas participants in the comparison condition watched a 50-min video that did not include information on SV. Participants were assessed 3 times: baseline before randomization, posttest immediately after the video, and 5-week follow-up.

The study measured self-reported sexual coercion using the modified-SES (M-SES). The M-SES was used to classify participants at baseline as *high risk* versus *low risk* for perpetrating sexual coercion. This tool was readministered at the 5-week follow-up to measure sexual coercion perpetrated since the posttest. Findings for the full sample at the 5-week follow-up showed that, as compared with the comparison group participants, intervention participants had an increase in self-reported sexually coercive behavior; however, this effect was not significant ($p = .053$). Also, as compared with comparison group participants (47%, $n = 9$) categorized at high risk for perpetrating sexual coercion, a higher percentage of high-risk intervention participants (82%, $n = 9$) reported perpetrating sexual coercion since the baseline measure (Cohen's $d = -.74$, 95% CI [−.97,−.50], $p = .030$). No significant effects were found for the low-risk group. Covariates included outcome pretest scores and a social desirability measure.

Bias Assessment of the Studies

We used the Cochrane Risk for Bias Tool (Higgins & Altman, 2008) to assess the potential for SV/DV/IPV perpetration findings to be biased by selection, reporting, performance, detection, and attrition biases (see Table 3). For the majority of reviewed studies ($k = 7$), we could not clearly evaluate the potential for both forms of selection bias (i.e., random sequence generation and allocation concealment) because the study reports did not provide sufficient information. We rated the remaining two studies (Miller et al., 2012, 2013; Salazar et al., 2014) as low risk for selection bias based on each study's explicit description of a randomization protocol. Only three of the seven studies were registered and listed on the National Institutes of Health Clinical Trials website (clinicaltrials.gov). However, none of the listings included the original study protocol. As such, the studies included in this review could not be evaluated for risk of reporting bias because our team did not have access to original study protocols.

We rated eight of the nine studies as high risk for performance bias based on the high likelihood of study personnel, participants, and outcome assessors being aware of the study condition to which participants had been assigned. Salazar et al. (2014) was rated as low risk for performance bias because (a) the article provided a clear description of the process used for masking study conditions and (b) the intervention was delivered online to individual participants, making it unlikely that study participants would be aware of their own or others' assigned study condition.

Findings regarding detection bias were more varied, although we found too little information to discern the risk for detection bias in five studies (Foubert et al., 2007; Gidycz et al., 2011; Jaime et al., 2016; Miller et al., 2012, 2013; Stephens & George, 2009). We found three studies to be at high risk for detection bias (Foubert, 2000; Hossain et al., 2014; Lobo, 2004). In the Foubert (2000) study, one researcher implemented all study steps, including the administration of the study questionnaire, making it likely that the outcome assessor was aware of which participants were in each study condition. Hossain et al. (2014) did not mask study conditions and orally administered questionnaires. Lobo (2004) used a waitlist control group and did not administer a program to the control group. Last, Salazar et al. (2014) was rated as low risk for detection bias because the outcome assessment was administered online.

Last, we found eight of nine studies to have unclear risk for attrition bias. These studies received this rating because each was missing data related to the perpetration outcome and did not adequately discuss how, or if, missing data were addressed. Salazar et al. was the exception. This article described missing data and methods used to address it (i.e., imputation).

Discussion

To investigate whether SV/DV/IPV prevention programs for boys and men are effective and to compile available guidance regarding the content, structure, and delivery of such programs, we rigorously reviewed male-targeted programs focused on preventing SV/DV/IPV perpetration that have been evaluated using randomized designs and have measured perpetration behaviors.

Program Characteristics

The format of the seven programs tested varied widely across number of sessions, session length, and program duration. Given these diverse approaches and variation in program dosage, it is not surprising that this review provided little insight on what might constitute an effective dose of a male-targeted perpetration prevention program. However, four of seven programs involved delivery of more than one session, an approach that is consistent with the literature suggesting that single-session programs might be less likely to change complex behaviors such as SV/DV/IPV perpetration (DeGue et al., 2014; Vladutiu, Martin, & Macy, 2011).

Programs also varied in delivery approach, topics, types of activities, and implementer type and training. Although most programs delivered content through in-person groups, a few programs used video recordings or online platforms for program delivery. In terms of topics and activities, all programs addressed definitions of violent behaviors. Most programs

Table 3. *Quality Assessment of Reviewed Studies Based on Cochrane Risk of Bias Tool Ratings and Support (k = 9)*

Reference	Selection Bias[a]	Reporting Bias[b]	Performance Bias[c]	Detection Bias[d]	Attrition Bias[e]
Jaime et al. (2016)	**Unclear**: Allocation process not detailed	**Unclear**: No study protocol access	**High**: Coach-led vs. advocate-led conditions	**Unclear**: Unable to judge	**Unclear:** Unclear how addressed missing data
Miller et al. (2012, 2013)	**Low**: Computer-generated allocation schedule	**Unclear**: No study protocol access	**High**: Schools agreed to be in either study condition; intervention vs. coaching as usual	**Unclear**: Unable to judge	**Unclear**: Unclear if/how addressed missing data
Hossain et al. (2014)	**Unclear**: Allocation process not detailed	**Unclear**: No study protocol access	**High**: Partners who reported perpetration aware of conditions	**High**: No masking protocols; oral questionnaire	**Unclear**: Unclear how addressed missing data
Foubert (2000)	**Unclear**: Allocation process not detailed	**Unclear**: No study protocol access	**High**: Control group did not receive an intervention of any kind	**High**: Author implementing all study steps, including questionnaire administration	**Unclear**: Unclear how addressed missing data
Foubert et al. (2007)	**Unclear**: Allocation process not detailed	**Unclear**: No study protocol access	**High**: Participants knew study assessed effects of a program; controls got program unrelated to violence	**Unclear**: Unable to judge	**Unclear**: Unclear how addressed missing data
Salazar et al. (2014)	**Low**: Algorithm for allocation; online intervention	**Unclear**: No study protocol access	**Low**: Used process for masking, including masking the study purpose; intervention administered online	**Low**: Online outcome assessment	**Low**: Addressed missing data with imputation
Lobo (2004)	**Unclear**: Allocation process not detailed	**Unclear**: No study protocol access	**High**: Title for recruitment: "Men's Dating Experiences;" participant groups in different rooms; no program for controls	**High**: No program for controls; offered controls program after study ended	**Unclear**: Unclear how addressed missing data
Gidycz et al. (2011)	**Unclear**: Allocation process not detailed	**Unclear**: No study protocol access	**High**: Waitlist control design	**Unclear**: Unable to judge	**Unclear**: Unclear how addressed missing data
Stephens and George (2009)	**Unclear**: Allocation process not detailed	**Unclear**: No study protocol access	**High**: Title used in recruitment was "Helping Victims of Sexual Assault"	**Unclear**: Unable to judge	**Unclear**: Unclear how addressed missing data

Note: Miller et al. (2012, 2013) are treated as a single study. All ratings are based solely on the information provided in the articles reviewed. As such, studies may have accounted for potential biases without reporting such methods in the articles for a variety of reasons (e.g., publication word limits).

[a]*Selection bias* is bias in study findings resulting from the randomization process and the process used to mask the randomization protocol from those involved in the study. [b]*Reporting bias* refers to the possibility that the authors chose to report certain outcome findings rather than all outcome findings. [c]*Performance bias* describes the possibility of findings being biased due to procedures used to mask the study condition from study personnel and participants. [d]*Detection bias* refers to the possibility for findings to be biased because of procedures used to mask the study condition from outcome assessors. [e]*Attrition bias* refers to at study's potential for being biased by missingness in the outcome data and methods used for addressing missing data. For more information on the forms of bias, see Higgins and Altman (2008).

addressed gender norms in some manner, and most programs included discussion-based activities delivered to individual participants. Five programs used trained implementers to deliver the program, including peer educators, athletic coaches, or violence prevention advocates. However, the literature provided limited information about who implemented these programs (e.g., professional role, education) and their training, despite research indicating that programs' effectiveness may be related to program implementer characteristics and training (Mihalic, Irwin, Fagan, Ballard, & Elliott, 2004; Nation et al., 2003). Jaime et al. (2016) was an exception with its focus on comparing CBIM implementation by a coach versus a violence prevention advocate.

Differences Among Study Designs and Approaches to Perpetration Measurement

This review also found considerable heterogeneity in study designs, particularly in terms of study sample sizes and time to final follow-up. Diversity in these two areas is notable because both sample size and follow-up data collection time points influence a study's capacity to detect significant effects in perpetration behaviors. As the key research outcome, SV/DV/IPV perpetration is a relatively rare event that requires time and opportunity, studies with relatively small samples and shorter follow-up times might not have had sufficient participants and/or time to detect significant program effects (i.e., power). As such, some of the programs in this review may have shown promise in impacting perpetration with larger samples and longer follow-up.

There was also significant diversity in the measurement of violence perpetration. Across studies, researchers used several different tools and methods for measuring SV/DV/IPV perpetration (e.g., CTS2, SES, M-SES). Such diversity is reasonable, given that the programs and studies varied in their focal outcomes. Nonetheless, the use of varied measurement approaches makes it challenging to make direct comparisons of program effects.

Potential Risk for Bias in Perpetration Findings

Given the limited amount and types of information reported in the documents we reviewed, we were unable to assess the potential for multiple types of bias, particularly selection, reporting, and attrition biases. Based on our assessment of studies using the Cochrane Risk for Bias Tool (Higgins & Altman, 2008), we found that most studies were at high risk for performance bias.

Effects of the Programs on Male-Perpetrated SV/DV/IPV

Significant effects on SV/DV/IPV perpetration were found for five programs: RealConsent (Salazar et al., 2014), CBIM (Miller et al., 2013), The Men's Program (Foubert et al., 2007), The Men's Project (Gidycz et al., 2011), and the Video Program (Stephens & George, 2009). RealConsent was the only program found to significantly decrease SV perpetration among a universal population (i.e., college men broadly). CBIM had significant effects on overall DV perpetration (i.e., not reported individually for physical, psychological, or sexual DV) at 12-month follow-up specifically among male high-school athletes, a high-risk population. One of the two studies of The Men's Program (Foubert et al., 2007) found significant program effects on SV perpetration only among participants who joined a fraternity, whereas the other study (Foubert, 2000) did not find effects on SV perpetration. Gidycz et al.'s (2011) evaluation of The Men's Project indicated a lack of persistent effects on SV perpetration, and the evaluation of the Video Program showed that as compared with high-risk comparison group participants, a higher percentage of high-risk program participants reported perpetrating SV after watching the video. This mix of findings, paired with the heterogeneity in intervention approaches, suggests that there is insufficient evidence available to describe with certainty what works to prevent SV/DV/IPV perpetration in male-focused programs.

Implications for Research

This study determined limited experimental research exists on male-focused SV/DV/IPV prevention programs that measured effects on SV/DV/IPV perpetration behavior. Further, the limited available research on this topic was conducted primarily in the United States in school settings, which were primarily colleges and universities with predominantly White samples. Only one study (Hossain et al., 2014) was conducted outside of the United States in Côte d'Ivoire, and this same study was also the only study conducted in a community setting. As such, our key recommendation is for researchers to conduct additional evaluation of such programs, using experimental designs, measuring SV/DV/IPV perpetration behaviors, and including more diverse settings and participants. Whenever possible, we recommend that such studies have large samples and sufficient follow-up time to ensure that the research is designed to detect effects if they exist. Relatedly, studies need to be resourced to recruit and retain adequate numbers of participants in longitudinal studies. Additionally, given the dearth of replication studies determined in this review, we call for interventions to be tested in new settings and by investigators who were not the original program developers.

Consistent with research showing that SV/DV/IPV perpetration and other forms of violence (e.g., bullying, youth violence) share risk factors (Wilkins et al., 2014), we recommend that future studies of violence prevention programs, including but not limited to those on SV/DV/IPV, investigate multiple perpetration outcomes across violence types. We also call on researchers to determine common measures for such outcomes that could be used across studies to help to compare outcomes among prevention strategies.

Only three of the documents representing two distinct studies (Jaime et al., 2016; Miller et al., 2012, 2013), all of which reported on CBIM, examined program effects on an

adolescent population. Six studies were conducted with college men, and one study was conducted with boys and men aged 15 and older. These findings demonstrate both a lack of diversity of developmental stages across our sample of studies and the need for additional research with younger populations. The objective of primary prevention programs is to stop violent behavior before it starts, therefore administering such programs to young adults likely misses this goal for some of the participants (DeGue et al., 2014; Nation et al., 2003). Thus, future research should focus on testing programs for boys in early adolescence and possibly even younger, when feasible. Nonetheless, we would also like to acknowledge the potential challenges of developing, implementing, and rigorously investigating the sensitive topics of SV/DV/IPV with minors. Although there is a clear need for primary prevention programs aimed at young people, the practicalities of accessing male minors in the settings in which they are engaged (e.g., community-based programs, faith-based organizations, schools) are likely to be challenging. Likewise, obtaining both minors' assent and parental consent for such research might not be feasible.

Given the complex and sensitive nature of research on SV/DV/IPV, avoiding all risk for sources of bias is extremely challenging. For example, it might not be feasible for researchers to prevent study staff from being aware of participants' study condition assignment. Likewise, research participants not only need to be fully informed about study goals and procedures but also need to be free to withdraw from participation at any time. We encourage future research to address potential sources of bias (i.e., threats to study validity) in study findings whenever possible and to do so in ethical ways. Such methods may require creative and novel approaches. We also encourage researchers to consider which sources of bias are most critical in the conduct of prevention research studies. If not all sources of bias can be fully addressed, violence researchers could collectively determine which sources of bias are most important to address in order to ensure high-quality study findings.

Of equal importance, recent research has underscored the potential for both mixed-gender and gender-specific SV prevention programs to produce a boomerang effect (i.e., increase SV perpetration among men at high risk for SV perpetration; Malamuth, Huppin, & Linz, 2018). Stephens and George's (2009) evaluation of the Video Program (reviewed here) is consistent with this research—a significantly higher percentage of high-risk intervention participants reported perpetrating sexual coercion since the baseline measure compared with comparison group participants categorized at high risk for perpetrating sexual coercion. We echo Malamuth, Huppin, and Linz's (2018) call for researchers to attend to the potential harmful effects of SV/DV/IPV perpetration prevention programs delivered to audiences with men at high risk for perpetrating such violence to determine which prevention programs should be offered to boys and men universally and which should be targeted to specific subgroups.

Last, of the studies included in this review, the heterogeneity in program activities, content, delivery, length, and strategies precluded a clear, comprehensive summary of recommended program elements of SV/DV/IPV prevention. Research is needed to determine what key program elements and program dosage are necessary for effective SV/DV/IPV perpetration prevention among boys and men. Therefore, we recommend that future research seeks to investigate the elements (e.g., activities, topics, delivery method, implementer) of such male-focused programs that are most likely to ensure effective prevention of SV/DV/IPV perpetration behaviors. We also encourage researchers to detail and document program approaches, activities, and implementation strategies in published reports and/or supplementary materials that can be accessed by other researchers and practitioners.

Implications for Practice and Policy

Although no clear consensus regarding a "gold standard" approach for male-focused SV/DV/IPV prevention programs emerged from this review, the studies we reviewed present some promising approaches that can inform practitioners who are considering implementing prevention strategies in their communities and organizations. For example, RealConsent, the only program with significant positive effects on SV perpetration behavior with a broad group of men, was also the only program delivered both online and to individual participants (i.e., not in a group setting). Using technology such as online modules and social media platforms might be a promising path forward for SV/DV/IPV prevention programs to allow efficient individual implementation to a large audience. Furthermore, employing online and social media platforms in violence prevention might especially resonate with younger audiences in countries with high Internet usage. For example, an estimated 95% of U.S. adolescents aged 13–17 years report having "... access to a smartphone," and 45% report being online nearly all the time (Anderson & Jiang, 2018, p. 2).

Moreover, this review, coupled with other research, begs the question of whether gender-specific perpetration prevention programming is needed. Prior research has found prevention programs for mixed-gender audiences to have positive effects on SV/DV/IPV perpetration behaviors (Coker et al., 2017; DeGue et al., 2014), whereas findings from this review demonstrate that, though effort has been placed on developing and evaluating male-focused programs over the past 20 years, little is known about whether such programs are actually effective in preventing SV/DV/IPV perpetration. Arguments in favor of male-focused programs acknowledge that (a) boys and men are more likely to perpetrate SV and severe forms of physical DV/IPV than girls and women (Archer, 2000; García-Moreno et al., 2013), (b) this gender disparity might be explained by the fact that there are gender-specific risk factors (e.g., hostile attitudes toward women; male rape myth acceptance; DeGue et al., 2014; Tharp et al., 2013) that lead to these types of perpetration behaviors, and (c) these gender-specific risk factors are best targeted by male-focused programs. A counterargument to this thinking is that programs for mixed-gender audiences can also effectively change these risk factors while working to change

factors that make people of all genders vulnerable to victimization. Furthermore, male-focused programs, which are often heteronormative, may leave some participants feeling stigmatized or excluded (e.g., participants who do not identify along the gender binary, male survivors of SV/DV/IPV perpetrated by men or women) when they cannot identify with the program content. SV/DV/IPV prevention as a field likely needs a mix of effective programs given the various forms of violence and the diverse audiences for prevention programs. As such, practitioners should have a clear and practical rationale for using a specific approach, whether it is gender-specific or mixed-gender or whether it is universal or selected.

For policy makers and funders, the results of this review show that considerable room exists for innovation and advancement in the prevention of male-perpetrated SV/DV/IPV. Given the clear need for additional evaluation of SV/DV/IPV prevention programs, funding and policy should encourage program innovation. In addition, we urge funders to provide sufficient resources for rigorous evaluation of prevention interventions (i.e., support for large samples, follow-up data collection, and outreach to diverse communities).

Strengths and Limitations

Although our team used rigorous methods for this review, this research has some limitations. This review represents a comprehensive search and synthesis, including review of both peer-reviewed and gray literature. However, our searches might have failed to identify all studies with randomized designs that could have informed this review. Additionally, despite our mindful use of multiple strategies to enhance the rigor of our review methodology (e.g., independent coders, multiple search strategies), we might have missed or misinterpreted some details presented in the reviewed articles. Last, our assessment of risk for bias was based on information presented in the reviewed articles. Our team did not have access to original study protocols or any other information. However, to enhance the assessment process, we used a standardized tool and two independent coders in this bias assessment.

Conclusion

This review identified only nine studies that used randomized designs to evaluate male-focused programs designed for SV/DV/IPV perpetration prevention. This small body of research showed substantial heterogeneity across intervention approaches, study design, measurement of perpetration outcomes, and findings regarding intervention effectiveness. Therefore, no firm conclusions can yet be drawn regarding "what works" in SV/DV/IPV perpetration prevention programs designed for boys and men.

Implications for Research

This review highlights the need for future SV/DV/IPV perpetration prevention research to

- Use experimental designs when possible
- Assess prevention program effects on perpetration behaviors
- Focus on young boys and adolescents whenever possible
- Address potential sources of bias in study findings to enhance the rigor of evaluations of prevention programs
- Determine which prevention programs should be offered to boys and men universally and which should be targeted to specific subgroups
- Determine the key program elements necessary for effective prevention (i.e., program activities, content, delivery, length, and strategies)

Implications Practice and Policy

Although the small body of literature available for this review did little to clarify best practices for SV/DV/IPV prevention programs designed for boys and men, we provide initial recommendations for prevention practice and policy:

- Practitioners considering implementing prevention strategies in their own communities and organization will likely benefit from reviewing the studies identified in this review for guidance on promising SV/DV/IPV prevention programs; in particular, we recommend that practitioners review RealConsent (Salazar et al., 2014), Coaching Boys Into Men (Miller et al., 2013), The Men's Program (Foubert et al., 2007), and The Men's Project (Gidycz et al., 2011)
- SV/DV/IPV prevention as a field likely needs a mix of effective prevention programs given the various forms of violence and the diverse audiences for violence prevention programs. Thus, practitioners should have a clear and practical rationale for using a specific prevention approach, whether it is gender-specific or mixed-gender or whether it is universal or selected
- Given the prevalence of SV/DV/IPV in U.S. society and the lack of effective prevention programs, more research in this area is urgently needed. Therefore, policy makers should encourage and fund evaluation of SV/DV/IPV programs designed for boys and men as a public health issue

Authors' Note

Points of view in this document are those of the authors and do not necessarily represent the official position or policies of the Centers for Disease Control and Prevention.

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*Denotes a document included in the systematic review

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disseminate the results of these efforts to peer organizations and the peer-reviewed literature. She has led and participated on numerous multidisciplinary research teams and utilizes both quantitative and qualitative methods in her work. Her research is supported by funding from a variety of federal and state agencies, as well as local organizations and foundations. Her research portfolio includes examinations community-based sexual violence prevention programs, best practices for domestic violence protective orders (DVPOs), firearm confiscation and surrender policies in DVPO cases, teen dating violence prevention, and violence experienced by pregnant HIV positive pregnant women in the Democratic Republic of the Congo.

Heather Luz McNaughton Reyes, PhD, is a research assistant professor in the Department of Health Behavior at the Gillings School of Global Public Health, University of North Carolina at Chapel Hill. Her research focuses on the etiology and prevention of violence, substance use, and sexual risk behaviors across the life course, with a particular focus on adolescent populations. The two focal areas of her current program of research are (1) understanding the developmental pathways that lead to adolescent dating violence and (2) the development and evaluation of interventions to prevent health risk behaviors during the early life course.

Sandra L. Martin, PhD, is a professor and associate chair for research in the Department of Maternal and Child Health at the Gillings School of Global Public Health, the University of North Carolina (UNC) at Chapel Hill. She has a PhD in epidemiology from UNC and an MSc in epidemiology and biostatistics from McMaster University. Her research focuses on sexual and intimate partner violence. Most recently, she's been involved in studies to develop and implement campus climate surveys on sexual violence; develop, implement, and evaluate sexual assault prevention programs for various populations (e.g., high-risk male adolescents, the military); identify and respond to middle and high school students at high risk of sex trafficking; and better understand differential responses/sequela after sexual assault, including the development of post-traumatic stress disorder. Her research has been funded by multiple sources, including NIH, Centers for Disease Control and Prevention (CDC), DOD, WHO, and state governments. She has authored more than 100 peer-reviewed manuscripts, as well as book chapters and reports, and her research has been cited in scientific manuscripts, government reports/presentations (including those by Congress and White House), and the lay press. She also teaches a course in gender-based violence at UNC; acts as a mentor to the UNC gender-based violence student research group, a multidisciplinary university-wide research group of undergraduates, graduate students, and postdocs; and participates in a CDC-funded project (McBee) focused on mentoring faculty working in the area of intimate partner violence.