

**SCHOOL OF NURSING
AND MIDWIFERY****Primary Prevention of Sexual Violence and
Harassment against Women and Girls:
Combining Evidence and Practice Knowledge****Evidence Review and Data Synthesis**

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List of Acronyms

ACRONYM

ANROWS	Australia's National Research Organisation for Women's Safety
DSS	Department of Social Services
DV	Domestic violence
FV	Family violence
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer
NCAS	National Community Attitudes Towards Violence Against Women Survey
RCT	Randomised control trial
PSS	Personal Safety Survey
SA	Sexual Assault
SFV	Sexual and family violence
SV	Sexual violence
SVH	Sexual violence and harassment
TGD	Trans and Gender Diverse
VAW	Violence against women
VicHealth	The Victorian Health Promotion Foundation
WHO	World Health Organization

DEFINITIONS

This project will use the following definitions:

Sexual Violence

Sexual violence may include (but is not limited to) rape, sexual assault, indecent assault, sexual coercion, being forced to watch or engage in pornography, enforced prostitution, sex trafficking, unwanted touching, and the non-consensual sharing of intimate images (Australian Institute of Health and Welfare, 2019).

Sexual Harassment

The *Sex Discrimination Act 1984* (Cwlth) defines sexual harassment as any unwelcome sexual advance, request for sexual favours or conduct of a sexual nature in relation to the person harassed in circumstances where a reasonable person would have anticipated the possibility that the person harassed would be offended, humiliated or intimidated (Australian Human Rights Commission, 2020b).

Technology-facilitated Sexual Violence

Technology-facilitated sexual violence (TFSV) involves the use of digital technologies and platforms to perpetrate sexually aggressive or harassing behaviours. It includes rape threats, online stalking, the use of an app or platform to set up an in-person rape or sexual assault, and image-based sexual abuse (Henry & Powell, 2018; Powell & Henry, 2017). Image-based sexual abuse refers to the non-consensual taking or sharing of nude or sexual images. It can include: taking a sexually intrusive photograph up someone's skirt (commonly referred to as "upskirting"); threats to share nude or sexual images to obtain money or sexual images (known as "sextortion"); the use of artificial intelligence or other digital tools to make fake pornography (to make it look as if the person is engaging in a sexual act or posing nude; Henry et al., 2020). TFSV is a common tactic used by perpetrators of family violence (Douglas et al., 2019). It can also be perpetrated by strangers, friends, colleagues or others known to the victim-survivor (Powell & Henry, 2017).

Primary Prevention

This report uses the definition of primary prevention outlined in *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*, which defines primary prevention as “whole-of-population initiatives that address the primary (‘first’ or underlying) drivers of violence” (Our Watch, VicHealth, & Australia’s National Research Organisation for Women’s Safety [ANROWS], 2015, p. 15).

NOTE ON TERMINOLOGY

The terminology in this report is as inclusive as possible. However, as with any national report that uses collective terms, the range of people and identities across Australia are not captured in their entirety. Unless referring to research that uses different terminology, this report will use the following:

- **Aboriginal and Torres Strait Islander:** This report follows the definition laid out in *Changing the Picture* (Our Watch, 2018) where the term ‘Aboriginal and Torres Strait Islander people’ includes “Aboriginal peoples, Torres Strait Islander peoples and people with both Aboriginal and Torres Strait Islander heritage... [or] [o]n occasion, in keeping with international human rights language ... the term ‘Indigenous’ to include both Aboriginal and Torres Strait Islander people and communities, or to differentiate between Indigenous and non-Indigenous people and organisations”.
- **CALD:** ‘Culturally and Linguistically Diverse’ is an umbrella term used to describe people born overseas, have a parent born overseas and/or speak a variety of languages.
- **Cisgender:** A person who identifies as the gender they were assigned at birth.
- **Family/families:** Someone of significance in a person's life. This includes any person identified as a member of someone's family, including people who are not legally related.
- **LGBTIQ:** Used to refer to the broader lesbian, gay, bisexual, transgender, intersex and queer communities. However, we note that some communities may have different ways of describing themselves or their communities. Where appropriate, the chosen term for any identity will be used.

- Transgender: A person who identifies as a gender other than that assigned at birth.
- Women/woman/girl: Anyone who identifies as female.
- Women and girls with disabilities: this recognises the social model of disability – that people are disabled by social barriers – as well as a ‘person-first’ approach (i.e., “women and girls with disabilities”).



SUMMARY

Primary Prevention of Sexual Violence and Harassment Against Women and Girls: Combining Evidence and Practice Knowledge

The aim of the project is to identify effective primary prevention sexual violence and harassment (SVH) interventions at all levels of the ecological model and develop a Theory of Change to guide future research and policy in the primary prevention of SVH.

EVIDENCE REVIEW

Extensive searching **identified 4,156 records with 203 relevant records** assessed for final inclusion. Following full text review, **97 studies in total met our inclusion criteria—86 peer-reviewed and 11 from grey literature.**

Almost **three-quarters of the identified evidence (73%) was from United States of America (USA)** primary and secondary interventions combined.

Bystander and **dating violence prevention** initiatives for young people **dominated** the field (57%). **Only 17%** of papers were classified as **primary prevention studies.**

Peer-review findings were synthesised and reported according to the following groups:

- 1. Education-based bystander** and other relationship interventions in universities/colleges and schools
- 2. Workplace** prevention programs
- 3. Specific men's programs**
- 4. Targeted alcohol** interventions
- 5. Parenting** interventions



No Australian-only studies were identified in the peer-reviewed literature



Seven studies were deemed effective at reducing or preventing sexual violence and harassment



USA bystander-type education or relationship programs involving young people were the most common intervention evaluated



Only two studies evaluated sexual harassment interventions



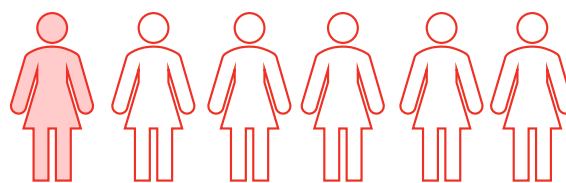
Aboriginal and Torres Strait Islander women and girls, women and girls with disabilities, migrant and refugee women and girls and LGBTIQ communities were missing from the evidence

SURVEY DATA ANALYSIS

In the 6th National Survey of Australian Secondary Students and Sexual Health almost **one-third of participants** had experienced an **unwanted sexual event** in their lifetime.

Those more likely to report having had unwanted sex were **female, trans and gender diverse** and **non-heterosexual young people**.

Experiences among **Australian young people**, 14–18 years old, have not yet been examined in depth.



One in six Australian women over the age of 15 have experienced physical and/or sexual violence by a current or previous partner

Common reasons why students engaged in unwanted sex:

“My partner thought I should”

“I was too drunk at the time”

“I was frightened”

WHAT WORKS TO PREVENT SEXUAL VIOLENCE AND HARASSMENT?

- University-based bystander program aimed at male students
- University-based single-sex women’s empowerment and resistance programs
- Bystander approaches that enhance prosocial intervening behaviours, paired with other SVH education
- Challenging rape myths
- Comprehensive, ‘whole-of-organisation’ interventions with multi sessions

There is a **significant lack of community- or societal-level interventions**, such as whole-of-community mobilisation programs or government policy to prevent or reduce SVH.

Funding and investment in longitudinal evaluation studies are needed to measure **sustained prevention** and change.

MONITORING SEXUAL VIOLENCE AND HARASSMENT

The goal of sexual violence primary prevention is to **reduce the levels of SVH behaviours in the community**. Beyond this, primary prevention can **target factors** that influence SVH behaviours. These factors can include **underlying drivers** that initiate these behaviours and **reinforcing factors** that perpetuate them.

Monitoring of SVH prevention strategies through national surveys **is preferred**.

The National Community Attitudes towards Violence against Women Survey (NCAS), Personal Safety Survey (PSS) and Australian Longitudinal Study on Women’s Health (ALSWH) were identified as **most effective** in monitoring SVH.

Suggest implementing the **ABS framework** for optimising data collection and reporting for SVH.

GAPS

The following items are missing from the global evidence on the primary prevention of SVH:



Australian evaluations of primary prevention interventions



Behaviour change measurement rather than knowledge and beliefs



Process evaluations to understand why programs succeed or fail



Perpetrator interventions aimed at adult males



Community- and society-level interventions

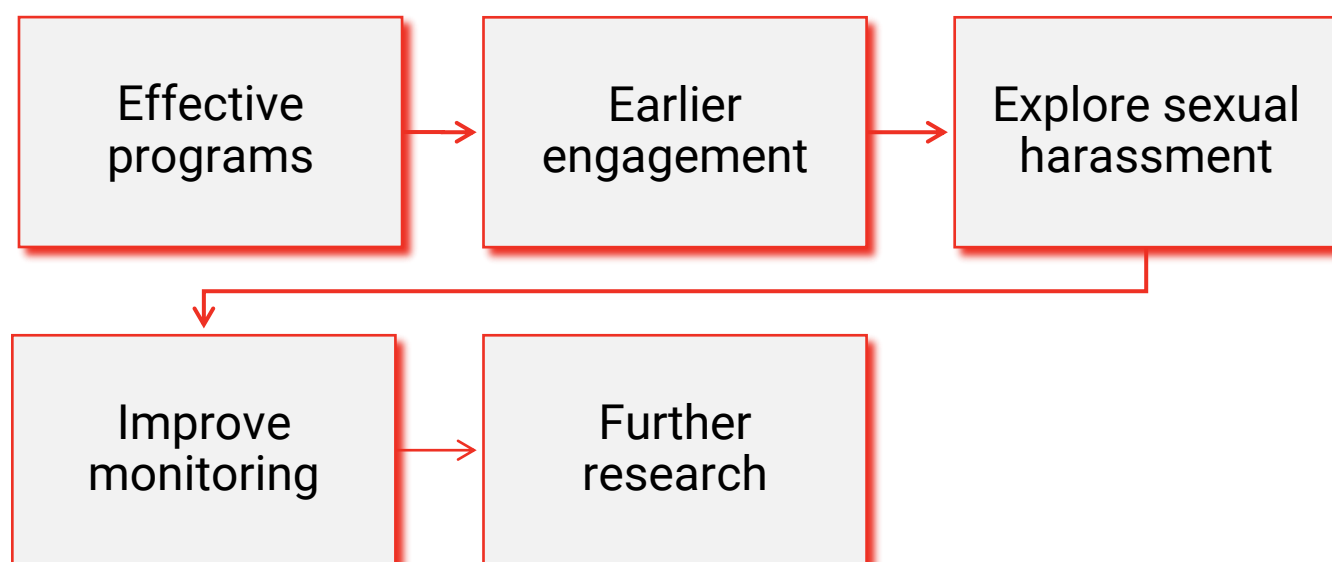


Evidence on sexual harassment, especially outside the workplace setting



Interventions for specific populations at highest risk –elderly, migrant and refugee population, LGBTIQ people, Aboriginal and Torres Strait Islander women and girls, women and girls with disabilities, rural and remote women and girls

RECOMMENDATIONS



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Executive summary

BACKGROUND

‘Sexual violence’ is an umbrella term used to describe physical and non-physical forms of violence of a sexual nature, carried out against a person’s will. Sexual violence and harassment (SVH) exist on a spectrum of violence against women and girls. SVH can be a single instance, or it can be experienced in a variety of ways across a woman’s life, and the perpetrator is most often known to the woman (Australian Institute of Health and Welfare, 2018). Intimate partner sexual violence is often used alongside other tactics of domestic violence (DV [ANROWS, 2019b]). The threat of SVH over a woman’s life impacts on her mobility, how she navigates within the community, the workplace, and in the family and relationships. To engage with this complexity, it is necessary for research to consider options for SVH primary prevention across all the mechanisms that drive, facilitate and support SVH offending within a wide range of settings.

Under the *National Plan to Reduce Violence against Women and Their Children 2010–2022* (Council of Australian Governments, 2011), the Australian Government is committed to a program of work focused on the prevention of violence against women, with sexual violence as a key priority in The Fourth Action Plan (2019–2022). Primary prevention of SVH refers to a whole-of-population approach that addresses the underlying causes of SVH and stopping it before it starts.

AIMS

The main aim of this research is to identify effective primary prevention SVH interventions at all levels of the social ecology (individual/relationship, organisational/community, system/institutional and societal levels). There are three phases to this report, which aim to answer three different but complementary research questions:

Phase 1. Evidence Review to identify and review evaluated, gendered, primary prevention, SVH interventions that are effective in reducing and/or stopping SVH against women and girls.

Phase 2. Survey Analysis of the 6th National Survey of Australian Secondary Students and Sexual Health, exploring who is most likely to experience unwanted sex.

Phase 3. Data Gap Analysis and Synthesis of existing datasets that may be useful to monitor future SVH prevention interventions and policy effectiveness.

The research will inform a Theory of Change to guide future research and policy on the primary prevention of sexual violence and harassment. The body of research is specific to the primary prevention of sexual violence and harassment. However, it builds on existing national policy (Council of Australian Governments 2011, 2019) outlined in the Fourth National Action Plan (2019–2022) and foundational work by Our Watch, ANROWS and VicHealth (2015) to monitor and guide practices towards the overall prevention of violence against women (VAW) and children.

PHASE 1. EVIDENCE REVIEW

Methods

A scoping review method was used to answer the following research question: **What evaluated interventions are effective in the primary prevention of sexual violence and sexual harassment of women and girls?**

Table 1: Scoping Review Method

Scoping review steps	Review process
Develop research question and design search strategy	Testing key words, phrases and bibliographic databases
Identify relevant studies	Detailed inclusion and exclusion criteria
Select studies	Titles and abstracts and full texts reviewed with team consultation for final decisions
Chart the data	Data extraction using agreed tables outlined in project plan
Collate and report findings	Scoping review team analysed and reported results of peer-reviewed and grey literature

For peer-reviewed literature, key search terms covering all forms of SVH primary prevention, intervention and evaluation were searched across electronic bibliographic databases: Medline, PsycINFO, CINAHL, SocINDEX, Informit, ERIC, Business Source Complete and Scopus. A comprehensive list of national and international websites was searched for grey literature that met the inclusion criteria.

We restricted literature to the last 10 years and only accepted publications in English. Settings were restricted to countries culturally/economically like Australia–New Zealand, North America (USA and Canada) and Western Europe (e.g., United Kingdom, Germany and Spain). Only primary prevention studies that reported on outcome evaluations were included. Effectiveness of studies were classified according to the following criteria (Webster & Flood, 2015):

- **Effective** – at preventing sexual violence and/or sexual harassment.
- **Promising** – impacts seen on gendered drivers and/or reinforcing factors but not on sexual violence and/or sexual harassment directly.
- **Conflicting** – mixed results or unclear/conflicting effectiveness.
- **Ineffective** – no statistical significance or impact on sexual violence or harassment or risk/reinforcing factors.

Results

Extensive searching identified 4,156 records with 202 relevant records assessed for final inclusion. Following full-text review, a total of 97 studies met our inclusion criteria (86 peer-reviewed; 11 grey literature). Peer-review findings were further synthesised and reported according to the following groups:

1. Education-based bystander and other relationship interventions in universities/colleges and schools
2. Workplace prevention interventions
3. Specific men's interventions
4. Targeted alcohol interventions
5. Parenting interventions.

Almost three-quarters of the identified studies (73%) were from the United States (USA) and were combined primary and secondary interventions. **Bystander and dating violence prevention initiatives for young people dominated the field (57%)**. Only 17% of all papers were classified as primary prevention studies.

No Australian-only studies were identified in the peer-reviewed literature, indicating the clear gap and need for Australian research in this field. One study was conducted in Australia and New Zealand. Intervention types identified in the review varied, with many studies using multiple approaches (Table 2).

Table 2: Interventions Identified in Peer and Grey Literature

Intervention type	Peer-reviewed article	Grey literature
Bystander Intervention + SVH & Domestic Violence In-person Education	50	5
SVH & Domestic Violence In-person Education Alone	25	1
Male Tailored SVH & Domestic Violence Education	11	0
Social Marketing Campaign	10	2
Healthy Relationships Education	9	5
Workplace Intervention including Military	8	1
Narrative/Theatrical/Video-based Intervention	8	0
Online/Web-based/Multi-media Intervention	7	0
Sexual Assault Resistance/Self-defence/Risk Reduction	8	0
Female Tailored SVH & Domestic Violence Education	6	0
Alcohol-related SV Intervention	6	0
Policy Intervention	4	1
Printed Resource Intervention	3	0
Nurse Visitation/Parenting Intervention	3	0
Building/Spatial Intervention	2	1

NB: This table represents a general typology of intervention components rather than a detailed content analysis of review interventions. Note that interventions could attract more than one type of code.

Evidence Review Findings

Overall, in both peer-reviewed and grey literature, **only seven studies were deemed effective** according to our criteria. Appendix 1 provides a summary of studies classified as effective, promising, conflicting or ineffective. Of those deemed effective, three interventions across six studies were at the individual and relationship level, targeting young people attending tertiary education (Holtzman & Menning, 2019; Menning & Holtzman, 2015; Salazar, Vivolo-Kantor, Hardin, & Berkowitz, 2014; Salazar, Vivolo-Kantor, & Schipani-McLaughlin, 2019; Senn et al., 2015; Senn et al., 2017). Two of these interventions (*EAAA* and *Elemental*) are for women and include psychoeducation on SVH and skill development in self-protection and risk reduction (Holtzman & Menning, 2019; Menning & Holtzman, 2015; Senn et al., 2015; Senn et al., 2017).

The third intervention (*RealConsent*) is tailored to college-based men and works to enhance prosocial behaviours and prevent SVH (Salazar, Vivolo-Kantor, Hardin, & Berkowitz, 2014; Salazar, Vivolo-Kantor, & Schipani-McLaughlin, 2019). These studies from the peer-reviewed literature report interventions that were evaluated using randomised controlled trials with adequate sample sizes; however, attrition of participants appears to be an issue in these studies and findings are only able to be generalised to the USA or Canada.

In the grey literature, a whole-of-organisation USA military intervention (US Department of Defense, 2014) was effective at significantly reducing service women's reports of unwanted sexual contact over the two-year period of the intervention. Although a very large sample, the authors do not clearly explain the pre-post data, and the complexity of the report makes interpretation difficult. Again, findings are unable to be extrapolated to the general population as the study focuses on a non-representative group.

From these findings we can conclude that select **SVH educational interventions based in tertiary settings that target 'at-risk' groups (both potential victims and perpetrators) are effective**. For greatest effect, a range of interventions on campus are preferred over single interventions, with supportive systems in place to ensure an adequate response to those experiencing and perpetrating SVH (Orchowski et al., 2018). Lack of process evaluation within interventions means we do not have a clear understanding of *why* these seven

studies were effective. Quantitative measures of effect do not help researchers or policy-makers understand how a previously effective intervention can be replicated in an alternative context. More qualitative research and process evaluations embedded in RCTs that explore intervention implementation and contextual factors are required to inform future intervention development (Moore et al., 2015).

Table 3: Evidence Review Findings Summary – Peer Review and Grey Literature

Classification	Intervention type
Effective	<ul style="list-style-type: none"> University-based bystander interventions aimed at male students University-based single sex women's empowerment and resistance interventions Bystander approaches that enhance prosocial intervening behaviours, paired with other SVH education Challenging rape myths Comprehensive, whole-of-organisation interventions with multi sessions Peer facilitated with facilitators receiving extensive training Strong evidence-based intervention design
Promising	<ul style="list-style-type: none"> School- or university-based social marketing campaigns School- or university-based bystander interventions that include practice skills and assess situations for perpetrator behaviour, paired with education on SVH Bystander interventions aimed at male students Bystander campaign material displayed on posters and other extensions of intervention beyond the classroom Campaign messages addressing consent, intoxication, SVH

Classification	Intervention type
	<ul style="list-style-type: none"> ▪ Relationship interventions looking at healthy relationships, consent, sexual health, alongside SVH ▪ Men's interventions that cover sexual assault prevention education alongside gender roles, male privilege, awareness and understanding of SVH ▪ Men's interventions that include awareness-raising (e.g., informs men that women are most likely to be raped by a known perpetrator) ▪ Novel or experiential approaches such as theatre interventions, bibliotherapy, computer games ▪ Peer-facilitation interventions with training for student leaders ▪ Interventions enhancing skills on assessing dangerous situations ▪ Males as allies that emphasise male responsibility for decreasing SVH ▪ Interventions that have culturally appropriate resources for target audience ▪ Resistance education and empowerment for women ▪ Positive sexuality education ▪ Sexual harassment-specific training tailored for adult learning that includes job-related scenarios
Conflicting	<ul style="list-style-type: none"> ▪ Social marketing campaigns ▪ Bystander education alone is not sufficient; it needs to be paired with education on SVH that addresses men as perpetrators ▪ Mandatory attended interventions – interventions where participants are required to attend may have lower success rates ▪ Interventions targeted at both females and males often show more success in female participants

Classification	Intervention type
	<ul style="list-style-type: none">Interventions with short-term follow-up periodsResults for novel approaches can be varied
Ineffective	<ul style="list-style-type: none">Stand-alone interventions with limited SVH education often ineffective for SVH behaviour changePolicy change alone is not enoughDating violence interventions need clearer content on SVH

Twenty-seven studies were identified at the ‘promising’ level, showing impact on SVH drivers and/or reinforcing factors but not directly on reducing sexual violence behaviours. USA bystander education or relationship interventions involving young people were the most common interventions evaluated (Table 2).

The remaining 63 studies **(65%) were classified as conflicting or ineffective at changing sexual violence attitudes**, knowledge or behaviours. **Only two studies evaluated sexual harassment**; these were of varying quality and neither was deemed effective.

There is a significant **lack of community- or societal-level interventions**, such as whole-of-community mobilisation interventions, or government policy (social/justice/workplace) to prevent or reduce SVH. While individual- and relationship-level interventions are the bulk of the evidence, without complementary community- and social-level initiatives (to reinforce messages and shift social norms), societal and behaviour change is less likely to occur (DeGue et al., 2014).

In addition, follow-up timeframes in evaluation studies were often short, with impact rarely measured beyond six months post-intervention. Funding and investment in longitudinal evaluation studies are needed in future to measure sustained prevention and change.

Outcome Measures

Identified studies used a vast range of outcome measures to assess intervention efficacy. When assessing impact on SVH prevalence, most studies measured self-reported perpetration or victimisation using pre–post intervention surveys.

Study outcomes were categorised into those that measured SVH reinforcing factors such as attitudes, knowledge and bystander intentions (Table 13) and those measuring SVH behaviours (Table 14). Many more studies measured the prevention of SVH gendered drivers and reinforcing factors than actual changes in behaviour.

PHASE 2: SURVEY ANALYSIS

Methods

The second phase asked the question: How does having an unwanted sexual experience correlate with socio-demographic, sexual health knowledge and educational experience variables?

To answer this, we analysed data from the 6th National Survey of Australian Secondary Students and Sexual Health to identify students (14–18 years old) most likely to report an experience of unwanted sex.

The analysis examined correlates of unwanted sex among a sample of sexually active young people (N=3,838) who had answered “yes” to “Have you ever had sex when you didn’t want to?”

Logistic regression models report odds ratios (e.g., likelihood in comparison to unaffected others within a group) of unwanted sex by socio-demographic and other variables. In addition, we tabulated proportions by gender of those who reported reasons for having unwanted sex and used inferential statistics to determine statistical significance ($p < 0.05$).

Results

Almost one-third of participants had experienced an unwanted sexual event in their lifetime. Those more likely to report having had unwanted sex were female, trans and gender diverse (TGD) and non-heterosexual young people.

The most common reason that students engaged in unwanted sex was “my partner thought I should” and “I was too drunk at the time”, with no statistically significant differences across genders. This phase of the research demonstrates that unwanted sex disproportionately happens among females and LGBTIQ young people in Australia, with females and TGD people significantly more likely to report it happened because they were frightened. Sexual coercion and peer pressure impact on student sexual behaviour, especially for males, who were somewhat more likely to report that “my friends thought I should”.

Peer or partner pressure and alcohol play a significant part in the unwanted sexual experiences of young people. Greater understanding is needed of the contextual nature and impact of these unwanted sexual behaviours. This includes more detail on the circumstances, settings and perpetrators, and a more detailed understanding of the context and lived experiences of females and TGD students who report unwanted sex.

PHASE 3: DATA GAP ANALYSIS AND SYNTHESIS

Methods

The aim of the data gap analysis and synthesis phase was to assess potential Australian SVH community prevalence and/or incidence data sources that may serve as surveillance data to monitor the effectiveness of future sexual violence primary prevention initiatives. SVH community prevalence was defined as the number of people in the relevant population who have experienced SVH at least once. SVH community incidence was defined as the number of incidents of SVH in the relevant population within a specified reference period. This section responds to the third research question: **What is the evidence coverage and gaps in existing Australian data reporting on sexual harassment and sexual violence?**

We identified online, publicly available data sources that captured SVH behaviours or gendered drivers and reinforcing factors. The *ABS Directory of Family, Domestic, and Sexual Violence Statistics* (2018) was a crucial central resource for data source identification. To be eligible for SVH prevention monitoring, the data needed to be national, collected in an ongoing or repeated manner, and reflect and report gendered SVH experienced by women and girls. Findings were collated and tabulated according to data type, either administrative by-product data (nine sources, see table 19) or survey data (11 sources, see table 18). Data was mapped against the relevant sexual violence behaviour outcome measures (prevalence and incidence) and gendered driver and reinforcing factor outcome measures (Our Watch et al., 2015). Data gaps, strengths, and limitations were also informed by the comprehensive work already reported by the ABS (*Defining the Data Challenge for Family, Domestic and Sexual Violence*, 2013a; *Bridging the data gaps for family, domestic and sexual violence*, 2013b) and the AIHW (*Family, domestic and sexual violence in Australia: Continuing the national story*, 2019). Data improvement recommendations were also informed by the work of the ABS (*Bridging the data gaps for family, domestic and sexual violence*, 2013a; *Foundation for a National Data Collection and Reporting Framework for family, domestic and sexual violence*, 2014).

Results

Monitoring of SVH prevention through prevalence data in national surveys are preferred over administrative datasets. National surveys are more likely to capture anonymous data on experiences of SVH from a broader sample of people and include SVH experiences not disclosed to authorities—something that limits the utility of administrative data for community prevalence and incidence estimates (see pages 145-150 for more on the administrative data). Surveys with good sampling methods also improve their ability to make population estimates sufficiently sound to be used as confident sources of SVH community prevalence and incidence (see pages 138-144 for more on the survey data). They also offer the capacity to capture data on attitudes and awareness that could expand knowledge of sexual violence gendered drivers and reinforcing factors. Surveys identified as the **most effective monitoring sources are the National Community Attitudes Survey (NCAS) for attitudes and awareness; the Personal Safety Survey (PSS); the National**

University Student Survey on Sexual Assault and Sexual Harassment; and the Australian Longitudinal Study on Women's Health (ALSWH) for community SVH prevalence. This surveillance could be done most efficiently, and include more data sources such as administrative data, by **implementing the recommendations of the Australian Bureau of Statistics' (ABS) framework for optimising data collection and reporting for SVH.**

Discussion – All Report Findings

Initiatives to prevent and stop SVH must focus on addressing the attitudes and behaviours of perpetrator and not the victim–survivor of the abuse. A comprehensive suite of evidence-based interventions, delivered in multiple settings and across socio-ecological levels, will be effective in preventing SVH (DeGue et al., 2014). Although awareness of SVH as a complex and pervasive problem is growing, a comprehensive review of the evidence indicates that SVH primary prevention interventions are very limited, narrow in scope and fail to reflect the true complexity of the issue. Australian SVH primary prevention intervention research is lacking.

Effective interventions have the following characteristics: peer facilitated, theory-based, developmentally and culturally appropriate, and provide participants with opportunity for education and skill-building. University-based sexual assault prevention interventions may be more successful when delivered to single-sex audiences via varied pedagogy (Edwards & Banyard, 2018). Less effective interventions are those that are brief, one-off education sessions without follow-up, and stand-alone interventions at a single socio-ecological level.

Gaps in the Evidence

The following items are missing from the global evidence on the primary prevention of SVH:

- Australian evaluations of primary prevention interventions
- Behaviour change measurement rather than knowledge and beliefs
- Interventions for specific populations at highest risk – elderly, migrant and refugee populations, LGBTIQ communities, Aboriginal and Torres Strait Islander women and girls, women and girls with disabilities, rural and remote women and girls
- Evidence on sexual harassment, especially outside the workplace setting

- Process evaluations embedded within RCTs and other study designs, to understand why interventions succeed or fail
- Community- and society-level interventions
- Perpetrator interventions aimed at adult males.

Furthermore, consistent with earlier reviews, there appear to be very few targeted interventions addressing intersectionality or interventions developed for specific populations (Kettrey & Marx, 2019).

Adolescent unwanted sexual experiences

Survey analysis shows that young women and gender diverse secondary school students experience unwanted sexual encounters on a regular basis, yet SVH is under-reported and data monitoring requires improvement for future initiatives to be evaluated effectively.

Alcohol and peer coercion play a part in adolescent unwanted sexual experiences and should be considered in future prevention strategies with this population.

Monitoring Sexual Violence and Harassment

National surveys capture data only for SVH victimisation, and while important, there is a need to survey those that perpetrate abuse. From existing victimisation data, **the best available sources of sexual violence primary prevention outcome data include: the *Australian Longitudinal Study on Women's Health***, which can potentially compare prevalence across generations and time and possibly estimate incidence (something that is lacking in other cross-sectional surveys such as the PSS); and **the *Personal Safety Survey***, which can estimate sexual violence prevalence at a point in time across a large sample of the population. Additionally, **the *National Community Attitudes Towards Violence Against Women Survey*** offers the best mechanism through which to periodically measure sexual violence gendered drivers and reinforcing factors (though all reinforcing factors should be included). However, the long periods between data collection and the survey-related issues listed above mean there are still limitations to these surveys' utility in providing effective monitoring or surveillance of sexual violence primary prevention outcomes.

The data improvement framework offered by the ABS in their *Foundation for a National Data Collection and Reporting Framework for Family, Domestic and Sexual Violence, 2014* publication is a useful resource for improving current survey and administrative data for the purpose of SVH prevalence and incidence monitoring (Australian Bureau of Statistics, 2014).

This report identified gendered drivers and certain reinforcing factors of VAW, including SVH, already outlined in *Change the Story* (Our Watch et al., 2015). Specific reinforcing factors identified in this report include alcohol and other drugs, sexually explicit media and heteronormative attitudes. As the Fourth Action Plan (2019–2022) outlines sexual violence as a key priority area, we recommend a more nuanced **focus on these and other more specific reinforcing factors of sexual violence and sexual harassment**.

Limitations of the Evidence Review

We do not claim to have identified all evidence on the primary prevention of SVH. The broad scope for this review resulted in a larger number of studies on a wide variety of topics. Limitations placed on the search regarding the timeframe and not including primary prevention of SVH studies from low- and middle-income countries should be considered.

We acknowledge that men, boys and non-binary people can experience SVH, largely from men and, to a lesser extent, women. However, a gendered focus was taken in line with the *National Plan to Reduce Violence against Women and their Children*, which narrowed our scope, such that non-gendered drivers and reinforcing factors of SVH may not have been captured. A further exploration of excluded non-gendered studies found that the majority were school-based interventions. We included our findings on these non-gendered studies as an additional section in the report.

Strengths of the review include the use of a comprehensive scoping review methodology (Arksey & O'Malley, 2005), with double reviewing of full-text items and consultative team decisions made. A predefined assessment of effectiveness (Webster & Flood, 2015) was used to identify rigorous intervention research, effective at reducing and preventing SVH.

Conclusion

Very few interventions have been deemed effective at preventing SVH and it remains unclear what aspects of these interventions facilitate change. To reiterate conclusions by De Gue et al. (2014), vast amounts of primary prevention “research and resources have been invested in brief psycho-educational strategies that are not consistent with the principles of prevention and have not demonstrated effectiveness despite numerous evaluations” (p. 20). The following recommendations are made when considering future policy and investment in SVH prevention.

Recommendations

1. Adaptations of identified effective interventions for Australian contexts.

Adapt and implement effective and promising international interventions that include process evaluation to assess intervention feasibility within the varied Australian context. Consider the characteristics of effective interventions reported here when adapting interventions.

2. Earlier engagement with younger children and families.

Very few interventions are targeted at earlier age groups to address drivers and reinforcing factors that may be occurring within the family. Interventions tailored to the early childhood and primary school settings should be explored. Parenting and broader community-level, social-support interventions that can provide practical help and support to families may prevent child abuse and subsequent SVH.

3. More research on sexual harassment, especially outside the workplace.

The limited number of studies of sexual harassment gathered in the literature review indicates the need for further research on sexual harassment. This includes an exploration of specific causes and context around sexual harassment and the potential primary prevention interventions that can influence these factors.

4. Improved monitoring of SVH prevalence including perpetration.

Improve existing national surveys like the PSS, NCAS and ALSWH to include consistent SVH measures that would allow enhanced monitoring across datasets. Standardised SVH definitions and questions across surveys will improve comparison and provide more frequent sources of data. Most surveys are administered more than one year apart or on an

ad-hoc basis, which makes it difficult to use these as short-, medium- and long-term monitors of SVH primary prevention efforts. In addition, more targeted sampling is warranted to capture under-represented groups. More in-depth, detailed SVH questions would capture nuanced aspects of SVH (e.g., historical vs current SVH).

Most national population surveys gather prevalence data on victimisation and not perpetration. Hence, there is need to develop a national survey of SVH perpetration.

5. In-depth qualitative research to understand lived experiences and processes of change. Very few studies used mixed or qualitative methods to explore how primary prevention interventions work. Findings from the Secondary Student survey analysis undertaken in Phase 2 of this project highlighted the need for further qualitative research on the context and lived experience of females and LGBTIQ young people who disproportionately report unwanted sexual experiences.

Introduction

BACKGROUND

Violence against women (VAW) in Australia (and globally) is pervasive and harmful to individuals, communities and the wider economy. In response, the Council of Australian Governments (COAG) developed a national policy titled *The National Plan to Reduce Violence Against Women and Their Children 2010–2022* (National Plan) to address the issues of VAW and children in Australia. Under the National Plan, the organisation *Our Watch* was formed to lead the primary prevention of violence against women and their children in Australia. In 2015, Our Watch and colleagues produced a landmark report titled *Change the Story: A Shared Framework for the Primary Prevention of Violence Against Women and Their Children in Australia* (Change the Story). The report was followed by *Changing the Picture: A national resource to prevent violence against Aboriginal and Torres Strait Islander women and their children* (Our Watch, 2018), to address the complex drivers of violence against Aboriginal and Torres Strait Islander women and girls, and then by *Men in focus: unpacking masculinities and engaging men in the prevention of violence against women* (Our Watch, 2019b). This Primary Prevention of Sexual Violence and Harassment project builds on these foundational reports/frameworks.

Aims of Project

This project aims to identify effective primary prevention sexual violence and harassment (SVH) interventions and analyse other forms of data that may inform a Theory of Change and future research on the primary prevention of SVH. The body of research is specific to the primary prevention of sexual violence against women and girls. There are three phases to this report which aim to answer three different but complementary research questions:

1. **Evidence Review** of evaluated primary prevention interventions to identify what works to stop SVH.
2. **Survey Analysis** of the 6th National Survey of Australian Secondary Students and Sexual Health, exploring who is most likely to experience unwanted sex.

3. **Data Gap Analysis and Synthesis** of existing datasets that may be useful to monitor future SVH prevention interventions and policy effectiveness.

Sexual Violence and Harassment

WHY FOCUS ON SEXUAL VIOLENCE AND HARASSMENT?

While *Change the Story* (Our Watch et al., 2015) includes sexual violence and harassment (SVH) as VAW, there is scope for an enhanced focus and exploration of the primary prevention of SVH. Sexual violence prevention is an underdeveloped area of research and policy, with the sexual assault practice sector often siloed and distinct from the wider community domestic and family violence service. The integration of services varies across states and territories. While SVH is a form of VAW, it has unique aspects and complexity that make it worthy of focused study.

Under the National Plan (Council of Australian Governments, 2011), the Australian Government is committed to a program of work focused on the prevention of violence against women. The Fourth Action Plan (2019–2022) outlines sexual violence as a key priority area.

Internationally, SVH has received attention with groundswell activism from local communities and across social media. Notable, the #MeToo movement, which came from the work of Tarana Burke (2020) in African-American communities in the USA, gained significant popularity in 2017 across social media. The sheer number of mostly women voicing their experiences of SVH indicated the breadth of the problem as well as a desire to see change around the world. Such examples show that while SVH is a global issue, women and girls do resist and survive SVH, as well as all forms of structural inequality.

HOW COMMON IS SEXUAL VIOLENCE AND HARASSMENT?

Sexual violence is a global issue that has far-reaching impacts and consequences. The World Health Organization reports that 35% of women (in their lifetime), have experienced either physical and/or sexual intimate partner or non-partner sexual violence, not including

sexual harassment (World Health Organization, 2013). 'Sexual violence' is an umbrella term used to describe physical and non-physical forms of violence of a sexual nature, carried out against a person's will. This can include rape, sexual assault, sexual harassment, unwanted touching and sexual coercion (Australian Institute of Health and Welfare, 2019). Sexual violence is often viewed as distinct from domestic violence against women, although it may be part of a pattern of violence and can be carried out by a previous or current partner, family members and other known persons or strangers (Australian Institute of Health and Welfare, 2019).

In Australia, the 2016 Personal Safety Survey (PSS) found that one in five women have experienced sexual violence since the age of 15, compared to one in 20 men (Australian Bureau of Statistics, 2017). Fifty-three per cent of women have experienced sexual harassment in their lifetime compared to 25% of men (Australian Bureau of Statistics, 2017). Crime data on sexual violence and harassment provides evidence on the incidence of abuse. The ABS publishes annual police data on sexual violence (Australian Bureau of Statistics, 2019), which reflects 'the tip of the iceberg' on SVH, due to extensive under-reporting. In 2018, "the number of victims recorded for sexual assault increased for the seventh consecutive year to 26,312 victims nationally. This was an increase of 2% (475 victims) from 2017" (Australian Bureau of Statistics, 2019). Of these, 84% were female and 65% were assaulted at a residential location. It is important to note that methods and changes in reporting, relationships with police and myriad other reasons impact on reporting increases.

Sexual violence and harassment exist on a spectrum of violence against women and girls. Research indicates that SVH can range from a single instance in a woman's life to a complex web of tactics used by perpetrators that women experience across their lifespan. The threat of SVH across a woman's lifetime impacts how she can navigate the community, the workplace and her home. To engage with this complexity, it is necessary for research to consider options for SVH primary prevention across all mechanisms that drive, facilitate and support SVH offending and to do this across many settings.

Women and girls are often expected to monitor and alter their own behaviours to stay safe rather than the root causes of SVH being addressed. To adequately prevent SVH, perpetration needs to be targeted. Due to under-reporting it is difficult to know exact numbers of SVH and therefore perpetration. However, on available data, most perpetrators are men. The latest report from the Australian Institute of Health and Welfare (2020) collated police data from the ABS and showed that in the period of 2018–19, police recorded that nearly all sexual offenders were men (97%). They also note that “males aged 15–19 had the highest offender rates (102.9 per 100,000) of any age group” (Australian Institute of Health and Welfare, 2020). Broadly, violence in general is overwhelmingly perpetrated by men against women and other men, with the ABS Personal Safety Survey data showing perpetrators of violence to be men in 95% of cases (ABS, 2017).

Therefore, addressing male perpetrators is central to the primary prevention of SVH. Men and boys need to be engaged in primary prevention efforts. Our Watch notes that “[p]revention efforts with a focus on addressing masculinities and engaging men should aim to be gender transformative and actively challenge dominant forms of masculinity rather than reinforcing and maintaining them” (Our Watch, 2019b, p. 13).

INTERSECTIONALITY AND SEXUAL VIOLENCE AND HARASSMENT

There is a high prevalence of sexual violence across all settings and intersections of Australian society. One of the leading drivers of sexual violence is gender inequality. However, while it is true that all women and girls can experience sexual violence, women and girls who face intersecting structural inequality can be at heightened risk.

Given the need to address women’s breadth of experiences, any research into sexual violence must include an intersectional analysis. This report takes its lead from Our Watch, which states that while gender inequality is an influential driver of domestic and family violence, it does not operate in isolation and is therefore different for women depending on other factors. Specifically, they recognise that while VAW is a gendered issue, “gender inequality can never be considered in isolation from the other intersecting forms of systemic social, political and economic discrimination and disadvantage that characterise our society, such as racism, ableism, homophobia and transphobia” (Our Watch, 2019a, p.

36). Intersectionality is an approach to research as well as a lens through which data can be analysed.

Research on SVH relating to women who face other forms of discrimination is not always definitive, as there are a range of barriers to disclosing and reporting (Australian Institute of Health and Welfare, 2020). However, certain women and girls face intersecting risk factors, which we lay out here in brief. This is by no means an exhaustive list and women and girls might face multiple intersecting risk factors.

Children and Young People

For example, children and young women are at high risk, particularly those in their late teens, according to a recent Australian Institute of Health and Welfare report (2020). As noted earlier, the report highlights that police data placed young men who were 15–19 years old with the highest offender rate. While young women face intersecting risk factors, so too do older women (Yon, Mikton, Gassoumis, & Wilber, 2017). Sexual abuse of older women is a relatively under-researched area though there are efforts to change this, such as the current Royal Commission into Aged Care Quality and Safety, with its interim report making some mention of sexual abuse (Commonwealth of Australia, 2019). Older women living in aged care facilities face particular issues, as do women living in institutions broadly (e.g., prisons).

Women with a disability

Women and girls with disabilities or long-term health conditions experience high rates of SVH. The PSS found that, in the last 12 months, “Women with a disability or long-term health condition were more likely to experience sexual harassment in the 12 months prior to the survey than women without a disability or long-term health condition” (Australian Bureau of Statistics, 2017). It is also known that women with intellectual disabilities are at higher risk of all forms of violence, including SVH (Dowse, Soldatic, Spangaro, & van Toorn, 2016; Horner-Johnson & Drum, 2006; Sobsey & Doe, 1991). A systematic review from Mikton, Maguire and Shakespeare (2014) found that there were few well-researched and evaluated interventions for people with disabilities, and few of those had a gendered lens.

Aboriginal and Torres Strait Islander women

The PSS does not have clear data on Aboriginal and Torres Strait Islander women and girls, but research indicates higher prevalence rates for these communities (Mitra-Kahn, Newbigin, & Hardefeldt, 2016). Rates are difficult to determine for a range of reasons. As noted by Olson and Lovett (2016), survey instruments are generally not culturally relevant nor accessible. Further, research will often combine sexual violence and harassment with domestic violence (Olson & Lovett, 2016).

Migrant and Refugee women

Similarly, migrant or culturally and linguistically diverse (CALD) women might not be captured in the data due to language barriers and lack of culturally relevant questions. The PSS has conflicting results on CALD women's experiences of SVH, with the Australian Institute of Health and Welfare breaking down the data to note that "a higher proportion of women aged 18 and over who were born in Australia (1.7%) experienced sexual assault in the 12 months before the survey than those born overseas (1.2%). Conversely, a lower proportion of women whose main language spoken at home was English (1.6%) experienced sexual assault in the 12 months before the survey than those whose main language was other than English (2.3%)" (2020, p. 3). These outcomes are likely the result of English language barriers.

LBTIQ people

Women from across lesbian, bisexual, transgender and queer women identities have a range of specific concerns that differ from heterosexual and cisgender women. Transgender women face not only violence perpetrated by men, but also transphobia and cissexism (Gray et al., 2020; Ussher et al., 2020). Lesbian and bisexual women may also face gendered violence as well as homophobia; transgender lesbian or bisexual women may also face transphobia (Bedera & Nordmeyer, 2020). People with intersex variations can also experience a range of gendered violence, including some people reporting surgical interventions as sexual abuse (Jones & Leonard, 2019).

Other factors

Other intersecting risk factors, some of which are discussed at other points in this document, include having experienced child sexual abuse (Shields, Tonmyr, Hovdestad,

Gonzalez, & MacMillan, 2020), living in rural or remote areas (Campo & Tayton, 2015; Hooker, Theobald, Anderson, Billet, & Baron, 2019; Strand & Storey, 2018; Wendt, Chung, Elder, Hendrick, & Hartwig, 2017) or being homeless (ANROWS, 2019a).

Perpetrators and intersectionality

Intersectionality also needs to be the approach to perpetration. The work of Our Watch (2019b) has highlighted that the complexity of perpetration across both privilege and disadvantage needs to be better understood and addressed. They note that “[r]esearch suggests men who do not enjoy the general advantages and privileges that other men do might assert their power through a more rigid attachment to dominant forms of masculinity, which can lead to aggressive behaviours and violence against women. Conversely, men who are privileged may use violence and aggression to maintain the power and privilege they already hold within current systems and structures” (Our Watch, 2019b, p. 97). Therefore, interventions must address the complexities of perpetration and structural inequality.

The rates of SVH show the breadth of the issue. While SVH can be experienced across all communities, the perpetrator of sexual violence is most likely known to the victim-survivor (Australian Bureau of Statistics, 2017). However, there are exceptions to this, as CALD trans women report they are likely to be assaulted by a stranger, both outside and in the home (Ussher et al., 2020, p. 16). Known perpetrators can be family members, friends or intimate partners as well as colleagues and acquaintances.

While women can experience SVH in many contexts from a range of perpetrators, they are generally most likely to experience SVH from an intimate partner. In Australia, “One in six (17%, or 1.6 million) women have experienced physical and/or sexual violence by a current or previous cohabiting partner since the age of 15, compared with one in 16 (6.1%, or 0.5 million) men” (Australian Institute of Health and Welfare, 2018). Intimate partner sexual violence is often used alongside other tactics of domestic violence (ANROWS, 2019b). However, it is not a tactic that all perpetrators use. Addressing the complex issue of sexual violence in intimate partnerships requires focused attention (ANROWS, 2019b).

Settings where SVH occur

While a woman is at risk of sexual violence from a previous or current partner when at home, she is also at risk of sexual violence and harassment in a variety of other settings. Notably, women can face sexual assault, and sexual harassment in particular, when at work. The Australian Human Rights Commission recently published the *Respect@Work: Sexual Harassment National Inquiry Report* (2020a), which found that women disproportionately experience sexual harassment in the workplace and face many fears and barriers to reporting the harassment and violence.

Alongside the workplace, women can also experience technology-facilitated abuse (Henry, Flynn, & Powell, 2020), as well as SVH in a variety of public settings such as social and entertainment venues (Fileborn, 2016), public transport (Ding, Loukaitou-Sideris, & Agrawal, 2020), or on the street (Fileborn, 2019). If we look specifically at public transport, the intersecting issues that women experience are highlighted. Women are more likely to be dependent on public transport (Loukaitou-Sideris, 2016, p. 554) and to use public transport in more complex ways than men (called “trip chaining” [Sánchez de Madariaga, 2012]). While on public transport, women are at risk of experiencing SVH (Ceccato, 2017); for example, a recent study from Free to Be undertook a social survey from five cities globally, including Melbourne. They found that women identified high rates of assault or harassment on public transport (Monash XYX Lab & Plan International, 2018). Also, women, particularly young women, are more likely to alter their trip, specifically after dark, in efforts to stay safe (Plan International & Our Watch, 2016).

In general, when in public, women will alter their behaviour in an effort to alleviate fear and to engender a sense of safety. From a young age, girls are taught that their safety in public is their own responsibility. Further, harassment of women and girls in public is often not taken seriously. For example, street-based harassment (sometimes called “cat-calling”) is often not seen as a form of violence against women. Yet, it is well-documented as one of the most common forms of abuse with enduring impacts (Fileborn, 2019).

Under-reporting

The dismissal of street-based harassment is just one of the many reasons why under-reporting of SVH is so common. Eight out of 10 females who have experienced sexual assault by a male did not report their most recent experience to police (Australian Bureau of Statistics, 2017). There are a range of reasons for under-reporting, including shame and humiliation, fears of re-victimisation and perceptions that police will not believe them or take them seriously. There are also issues with under-reporting in institutional settings. For example, the *Change the Course* (Australian Human Rights Commission, 2017, p. 9) report found that of students who had been sexually harassed, 94% had not made a formal report or complaint to the university. Of those who had been sexually assaulted, 87% did not make a formal complaint to the university. Students had not reported for a variety of reasons, but notably, many did not know if the incident was serious enough or know where to report.

Similarly, *Respect@work* (Australian Human Rights Commission, 2020a) found that people—particularly migrant workers—may not know where or how to report. Other workplace reporting barriers included fear of losing work, insecurity due to visa status (p. 197) and specific work-related issues such as stigma for people who work in the sex industry (p. 237).

IMPACT OF SEXUAL VIOLENCE AND HARASSMENT

The impacts of sexual violence are far-reaching across a woman's life. Domestic and sexual violence is the top risk factor and highest contributor to the burden of disease for women between 25 and 44 (Ayre, Lum On, Webster, Gourley, & Moon, 2016; Vos et al., 2006). Sexual violence can impact a woman's physical health both immediately when assaulted and in the long term (Basile, Smith, Chen, & Zwald, 2020). It can also lead to an increased risk of sexual and reproductive health problems (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Psychologically the impact can be long-lasting and include anxiety, post-traumatic disorder (PTSD) and other poor mental health outcomes (Tarzia et al., 2017; Tarzia et al., 2018). When women experience sexual violence combined with other types of partner violence, they are 10 times more likely to attempt suicide than those not experiencing sexual violence (Potter et al., 2020). Sexual violence can also impact all parts of a woman's life such as her work, her relationships and her feelings

of self-worth. The long-term impacts of child sexual abuse can be devastating, including “a range of negative consequences for mental health and adjustment in childhood, adolescence and adulthood” (Australian Institute of Family Studies, 2013) and increased chances for sexual re-victimisation and perpetration (Tharp et al., 2012).

In Australia, sexual assault not only impacts on the individual, it also has an impact on the community. The estimated economic cost of VAW is \$26 billion per year, with victim–survivor bearing approximately 50% of the cost (KPMG, 2016).

COMMUNITY ATTITUDES: MYTHS AND MISCONCEPTIONS

There are many myths and misconceptions about SVH. One of the most prominent myths is that sexual violence occurs only from a stranger in a secluded location. In reality, it is more likely someone known to the victim–survivor and can occur in a variety of domestic settings (Clark & Quadara, 2010). A known perpetrator could range from a casual acquaintance to a long-term partner (ANROWS, 2019b; Tarczon & Quadara, 2012). Even though most victims/survivors know the perpetrator, many believe that sexual violence is perpetrated by a stranger. The *2017 National Community Attitudes towards Violence against Women Survey* (NCAS), found that “1 in 3 Australians are unaware that a woman is more likely to be sexually assaulted by someone she knows, than by a stranger (with 18% disagreeing with the question, and 16% responding that they do not know)” (ANROWS, 2018). It is evident that while sexual violence is pervasive, misinformation such as rape myths, stereotypes of perpetrators and victim-blaming can cloud the community’s awareness and knowledge. For example, “Although most Australians are aware that non-consensual sex in marriage is illegal, 12% mistakenly believe that it is not illegal, and a further 7% did not know” (ANROWS, 2018).

It is often thought that women ‘ask for’ or encourage sexual advances and that men cannot control their sexual urges. The National Community Attitudes Survey (NCAS [ANROWS, 2018]) found that many Australians think that sexual aggression can be attributed in part to men’s “natural sex drive”. Specifically, 33% of Australians believe that “rape results from men being unable to control their need for sex” and 28% believe that, when sexually

aroused, “men may be unaware a woman does not want to have sex”. These pervasive attitudes can reinforce the belief that a woman asked for or deserved sexual violence.

Another widespread myth is that women lie about being sexually assaulted in order to gain some type of privilege or financial benefit. According to the NCAS, “2 in 5 Australians believe that women make up false reports of sexual assault in order to punish men”. The research shows that false reports of sexual violence are infrequent and generally lower than other false reports of crimes (Lisak, Gardinier, Nicksa, & Cote, 2010).

These, and other common myths and community misconceptions, make it challenging to address SVH and to prevent it. Research in this area must address the myths and misconceptions in order to challenge gender inequality—suggested as one of the main causes of sexual violence (Our Watch et al., 2015).

Project Approach and Rationale

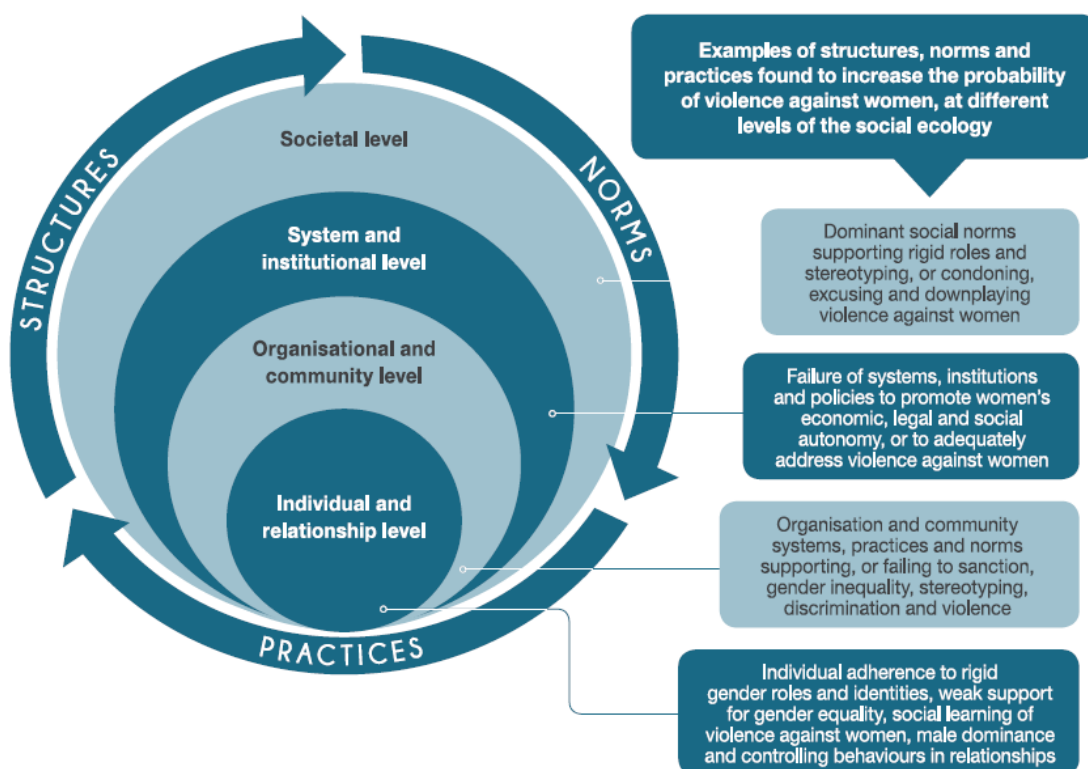
PUBLIC HEALTH APPROACH TO SEXUAL VIOLENCE PREVENTION

The public health approach may be a useful guide to addressing and preventing sexual violence. However, the “complexity of the problem means that both the response system and prevention efforts must be multi-sectoral and inter-disciplinary, and must operate in all the structures of government, community and interpersonal relations” (Australian Women's Health Network, 2019, p. 15). Combining the socio-ecological model (Heise, 1998) and the public health approach to violence prevention (Shields & Feder, 2016) can support the development of strong sexual violence prevention policy and practice for the future. Considering gendered drivers and reinforcing factors at individual, relationship, community or societal levels and how they interact can help us to design effective public health interventions (Fig. 1).

Public health approaches work on three levels: primary, secondary and tertiary. Due to the complexity of sexual violence perpetration and prevention, no single policy, intervention or prevention strategy can operate in isolation (Lippy & DeGue, 2014, p. 37). Further, “By

identifying the complex set of individual, relationship, community, and social factors that impact sexual violence, public health practitioners can develop interventions that target these risk factors (or alternatively, promote those protective factors) for both universal and more targeted audiences” (Shields & Feder, 2016, p. 140). Thus, a prevention strategy must work across the levels of intervention—primary, secondary and tertiary.

Figure 1: *Our Watch, VicHealth, & ANROWS (2015)*



Primary Prevention

Primary prevention is a public health approach designed to prevent violence before it occurs. It comprises whole-of-population initiatives that address the underlying “drivers” or risk factors for VAW including cultural norms, attitudes and behaviours around gender, structural inequalities (e.g., gender inequality, discrimination and poverty) as well as individual-level and community factors (e.g., alcohol and other drug abuse [World Health Organization, 2019]). The ecological model can be used to frame primary prevention

approaches which recognise multiple and interacting factors at the individual/relational, community, organisational and societal level (Heise, 1998; Krug et al., 2002).

As stated, this report is following the *Change the Story* definition for primary prevention, which is a “whole-of-population initiatives that address the primary (“first” or underlying) drivers of violence” (Our Watch et al., 2015, p. 15). While this definition is straightforward, the interpretation of what primary prevention means can vary, and can sit across the broader population, community and individual levels. There can be a fine line between primary and secondary prevention, with the latter referring to prevention among high-risk population groups and approaches that focus on immediate responses to violence (also known as early intervention); thereby preventing progression (Flood, 2013; García-Moreno et al., 2015; Krug et al., 2002). However, our focus in the evidence review remains on primary prevention; as such, we examine interventions that aim to prevent violence before it occurs (Krug et al., 2002).

Secondary Prevention

Secondary or early intervention identifies and supports victims/survivors of violence with the aim of stemming the early signs of violence from escalating, preventing it from recurring and reducing long-term harm. These interventions often take place in health care settings, family services (e.g., drug and alcohol services) or community groups. It can also involve prevention among high-risk population groups and approaches that focus on immediate responses to violence (also known as early intervention), thereby “changing the trajectory” and preventing progression (Flood, 2013; García-Moreno et al., 2015; Krug et al., 2002; Our Watch et al., 2015).

Tertiary Prevention

Tertiary preventions intervene once the problem is already causing harm and primarily aim to support survivors and hold perpetrators to account. Interventions can be anything from shelters for victims/survivors or behavioural change programs for perpetrators. In short, this is support for survivors that aims to prevent the recurrence of violence (Our Watch et al., 2015).

While these levels of intervention are at times separate, they often overlap. Webster and Flood (2015, p. 64) also note that, “Overall the evidence suggests that interventions are most likely to be successful when they combine multiple strategies and target more than one level of the community or organisational ecology”. Therefore, a strategy that engages across the levels of intervention is needed.

DRIVERS AND REINFORCING FACTORS

Our Watch describes factors that influence the perpetration of sexual harassment and sexual violence, based on the degree to which they are predictive of violence against women, and classifies them into gendered drivers and reinforcing factors.

Gendered Drivers

Gender inequality is a driving factor behind VAW. According to Our Watch et al. (2015, p. 8), “Particular expressions of gender inequality consistently predict higher rates of violence against women”. While Our Watch’s *Change the Story* is focused on VAW broadly, each of the gendered drivers can manifest in ways that drive sexual violence in particular (Our Watch et al., 2015). Table 4 below outlines definitions of gendered drivers with associated essential actions to address them (Our Watch et al., 2015).

Table 4: Gendered Drivers

Gendered drivers	Essential actions to address gendered drivers
<ul style="list-style-type: none"> Condoning of violence against women 	<ul style="list-style-type: none"> Challenge condoning of VAW
<ul style="list-style-type: none"> Men’s control of decision-making and limits to women’s independence in public and private life 	<ul style="list-style-type: none"> Promote women’s independence and decision-making in public life and relationships
<ul style="list-style-type: none"> Rigid gender roles and stereotyped constructions of masculinity and femininity 	<ul style="list-style-type: none"> Foster positive personal identities and challenge gender stereotypes and roles
<ul style="list-style-type: none"> Male peer relations that emphasise aggression and disrespect towards women 	<ul style="list-style-type: none"> Strengthen positive, equal and respectful relations between and among women and men, girls and boys

- Promote and normalise gender equality in public and private life

Reinforcing Factors

Certain reinforcing factors can increase the severity of VAW (Our Watch et al., 2015) and these can increase frequency of sexual violence (e.g., alcohol). Table 5 below outlines reinforcing factors and supporting actions to address them.

Table 5: Reinforcing Factors of Violence Against Women

Reinforcing factors	Supporting actions to address reinforcing factors
<ul style="list-style-type: none"> ▪ Condoning of violence in general 	<ul style="list-style-type: none"> ▪ Challenge the normalisation of violence as an expression of masculinity or male dominance
<ul style="list-style-type: none"> ▪ Experience of, and exposure to, violence 	<ul style="list-style-type: none"> ▪ Prevent exposure to violence and support those affected to reduce its consequences
<ul style="list-style-type: none"> ▪ Weakening of prosocial behaviour, especially harmful use of alcohol 	<ul style="list-style-type: none"> ▪ Address the intersections between social norms relating to alcohol and gender
<ul style="list-style-type: none"> ▪ Socio-economic inequality and discrimination 	<ul style="list-style-type: none"> ▪ Reduce backlash by engaging men and boys in gender equality, building relationship skills and social connections
<ul style="list-style-type: none"> ▪ Backlash factors (increases in violence when male dominance, power or status is challenged) 	<ul style="list-style-type: none"> ▪ Promote broader social equality and address structural discrimination and disadvantage

GENDERED APPROACH

Given the gendered nature of sexual violence, this report situates SVH as a gender-based issue, building on the foundational VAW primary prevention work undertaken by Our Watch et al., including *Change the Story* (2015), *Changing the Picture* (2018) and *Men in Focus* (2019b). While men do experience SVH from other men and in some instances from women, the majority of SVH is experienced by women and perpetrated by men (Our Watch et al., 2015; World Health Organization, 2013). As noted, the most recent report from the Australian Institute of Health and Welfare (2020) stated that up to 97% of perpetrators are

men. The report also notes that women account for nine in 10 (93%) cases where the victim–survivor is hospitalised (Australian Institute of Health and Welfare, 2020).

Our Watch (2019b, p. 13) argue that “[g]ender inequality underpins violence against women. Thus, primary prevention efforts aim to address the gendered drivers of violence against women, including the structures, norms and practices that maintain a gender unequal society.” A gender-based approach is warranted to explore interventions to prevent SVH. Therefore, this research focuses on men’s perpetration of SVH towards women and girls from the age of five years. Child sex abuse prevention is an important topic, with far-reaching consequences across a person’s life. However, child sex abuse research was beyond the scope of this study.

The term ‘women and girls’ relates to anyone female-identified and is used as broadly and inclusively as possible. However, while there are similarities across communities of female-identified people, there are also important differences, thus the need for an intersectional approach.

This research report focuses on VAW and girls and does not include evidence related to cisgender or transgender men and boys, gender-nonconforming, gender diverse and non-binary people who experience SVH. We note, however, that the recent *Pride in Prevention* (Carman et al., 2020) strategy has begun drawing out primary prevention for the LGBTIQ community. Focusing on women’s and girls’ experiences can restrict findings; however, as women and girls are most often the victim–survivors of SVH (Australian Bureau of Statistics, 2017), this approach is warranted.

Phase 1: Evidence Review

AIM

To identify and review evaluated, gendered, primary prevention, SVH interventions that are effective in reducing and/or stopping SVH against women and girls.

METHODS

A scoping literature review was conducted using Arksey and O'Malley (2005) methods. Scoping reviews are also used to map existing literature, identifying gaps and future research needs. There are five stages to the scoping review methodological framework (Arksey & O'Malley, 2005, p. 22):

Stage 1: Identifying the research question

Stage 2: Identifying relevant studies

Stage 3: Study selection

Stage 4: Charting the data

Stage 5: Collating, summarising and reporting the results.

Stage 1. Scoping review research question

What evaluated interventions have been shown to be effective in the primary prevention of sexual violence and sexual harassment of women? Including:

- What gendered drivers and/or reinforcing factors are targeted in these interventions?
- What outcomes are used to determine effectiveness?

Stage 2. Identification of relevant evaluations

To answer the identified research question, a comprehensive search was undertaken of peer-reviewed and grey literature. The reference lists of all full-text items were also screened for relevant articles.

Search Strategy: Bibliographic Databases

For peer-reviewed literature, the electronic databases Medline, PsycINFO, CINAHL, SocINDEX, Informit, ERIC, Business Source Complete and Scopus were searched. The search terms used were:

Table 6: Search Terms

Step	Terms
1	sex* violence OR sex*assault OR sex* abuse OR sex* harassment OR rape OR attempt* rape OR acquaintance rape OR date rape OR force* sex OR non-consen* sex OR sex* offense OR sex* crime OR sex* attack OR unlawful sex* conduct sex* trafficking OR sex* coercion OR sex* consent OR sex* misconduct OR sex* exploitation OR indecent* assault* OR indecent* expos* OR “revenge porn” OR sextortion OR “image based abuse” OR sexting OR “non consen*sexting”
2	prevent*
3	intervention OR program* OR programme OR implement* OR strateg* OR campaign* OR “public communication” OR policy OR policies OR activit*
4	Evalua* OR effective* OR pilot OR testing OR feasibility OR assessment OR efficacy
5	1 AND 2 AND 3 AND 4

Search Strategy: Grey Literature

Grey Literature Definition

Sexual violence primary prevention intervention outcome evaluations that are publicly available and exist outside the traditional peer-reviewed academic channels (e.g., government and organisation reports and working papers). Search terms follow those outlined in Table 6.

Search Process

A search of relevant national and international websites was completed to identify grey literature outcome evaluation reports. A focus was on relevant webpages and resources, research, and literature libraries and repositories. Searches on VAW-specific websites (e.g., CASA) focused on identifying outcome evaluations of primary prevention initiatives, while

searches on broader websites (e.g., WHO) first filtered results for the topics of sexual violence and violence against women and girls. Websites are listed in Appendix 3.

Stage 3. Study Selection

Search results were imported into an electronic bibliography (Endnote), and duplicates were removed. Identified peer and grey literature was assessed to comply with the following inclusion criteria:

- English-only evaluations;
- published between January 2010 and June 2020;
- age \geq pre-school aged (e.g., 5 years). Child abuse interventions for children under five were excluded. Child abuse interventions for pre-school-aged children were included if they had a gendered lens. Some child abuse interventions could be considered important to primary prevention of sexual violence (e.g., initiatives that cover good and bad touch/people, how to be assertive in a risk situation, empowering children to disclose); these are essentially secondary prevention, but can be primary prevention because they are delivered to children, and thus can prevent victimisation/perpetration when older;
- settings restricted to countries culturally/economically like Australia – New Zealand, North America (USA and Canada) and Western Europe (e.g., United Kingdom, Germany and Spain) – to be able to develop an Australian sexual violence research agenda;
- only include interventions with specified outcomes and that have been evaluated for effectiveness (e.g., programs, policy evaluations);
- study used primary prevention outcome measures that can inform the efficacy of the intervention on sexual violence and harassment behaviours or gendered drivers and reinforcing factors;
- intervention needs to have a gendered approach and directly refers to gender; inequality/equity (i.e., not just a general intervention about respectful relationships or sexual abuse/harassment of all genders to all genders). It was included if:

- it explicitly stated it was a feminist approach, or included content on gender relations, gender roles, gender stereotypes;
- scenarios were used that depicted male violence against females;
- the intervention was delivered to single-sex groups;
- if the intervention did not seem to cover gender in the content, but the evaluation used gendered outcome measures (e.g., some rape myth or rape attitude scales);
- prevention interventions that straddle different prevention levels, most often primary and secondary prevention. If the primary prevention component of the intervention was 50% or more it was included. At times this was difficult to determine due to various degrees of description of interventions in journal articles. If proportions were unclear but primary prevention activities described, the study was included;
- dating violence interventions were included if they explicitly addressed SVH in the intervention and were excluded if they referred to physical or emotional abuse only;
- secondary prevention initiatives: excluded although differences between primary and secondary prevention were difficult to ascertain at times:
 - interventions that focused on training people to intervene as bystanders were considered secondary prevention unless they included a significant (50% or more) education component on attitudes, myth-busting, gender roles/equality etc.;
 - interventions on training women and girls in self-defence or other resistance strategies were excluded unless they included a significant education component on attitudes, myths, empowerment, gender issues etc.;
 - having an education component did not automatically qualify a bystander or resistance intervention as primary prevention. If the education was just to build skill, knowledge, and confidence in intervening or resisting, it was seen as secondary prevention. But if education covered gender roles or equality/ stereotypes, healthy relationships, knowledge and myth-busting around sexual violence, general empowerment for females, they were more likely to be considered primary prevention;

- interventions that targeted 'at-risk' groups were generally considered secondary prevention – unless the category was a demographic group such as young people, college students, CALD, or lower socio-economic groups.

Titles and abstracts were reviewed by two authors independently using Endnote software. Systematic reviews (n = 22) were not included in the scoping review as they contained a variety of interventions that were not necessarily primary prevention. However, they were collated, assessed for missing evaluations and referred to in the contextual discussion. Included evaluations could be quantitative, qualitative or mixed-method outcome evaluations (all papers listed in Appendix 1). Process evaluations only were excluded. Items that were ambiguous or that researchers were unsure about progressed to full-text screening.

All full-text items identified as “include” and “maybe” by one researcher were assessed for final inclusion by another two researchers. Any disagreements were discussed, and a final consensus reached.

Stage 4. Charting the data

Included evaluations were reviewed for relevant secondary and meta data and collated in a data extraction table (Appendix 1 and Appendix 4). Data fields for the final table included:

- author/organisation;
- year;
- location (country);
- prevention level (tertiary, secondary, and/or primary);
- target drivers or reinforcing factors;
- other drivers or reinforcing factors;
- setting;
- intervention type;
- socio-ecological level (society, community, organisational, relationship, individual);
- population target (including gender);

- age of target;
- measure;
- important and relevant findings summary;
- evaluation methods;
- process evaluation (yes – reported; yes – mentioned; no);
- effectiveness of intervention (effective, promising, conflicting, ineffective).

What We Mean by 'Effective'

The aim of the scoping review is to identify a broad range of high-quality evaluated and effective primary prevention strategies that address key drivers and reinforcing factors (at all levels) for sexual violence. Using criteria previously outlined in foundational primary prevention work by Webster and Flood (2015) we assessed the impact or effectiveness of the intervention using the following criteria:

- **Effective** – at preventing sexual violence and/or sexual harassment
- **Promising** – impacts seen on gendered drivers and/or reinforcing factors but not on sexual violence and/or sexual harassment directly. For interventions to be classified as promising, 75% or more of the results needed to be statistically significant.
- **Conflicting** – mixed results or unclear/conflicting effectiveness. Conflicting results were those reporting less than 75% of findings as significant.
- **Ineffective** – no statistical significance or impact on sexual violence or risk/reinforcing factors.

Some results covered both primary (actual violence) and secondary outcomes (mediating variables [e.g., attitudes and knowledge]), and thus required two effectiveness ratings – one for primary outcomes (effective, conflicting, or ineffective) and secondary outcomes (promising, conflicting, or ineffective). See Appendix 1 and Appendix 4 for full results and effectiveness ratings.

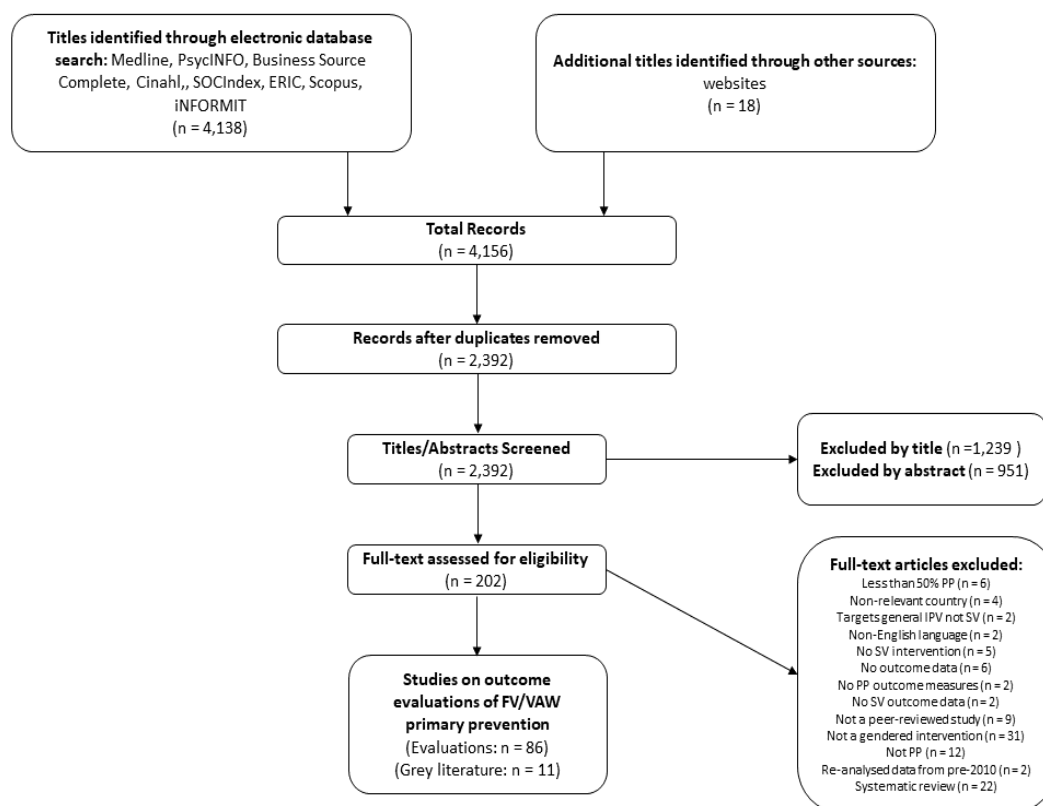
What We Mean by 'Intervention'

All interventions were assessed according to the criteria outlined in Stage 3 of the scoping review. For the purpose of this review, we aimed to include primary prevention interventions evaluated for effectiveness (outcome evaluation), such as studies evaluating the implementation of sexual violence prevention policy, media or social marketing campaigns, or specific interventions targeting certain populations in varied settings. These locations may include schools, universities, local government areas, and leisure and workplace settings.

Stage 5. Collate, summarise and report results

After completing a comprehensive search of the peer-reviewed and grey literature, we identified 4,156 records, of which 202 full-text items were screened for final inclusion. A total of 97 sexual violence and sexual harassment primary prevention evaluations were identified. This included 86 evaluations from the peer-reviewed literature and 11 records from the grey literature (n=97). Excluded studies (n=105) were mostly non-gendered evaluations, those without primary prevention elements, or that had less than 50% of sexual violence primary prevention strategies within the intervention. See Figure 2 PRISMA diagram of search and review process. Full details of all included papers can be found in Appendix 1 and Appendix 4.

Figure 2: PRISMA Diagram



Descriptive Summary – Peer and Grey Literature

Data described in Figure 3 indicates the number of publications by year. Research on the primary prevention of SVH is an emerging field with increasing interest in the past five years.

Figure 3: Frequency of Publications by Year

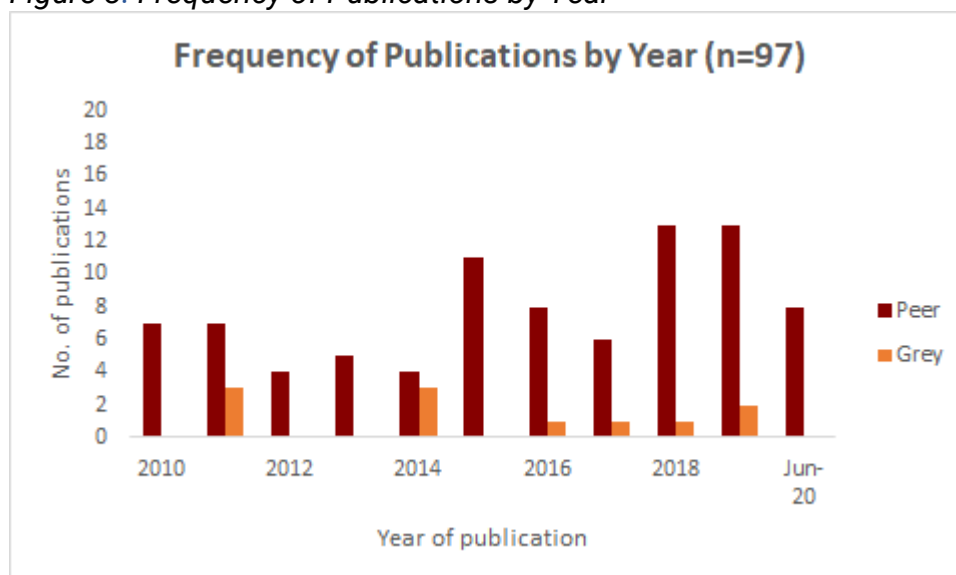


Table 7: Publications by Country of Origin

Country of Origin	Peer Literature	Grey Literature	Total
Australia	0	7	7
Australia and New Zealand	1	0	1
Canada	5	0	5
Germany	2	0	2
Netherlands	5	0	5
New Zealand	1	2	3
Spain	2	0	2
United Kingdom	2	0	2
USA	67	2	69
Not disclosed	1	0	1
Total	86	11	97

Of all 97 evaluations, 69 articles (71%) originated from the USA. Five studies were from Canada and four were from the Netherlands. Germany, Spain and the United Kingdom published two studies each, with single studies from New Zealand and Australia and New Zealand combined, and one study which did not disclose its country of origin. No Australian-only peer-reviewed evaluations were identified in our search. This indicates a clear gap and need for more peer-reviewed evaluations of Australian research in this field. However, evaluations of Australian studies were found in the grey literature (n=7). See Table 7.

Primary prevention interventions identified in the literature were predominantly primary and secondary and at the individual or relationship level (73%). Fourteen peer-reviewed studies were primary-prevention-only interventions (17%). Bystander interventions and initiatives involving peer education and dating violence dominated the evidence. These studies were targeted mostly at young people, with the highest frequency of age group between 18–26 years.

Study designs varied but were predominantly cross-sectional, pre–post survey research. Randomisation with control or comparison arms occurred in less than half of studies (43%). Other methods included post-test-only surveys, secondary data analysis and focus group

research. Few studies measured outcomes beyond cessation of the intervention. The exceptions were two studies that followed up students during the four years of the *Green Dot* trial (Bush et al., 2019; Coker et al., 2020a) and a two-year follow-up of a sexual assault resistance intervention for university women (Senn et al., 2017).

RESULTS: OVERVIEW

Findings have been synthesised and reported according to five intervention types/settings and level of intervention effectiveness (Appendix 1).

1. Education settings – bystander and other relationship interventions.
2. Workplace prevention interventions.
3. Specific men’s interventions.
4. Targeted alcohol interventions.
5. Parenting inventions.

Overall, only seven studies from the 97 identified items (6%) were deemed effective according to our criteria. No Australian-only studies were identified in the peer-reviewed evidence.

Table 8: Interventions Targeted to Socio-ecological Levels

Socio-ecological level	No. of studies
Individual and relationship	93
Organisation and community	13
System and institutional	0
Societal	1

NB: Studies could attract more than one topic code

Twenty-seven studies (28%) were identified at the ‘promising’ level showing impact on drivers and/or reinforcing factors but not directly on sexual violence prevention. Two-thirds (66%) of identified studies were conflicting or ineffective. All studies deemed effective, promising, conflicting or ineffective are outlined in Appendix 1; intervention actions/aspects to address causal factors for SVH are described below. Interventions overwhelmingly focused on the individual and relationship level (Table 8).

Table 9: Drivers and Reinforcing Factors of Sexual Violence and Harassment – Peer-reviewed Literature

		Education	Workplace	Men's intervention	Alcohol	Parenting
Essential action to address driver of violence						
E1	Challenge condoning of violence	74	5	1	1	3
E2	Promote women's independence	10	3	0	0	2
E3	Foster positive identities and challenge gender stereotypes	38	3	0	0	0
E4	Strengthen positive/equal/respectful relations	44	5	1	0	3
E5	Promote/normalise gender equality	25	4	0	0	1
Supporting action to address reinforcing factor of violence						
S1	Challenge the normalisation of violence as an expression of masculinity or male dominance	29	2	0	1	0
S2	Prevent exposure to violence and support those affected to reduce its consequences	73	6	1	2	2
S3	Address the intersections between social norms relating to alcohol and gender	13	0	0	1	0
S4	Reduce backlash by engaging men and boys in gender equality, building relationship skills and social connections	24	3	1	0	1
S5	Promote broader social equality and address discrimination/disadvantage	12	1	0	0	2

NB: Studies could attract more than one topic code

The focus of interventions were also not evenly spread across the drivers and reinforcing factors (Table 9 and 10).

Table 10: Drivers and Reinforcing Factors of Sexual Violence and Harassment – Grey Literature

	Education	Workplace	Community - bystander	Social marketing
Essential action to address driver of violence				
E1 Challenge condoning of violence	8	0	1	1
E2 Promote women's independence	3	0	1	0
E3 Foster positive identities and challenge gender stereotypes	7	0	1	1
E4 Strengthen positive/ equal/respectful relations	8	1	1	1
E5 Promote/normalise gender equality	7	0	1	1
Supporting action to address reinforcing factor of violence				
S1 Challenge the normalisation of violence as an expression of masculinity or male dominance	2	0	0	0
S2 Prevent exposure to violence and support those affected to reduce its consequences	8	1	1	1
S3 Address the intersections between social norms relating to alcohol and gender	1	0	0	0
S4 Reduce backlash by engaging men and boys in gender equality, building relationship skills and social connections	1	0	0	0
S5 Promote broader social equality and address discrimination/ disadvantage	0	0	0	0

NB: Studies could attract more than one topic code

When looking closer at elements relating to SVH, certain reinforcing factors have been identified in the literature. Table 11 quantifies some of these reinforcing factors; for example, alcohol misuse as a reinforcing factor of SVH. Some interventions aimed to address the possible harms caused by alcohol and other drugs through reducing and monitoring consumption, as well as creating supportive systems/environments (e.g., in bars

where alcohol is consumed). Another possible aspect of violent attitudes is sexually explicit material and the sexualisation of women and girls.

There were also some interventions that aimed to address discrimination as a factor; for example, the harm that heteronormative attitudes can cause was a focus. Also, racial bias and colonialism, which can influence perpetrator attitudes and behaviours, was addressed.

Table 11: Sexual Violence and Harassment Reinforcing Factors

SVH reinforcing factors	No. of studies
Alcohol and drugs	12
Heteronormative attitudes	8
Media (e.g., impact of media sexualising women)	1
Workplace cultures	7
Racial bias and colonialism	8

NB: Studies could attract more than one topic code

Lastly, workplace (masculine) cultures, such as the military and the police, where violence could be normalised, were addressed across multiple studies. While gender inequality is at the root cause of all violence against women, including SVH (Our Watch et al., 2015), there could be other factors associated with SVH that need more in-depth explanation. These factors are by no means definitive, but were noted by researchers as possible points for further consideration and research.

All interventions are listed in Appendix 2. Those that were effective and promising (Table 12) were found predominately in the university and high school settings.

Table 12: Effective and Promising Interventions

Setting	Effective	Promising
University – Bystander	RealConsent	Green Dot The Intervention Initiative The Men’s Program It’s your place: A Bystander intervention campaign Bringing in the Bystander
University – General	Elemental	2 x Unnamed social marketing campaign Define Your Line

Setting	Effective	Promising
	Enhanced Assess, Acknowledge, Act	Relationship Remix The Men's Project SCREAM Theater Violence Against Women Prevention Program Sexualized Violence in Institutions Unnamed peer facilitator led sexual assault prevention education session Unnamed bibliotherapy approach
High School /Adolescent	0	Green Dot The First Step Peer Education Program Men as Allies Unnamed program for reducing tolerance of SVH Girl's Self Defence Project Lucidity Sex + Ethics Violence Prevention Program Mates & Dates Australian Respectful Relationships (RREiS) You, Me, and Us (age: 10–13 and 18–24) R4Respect Sexual Assault Prevention Program for Secondary Schools
Workplace	US Department of Defense intervention	The Men's Program Sexual Assault Intervention Training Unnamed workplace sexual harassment training
Specific men's interventions	0	The Men's Program
Targeted alcohol interventions	0	0
Parenting interventions	0	0
Community Level	0	The Mackay Regional Council in North Queensland
Social marketing	0	0

RESULTS: PEER-REVIEWED LITERATURE

Education Settings

Education includes bystander and other relationship interventions in universities/colleges and schools.

University Setting Overview

Sexual violence and harassment on campuses is a recognised issue in Australia. Sexual violence on college campuses has received significant attention in the USA, with prevalence rates shown as being particularly high. A recent review found that approximately 5% of men and 25% of women had been sexually assaulted at a USA college setting (Rosenberg, Townes, Taylor, Luetke, & Herbenick, 2019). In Australia, *Change the Course* report from the Australian Human Rights Commission (2017) is the biggest survey of tertiary students and SVH. They found that around half (51%) of university students had been sexually harassed in 2016 and 6.9% of students had been sexually assaulted. Despite such high rates of prevalence and several intervention and prevention studies published predominantly from the USA, there is limited research on what works to prevent SVH on Australian campuses.

While there are some similarities between Australian and USA university settings—providing some opportunity to draw upon existing USA research—there are also significant differences that need to be considered. The USA has a strong focus on campus culture through on-campus accommodation, including sororities and fraternities, which do not have a comparable Australian equivalent. Due to the rates of SVH in the USA occurring at residential housing or on journeys across campus, there has been a focus on interventions tackling this issue. Although campus culture overall at Australian universities differs from its USA counterparts, residential housing both on and off campus does exist in Australia. The last national report on university housing in Australia from University Colleges Australia (McDonald, Hay, Gecan, Jack, & Hallett, 2015) stated that Australia has 74,482 residential student accommodation beds, both on and off campus. These are managed by the relevant university or by private companies. *Change the Course* noted that “Although only 7% of students who completed the survey were living at university owned or affiliated accommodation, 34% of those who were sexually assaulted and 17% of those who were

sexually harassed were living in university owned or affiliated accommodation at the time of the most recent incident” (Australian Human Rights Commission, 2017, p. 60). These statistics indicate that campus accommodation in Australia, while not as embedded in university culture as the USA, is still a site where SVH occurs.

University Bystander Interventions

Findings from this review highlighted a strong focus on bystander interventions in the university setting, particularly in the USA. Bystander interventions can be challenging to assess. As this review accepts that sexual violence is a gendered phenomenon, studies that took a gender-neutral approach or where the gendered approach was less than 50% were not reviewed. Furthermore, many studies do not separate sexual violence from other forms of violence when measuring attitudes and behaviours, therefore the measurements for effectiveness considered the whole intervention. Also, for the purposes of this review, if it was not clear that at least 50% of the intervention was primary prevention with a gendered focus, these were excluded. Most of the interventions discussed have secondary or tertiary intervention elements. The authors acknowledge that this means some interventions shown to be effective in this setting may not have been included in this review.

We found four systematic reviews examining the effectiveness of bystander campaigns at universities (one of which also included a high school setting [Jouriles, Krauss, Vu, Banyard, & McDonald, 2018; Katz & Moore, 2013; Kettrey & Marx, 2019; Kettrey, Marx, Tanner-Smith, Kettrey, & Hall, 2019]). The focus of these reviews was not necessarily primary prevention, but we discuss them here to foreground our findings. All reviews found some evidence of potential behavioural change, with three of the four reviews finding bystander interventions are effective at increasing or promoting bystander action (Katz & Moore, 2013; Kettrey & Marx, 2019; Kettrey et al., 2019), one finding interventions being effective at promoting intent to help others (Katz & Moore, 2016), and one finding higher reporting of willingness to engage in bystander behaviour (Jouriles et al., 2018).

With regard to attitudinal change, one review found a reduction in rape-supportive attitudes and rape proclivity (Katz & Moore, 2016), while one review found more prosocial attitudes and beliefs about sexual violence (Jouriles et al., 2018). However, Jouriles and colleagues

argued that any positive effects shown in the studies included in the review were small (Jouriles et al., 2018, p. 463).

None of the reviews found evidence of reduction in perpetration of sexual violence, so while bystander interventions may result in attitudinal or behaviour change, their success in preventing sexual violence is unknown (Kettrey et al., 2019, p. 6).

Overwhelmingly, interventions assessed in these reviews focus on heterosexual relationships and offer little information on the effectiveness of such interventions for LGBTIQ communities. Kettrey and Marx (2019, p. 2043) note that:

[n]o programs specifically addressed sexual assault of LGBTQ+ youth. Gendered programs tended to overlook LGBTQ+ youth through their emphasis on male perpetrated assault against females and gender-neutral programs tended to overlook LGBTQ+ youth through their minimization of gender.

Our review of literature reporting individual studies presented similar findings to these systematic reviews.

Effective

Two of the bystander papers were deemed effective/promising for targeting both SVH incidence and the drivers/enablers of SVH. These were both evaluations of the intervention RealConsent by Salazar et al. (2014; 2019). RealConsent is a web-based bystander approach to sexual violence prevention that aims to enhance prosocial intervening behaviours and prevent sexual violence perpetration. The intervention involves six 30-minute modules which students are encouraged to complete in three weeks. The target audience is male college students. Topics include informed consent, myths, communication skills, effects of alcohol and other drugs, increasing empathy and prosocial behaviours. Some of the mediators include decreased negative attitudes towards women, decreased rape myths, increased knowledge of informed consent and increased knowledge of laws and legal definitions of SVH.

Both evaluations involved a pre- and post-survey with a randomised control group. The earlier evaluation, Salazar et al. (2014), found that participation resulted in significantly

reduced self-reported sexual violence perpetration compared to control group members, and this was sustained at follow-up.

The two papers reported promising results for potential behavioural change. Intervention participation resulted in significantly increased self-reported prosocial intervening behaviours compared to the control group; this was further increased at follow-up. The intervention also showed increased intentions to intervene and more positive outcome expectancies for intervening.

With regard to attitudinal change, intervention participation resulted in empathy for rape victims, lesser rape myths, negative date rape attitudes, hostility towards women, hyper-gender ideology and comfort with men's inappropriate behaviours. The intervention also resulted in greater legal knowledge of sexual assault, improved knowledge of effective consent for sex, as well as less positive outcome expectancies for non-consensual sex.

The later study (Salazar et al., 2019) reported that RealConsent found an association between improved scores for consent knowledge and attitudes to rape, women and hyper-male ideology and reduced self-reported sexual violence perpetration at follow-up.

RealConsent showed sustained change at the follow-up.

Promising

Four bystander interventions were assessed as promising through their successful targeting of the drivers/enablers of SVH. Coker et al. (2011) evaluated the US-based *Green Dot* bystander intervention. Green Dot is a bystander intervention aimed at engaging students not only in bystander activity, but in assessing situations for perpetrator behaviour. It is a two-phase intervention, with the first phase involving a motivation speech to students, staff and school leaders. The second phase consists of the intervention *Students Educating and Empowering to Develop Safety* (SEEDS), which is delivered in small groups through intensive sessions. Students are trained in "recognizing and implementing proactive bystander behaviors" (Coker et al., 2011, p. 781). The Coker et al. (2011) evaluation involved a cross-sectional post-survey which was compared to non-participants. While those students who only attended the speech reported significantly higher scores than non-attendees on observing bystander behaviour and for acting as a bystander, scores were

comparable for rape myth acceptance and general dating violence acceptance. Students who attended both the speech and safety sessions reported significantly higher scores on reduced rape myth acceptance, observing bystander behaviour and for acting as a bystander, but not for general dating violence acceptance.

The Intervention Initiative is a bystander education and training intervention available to all universities across England. Fenton and Mott (2018) evaluated the intervention, with a pre- and post-survey at one university where it targeted first-year law students. The intervention runs for eight hours over eight sessions. Topics include education on knowledge and attitudes about sexual and family violence, including victim empathy and gender equity. It also covers behaviour change towards intervening as a bystander, and bystander intervention skills training. An anti-abuse social marketing campaign was run concurrently.

Fenton and Mott (2018) showed significant improvements in attitudes (such as rape myth acceptance) and potential behaviour change (such as 'bystander efficacy', 'readiness to help [both denial and responsibility]', and 'intent to help'). However, there was no significant change in self-reported bystander behaviour post-intervention. Students exposed to the marketing campaign showed significantly greater improvement in rape myth acceptance scores than those not exposed, although no improvement was seen for any other scores. Concerningly, only 2–4 per cent of participants reported a significant reduction in any of the attitudinal scores at post-intervention (i.e., of at least one standard deviation or more).

Langhinrichsen-Rohling et al. (2011) evaluated *The Men's Program* in the USA. This intervention has also been evaluated in other settings, some of which are discussed later in this report. In the university iteration that Langhinrichsen-Rohling and colleagues evaluated, the intervention is a sexual assault prevention bystander intervention for male college students. It is delivered by peer facilitators from non-profit organisations. The theory behind the intervention is that many existing interventions approach men as potential perpetrators, which could result in men being unwilling to engage. The Men's Program aims to reduce defensiveness through men engaging with other men to discuss rape-supportive behaviours and beliefs. The evaluation involved a pre- and post-survey design used with a randomised control group. Intervention participation resulted in significantly greater willingness to act

as a bystander and efficacy to act as a bystander and lower rape myth acceptance. However, Langrichhsen-Rohling et al. (2011) note that the intervention was not compulsory and therefore it could be possible that participants were already inclined to change, and those with more negative gendered views may simply not have participated. In contrast, Williams, Rheingold, Shealy, and LaRocque (2019) also evaluated *The Men's Program* at two other universities and their study had conflicting results. However, Williams and colleagues were also focused on alcohol and those who were heavy drinkers, making study conditions different.

The final promising bystander campaign is an evaluation by Sundstrom et al. (2018) of *It's your place: A bystander intervention campaign*. This "multi-media campaign" intervention sought to foster a culture of bystander intervention through peer-to-peer facilitation and training alongside media platforms (p. 1142). The researchers undertook formative research with students to assess what media channels would be most successful, campaign messages and other modes of engagement. There were eight campaign messages, such as "She's not playing hard to get: no is not an invitation to try harder". The posters and images were shared on social media, posters and websites. There was also a hashtag #ItsYourPlace where people could engage with the material. A short video was used to show a series of scenarios where a sexual assault happened, and points at which people could have been bystanders. Lastly, the campaign was promoted at social events, including a bystander race at a sporting event. The campaign messages were the primary prevention element of the intervention.

Evaluation design was a cross-sectional survey, post-intervention only. The study found that all eight messages were recalled by participants exposed to the campaign. Although the rate of re-call ranged from 15% to 47%, most messages were recalled by less than a third of participants. Viewing the campaign resulted in significant increases in scores on bystander attitudes, perceived behavioural control (bystander self-efficacy), and subjective norms around intervening as a bystander; in turn, they all were associated with increased intention to intervene scores.

These four bystander interventions do not necessarily focus on gendered violence, but there is often some discussion of the violence being gendered. Such bystander interventions aim to change attitudes while also encouraging and training students to intervene. Therefore, they offer some level of primary prevention. The interventions reviewed here suggest that this could work; however, they do not always show clear results. Such interventions have a focus on a broad range of dating violence which makes it difficult to assess their success in relation to sexual violence primary prevention. While some bystander interventions do show a change in relation to views on rape and sexual violence, often there is no long-term follow-up that provides evidence of sustained behaviour and attitudinal change.

While some effective and promising bystander campaigns exist, there is evidence of mixed results across studies. In relation to this literature review, the focus is on sexual violence; however, the intervention as a whole has been assessed. This measurement proved difficult when an intervention had multiple evaluations. One such intervention is *Bringing in the Bystander* (BitB). BitB teaches participants about being an effective bystander, rape myths, various inequalities (such as racism), and how this can impact on both victims and perpetrators. The intervention is generally 90 minutes in length and delivered in single-sex groups with one male and one female facilitator. BitB was adapted on several occasions to be LGBTQ-inclusive (Hines, Bishop, & Palm Reed, 2019; Hines & Palm Reed, 2015b; Inman, Chaudoir, Galvinhill, & Sheehy, 2018; Palm Reed, Hines, Armstrong, & Cameron, 2015). Other versions compared BitB with another intervention (Hines & Palm Reed, 2017; Peterson et al., 2018) or included another element such as a multimedia campaign (Cares et al., 2015). One study was aimed specifically at men (Elias-Lambert & Black, 2016) and another aimed to be less focused on gendered drivers (Inman et al., 2018). Lastly, targeting athletes was also a focus of multiple studies (Moynihan, Banyard, Arnold, Eckstein, & Stapleton, 2010; Palm Reed et al., 2015; Peterson et al., 2018).

In particular, the Peterson et al. (2018) study had promising outcomes. They compared a BitB group with a traditional awareness campaign and a control group. At follow-up, both traditional awareness intervention and bystander training intervention participation resulted in significant follow-up improvements in 'rape myth acceptance', 'gendered violence attitudes', and 'bystander efficacy' scores. However, only bystander intervention

participation resulted in significant improvements in 'intention to help' and 'bystander behaviour' scores at follow-up. Other studies also had positive outcomes at follow-up, showing, for example, some improvements in rape myth acceptance scores and bystander efficacy, but these would contrast other measures.

While the measures of success for this literature review are not on process or delivery, it must be noted that some studies showed conflicting results due to the delivery of the intervention. Most notably, Hines and Palm Reed (2015a) compared peer-facilitated versus professionally led BitB at one US university. The scores across their study were mixed. Notably, for general rape myth acceptance, the peer intervention produced a significant decrease in acceptance, but the professional intervention produced no difference. For male rape myth acceptance, both interventions produced a significant decrease in acceptance. This indicates that for bystander interventions, peer-facilitated could be more effective.

Another issue to consider with interventions such as BitB is that they may not be compulsory; it is therefore difficult to ascertain whether those who engage with the intervention were already willing to change and thus they may skew the data. For example, Banyard, Eckstein and Moynihan (2010) evaluated the BitB bystander and education intervention through the stages of change model. They reported that those with higher 'resistance' or 'pre-contemplative' scores pre-intervention were less likely to report improvements in rape myth attitudes post-intervention; those with higher 'pre-contemplative' scores pre-intervention were also less likely to report improvements in bystander efficacy.

The remaining bystander interventions were conflicting (Cadaret, Johnson, Devencenzi, & Morgan, 2019; Gidycz, Orchowski, & Berkowitz, 2011).

Summary: What Works in Higher Education – Bystander

Interventions	Effective	Promising	Country
6	RealConsent	Green Dot The Intervention Initiative The Men's Program It's your place: A Bystander intervention campaign Bringing in the Bystander	5 x USA 1 x England

Overview

Effective and promising: Bystander campaigns have a range of elements that work for primary prevention. Interventions targeted at males can impact rape myths, perpetration and willingness to intervene. Some evidence indicates that broadening the intervention beyond an educational setting, such as having a simultaneous social marketing campaign, enhances outcomes.

University: General

Effective

Two effective non-bystander intervention for universities were evaluated over four studies (Menning & Holtzman, 2015; Holtzman & Menning, 2019; Senn et al., 2015; Senn et al., 2017). The first was an evaluation by Senn et al. (2015; 2017) of the Enhanced Assess, Acknowledge, Act, (EAAA) intervention. EAAA is an intervention that straddles primary and secondary intervention but was included here because it has a significant education component that fits the criteria for primary prevention. The intervention has a strong evidence base to the design. EAAA gives in-depth training to peer facilitators, all of whom are of a similar age to participants. All sessions are recorded by the researchers to ensure fidelity.

The intervention consists of four three-hour units, which use a range of learning tools such as games, discussion and lectures. The intervention has four units that can be delivered over four weeks, or in a shorter period. Unit one (Assess) focuses on teaching women how to assess situations and about the likelihood of a perpetrator being known to them. The first session intends to break down the myths of SVH, such as the common belief that sexual

violence is perpetrated by a stranger. Unit two (Acknowledge) teaches women to feel confident in their own assessment of danger and to acknowledge any danger they are in. It also teaches women about feeling confident in their own ability to resist verbal coercion. Unit three (Act) involves self-defence lessons, particularly focusing on situations a woman might find herself in with a known attacker. The final unit (Sexuality and relationships) aims to solidify the knowledge of the first three units and to apply them to participants' real lives. This unit also has positive sex education that talks about desire, safer sex and attitudes towards sex. The intervention focuses on first-year university women because SVH is more likely to occur in the early years of university.

In this study, Senn and colleagues undertook an RCT of the EAAA intervention—the study protocol is outlined in Senn et al. (2013). The control group received standard university SVH brochures. The first paper (Senn et al., 2015), is a report on the first year of the evaluation that involved a pre survey; after completing the intervention the students did a one-week, six-month and 12-month follow-up survey. The second paper (Senn et al., 2017) is a report of the 18- and 24-month outcomes. The evaluation had a considerable sample size of 893 participants, with 451 in the resistance intervention and 442 in the control. At 18 months this had reduced to 817 participants and only 370 were included in the final survey (185 from each group). One downside to the study is they have not undertaken a process evaluation, so it is difficult to know what the students thought were positive elements of the intervention.

The outcomes for the group who received the intervention were consistently improved across all measures. Of note, Senn and colleagues found that the risk of completed rape was significantly lower at one-year follow-up for those who had taken part in the intervention. They also found that across all measured types of SVH, such as coercion, attempted rape and non-consensual sexual contact, the control group scored significantly lower. The authors compare their findings to other evaluations of equivalent interventions which had fewer significant outcomes. They note that positive outcomes for this iteration of EAAA are due to “...more hours of programming, a greater number of interactive and practice exercises, less focus on ‘assertive communication’ and more on escalation of

resistance in response to a perpetrator's perseverance, and the addition of positive sexuality content (Unit 4)" (Senn et al., 2015, p. 2332).

The later paper by Senn et al. (2017) shows consistent positive results at the two-year follow-up. The authors note that "the EAAA program has long-lasting, positive effects on university women's perceptions, attitudes and beliefs, and knowledge related to women's ability to resist sexual assault by known men" (Senn et al., 2017, p. 156). While elements of EAAA are not primary prevention, the program has sufficient education and engagement with challenging the root causes of SVH. In particular, it challenges rape myths, gender roles and supports women's empowerment. We note other women's empowerment interventions included self-defence, which was not included in this evidence review due to not including enough elements of primary prevention. Most interventions in the university setting are only one or two hours in duration, whereas EAAA is a longer intervention. This could account for the consistently positive outcomes. As well, few studies here have a follow-up that goes beyond an immediate post survey. Senn and colleagues were able to follow students over a longer period to show the impact of the study—again, highlighting the need for longitudinal evaluations to assess what works.

The second effective intervention is called *Elemental* and it combined both primary prevention and risk reduction. Elemental involves each instructor undertaking 25 hours of training followed by a four-hour face-to-face testing session. Instructors learn a broad range of topics that include relating to SVH as well as broader topics such as adolescent party culture and issues relating to alcohol. The intervention itself offers six hours of training. Participants learn about recognising threats, communication around consent, and self-protection techniques. The intervention was evaluated by Menning and Holtzman (2015) with a pre, post, six-week and six-month follow-up survey. They found that intervention participation significantly improved sexual assault self-protection overall, as well as in comparison to control groups. This effect, though dropping slightly, did remain by the final follow-up. Intervention participation also resulted in lower self-reports of sexual assault (experienced unwanted sexual contact or activity that was awkward, dangerous, and sexually charged). Furthermore, higher sexual assault protection scores were related to significantly decreased self-reports of sexual assault victimisation at six-month follow-up.

While the six-month follow-up survey did see some decrease in positive outcomes, it still showed significant maintained numbers, making this intervention effective.

Following this evaluation, the authors did a further study (Holtzman & Menning, 2019) to ensure success of the intervention. In the latter study they included two additional cohorts of both participants and control group students (p. 11). They again had both effective and promising results, with intervention students scoring significantly higher on sexual assault protection knowledge than control participants post-intervention. Over time, scores for intervention participants significantly increase post-test and are roughly maintained across follow-up, with a slight dip. In relation to sexual assault protection knowledge, intervention participants had higher scores. Lastly, they showed that intervention participation also independently predicts significantly lower risk of sexual assault across time to final follow-up.

Promising

The remaining college/university interventions can be loosely categorised into two categories: campaign; or single intervention. Three interventions fall under the loose category of campaign and all of these were found to be promising. Carline, Gunby and Taylor (2018) evaluated a social marketing campaign consisting of posters placed in university nightlife venues in the UK, targeting male college students aged between 18–24. Campaign messages covered intoxication and consent, rape definitions, sexual assault prevention, and impact on victims. Carline et al. (2018) held focus groups to assess the campaign's effectiveness. Participants understood key messages relating to consent and how this is impacted by intoxication.

However, a minority still held the view that intoxication and consent was a grey area and it depended on how drunk someone was. It was clear that participants were often unsure of the law and how this related to alcohol and consent. There were also rigid gender norms that some adhered to in relation to the belief that coercion was acceptable because a woman just needed to be convinced. In terms of rape myths, a significant proportion of participants saw stranger rape as “real rape” and scenarios with girlfriends/partners as different and less likely to be rape—although people in the group did challenge this as well.

Due to the significant impact of the myth of stranger rape as “real rape”, it is unsurprising they found that many participants felt the campaign was not targeted at these types of men and thus was not effective. Through this discussion participants ‘othered’ and demonised rapists as menacing men who were easy to identify. However, some participants discussed how the campaign challenged the stranger rapist myth and recognised the ‘everydayness of rape’. The dissonance between the stranger rape myth and their acknowledgement of the reality of rape led to two new categories of rapist—those who ‘take advantage and don’t think it is rape’ and the ‘unwitting (and drunken) man’. They suggested that a man’s drunkenness is relevant to assessment of culpability. Participants felt these two groups of men would be more amenable to the campaign message, though they did not consider themselves the target. The campaign indicates the need to continue to debunk the myths around rape and the significant challenges posed for individual campaigns in spreading a clear message.

Ortiz and Shafer (2018) evaluated *Define Your Line*, a US college student-driven sexual consent education campaign to improve college students’ sexual consent understanding. An undergraduate student advisory board was engaged to oversee and assist with the project. The campaign was meant to be interactive. Student representatives for the campaign set up tables around the campus and were available to answer questions; there were also social media channels for student engagement. Campaign material was displayed publicly on bus signs, around campus and key sites frequented by students. The campaign was aimed at female and male undergraduates. The researchers undertook a survey pre-, during and post- campaign, which resulted in significantly increased scores post- intervention and follow-up for ‘Positive sexual consent attitudes’, ‘Behavioural control to obtain sexual consent’, ‘Intentions to obtain sexual consent’, ‘Accurate identification of “clear” sexual assault situations’, and ‘Accurate identification of “grey” sexual assault situations’. Males reported a greater improvement in sexual consent understanding compared to females, though that was mostly due to beginning with lower scores than females at baseline. Fraternity/sorority members reported a greater improvement in sexual consent understanding compared to non-members, again mostly due to beginning with lower scores than non-members at baseline.

Mennicke, Kennedy, Gromer, and Klem-O'Connor (2018) evaluated a five-year social norms sexual violence prevention marketing campaign designed specifically for undergraduate men at a large public university in the US. Each year, two to three advertisements were developed, which had the overarching themes of “consent, bystander, rape myths, and sexual activity” (p. 5). The advertisements were then placed in prominent places such as posters and billboards around campus. Mennicke et al. (2018) evaluated attitudes towards victims of sexual assault, beliefs about sexual violence and behaviour related to sexual aggression and bystander intervention. Over five years of the social marketing campaign, scores on self-reported attitudes (towards victims and towards those acting as bystanders) and perceptions of peers on the same attitudes significantly improved in the latter years of the campaign. Additionally, discrepancies between self-reported and peer perception scores also significantly reduced in the latter years. Scores on self-reported beliefs on rape myth acceptance and perceptions of peers on the same beliefs significantly improved in the latter years of the campaign. Once again, discrepancies between self-report and peer perception scores also significantly reduced in the latter years. The researchers noted that over the five-year social marketing campaign, three measures of self-reported sexual aggression behaviours significantly decreased in the latter years of the campaign. These were: stopped when asked after arousal; got consent before sexual intimacy; stopped first time the date said no.

These three campaign interventions indicate that campaigns targeted at university students have promising outcomes, particularly if these campaigns run over several years. All three interventions aimed to teach students about consent after research indicated students might misunderstand consent. Placing the campaign material in various settings helped spread the message to a variety of students, but that message needed to be clear and concise. Engagement with students on appropriate communication also proved valuable. It is possible that campaigns which are widely disseminated could work in tandem with other interventions to have a whole-of-system approach to primary prevention.

Those in the category of “single intervention”, which were categorised as promising, offered a wide range of interventions with different themes across the interventions. Firstly, Bonar et al. (2019) evaluated the intervention *Relationship Remix*, which is a co-designed, campus-

tailored, sexual assault prevention intervention based on self-determination and belief systems theory. It is a 1.5-hour course that covers healthy relationships, consent, sexual assault, and sexual health education and training. *Relationship Remix* was developed and employed at a university in the US. It was aimed at first-year students and “sought to connect students’ behaviours regarding relationships, sexual health and consent to their personal values systems, while enhancing communication skills to facilitate engaging in values-based behaviours” (p. 101). While not all students had to attend the course, they were strongly encouraged to do so. They also attended a theatre-based education performance focused on rape culture, alcohol and consent, as well as completing two online modules about alcohol misuse. *Relationship Remix* is part of a whole-of-university approach to ending sexual violence. The outcomes of the intervention showed that at the post-intervention stage students did not show a significant increase in correctly identifying if consent was attained in two consent scenarios. However, post-intervention participants reported significant improvements in knowledge about healthy relationships, consent, sexual assault definitions, sexual health strategies, and campus resources. Also, post-intervention participants reported significant improvements in confidence regarding making decisions according to their personal values, expressing their needs, and listening to their partner’s needs.

Stewart (2014) evaluated *The Men’s Project*, which took place at a college in the US. The intervention is a male-specific sexual assault prevention education intervention. It covers education about gender roles and gender inequality (male privilege), awareness of sexual assault impact, and bystander intervention training. Trainers deliver the content across three major phases: “(a) 3 weeks dedicated to understanding different masculinities, socialization, and male privilege; (b) 5 weeks exploring the breadth, depth, and emotional impact of sexual assault, and (c) 3 weeks developing bystander intervention strategies on an individual (e.g., confronting sexist jokes) and institutional (e.g., joining women’s rights organizations) basis” (p. 482). Intervention participation resulted in significantly lower post-test scores for hostile sexism, benevolent sexism, rape myth acceptance, and, marginally, for gender-biased language. Intervention participation also resulted in significantly higher

post-test scores for collective action willingness (to fight against sexual assault), bystander efficacy, and feminist activism.

McMahon, Postmus, Warrener, and Koenick (2014) evaluated *SCREAM Theater*, a US peer education theatre intervention for college students on the prevention of sexual assault, including bystander training. The performance takes place in a variety of venues, including a showing for students at orientation. The performance goes for 75 minutes and looks at the themes of sexual violence as well as bystanders. McMahon et al. (2014) conducted a pre survey with 2,465 responses and a post survey with 693 responses. While this is a high attrition rate—attributed to the standard difficulties of maintaining student engagement—the researchers still draw some conclusions from the data. They found that intervention participation resulted in significantly reduced rape myth acceptance and significantly increased bystander attitudes. These results did not differ based on gender, athlete status, level of athletic participation, or fraternity membership. However, being male did predict worse rape myth acceptance scores post-intervention and being female did predict better bystander attitude scores post-intervention.

The University of Connecticut's *Violence Against Women Prevention Program* (VAWPP) was evaluated by Donais, Simonsen and Simonsen (2019). VAWPP is a peer-facilitated sexual violence prevention intervention that focuses on rape myth acceptance, affirmative consent, and confidence in interpreting cues related to sexual consent. The workshop involves three scenarios or case studies relating to consent, coercion and sexual violence, which are discussed by participants. Donais et al. (2019) conducted a survey post-intervention with outcomes compared to a control group. They found that workshop participation, compared to the control group, resulted in significantly lower rape myth acceptance scores on most items. Also, workshop participation, compared to the control group, resulted in significantly higher scores on knowledge and understanding of consent, including recognising aspects of consent in a provided scenario. Lastly, workshop participation, compared to control group, resulted in significantly increased confidence in one's ability to recognise clear consent or the lack of it.

Stück et al. (2020) evaluated *Sexualized Violence in Institutions*, a seminar curriculum at multiple German universities. The intervention is focused on sexualised violence in institutional settings and covers knowledge about sexual violence in institutional settings, sexual socialisation and education, and professionalism and ethics. It is delivered over three seminars with the overall aim of educating and upskilling students to be able to handle sexualised violence-related issues in their future professional roles. Seminar A discusses basic knowledge about sexualised violence in institutional settings. Seminar B then focuses on sexual socialisation and education. Seminar C rounds off the intervention with professionalism and ethics. Stück et al. (2020) found that participation across seminars resulted in a positive impact on each topic. Overall, intervention participants reported significant improvements in scores on ‘knowledge about institutional sexualised violence’, ‘confidence in handling sexual violence issues’, and myths about sexual aggression and child sexual abuse’ post-test.

Holz, Fischer, and Daood (2018) evaluated an unnamed US peer facilitator-led sexual assault prevention education session. This intervention covered sexual assault knowledge and VAW prevention knowledge, sexual communication skills, supporting a victim, and intervening in SA supportive contexts. The intervention went for 40 minutes, and included a video, education about rape and sexual violence, what to do to support a victim, as well as some bystander content. The target group was male college students aged 18–25 years. The “study identified groups of men with similar rape-related concerns to explore the possibility that these groups would respond differently to a sexual violence prevention program” (p. 311). These concerns were separated into four cluster groups: Cluster 1 – Legal and Communication Concerns; Cluster 2 – Fairness and Legal Concerns; Cluster 3 – Legal, Communication, Fairness, and Alcohol Concerns; and cluster 4 – Legal Concerns. Across all clusters, both the ‘rape myth acceptance’ scores and the ‘self-reported likelihood of raping’ scores were significantly improved post-test compared to pre-test. At both time points, Cluster 3 (which had the most unintentional rape concerns) reported the highest ‘rape myth acceptance’ and the ‘self-reported likelihood of raping’ scores; followed by Cluster 2, Cluster 1, and Cluster 4. These four clusters were significantly different to each

other on both these outcome measures, except for clusters 4 and 1 for 'rape myth acceptance' and clusters 1 and 2 on 'self-reported likelihood of raping'.

All four clusters reported a significant reduction in rape myth acceptance post-intervention. However, Cluster 3 reported the greatest decline followed by clusters 4, 2, and 1. These differences were all significant except between clusters 4 and 1. In terms of self-reported likelihood of raping, again, all four clusters reported a significant reduction in self-reported likelihood of raping post-intervention. However, Cluster 3 again reported the greatest decline followed by clusters 1, 2, and 4. These differences were all significant except between clusters 2 and 1, and clusters 1 and 4. They argue the results show "meaningful differences between groups of men who were clustered according to their rape related concerns" (p. 311).

The last promising university intervention is a bibliotherapy approach to sexual assault prevention for college-aged women evaluated by Yeater, Naugle, O'Donahue, and Bradley (2016). While listed here with promising interventions, it is noted that elements of the intervention were also ineffective. The intervention involved a self-help book that was piloted with female college students. The book contained 13 chapters. "Chapters 1 to 6 addressed dating issues and did not include specific material on date rape or sexual assault... Chapters 8 to 12 addressed: (a) rape myths and replacement beliefs, (b) factors associated with an increased risk of experiencing a sexual assault, (c) behavioral strategies for decreasing risk, (d) strategies for increasing safety when "hooking up" (engaging in spontaneous sexual activity) with someone, (e) ways for avoiding or dealing effectively with a stranger rape, and (f) strategies for dealing effectively with a past or current sexual assault" (pp. 120–21). The researchers found that compared to controls, those in the group who received the self-help book reported significantly improved scores on risky dating behaviour and on sexual communication strategies in dating situations. However, compared to the controls, the intervention did not produce changes in scores on alcohol use, rape myth acceptance, sexual assertiveness, or motivation and self-efficacy (two variables associated with positive treatment outcomes). Also, the bibliotherapy group did not differ from the control group on any of the five measures of sexual victimisation post-intervention.

The remaining general college interventions were conflicting (Baldwin-White & Moses, 2019; Cherniawsky & Morrison, 2020; Gedney, Lundahl, & Fawson, 2020; Gidycz et al., 2011; Jozkowski, 2015; Kimberly & Hardman, 2020; Raymond & Hutchison, 2019; Thatcher, 2011; Thompson et al., 2020). They were generally single interventions that had limited long-term follow-up. While they may have had some elements that could have impacted behaviour change, they generally were not shown to be effective at changing the gendered drivers or reinforcing factors of SVH.

Summary: What Works in Higher Education – General

Interventions	Effective	Promising	Country
12	EAAA Elemental	2 x Unnamed social marketing campaigns Define Your Line Relationship Remix The Men's Project SCREAM Theater Violence Against Women Prevention Program Sexualized Violence in Institutions Unnamed peer facilitator-led sexual assault prevention education session Unnamed bibliotherapy approach	1 x Canadian 9 x USA 1 x UK 1 x German

Overview

Effective and promising: This broad category encompassed a range of interventions. It is clear that women's empowerment is an important primary prevention tool. Interventions that target men can also have a high impact. Specific men's interventions, alongside awareness of SVH and its impacts, also work if they include content on male privilege and gender roles. Novel approaches such as theatre interventions and bibliotherapy offer unique additions to primary prevention. Peer facilitation shows positive outcomes and facilitators/instructors must have extensive training. A suite of interventions can enhance outcomes. Effective interventions go beyond one-off, single-session interventions delivered over a short period. Programs must be evidence based.

High School/Adolescent

Many of the interventions in schools were not gendered and regularly did not have enough SVH primary prevention content—being more focused on secondary intervention—and were therefore excluded. Also, interventions targeted at a younger age group (5–12) tended to not have a gendered lens, which meant they did not fit the search criteria. Most of the studies were from the USA and therefore findings cannot be generalised to Australian education settings.

Interventions in the school/adolescent setting were generally not sexual violence specific, but instead were broad interventions; this was reflected in the systematic reviews that were included from the search. For example, De Koker, Mathews, Zuch, Bastien, and Mason-Jones (2014) focused specifically on adolescent interventions aimed at intimate partner violence (IPV). Their systematic review looked at eight articles that reported on six RCTs. Of these, only one trial, *Safe Dates*, measured sexual violence perpetration in relationships separately and it showed some positive effects. The researchers noted that “Adolescents who received the intervention, reported less sexual IPV perpetration on average over first four follow-up points up to 3 years, compared with those in the control group” (De Koker et al., 2014, p. 10). Also, at the four-year follow-up “adolescents allocated to *Safe Dates* reported less sexual IPV perpetration than adolescents in the control arm” (De Koker et al., 2014, p. 10).

De Koker et al. (2014) also discussed two trials that measured sexual violence victimisation in an IPV relationship. The first again being *Safe Dates*, which in the short term did not show any significant difference in relation to sexual violence victimisation. However, “four years after the intervention, participants in the *Safe Dates* intervention were significantly less likely to report sexual IPV victimization” (De Koker et al., 2014, p. 10). There was no variance by gender. The second intervention was *Shifting Boundaries* which showed, after six months, a 50% decline in victimisation. Both interventions, as reported by De Koker et al. (2014), do not show distinct differences by gender.

De La Rue, Polanin, Espelage, Pigott, and Campbell’s (2014) systematic review of dating violence interventions did show some positive result overall. However, there was not a clear

indication that the teen dating violence interventions included in their review had an impact on sexual violence attitudes. Only four of the studies included a measure of rape myth acceptance and three of these were only at the post-test stage. While positive, it is not known if these outcomes were sustained. Broadly speaking, although students were more cognisant of abusive behaviour, De La Rue et al. (2014) found that the interventions did not have a significant or lasting impact on teen dating violence in general.

Edwards and Hinsz (2014) undertook a meta-analysis of eight dating violence interventions but did not report significant changes in attitudes. They stated that overall “students who received dating violence prevention instruction and training scored lower on attitudes about gender, power, and relationships that are known to increase the risk of dating violence perpetration or victimization” (Edwards & Hinsz, 2014, p. 5). However, they did not report on any significant findings relating specifically to sexual violence. They did note that two studies highlighted some regression in attitudes, and while the effect size was small it points to the possibility of interventions having negative impact.

Promising

There were no effective interventions in the high school/adolescent setting. Of those that were promising, five had interventions that were either focused on bystanders or had a bystander component. Two of these were the *Green Dot* intervention adapted for school students and evaluated by Coker et al. (2019; 2017). However, two further evaluations from Coker et al. (2020a; 2020b) were conflicting. As noted, *Green Dot* trains students to recognise dangerous situations and to become bystanders. The adapted curriculum was delivered by trained rape crisis educators over two phases. The first phase involved a 50-minute speech which focused on each person’s role as an engaged bystander. Phase two involved training students who were identified as “popular opinion leaders” because this would maximise the impact of the training; those students would share their learning with peers. These student leaders were engaged in an intensive five-hour training session. The session focused on victimisation, perpetration and bystander behaviour. The training covered a broad range of SVH, including stalking and partner violence.

Outcomes from the RCT are discussed in both Coker et al. (2017) and Coker et al. (2019). In the first publication from their research (Coker et al., 2017), they identify that after three years, at the intervention schools, compared to the control schools, students self-reported fewer incidents of all measures of perpetration, victimisation, and impacts of victimisation. After the fourth year, again students from the intervention schools self-reported fewer incidents of all measures of perpetration, victimisation, and impacts of victimisation. The main measures which showed differences that were statistically significant were perpetration of coerced sex, perpetration of drug/alcohol facilitated sex, physical dating violence perpetration, and physical dating violence victimisation.

Coker and colleagues' (2019) second publication on the evaluation looked more broadly at the school, not just at data on the students themselves. They found that across the four years of the intervention, intervention schools reported significantly improved scores on dating violence and sexual violence acceptance compared to control schools; this was true for both male and female students. However, the difference between the intervention and control scores for both dating and sexual violence acceptance reduced in Years 3 and 4 when all stages of the intervention had been implemented. Also, they reported that a gender difference was evident for dating violence acceptance scores. Females and males in the intervention school reported significantly lower scores than females and males in the control school in Year 4, but this was only the case for females in Year 3. In relation to specific analysis of student data, they reported that students who received any of the phases of the intervention at the intervention school reported significantly improved dating and sexual violence acceptance scores compared to students in the control school; this was true of female and male students.

One of the most recent evaluations of *Green Dot* by Coker et al. (2020b) looks more closely at diverse sexualities. The researchers gave students the gender options of female and male. They then differentiated between "sexual majority" students who are only attracted to the other gender, and "sexual minority" students who are attracted fully or in part to the same gender. They found that, compared to controls, sexual majority males and females and sexual minority females reported significant declines in violence acceptance scores over time, but not sexual minority males. Sexual minority females reported significant

reductions in sexual harassment and physical dating violence perpetration and stalking victimisation across time in comparison to controls, whereas sexual minority males reported no reduction in any violence events across time compared to controls. Interestingly, sexual majority males and females reported significant reductions in all forms of violence perpetration and victimisation across time in comparison to controls, except for stalking victimisation for males and sexual violence perpetration for females. In terms of violence prevalence rates, sexual majority students showed significant reductions across time in perpetration were reported for sexual violence, sexual harassment, stalking, and physical dating violence for this group. Also, significant reductions across time in victimisation were reported for sexual violence, sexual harassment, and stalking for this group. In contrast, sexual minority students had no reported significant reductions in any violence perpetration for this group. The only significant reduction in violence victimisation was reported for stalking in this group.

The final Coker et al. (2020a) article looked at results for those who could have had up to three years' exposure to the *Green Dot* intervention at their school. They found that for violence acceptance, intervention schools reported significantly better scores than control schools on one of the three violence acceptance factors, 'women's dress/behaviour suggesting sexual consent'; but not for the other two factors, 'sexual violence acceptance' or 'physical dating violence acceptance'. In terms of sexist attitudes, intervention schools reported significantly better scores than control schools on one of the two sexist attitudes factors, 'negative attitudes toward women', but not for 'ambivalent sexism'. Results for intervention attendees versus non-attendees were the same pattern as above—significantly better scores were reported by intervention attendees for 'women's dress/behaviour suggesting sexual consent' and 'negative attitudes toward women', but not for the other factors.

Bush et al. (2019) extend the Coker et al. evaluations of the *Green Dot* intervention. Their research examines whether the intervention reduced sexual violence perpetration by looking specifically at indirect effects on violence acceptance and bystander efficacy. Their research showed the intervention to be both promising and ineffective. The description of the evaluation did not indicate a gendered lens to the intervention; however, some of the

measures used did have a gendered focus. The intervention schools produced significantly less sexual violence perpetration scores over time compared to controls. It was clear that the intervention significantly improved violence acceptance scores and bystander action scores and they, in turn, significantly reduced sexual violence perpetration. There were also mixed results across the phases of the intervention. Decreased violence acceptance was associated with decreased sexual violence perpetration, whereas bystander engaging peers scores was significantly associated with increased sexual violence perpetration scores.

It is clear that *Green Dot* has some promising elements, but overall, it also has some need for improvement. While there is difficulty in assessing *Green Dot* in relation to the sexual violence content to fit with the remit of this evidence review, the available information does indicate some positives in sexual violence primary prevention.

Other promising interventions at times may have a bystander component alongside broader content. In particular, both Kernsmith and Hernandez-Jozefowicz (2011) and Hillenbrand-Gunn et al. (2010) evaluated interventions that had a bystander component. Kernsmith and Hernandez-Jozefowicz (2011) evaluated *The First Step Peer Education Program (First Step)*, which was a gender-sensitive school-based peer education intervention emphasising male responsibility for decreasing rape with a mix of primary prevention and secondary intervention. Similar to *Green Dot*, using trained staff from a local rape crisis shelter, *First Step* was in partnership with a domestic violence and sexual assault agency. They also trained key student leaders from the school who were then able to disseminate their learning through their peers. The students received 15 hours of training, with repeated training occurring twice a month over the academic year. The training focused on a gamut of SVH topics such as laws, alcohol and sexual harassment. The trained students would then speak in classrooms and at assemblies, with the emphasis on male students learning about SVH. The study used a pre- and post-survey with validated scales including Rape Myth Acceptance Scale and the Rape Myth Belief Scale. They found that post-test, the intervention overall led to significantly improved sexual violence understanding. At follow-up they also found that overall improvements in sexual violence understanding were maintained. However, males showed more of a decrease in scores at follow-up compared to females.

Hillenbrand-Gunn, Heppner, Mauch, and Park (2010) evaluated an educational series called *Men as Allies*, which also focuses on males as allies in sexual violence prevention. It covers knowledge, attitudes, empowerment to be an ally and intervene as a bystander, information on supporting victims, and challenging gender roles and stereotypes. The education sessions are accompanied by campaign posters. The campaign targeted the individual and relationship level as well as organisational level through six activities. The intervention was both promising and conflicting. For females and males, intervention participation resulted in significantly lower rape myth acceptance scores post-intervention and this was maintained at follow-up. Intervention participation did result in significantly higher self-protective behaviour scores for females post-intervention and this was maintained at follow-up.

However, intervention participation did not affect scores for males' willingness to intervene in rape-supportive situations or willingness to avoid engaging in coercive behaviour. Further, males rated their peers as significantly higher on rape-supportive attitudes and behaviours than males' self-ratings; that is, they perceive other males as more rape-supportive than they actually are. Male intervention participants' scores for male peers' rape-supportive behaviours significantly reduced post-test and was maintained at follow-up, indicating an increase in accuracy in rating peers' level of rape support. This pattern of results was repeated by female intervention participants who also became more accurate in perceiving male peers' level of rape support. Clearly, *Men as Allies* has both conflicting and promising outcomes.

The remaining three high school/adolescent promising interventions, Taylor, Mumford, Liu, and Stein (2017b), Smothers and Smothers (2011), and Jordan and Mossman (2018) did not have bystander content. Both Taylor et al. (2017b) and Smothers and Smothers (2011) evaluated interventions that took place in the USA and were primary and secondary interventions, with Taylor et al. (2017b) also including elements of a tertiary intervention. Jordan and Mossman (2018) evaluated an intervention in New Zealand (NZ) that was a primary, secondary and tertiary intervention. Taylor et al. (2017b) evaluated *Shifting Boundaries*, a teen sexual dating violence prevention intervention that combined a classroom intervention and a school-wide building intervention. The classroom intervention covered the perpetrator consequences of sexual dating violence and harassment, relevant

state laws and penalties, and respectful relationships. The building intervention featured school-based restraining orders, increased teacher monitoring, and posters to increase awareness. The paper did not cite any of their statistical results from the survey. The authors claim that delivering the intervention to multiple concurrent grades resulted in a significant reduction in sexual harassment victimisation but also a significant increase in sexual harassment perpetration. This could be due to a reporting effect where participants may be more likely to identify their behaviour as sexual harassment after intervention exposure. The authors also claim that consecutive years of intervention delivery also resulted in reduced sexual harassment victimisation compared to a single delivery. The intervention shows promise, but it is difficult to assess the extent of the intervention's success due to lack of information in the paper.

Smothers and Smothers (2011) evaluated a school-based intervention for reducing the tolerance of sexual violence and sexual harassment within individuals and the school community, including students, staff, and parents. The intervention had three phases. Phase 1 was a general intervention to all grades. Phase 2 was a more in-depth and targeted intervention to grades transitioning into and out of middle school. Phase 3 was focused on incorporating the intervention into the school. Of interventions that fit the criteria of this literature review, this was the only one that incorporated parents into a school intervention. It also was one of the few interventions that mentioned having responses that were culturally appropriate, although the paper did not offer detail on this. Smothers et al. (2011) evaluated the intervention through a pre- and post-survey.

Participants in phases 1 and 2 showed significantly improved scores on sexual assault and sexual health knowledge and beliefs. Participants in Phase 1 reported significant improvements in knowledge about school climate and access to resources. Participants in Phase 2 reported significant improvements in knowledge regarding school and community resources. Participants in phases 1 and 2 reported significant improvements in determining aspects of healthy and unhealthy relationships. The intervention overall showed some promising elements in general with some impact on sexual violence. However, the scales they used focused more on general attitudes and beliefs around healthy relationships.

Jordan and Mossman (2018) evaluated the *Girl's Self Defence Project* (GSDP), which is a sexual violence prevention self-defence and resistance intervention for girls in New Zealand. The project prioritises schools with at-risk students. The younger cohorts receive education that includes information on good and bad touching and disclosing to adults. Older cohorts learn about recognising sexual violence, healthy relationships, relationship safety, and bystander intervention. Other self-defence projects were eliminated from this literature review because they did not have sufficient primary prevention to be included. GSDP, particularly in the content for older students, had sufficient primary prevention for consideration in this evidence review. However, the researchers provided very little detail on their methods, which resulted in some difficulty assessing the outcomes. The researchers indicated that intervention participation did result in older cohorts understanding what a healthy relationship is and younger cohorts having a stronger understanding of what inappropriate touch is. The use of self-defence in primary prevention initiatives could be explored further.

Two final interventions were promising and involved high school students (Gilliam et al., 2016) and high school students and young adults (Carmody & Ovenden, 2013), but these were not rolled out specifically at a high school. Gilliam et al. (2016) describe the development and evaluation of a computer game called *Lucidity*. The game was developed in consultation with high school students and the future hope was for it to be available for high schools. While it is different to the other school interventions discussed, it still loosely fits in the school setting. *Lucidity* focused on communication specifically relating to sexual violence and sexual health. The evaluation consisted of focus groups, post-game play, follow-up interviews and newly designed questions. From the focus groups, it was shown that participants gained knowledge and awareness on a variety of sexual health and violence topics. For example, it was clear they learnt that it is not only strangers who perpetrate sexual violence. They also discussed a lack of formal education and discussions around sexual violence in schools; it only came up in response to sexual violence incidents at school and this was not handled well. Otherwise, exposure to the topic came from peer discussion and the media. Participants also felt education and discussions should start at a

young age. These discussions were new to many participants, who believed that having more such conversations was important.

Follow-up interviews highlighted that the intervention helped young people communicate about sexual violence. Almost all participants reported having conversations about the intervention or sexual violence with parents, teachers, siblings, friends, or romantic partners. These discussions included sexual violence and gender roles, how sexual violence had affected those close to them, and sexual violence prevention and support for victims.

Carmody and Ovenden (2013) evaluated the *Sex + Ethics Violence Prevention Program* in Australia and New Zealand. This was a co-designed sexual violence intervention for young people that aimed to reduce unwanted and pressured sex between people known to each other, but not at the expense of positive sexuality. It focused on young people gaining the agency and ability to negotiate ethical sexual lives. The intervention runs over six sessions for 2–3 hours per week, with a range of activities that are meant to capture real-life experiences around young people's sexual lives. They included a range of topics such as diverse cultural perspectives, sexual pressure, alcohol and so on. The researchers collected data from a pre, post and follow-up survey. They found significant improvements in both male and female participants' understanding of how to work out what they wanted from a sexual experience, and this improvement was sustained at 4–6 months follow-up. However, females reported a bigger improvement than males in understanding their own needs. There was also a significant increase in both female and male participants' understanding of their partners' needs in sexual experiences, and again this improvement was sustained at follow-up. For this item males demonstrated a larger improvement in understanding their partner's needs. This was one of few interventions that explicitly aimed to discuss SVH but to also to model positive sexuality.

While a range of interventions are discussed here, it must be noted again that many effective or promising interventions did not fit the search criteria. In particular, many interventions aimed at younger children did not have a gendered focus and may have also focused more on secondary prevention. Further research is needed to assess the

effectiveness of gendered interventions on younger people as well as how to make these inclusive of LGBTIQ people as well as culturally relevant.

Conflicting

Most school-based interventions were conflicting, with some being conflicting and ineffective. They can be loosely categorised as the following: athletics or coach-delivered interventions (Jaime et al., 2016; Miller et al., 2020; Miller et al., 2013; Miller et al., 2012); curriculum intervention (K. M. Edwards et al., 2019; Lamb & Randazzo, 2016; B. G. Taylor, Stein, & Burden, 2010a, 2010b); educational or school-based intervention (de Lijster, Felten, Kok, & Kocken, 2016; Fuertes Martín et al., 2012); and, lastly, papers that relate to implementation of an intervention (Banyard et al., 2019; Connolly et al., 2015; Daigneault et al., 2015; de Graaf, de Haas, Zaagsma, & Wijsen, 2016; Muck, Schiller, Zimmermann, & Kärtner, 2018; Muñoz-Fernández, Ortega-Rivera, Nocentini, Menesini, & Sánchez-Jiménez, 2019; B. G. Taylor, Stein, Mumford, & Woods, 2013). These interventions had a range of topics and all had some positives. However, the overarching concern with school- and adolescent-based interventions is lack of clear evidence for what works in the long term to create behavioural and attitudinal change.

For the sake of brevity, conflicting papers are not explained in detail in this report. However, the athletic setting intervention *Coaching Boys into Men* (CBIM) showed some effective elements while being predominately conflicting, making it worth describing. Four papers were evaluations of CBIM, with three from Miller et al. (2020; 2013; 2012) and one from Jaime et al. (2016), all with mixed results. . Miller et al. (2012) undertook an RCT at 16 schools in the USA, with 2006 participants across grades 9–12. Miller et al. (2013) is a one-year follow-up paper. The most recent paper, Miller et al. (2020), was a separate RCT at 41 schools with 973 male athletes aged 11–14. Jaime et al. ran CBIM with a coach-led and domestic violence professional-led group and compared the two. CBIM trains athletic coaches to integrate the issue of violence against women and girls into coaching activities through brief, weekly, scripted discussions with athletes and the use of education cards. Topics include respect, non-violence, gender-equitable norms, and interrupting abusive behaviours among peers. The training is aimed at male high school athletes at both individual and relationship level.

In the first findings, Miller et al. (2012) report that participation resulted in a significant increase in scores for 'intention to intervene' and 'positive bystander interventions' compared to controls. However, intervention participation did not influence 'gender-equitable attitudes', 'recognition of abusive behaviours', and reports of 'dating violence perpetration.' Similarly, at the one-year follow-up, intervention participation resulted in a significant reduction in reports of 'perpetration of dating violence' and a reduction in 'negative bystander behaviours' compared to controls. Intervention intensity, through the use of more education cards, did not affect bystander behaviours, but greater intervention intensity did result in a decreased dating violence perpetration. However, intervention participation did not influence 'intentions to intervene', 'gender-equitable attitudes', 'recognition of abusive behaviours', and 'positive bystander behaviours', thus making the outcomes conflicting.

The latest paper from Miller et al. (2020) shows conflicting results. Intervention participation, compared to controls, resulted in significantly increased reports of positive bystander behaviours post-intervention and at follow-up. It also resulted in significantly increased scores on recognition of relationship abuse post-intervention and at follow-up. For those who had ever dated, intervention participation, compared to controls, resulted in significantly lower odds of reporting adolescent relationship abuse behaviours at follow-up only. However, compared to controls, there was no significant change in cyber abuse perpetration, sexual harassment, and homophobic teasing perpetration scores for intervention participants post-intervention or at follow-up.

Further, compared to controls, there was no significant change in intention to intervene scores for intervention participants post-intervention or at follow-up. There was also no significant change in gender-equitable attitude score for intervention participants post-intervention or at follow-up. There were some differences relating to the intensity of the intervention, with generally better outcomes from those who were part of the intervention that had used more education cards. Overall, the intervention does have some positives but in general the outcomes are conflicting.

Summary: What Works in the High School Setting?

Interventions	Effective	Promising	Country
8	0	Green Dot	6 x USA
		The First Step Peer Education Program	1 x NZ
		Men as Allies	1 x Aus & NZ
		Shifting Boundaries	
		Unnamed program for reducing tolerance of SVH	
		Girl's Self Defence Project	
		Lucidity	
		Sex + Ethics Violence Prevention Program	

Overview

Promising: Interventions aimed at adolescents/school students were broad-ranging and covered a variety of topics. It is clear that interventions tailored to males have promising outcomes, particularly when bystander education is paired with education on SVH perpetration and rape myths. Interventions for females that focus on empowerment and resistance show promise. Novel ideas such as video games offer diverse ways of engaging students. Positive sexuality education is an important part of engaging young people. Material relevant to target audiences, such as age groups or cultural groups, enhanced interventions

Workplace Prevention Interventions

There were five interventions across six papers loosely categorised as workplace interventions. This is a loose category because there are interventions—particularly those for people working in bars—which have been categorised elsewhere. Further, three of the interventions were from military settings and one from the police. While such settings are considered workplaces, they may also be educational sites. The organisational structures and cultures of the military and the police make them unique.

Of these interventions, none were shown to be effective. Three were shown to be promising and, of these, two were in the military setting. Firstly, Foubert and Masin (2012) evaluated *The Men's Program*, which is a bystander education and training intervention already

discussed. In this instance, it was modified for the military context in the USA. The intervention involved a video that includes a discussion of a male-on-male rape experience. The intervention aims to encourage empathy and to influence attitudes and behaviour relating to rape and being an active bystander. It also aims to appeal to men who are already willing to intervene. Participants were likened to a comparison group who were given an educational briefing on sexual assault knowledge and how to prevent being a victim or perpetrator. The target audience comprised male non-commissioned officers with a mean age of 25.9. Interestingly, those who participated in the intervention showed a significant improvement in scores for 'rape myth acceptance', 'bystander willingness to help', 'bystander efficacy', 'likelihood of raping', and 'likelihood of committing sexual assault'. Those in the comparison intervention did have a significant improvement in scores for 'rape myth acceptance'. However, this group's post-test showed higher acceptance of rape myths than the bystander intervention group. This is therefore similar to the bystander campaigns discussed in the college setting; there are improvements regarding attitudes about rape but it is unclear if this is sustained and if it translates into behaviour change.

The second promising military intervention was Rau et al. (2010) who evaluated the USA Navy *Sexual Assault Intervention Training* (SAIT) intervention. Rau et al. undertook an RCT with males only. Interestingly, they also undertook an RCT of SAIT with females only (Rau et al., 2011), which was conflicting. Both interventions involved a lecture, discussion and a section of the film *When a kiss is not just a kiss: Sex without consent*. The intervention for men (Rau et al., 2010) focused on sexual perpetration by males on a known female. Participants reported significantly higher 'rape knowledge' and 'rape victim empathy' scores, and significantly lower 'rape myth acceptance' scores post-intervention compared to controls. Intervention participation resulted in significant improvements in all scores across time compared to controls. Compared to men with no such history, men with a history of sexual coercion reported significantly lower rape knowledge and rape victim empathy, and significantly higher rape myth acceptance post-test. However, the intervention was equally effective for men with or without a history of sexual coercion. Men without a history of sexual coercion reported a significantly greater improvement in one rape myth acceptance

score (RMAS), but sexual coercion history did not affect the change in scores over time of the other measures.

The SAIT intervention for women (Rau et al., 2011) focused on preventing sexual assault from a known male perpetrator. Intervention participation resulted in a significant increase in rape knowledge. Further, intervention participants reported post-test scores significantly higher than controls. These results were not impacted by ethnicity or history of prior rape. Rape empathy scores significantly increased over time for both intervention and control participants, but with a greater increase in the intervention group. These results were also not impacted by ethnicity or history of prior rape. Post-test rape empathy scores were significantly higher for intervention versus control participants, and for women with a history of rape compared to women with no such history. Interestingly, post-test rape myth acceptance scores did not differ between intervention and control groups. However, both groups did report a significant decrease in rape myth acceptance scores pre- to post-test.

These two military interventions separated participants into male or female interventions. SAIT was a similar intervention for males and females, but it also had differences across the two groups, which make it difficult to draw conclusions on the effectiveness of separating by male and female. Further, Rau et al. (2010, 2011) did not compare the two in any clear way. Without a long-term study, it is not possible to know if female- or male-only groups are successful. Further, due to the nature of military culture, any significant findings might not be translatable to other contexts. Also, one of the concerns of having interventions separated by gender is that it does not consider people of diverse genders and sexualities who might have different experiences to cisgender heterosexuals. It is also unclear if these interventions considered cultural contexts. Without such considerations, it could be difficult to translate these interventions to other contexts.

One final conflicting military intervention evaluated by Holland, Rabelo, and Cortina (2014) looked at the Department of Defense sexual assault training tailored to the US military. The research in this paper was difficult to discern. The researchers claim some success though the paper itself is unclear on how they have drawn this conclusion.

Two interventions focused on workplace sexual harassment. The first intervention took place at three workplaces and was evaluated by Campbell et al. (2013). This intervention was promising. It involved a one-hour workshop focused on workplace sexual harassment using adult learning and job-related scenarios. The control group was made up of workers from a similar industry. The intervention was aimed at the individual and relationship level, with some elements of primary prevention. For those in the intervention, sexual harassment prevention knowledge improved significantly post-intervention, and was significantly higher than the control group post-intervention.

The second intervention that focused on sexual harassment was the implementation of sexual harassment policies in the Dutch Police and was ineffective. This intervention was evaluated by de Haas, Timmerman, Hoing, Zaagsma, and Vanwesenbeeck (2010). Self-reported sexual harassment victimisation did not significantly reduce between pre-policy implementation (year 2000) and follow-up (year 2006) for either females or males. Self-reported sexual harassment for males increased significantly at follow-up. The authors suggest this could be due to increased knowledge about sexual harassment or that men may report sexual harassment to lose their status as a perpetrator. The research indicated that self-reported sexual harassment victimisation at police divisions with comprehensive sexual harassment policies compared to those without such policies showed no significant difference.

There are limited evidence-based interventions that exist for workplaces.

Summary: What Works in the Workplace

Interventions	Effective	Promising	Country
3	0	The Men’s Program Sexual Assault Intervention Training Unnamed workplace sexual harassment training	3 x USA

Overview

Promising: Few lessons can be learnt from the promising workplace interventions due to the focus on the military setting. Men’s interventions that focus on rape myths should

include targeted material which informs men that rape is most likely from a known perpetrator. Sexual harassment-specific training must be tailored for adult learning and include job-related scenarios

Specific Men's Interventions

Lawson, Munoz-Rojas, Gutman, and Siman (2012) evaluated *The Men's Program*, which was delivered in a non-university setting and was aimed specifically at Hispanic men between 18–25 years old; it showed promising results. *The Men's Program*, as described earlier, focuses on challenging rape myths and improving participants' intent to intervene. While it has had some good results, Lawson et al. point out that it has predominately been focused on homogenous groups—Caucasian college students and military personnel. This was one of the few interventions delivered to a specific cultural group to test its efficacy. Lawson et al. undertook a pre- and post-survey as well as a focus group after the intervention.

Intervention participation led to an increased willingness to intervene as a bystander.

Intervention participation also led to a decrease in rape myth acceptance in four of the five rape myth subscales: Justice (the belief that a woman's behaviour justifies the sexual act imposed on her); Status (peer pressure to attain a social status by committing sexual acts and/or the misinterpretation of sexual intent); Tactics (the methods used to gain a woman's consent such as alcohol or drug use, and other similar tactics); and Gender (males' perspective on traditional gender roles and the inclination to dislike anything feminine).

However, no improvement was seen in the subscale Blame (the belief that women are partially responsible for rape).

Follow-up focus groups with participants were held to assess the intervention's cultural relevancy. This was the only intervention aimed specifically at men outside the workplace or school context. It was also one of the few interventions to engage cultural relevancy. This indicates a clear gap in this area.

Summary: What Works – Specific Men’s Interventions

Interventions	Effective	Promising	Country
1	0	The Men’s Program	1 x USA

Overview

Promising: Interventions must be tailored for the target audience. For example, materials should be culturally appropriate.

Targeted Alcohol Interventions

Change the Story (Our Watch et al., 2015) notes alcohol as a potential reinforcing factor to violence against women. Further, “the contribution of alcohol to increase perpetration is significant in the context of social norms and practices that condone or support violence against women, in particular those relating to masculinity and masculine peer group behaviour” (p. 27). Alcohol can also play a role in sexual violence perpetration (Lippy & DeGue, 2014).

Alcohol can be used in a variety of settings and therefore can be addressed across multiple interventions. When looking specifically at nightlife—such as bars and clubs—alcohol and other drugs can play a significant role in SVH. However, only one intervention targeting alcohol and nightlife was included in the literature review. This was an intervention called *BarTAB*, a bystander education and training intervention for bar staff, which covered rape myths (including alcohol-related) and bystander strategies. It is delivered in a single two-hour session and can be delivered to large or small groups. The intervention has similarities to college bystander interventions but focuses on alcohol and sexual violence. The session involves lecture material, multimedia, discussions and activities. Powers and Leli (2018) evaluated the intervention with a pre- and post-survey of the bar staff. The study found conflicting results for the effectiveness of the intervention. Intervention participation resulted in a significant reduction in rape myth acceptance scores overall, though this was mainly due to significant reductions in scores by male participants (but not females) and bar staff with less than 10 years’ experience (but not those with more than 10 years’

experience). Also, intervention participation resulted in significantly reduced barriers to intervening scores only for female participants (years of experience did not affect results). Lastly, intervention participation resulted in significantly increased willingness to intervene scores overall, and for females, males, and those with less than 10 years' experience (but not those with more than 10 years' experience). This adds significant findings to the bystander training that has been discussed in the college setting and in the workplace setting. This intervention took place in a workplace, though the intention was broader than changing the workplace only, by also addressing the needs of customers in a setting where alcohol is consumed.

One other intervention related to alcohol, and this was also conflicting. It took place in Canada and involved changing the minimum legal drinking age. Gatley, Sanches, Benny, Wells, and Callaghan (2017) evaluated changes in the legislation and its impacts through secondary data analysis of young people pre and post the intervention age. They found that, overall, there were significantly more sexual assaults perpetrated by males just over the minimum drinking age compared to those just under it. Also, in provinces with a minimum drinking age of 19 the proportion of sexual assaults perpetrated by males just over 19 years were significantly higher than those perpetrated by males just under the age of 19. Whereas, provinces with a minimum drinking age of 18 showed no significant difference in the proportion of sexual assaults perpetrated by males just under versus just over 18 years. Interestingly, the minimum drinking age did not affect the proportion of sexual assaults perpetrated by females.

With only two interventions relating to alcohol/nightlife, it is difficult to assess what effective primary prevention interventions can impact this risk factor.

Summary: What Works for Targeted Alcohol Interventions

Interventions	Effective	Promising	Country
0	0	0	N/A

Overview

No targeted alcohol interventions met the criteria for effective or promising.

Parenting Interventions

Foshee et al. (2015), Mejdoubi et al. (2013) and Feder et al. (2018) evaluated interventions that can fit loosely in the parenting setting and all are conflicting. All three are primary and secondary interventions that focus on the individual and relationship level. Foshee et al. (2015) evaluated the intervention *Mothers and Teens for Safe Dates*, which is an intervention for mothers who have children exposed to IPV. Mejdoubi et al. (2013) and Feder et al. (2018) both evaluated the *Nurse Family Partnership* (NFP) intervention which is a nurse visiting intervention for new disadvantaged mothers.

Teenagers who have been exposed to IPV are at high risk of experiencing IPV themselves. *Mothers and Teens for Safe Dates* sought to prevent this from happening through a series of booklets for mothers who were former victims of IPV and their adolescent children. Booklets include education and activities for the mother and child to do together. They engage the mother and teen on dating violence prevention and educate the teen on rejecting dating violence and on gender stereotyping. The booklets are aimed at teenagers, and are focused broadly on IPV but still had some elements of sexual violence prevention. Foshee et al. (2015) undertook a randomised control trial of *Mothers and Teens for Safe Dates*. Through community advertising they recruited mother and adolescent pairs (n = 409) with the teenagers ranging from 12–16 years of age, 64% of them female. Foshee et al. measured psychological dating abuse, physical dating abuse, cyber dating abuse and sexual dating abuse. In relation to sexual dating abuse there was no main or moderated

effect of intervention participation on sexual dating abuse victimisation or perpetration scores. Overall, gender and race did not impact the outcomes.

Nurse Family Partnership is a nurse home visiting intervention which recognises that expectant young mothers may be vulnerable to IPV. Before the evaluation by Mejdoubi et al. (2013), the intervention had been evaluated multiple times, including other in-process evaluations. While the intervention focuses on IPV broadly, it has components of sexual violence primary prevention, particularly related to coercive sexual violence. In Mejdoubi and colleagues' (2013) RCT women received around 10 nurse home visits during pregnancy with follow-up visits of around 20 for the first and second year of the child's life. Participants in the intervention did, in general, report less IPV, including sexual violence at both the 32-week and 24-month follow-ups. However, Mejdoubi et al. (2013) did not separate participants by those currently experiencing IPV with those who were not; therefore, it is unclear how much this intervention was a secondary intervention rather than a primary intervention. One interesting finding was that participants reported experiencing fewer types of IPV than those in the control group, indicating that mixed approaches to IPV, including sexual violence elements, could be a successful intervention approach.

Feder et al. (2018) delivered NFP for Hispanic women predominately and translated it into Spanish. The findings of their evaluation were that, for those women with and without an IPV history, the intervention overall had no impact on victimisation or perpetration of physical, psychological, or sexual IPV. Women with no IPV history, which was the element of the intervention targeted towards primary prevention, showed that participants were significantly less likely to be physical IPV victims at the first follow-up compared to controls; however, at second follow-up this only approached significance. Intervention participation did not affect psychological or sexual IPV victimisation for those with no IPV history. In terms of perpetration, participants with no IPV history were significantly less likely to be psychological IPV perpetrators at the second follow-up compared to controls, but not at the first follow-up. Intervention participation did not affect physical or sexual IPV perpetration for those with no IPV history.

With so few parenting interventions fitting the criteria of this evidence review, it is difficult to state with any certainty what works for parenting interventions.

Summary: What Works for Parenting Interventions

Interventions	Effective	Promising	Country
0	0	0	N/A

Overview

No parenting interventions met the criteria for effective or promising.

RESULTS: GREY LITERATURE

The grey literature search identified 11 publicly available evaluations of primary prevention studies, seven of which are from Australia, two from New Zealand and two from the USA (Appendix 4). All intervention levels of the socio-ecological model are reflected in the grey literature identified, with several overlapping strategies displaying a more comprehensive approach. Of the seven Australian studies, four were evaluations of *Respectful Relationships* interventions targeting young people (Kearney et al., 2016; Le Brocque et al., 2014; Love & Taylor 2014; Struthers et al., 2019). The others included two bystander interventions (Imbesi & Lees, 2011; Nines & Koens, 2019) and a community social marketing campaign (Our Watch, 2017). Further details on these projects are summarised below.

Summary of Findings

Seven of the 11 studies target both primary and secondary prevention (with one study from the USA also targeting tertiary responses). Nine of the studies target children or young people, with ages ranging from 8 to 26. Four take place in a school only, two in the community only, and three have a mix of settings .

We also found a community-based evaluated intervention targeting council managers and domestic violence taskforce members in Australia, and a USA evaluation of an intervention that targeted USA military settings across all armed and reserve components.

The most common interventions explored strategies at the individual and relationship levels, particularly understanding and negotiating relationships (Appleton-Dyer, Dale-Gander,

Adams, & Ansari, 2018; Carmody, Ovenden, & Hoffman, 2011; Kearney, Gleeson, & Leung, 2016; Le Brocque et al., 2014; Love & Taylor, 2014; Struthers, Parmenter, & Tilbury, 2019; Taylor, Stein, Woods, & Mumford, 2011), followed by bystander approaches (Imbesi & Lees, 2011; Ninnes & Koens, 2019) although one of the relationship interventions (Struthers et al., 2019) also addressed bystanders as part of secondary prevention. Other interventions included addressing sexual violence in the workplace (US Department of Defense, 2014) and social marketing (Our Watch, 2017).

The understanding and negotiating relationship evaluations showed significant heterogeneity in intervention content and delivery, making it very difficult to ascertain what aspects of such interventions may have had a positive impact on outcome measures. Furthermore, the timing of follow-up was either not reported (Appleton-Dyer et al., 2018; Kearney et al., 2016) or only immediately after the intervention was delivered (Le Brocque et al., 2014; Love & Taylor, 2014). Long-term follow-up was rare, with only Struthers et al. (2019) and Carmody et al. (2011) showing some follow-up at 6–8 weeks and 4–6 months respectively (with Carmody et al. reporting some attrition in responses).

All identified grey literature items were cross-sectional in design (some pre–post with use of controls), except Taylor et al. (2011 [randomised controlled trial design]) who used self-report survey measures to assess efficacy. These methodological limitations make it challenging to assess the real impact on change in outcomes. Reports mostly indicated positive trends in increased participant knowledge and improved attitudes but, given many of these interventions were assessed immediately post-intervention with no longer term follow-up, it is hard to give weight to such findings. Sample diversity was not always recorded, although its importance was clear in the New Zealand studies and the report by Struthers et al. (2019), where diversity of participants was clearly articulated.

Intersectionality was overall a key element missing from both content and delivery, as well as how the interventions impacted those participating.

Overall, the quality of the evidence varied, with only one of the 11 interventions identified as showing an effect on sexual violence/harassment (US Department of Defense, 2014). Most studies were classified as promising as they included positive change in sexual violence

gendered drivers and reinforcing factors/outcomes. Three interventions reported conflicting results, including Le Brocque et al. (2014) who assessed pre–post change in attitudes towards women and dating violence, with changes only seen in attitudes to male psychological dating violence. The Our Watch (2017) evaluation of *The Line* campaign reports both improved and worsening youth attitudes towards sexual violence and harassment of women, indicating sustained efforts are needed to change community attitudes and behaviours to sexual violence and harassment of women. A summary of the 11 studies are described in detail below according to intervention type.

Education

Appleton-Dyer et al. (2018) reported on an evaluation of the *Mates & Dates* intervention run through New Zealand high schools. The intervention aimed to teach how to identify an unhealthy relationship and inappropriate behaviour, sustain healthy relationships, get help if they or someone they know is in an unhealthy relationship, and how to safely intervene.

The report presents analysis by Synergia on the student survey responses (n =1,849) after completing the course. The report provides both a process evaluation and report on the self-perceived impact on students. Students indicated they did not feel the intervention was a waste of time but that it was relevant to them. They also indicated that the course had changed the way they thought about some things (22% did not agree with this, compared to 40% who did agree). However, in responding to whether the course would change their behaviour, 28% of students did not agree, compared to 26% who did and 47% who did not know. Female students were more likely to see the intervention as a good use of time (65%), while Maori and Pasifika students were more likely to report that the course would change their behaviour.

In terms of impact, the questions posed included issues around consent, bystander behaviour, relationships, gender identity and roles. Sixty-one per cent of respondents indicated that the intervention had helped them know more about how to treat their partner, although 39% did not agree or did not know. With regard to gender, almost half (49%) either did not think their views of gender or sexual identities had changed or did not know if they had, and only 58% felt the intervention had changed their views on how men and women

should act. However, without understanding what views the students had prior to the intervention, it is hard to assess whether the intervention had a positive impact on changing negative attitudes.

When looking at gender stereotypes in more detail, 66% of students did not agree that men should take control in relationships. In addition, even though 62% did not agree that women should take responsibility for the housework and childcare, more than one-third of students did agree or neither agreed/disagreed. The evaluation reported on differences between students from varying ethnic backgrounds; for example, it showed that Pasifika students were more likely than other students to agree that men should take control and that women should be responsible for childcare and housework.

Students did indicate awareness of unhealthy actions in a relationship, such as sharing photos or images on social media or with friends without their partner's consent. There were fewer "don't know" responses to these questions. However, the report indicated that Pasifika students were more likely to suggest that they would engage in unhealthy relationship behaviours yet were more likely than the other ethnicities to report that they learnt a little bit and/or a lot about how to treat their partners.

Carmody et al. (2011) reported on the *Sex + Ethics* intervention run for young people in the community of Wellington, New Zealand. Eight groups of young people took part. Some 94 participants were enrolled in the *Sex + Ethics* intervention, of which 86 completed the pre-test evaluation in week one. Of those, 68 completed the evaluation post-test.

The intervention was originally developed by the authors at University of Western Sydney through funding from the Australian Research Council and in partnership with the New South Wales (NSW) Rape Crisis Centre. It was developed based on interviews with young people in Australia and what they perceived they needed in relation to education on sexual relationships.

The intervention was six weeks in length and was trialled in NSW in 2007. It has Foucauldian theoretical foundations and is underpinned by action research methodology, bystander approaches and "cognitive and social learning models which have been effective

in generating behavioural change”. The intervention provides a model to support “ethical decision making”, a “sunlight test” (how they would feel in the light of the day), managing non-verbal communication, understanding legal issues and provision of bystander skills.

The intervention was adapted in New Zealand to be culturally and sexually appropriate for the local conditions.

The evaluation involved a pre-test survey administered in Week One; a post-test survey administered in Week Six (directly following intervention completion); a follow-up survey 4–6 months after the last group session. The follow-up survey was primarily administered by email.

The key question the evaluation sought to address was: what impact, if any, the intervention had on young people’s behaviour and sexual relationships? Was this maintained after six months?

The only measure was two survey items that asked, on a 5-response Likert scale, the level to which the young person knew how to work out what they wanted from their sexual experience and what their partner wanted from a sexual experience or relationship:

1. “I know how to work out what I want from a sexual experience”.
2. “I know how to work out what someone else wants from a sexual experience or relationship with me”.

The evaluation also included qualitative data at follow-up, which explored the knowledge participants had gained about sexual violence. This was not a random sample—participants self-selected and were from specific population groups.

At the post-test evaluation survey (immediately after cessation of the intervention), there was a significant increase in participant level of understanding of their own needs in sexual experiences before the group began and six weeks later, following the completion of the intervention. There was also a significant increase in participant understanding of their partner’s needs in sexual experiences from before the group began and at six weeks.

Forty-three participants completed the 4–6 month follow-up survey. This shows a large, but unsurprising, attrition rate in survey participation. The results suggest that participant knowledge of their own needs in relationships was sustained across the post-test (immediately following intervention completion) and follow-up (4–6 months following intervention completion) measures. A significant difference in scores was also recorded across pre-test and follow-up. Despite an apparent downward trend from post-test to follow-up, it appears participants still had significantly higher scores for “understanding their partner’s needs” at follow-up, than they did before they began the intervention. Given the small numbers and lack of statistical power, the evaluation could not assess the impact on the different population groups within the sample and are not generalisable.

The study also used the qualitative component at the six-month follow-up to assess impact on sexual violence knowledge. The paper recognises that knowledge does not necessarily translate into behavioural change but highlighted that skills the participants raised as having learnt and enacted was an indication of potential prevention of future violence. The issue of consent and having the skills to negotiate it was also raised by participants as an important learning.

The strength of the study was the six-month follow-up, and, although after time there was a downward trend in impact, it was still a significant change from pre-test survey responses. Furthermore, sexual violence being raised at the 4–6 month follow-up was an indication that this was still remembered and considered by the participants long after the intervention completed.

The study included a process evaluation alongside the impact evaluation. Participants were asked how they felt about the intervention throughout its delivery and at follow-up, and this was reported as positive. The authors also received feedback from the educators in the intervention, which, again, was mostly positive in terms of participants’ responses. However, the educators acknowledged that in future the content may need to be adapted depending on the group receiving it; for example, LGBTIQ members of the group had different needs and challenges compared to heterosexual members. They also acknowledged the need to have an advisor with cultural expertise for the relevant populations.

Kearney et al. (2016) reported on an evaluation of the *Australian Respectful Relationships* (RREiS) intervention run in Victorian schools. Our Watch delivered the RREiS pilot across 19 Victorian schools in Victoria in 2015. The intervention took a whole-of-school approach, with supporting the staff in the schools to “examine, assess and respond to how the school is promoting respect and gender equality” while students receiving the curriculum using the resource *Building Respectful Relationships: Stepping Out against Gender-based Violence*. This was designed as an eight-unit curriculum “guidance” for years 8 and 9.

The evaluation used a multi-method approach through surveys, interviews and focus groups, with an overall aim of assessing impact on students and the school as a whole. Nineteen schools were involved, comprising 4,000 students and 1,700 staff. Delivery ran across Terms 1 to 4 in 2015. Project Implementation Leaders (Our Watch employees) were tasked with building capacity in the schools to implement the curriculum, as well as support ownership and leadership in instigating a whole-school approach to primary prevention of violence against women. Participating schools were from both regional and metropolitan areas, and included Catholic schools, boys/girls’ schools (one of each) and 17 co-education schools.

The intervention targeted the primary, underlying drivers of violence and was evaluated for impact and process. It took a realist approach, understanding the existence of many mediating factors in the outcome of the intervention and using the evaluation to continually improve the intervention and its delivery. The report highlights that given the time restrictions on the intervention development and delivery, the evaluation could not undertake an experimental or quasi-experimental design nor include any longitudinal assessment.

Impact measures covered student knowledge and attitudes on domestic violence, respectful relationships, and violence myths. Confidence in skills to recognise unhealthy relationships, be assertive, intervene in others’ unhealthy behaviours were also assessed. These questions were all newly developed scales and questions, with some being adapted from the NCAS. There were 24 questions on students’ understanding and attitudes on domestic violence, gender equality and respectful relationships, all of which improved from

the baseline survey (2,078 respondents) to the follow up-survey (1,587 respondents, 76% response rate).

While baseline survey results indicated that students already had a healthy attitude to relationships, the intervention was found to address the drivers of gender-based violence. On gender and gender inequality, post-intervention focus groups found that participants were able to articulate complex concepts regarding gender inequality and its link to gendered and sexual violence. During focus group discussions students also provided emotive examples of personal changes regarding gender equality in relationship attitudes and behaviours. With regards to sexual violence specifically, a follow-up survey showed that participants were less likely than at the pre-intervention stage to trivialise and excuse gender-based violence, including sexual assault and harassment. They were also less likely to victim-blame, including in cases of sexual assault. It also showed a decrease in gender stereotypes within relationships.

Through process evaluation, the intervention provided resources to teachers, and used an age-appropriate, interactive and participatory curriculum for those in Years 8 and 9. However, those involved wanted further training. One key criticism was the intervention needed to provide greater emotional support for staff in introducing this topic. The weakness of the intervention was identified as being time-restricted, which prevented broader community consultation and engagement, as well as long-term follow-up of behavioural change.

As a final note, the *Respectful Relationships* education has now been mandated in Victorian schools. The curriculum is currently being evaluated in 10 sites across Australia through an ANROWS grant.

Le Brocque et al. (2014) also reported an evaluation of the culturally inclusive, Australian Respectful Relationships intervention delivered across 11 projects. Projects differed greatly, with participants ranging in age from 8 to 24 years (some targeting the full range of school year levels, others only a couple of year groups [e.g. ages 10–13]) across multiple sites from primary, secondary to vocational (TAFE) and tertiary settings. The intervention delivery also differed significantly, with some interventions being single one- and two-hour sessions

to those that lasted up to two years. Participant numbers also differed, with some targeting thousands of participants across multiple sites, while others only examined small groups in a single school.

While the introduction to the report suggests this is “an evaluation of participant outcomes in achieving positive changes in awareness and attitudes towards respectful relationships”, the evaluation questions only asked about being angry and managing anger (primary school) and therefore there was nothing on sexual violence or related gendered drivers and reinforcing factors. Moreover, post-intervention data was rarely shown. Furthermore, while some of the interventions included sexual violence content, none of the survey outcomes measures included sexual violence outcomes.

Only two of the interventions reported pre- and post-survey data (neither of which showed any significant change in attitudes). The two interventions presenting pre- and post-data included The Women’s Council for Domestic and Family Violence intervention (WA) and Ipswich Women’s Centre (QLD), both targeting teenagers in secondary schools with the former delivering to 180 students and the latter to 2,415 students. However, survey responses were very low, with only 17 participants responding to pre- and post-surveys for the Ipswich Women’s Centre and only 32 for the Women’s Council in WA. The Women’s Council for Domestic and Family Violence intervention delivered three sessions and the Ipswich Women’s Centre used a full-day session plus a follow-up. Those having post-intervention follow-up showed no significance in change.

Consequently, this study has been classified as conflicting, based on the varied results and weak level of evidence available.

Love and Taylor (2014) reported on the delivery of a Respectful Relationships intervention, *You, Me, and Us* in metropolitan Melbourne across higher educational institutions, sporting clubs, youth organisations and primary schools in Melbourne’s western region. Two age groups were targeted: senior primary school students aged 10 to 13; and young people aged 18 to 24. The evaluation also examined impact on adult leaders who participated in the professional development training and impact on young women who received peer education training.

Little detail is provided on the actual sessions delivered, including content and duration of delivery. The intervention used two evaluation methods to measure change in skills, knowledge and awareness among young people who participated in a one-off respectful relationship education session. Session participants were evaluated by the University of Queensland. Participants who received the project outside of the University of Queensland's specified data collection timeframe were evaluated by Women's Health West. Love and Taylor (2014) only report on findings from the Women's Health West's self-evaluation as the University of Queensland's findings are not publicly available. As such, despite the intervention being delivered to 3,571 young people, only 683 form part of this publicly available evaluation (25% of the total eligible to participate). The University of Queensland's evaluation recruited 920 participants. Pre- and post-surveys were distributed to young people who participated in the one-off sessions. Surveys were distributed to participants immediately prior to the session and again at the end of the session. There was no longer term follow-up.

For 10 to 13-year-old participants, there was an increase in post-intervention awareness and knowledge of what constitutes respectful and disrespectful relationships. There was also an increase in participants' ability to challenge and reject gender stereotypes and inequity. Girls' improvements were generally greater than boys.

The 18 to 24-year-old age group demonstrated they already had a high degree of knowledge regarding respectful relationships, including about consent, identifying that sexual assault and rape were types of gender-based violence, and about rigid gendered stereotypes being a cause of violence against women. Post-intervention results showed an increase in knowledge about the prevalence of violence and in understanding violence supportive attitudes (such as name-calling and wolf-whistling, the belief that "some girls ask for it" and calling girls sluts and other names). For females, a greater understanding of consent and how gender stereotypes contribute to violence against women were among the top three things they learnt in the intervention. For males, a greater understanding of sexual consent was in their top three responses.

For adult leaders who participated in the professional development training, there were increases in knowledge about the prevalence of, and factors that cause, violence against women, and about gender inequity in Australia. For peer education training, young women reported increased knowledge and awareness about: the prevalence and types of violence against women; the ability to dispel myths associated with gender-based violence; and positive bystander action and what they can do to end violence against women.

Struthers et al. (2019) report on an evaluation of the Australian *R4Respect*, a promising violence prevention intervention in which young people challenge harmful and violence-supportive attitudes among young people to promote respectful relationships. The intervention has four elements, including: youth-led peer-to-peer respectful relationships education sessions; a social media strategy; community events; and law reform and advocacy (including bystander training) for young people.

The intervention was delivered as four one-hour sessions and was adapted from: (1) Respectful Relationships: A Resource Kit for Victorian Schools; (2) R4Respect Don't Be a Bad Apple (DBABA) animated videos; (3) activities derived from the DBABA facilitator guide; and (4) *The Line* campaign (Our Watch, 2017) videos and activities. The peer educators are all trained as facilitators of *LOVE BiTES* (National Association for the Prevention of Child Abuse and Neglect) intervention.

Surveys were used with young people (14–25 years) participating in the peer education sessions at immediately pre- (n=86) and post-workshop (n=80) as well as at 6–8 weeks (n=75) after participation in the intervention. Although sample sizes were small and the study possibly underpowered, outcomes of interest included:

- Attitudes Toward Sexual Violence – There was high pre-intervention disagreement with statements on it being ok to put pressure on someone to have sex or to force someone into having sex, which slightly increased post-intervention.
- Attitudes Toward Gender Equity – More females than males disagreed with statements regarding males taking control in relationships (under a half of males were unsure or agreed) or males being better than females at most things (a fifth of males were unsure

or agreed). Almost a half of males and almost a third of females were unsure whether “guys realise that girls are their equals”.

- Respectful Relationship Actions – Though more males than females strongly agreed that “they behave respectfully to partners/friends” prior to the intervention, the proportion who strongly agreed for both genders increased at post-intervention.

Taylor et al. (2011) report on a randomly assigned, New York City school-based dating violence prevention intervention (*Shifting Boundaries*) involving classroom curriculum and building-based interventions (e.g., increased faculty and security presence, posters and student mapping of safe/unsafe “hotspots”). The intervention involved 30 public middle schools with males and female students in Grades 6–7, between 10–15 years of age, with 2,654 participants. The classroom intervention included six sessions that emphasised the consequences for perpetrators of dating violence and the construction of gender roles and healthy relationships.

Study design involved mixed methods including pre–post and six-month follow-up surveys and focus groups. Surveys included questions on knowledge, attitudes, behavioural/bystander intentions, peer and dating partner physical and sexual violence (experienced as a victim and/or perpetrator), sexual harassment (experienced as a victim and/or perpetrator). Focus group questions addressed student change associated with the interventions and were all adapted from validated scales.

Results indicated a diverse sample of majority female participants (53%). One in five students reported being a victim of dating violence.

Analysis included sexual victimisation and perpetration by a peer and by a dating partner. Compared with controls (students who received no intervention), students reported increased knowledge about consequences of dating violence and sexual harassment and significantly reduced incidence of sexual victimisation in both groups and less perpetration in the peer group.

Regarding sexual violence behaviours:

- Sexual victimisation by a peer – There was a sustained decrease in reports of sexual victimisation from a peer in both the combined and building interventions compared to the control group.
- Sexual violence perpetration in a peer relationship – At follow-up, both the combined and building-only interventions resulted in significant lower prevalence of perpetrating sexual violence on peers. The prevalence for both interventions was about 40% of the prevalence reported by the control group at follow-up.
- Sexual victimisation by a dating partner – In the building-only intervention, the prevalence and incidence of sexual victimisation by a dating partner significantly reduced by half.
- Sexual violence perpetration in a dating relationship – There were no significant reductions on sexual violence perpetration in a dating relationship for any intervention group post-intervention.
- Experienced sexual harassment as a victim – Post-intervention there was no difference in prevalence or incidence of sexual harassment victimisation for any intervention group. However, at follow-up, those in the building-only group were more than twice as likely to report sexual harassment victimisation. It is important to note that the frequency of sexual harassment experienced by those in the building-only and combined groups were a quarter and a third lower respectively of the frequency reported by the control group.
- Perpetrated sexual harassment – At follow-up, the building-only group reported one-third reduction on perpetration of sexual harassment compared to the control group.
- Focus groups – Students mentioned that post-intervention they noticed less physical abuse and harassment but no effect on verbal harassment. Some students mentioned they felt the intervention helped victims more than perpetrators, but also helped students identify harassment as a problem. Teachers liked and supported the intervention.

Both the building-only and combined building and classroom interventions were effective in reducing dating violence. The use of an RCT design with equivalent control group and large, diverse sample size with a 93% response rate (at baseline) gives strength to this study. The

use of a six-month follow-up assists in understanding the sustainability of effects, but significant attrition is noted potentially introducing bias. Imputation addressed loss of follow-up in controls. Like the majority of studies included in this summary, the over-reliance on self-report survey items limits reliability of findings.

Imbesi and Lees (2011) report on an Australian peer educator pilot project of training for sexual violence education and bystander intervention in high schools called *Sexual Assault Prevention Program for Secondary Schools* (SAPPSS). A key objective of the pilot was to build the capacity of senior school students to take up leadership roles in the primary prevention of sexual violence. Peer educators across four schools in Victoria (over three years) were trained primarily to co-deliver sexual violence prevention curriculum with a teacher. Sixty-four male (n=26) and female (n=38) high school students, aged 16–18 years engaged with the action research-based intervention.

Pre-post and two-year follow-up surveys asked peer-education trainees what they learnt about sexual violence during the training and subsequent behaviours. A post-pilot focus group question asking peer educators what they learnt about sexual violence during the delivery of education sessions.

Post-training, peer educators reported using new communication/leadership skills in non-school settings and in their personal relationships during the project. Many also reported applying respectful communication skills more confidently (e.g., speaking to friends who were using disrespectful behaviours). Educator training helped trainees learn about types of sexual assault, relevant laws about consent and age of consent, and about positive relationships. When delivering sessions, trainee educators' sexual violence knowledge was reinforced and details were refreshed, particularly about laws and consent.

A smaller sample (20%) from one school completed a two-year follow-up survey and reported some retention of skills and capacity, but like other violence against women prevention interventions, ongoing training is required and more organisational “systems-level” support from the school/services is needed for sustained effects. While promising, more rigorous research is needed with longer term follow-up the real effectiveness of peer education interventions to be convincing.

Results were not analysed by gender; such analysis could contribute to our understanding of gender patterns among intervention findings. In many of the studies described above, school-age girls appear to benefit more from interventions and have greater knowledge and understanding of sexual violence and harassment (Appleton-Dyer et al., 2018; Love & Taylor, 2014; Struthers et al., 2019).

Workplace Prevention Interventions

A comprehensive intervention using primary-, secondary- and tertiary-level prevention strategies has been reported by the US Department of Defense (2014). This was a Department-wide (male and female) strategic approach to sexual violence prevention and victim support, utilising a comprehensive prevention and response system to prevent crime, empower victims and support recovery, and sustain commitment to holding offenders appropriately accountable. The strategy included leadership engagement, organisational change, and partnerships/collaborations. Actions included a sexual assault awareness month, a prevention innovation award, and an active bystander intervention.

Outcomes of interest were measured via participant surveys conducted two years apart during the intervention. Measures included the prevalence of unwanted sexual contact (validated scale) and past-year sexual assault (newly developed scale).

Post-intervention, Active Duty women in the military reported a decline in unwanted sexual contact over the two-year study period (2012–2014) from 6.1 to 4.3%. No significant change was reported by Active Duty men (1.2% to 0.9%). A substantial increase in reporting of sexual assault was also found during the intervention, indicating greater trust of command and response systems.

This is a large and very detailed report, making it challenging to identify the exact numbers of participants who completed the surveys and benefited from the intervention. Little of the prevention work seemed to be gender-based, and there appeared to be more emphasis on strategy than action. While authors mention that gender equality is a part of their education and a societal influence on sexual assault, it was difficult to find any outcome data on gender relations/equality even though they used surveys that measured it.

Some 560,000 military personnel were invited to participate in the study, yet the numbers completed are not clear with proportions only being reported. Given the size of the intervention and the “whole-of-military community” approach, we may assume the sample was substantial; however, findings can only be generalised to other military workforces. Simplified and clearer reporting on the military intervention is required.

Community-level Bystander Intervention

A recent ANROWS-funded study by Ninnes and Koens (2019) looked at five action research interventions within local government to prevent domestic and family violence. One of the five—The Mackay Regional Council in North Queensland—included a community-level bystander training intervention for council managers and domestic and family violence taskforce members. As one of five local council domestic violence prevention interventions, *Project 3: Domestic violence awareness and bystander training* reported improved staff sexual violence/harassment attitudes, post-bystander training of managers and at four months follow-up.

Aims of the research were to assess training impact on managers and taskforce members’ understanding of domestic violence and bystander action and managerial practices. Manager practices and their success in changing the behaviour of their staff were assessed. Managers reported in reflective journals and completed three surveys.

Ninety participants (55 men, 35 women) completed the training, which included 10 sessions over a one-week period. The intervention included information and skills on responding to domestic violence and using safety plans, bystander intervention tips and reflective practice.

At the post-training managers (who received the training) reported on the relevant current behaviours of their staff (who did not receive the training but experienced the bystander interventions of their trained managers). Current behaviours included: one in eight sometimes observed to be engaging in sexual banter and jokes; nine in 10 never observed to be making jokes about domestic, family, or sexual violence; almost four in 10 sometimes observed disclosing experiences of sexist language, sex discrimination, or sexual harassment; two-thirds sometimes hear female staff referred to as “ladies” or “girls”.

At the follow-up only one in 10 managers (who received the training) reported recently observing staff engaging in sexual banter or jokes, and the same proportion reported partly seeing this behaviour in staff. This reflects a large drop from managers' observations of this behaviour in staff immediately after the managers' training and is a promising intervention to consider.

Overall, managers reported post-training increased knowledge, skills, understanding, use and support for bystander actions. Although this is a small study conducted in one region of Australia, the objective measure of staff behaviour change in response to managers' bystander activity is an innovative method of evaluating effectiveness. The co-design component of the research is also a strength. Only 39% of trainees completed the follow-up survey at four months, data from which comprise the final conclusions.

Social Marketing

Our Watch (2017) reported on Tracking Change: Snapshot Evaluation of Findings for *The Line* campaign (2015-2017). *The Line* was a multi-pronged social marketing campaign, drawing from the actions outlined in foundational *Change the Story* policy and aimed to prevent violence against women and children by supporting young people to develop healthy, respectful and equal relationships with peers and intimate partners. *The Line* intervention targeted youth between 12–20 years. This Tracking Change document reports on *The Line's* May 2017 (Wave 5) survey of its *You Can't Undo Violence* campaign and compared results with the September 2015 benchmark survey.

Findings are from online interviews with young people (n=1,000) and parents (n=500). The evaluation focus was on dating, relationship, and sexual violence and their lasting effects on victims/survivors. Outcomes of interest included: spontaneous and prompted awareness of the campaign; consent and pressure; equality and gender roles; victim blaming; and relationships and behaviour.

Results indicate promising shifts in attitudes between 2015 and 2017, with data showing significant changes in young people's attitudes about victim-blaming, equality and gender roles. These include a decrease in gender inequity attitudes such as "men should head households" and "girls prefer a guy who controls the relationship". A decrease in sexual

violence victim-blaming, including around culpability for unwanted sexual behaviour if girls are drunk or are wearing revealing clothing.

However, there were also concerning shifts in attitudes over this time. Regarding sexual violence attitudes, those believing “a female cannot claim sexual assault if she was affected by drugs or alcohol and was leading people on” remained the same, and rates of believing when “a guy wants to have sex with a girl, it is up to her to make it very clear if she does not want to” increased. In terms of gender equity, there was an increase in the proportion of respondents who believed “males who take on a more dominant role in a relationship gain more respect from their friends” (especially for male participants). A new 2017 item found a quarter of males (27%) are not bothered “if they’re with a group of friends and someone puts girls down by making jokes or comments about them”.

Two-thirds (67%) of parents who had seen *The Line* campaign reported an influence on their child’s attitudes to developing healthy relationships, compared to 55% of control parents (who had not seen the campaign). Parents or carers reported significantly higher confidence levels (96%) to discuss topics with their child relating to healthy relationships, compared to 89% among those who did not see the campaign. No change was seen in parental reports of speaking with children about their relationships in the past three months, reinforcing the need for enhanced parental supports to have conversations on this topic.

Although this study sourced a large sample, compared results with baseline data and used control groups, varied results on attitudes towards women and sexual behaviours are reported. These conflicting results on gender equality and sexual violence against women indicate a long-term approach is needed, with more and sustained efforts by important organisations like Our Watch to change the next generation’s attitudes and behaviours.

MEASURING OUTCOMES

Across the peer reviewed and the grey literature, identified studies used a vast range of outcome measures to assess intervention efficacy. When assessing impact on SVH prevalence, most studies measured self-reported perpetration or victimisation using pre–post intervention surveys.

Study outcomes were categorised into those that measured SVH reinforcing factors like attitudes, knowledge and bystander intentions (Table 13) and those measuring SVH behaviours (Table 14). Many more studies measured the prevention of SVH gendered drivers and reinforcing factors than behaviours.

Table 13: Validated Measures/Drivers and Reinforcing Factors

Attitudes, knowledge, self-protection, and bystander intervention measures

Acceptance of Couple Violence scale	Rape Empathy Scale
Adolescent Sexual Harassment Attitudes Scale	Rape Myth Acceptance Scale
Ambivalent Sexism Inventory	Rape Myth Belief Scale
Attitudes Towards Dating Violence Scale	Rape Myth Scale
Attraction to Sexual Aggression Scale	Reactions to Offensive Language and Behaviour Index
Attraction to Sexual Violence Scale	Readiness to Help Scale
Banyard's Bystander Behaviour Scale	Relationship Media Literacy Scale
Banyard's Bystander Confidence Scale	RISE Knowledge Questionnaire
Banyard's Decision Balance Scale	Self-defence self-efficacy
Banyard's Willingness to Help Scale	Sexual Assault Protection Scale
Barker's Gender-Equitable Norms Scale	Sexual Assault Self-protection Scale
Barriers to Sexual Assault Bystander Intervention	Sexual Assertiveness Questionnaire for Women
Brief Intent to Help Scale	Sexual Assertiveness Scale
Burn's Bystander Intervention Behaviour Scale	Sexual Beliefs Scale
Burt Rape Myth Acceptance Scale	Sexual Consent-related Behaviour Intention Scale
Bystander Attitudes Scale	Sexual Experiences Survey – Short Form Victimization

Attitudes, knowledge, self-protection, and bystander intervention measures

Bystander Efficacy Scale	Sexual Harassment for Employees Knowledge Quiz
Bystander Intention to Help Scale	Sexual Self-concept Questionnaire
Bystander Intentions Scale	Sexual Social Norms Inventory
College Date Rape Attitude Survey	Social Norms Measure
Dating Self-Protection Against Rape Scale	The Acceptance of General Dating Violence Scale
Empathy for the Victim and Aggressor Questionnaire	The Acceptance of Modern Myths about Sexual Aggression Scale
Female Precipitation of Rape	The Behavioural and Characterological Self-blame Scale
Gender Equitable Attitudes Scale	The Child Sexual Abuse Myths Scale
Gender Violence Scale	The Discomfort with Sexist Situations Scale
Humphreys and Brousseau's Sexual Consent Scale	The Fear of Unintentional Rape Inventory
Hyper-gender Ideology Scale	The Gender Role Discrepancy & Discrepancy Stress Scale
Illinois Rape Myth Acceptance Scale	The Global Belief in a Just World Scale
Intent to Help a Friend Scale	The Preventing Harassment/Hostile Environment Checklist
Intent to Help a Stranger Scale	The Pros and Cons of Bystander Action Scale
Interaction Competence Scale	The Rape Culture Inventory
Knowledge of Effective Rape Resistance Strategies	The Sexual Assault Disclosure Scale
Male Rape Myth Acceptance Scale	The Sexual Assault Knowledge Scale
Multidimensional Sexual Self-concept Questionnaire	The Sexual Communication Survey

Attitudes, knowledge, self-protection, and bystander intervention measures

Perceived Control over Sexual Coercion Scale	The Sexual Violence Attitude Scale
Perceived Risk of Acquaintance Rape	The Victim Blame Scale
Prototype Willingness Model with Consent Scenarios	The Victim Empathy Scale
Provictim Scale	The What Would You Do? Scale
Rape Attitude and Belief Scale	USN Rape Knowledge Scale

Interventions most often assessed change by measuring knowledge/awareness, confidence, attitudes, intentions and behaviour. These outcomes frequently aligned with drivers and reinforcing factors of SVH. In particular, the Illinois Rape Myth Acceptance Scale (various versions [McMahon & Farmer, 2011; Payne, Lonsway, & Fitzgerald, 1999]) and participant knowledge outcomes were the most frequently used measures.

Knowledge was assessed by measuring participant ideas on consent, sex and relationships, what constitutes violence, types of SVH, and how gender-based factors and gender inequality contribute to VAW. Confidence was assessed by examining whether participants had greater intentions to step in as a bystander. Attitudinal change was measured by assessing perceptions of gender roles, and gendered identities and expectations. Follow-up of study participants to measure sustained impact on individual drivers, reinforcing factors or behaviours were limited.

Table 14: Validated Measures/Behavioural Factors

Violence, abuse, harassment behaviour measures

CDC's Youth Risk Behaviour Survey

Conflict Tactics Scale

Dating Behaviour Survey

Malamuth's Likelihood of Raping Scale

National Intimate Partner and Sexual Violence Survey

National Violence Against Women Survey

Violence, abuse, harassment behaviour measures

Safe Dates Physical Dating Abuse Scale

Safe Dates Psychological Dating Abuse Scale

Sexual Experiences Survey/Questionnaire

Sexual Harassment Questionnaire

Sexual Victimization

Tech Abuse in Teen Relationships Scale

The American Association of University Women Educational Foundation's Sexual Harassment in Schools Survey

The Assault Characteristics Questionnaire

The Canadian Public Health Association Safe School Survey for Grades 4-7

The College Date Rape Attitudes and Behaviour Survey

The Conflict in Adolescent Dating Relationships Inventory

The European Bullying Intervention Project Questionnaire

The National Uniform Crime Reporting Survey

Drivers and Reinforcing Factors Targeted by Interventions

Categories such as 'challenging the condoning of violence' and 'strengthening positive, equal and respectful relations' were the most common actions identified in peer-reviewed and grey literature studies to address drivers of SVH towards women (Table 9 and 10). These actions were most dominant in the education interventions for young people.

Across both peer and grey literature, 'preventing exposure to violence and support those affected to reduce its consequences' and 'challenging the normalisation of violence as an expression of masculinity' were the most frequent supporting actions identified within intervention studies (Table 9 and 10).

As previously indicated, most studies focused on young people, with interventions on the following concepts: challenging the condoning of violence; promoting gender equality; awareness-raising around what constitutes healthy/unhealthy relationships; advancing an understanding of how gender roles and expectations impact relationships; awareness-raising around respect and what crosses the line in relation to negative dating/sexual behaviour; and some focus on bystander behaviour.

Additional Studies Outside the Search Criteria

Children and Young People

Despite the inclusion of studies involving young girls from pre-school age on, we failed to include any studies for this group in our final 97 articles. On reflection, our focus on gendered interventions may have excluded some important research. While the search terms themselves were not gendered, the inclusion criteria meant that non-gendered papers were excluded at the full text level. Consequently, we reviewed the 31 papers that were excluded at the full-text level for not using a gendered lens. The research team completed a second analysis of these papers and categorised them into the following target groups:

Table 15: Additional Non-gendered Papers

Target Group	No. of Papers
Preschool to young teen (approximately 5-13 years)	19
High school and young adults	6
Higher education - university and internships	4
Other	2

As primary prevention interventions targeted earlier in the lifespan are crucial to ending SVH, the following section describes non-gendered interventions for children of primary and pre-school age. These papers were not part of the formal assessment as they did not meet the criteria. Rather, here we discuss some of the key themes. The 19 papers are listed in Appendix 5. We also note that the important work of Carmody et al. (2009) was not included because it was published before 2010, though it does offer important best-practice guidelines.

Firstly, 14 of the interventions were predominately based in the USA, with two from Germany and three from Canada. As has been noted, there are some distinct differences between the USA and Australia. For example, at times interventions include general safety, and bullying, alongside sexual violence (Daigneault, Hébert, McDuff, & Frappier, 2012; Espelage, Low, Polanin, & Brown, 2013; Kenny, Wurtele, & Alonso, 2012; Morris et al., 2017). A key difference is the USA middle school setting, which does not have an Australian equivalent.

Middle school is from Grades 6–8 or 7–9. Some interventions were targeted at the whole school in the middle school age range and offered a whole-school approach. This could be difficult to translate to an Australian primary or high school, as the age range differs.

All the interventions were school-based and educational in nature, focusing on learning how to recognise a potentially abusive situation as well as someone who is abusive, generally framed as a “good” and “bad person”. This includes teaching the children the reality that someone who is meant to be “good” could cause harm, because a perpetrator is often a known person. While trying to teach children about good and bad people, interventions also tried to counter any negative impacts on children so they would not begin to fear every adult. The content also covered good and bad touch as well as good and bad secrets. Students were also taught how to protect themselves in dangerous situations. Interventions often did not solely focus on SVH; they might also have other safety elements such as fire safety or bullying. Interventions were delivered in a variety of ways such as puppets, short speeches and role-plays.

Generally, interventions for children were short, running for 30 minutes to two hours for just one or two sessions. There is one example, *Second Step: Student Success Through Prevention* (SS-SSTP [Espelage, Low, Polanin, & Brown, 2013]), which is an adaptation of the Committee for Children’s (2014) *Second Step* Child Protection Unit curriculum. It involved a 50-minute or two 25-minute classroom sessions, taught weekly or semi-weekly throughout the school year. SS-SSTP was delivered to a USA middle school, with children approximately 11 years old—compared to other interventions aimed at children, this is one of the older cohorts. SS-SSTP took the format of classroom sessions, which is similar to most of the interventions. It is a general violence intervention with some sexual violence content. At the time of publication, the study was one of the most comprehensive evaluations of a school violence prevention intervention; however, results indicated no significant impact on SVH (Espelage et al., 2013).

The remaining studies were predominately evaluations of short interventions run in one or two sittings. Sessions might only go for 30 minutes to two hours with no follow-up or one “booster” a year or two later. Many evaluations did not have a longitudinal follow-up, which

makes it difficult to assess impact. Clearly evaluating the impact of SVH education on young children poses a range of issues. For example, students might move from primary to high school, making it difficult to follow students over multiple years. As a result, papers generally reported short-term outcomes. It is difficult to assess what primary prevention interventions for young people are effective long term for behaviour change.

Interventions were offered to classes, grades or across the school. It was noted that interventions were often not tailored to be culturally relevant. To address this, studies were specifically adapted interventions for cultural groups (Baker, Gleason, Naai, Mitchell, & Trecker, 2013; Kenny, 2010; Kenny, Wurtele, & Alonso, 2012). However, these were both USA interventions. Culturally specific SVH primary prevention interventions outside the USA appear, to date, to not be evaluated.

Some interventions involved parents in attempts to take the education beyond the classroom (Kenny, 2010; Nickerson, Livingston, & Kamper-DeMarco, 2018). One of these interventions *Kids Learning About Safety* (Kenny, 2010; Kenny et al., 2012) used the “Body Safety Training” workbook, which was adapted for Latino children. The parent’s education mirrored the children’s and they were also educated on topics like grooming, sex offenders and the law. The intervention was 16 hours simultaneous parent and child group format. This was one of the longer interventions. Another intervention involving parents was the *Second Step* Child Protection Unit: Family Materials (Nickerson et al., 2018), also from the above mentioned Committee for Children. It involved four videos, each of 3–4 minutes in length that parents could watch online. While the *Second Step* videos were short, which could be a downside, the earlier *Kids Learning About Safety* intervention had considerable issues with participant retention. Parents struggled to continue attending 16 hours of intervention training, particularly if they had other children who needed care. While involving parents has considerable benefits, there are many barriers for parents to access such training in person.

Interventions at times utilised a “train the trainer” model (Baker et al., 2013; Czerwinski, Finne, Alfes, & Kolip, 2018; Nickerson et al., 2019) where the teacher is trained by an expert to deliver the intervention. This pedagogy could be beneficial as “this method has the

advantage of minimizing the time and expense required of outside staff to implement the program as well as harnessing the relationships that already exist between teachers and students” (Baker et al., 2013, p. 169).

Only one intervention involved more than a set of classes or curriculum and that was an adaptation of the previously discussed educational intervention *Shifting Boundaries*. In this iteration, evaluated by Taylor et al. (2017a), they assessed whether the intervention had greater effect if it was delivered across multiple grade levels. This paper was not originally included in the evidence review because the focus was on implementation across the school as well as the elements of the intervention that were not focused on SVH. In particular, the intervention compared a classroom-based version with a whole-school-based version of *Shifting Boundaries*. The whole-school version looked at certain “hot spots” around the school where abuse regularly occurred. Compared to Taylor et al. (2017b), which was included in the evidence review, this version had a much stronger focus on a variety of abuses and less of a gendered lens. The whole-school intervention is one of the few that has more than just a focus on classroom-based intervention. However, delivering the intervention to the whole school was found to not have greater individual impact than just delivering to one grade.

One of the longest evaluations was an eight-year study of the intervention *Who Do You Tell* (Tutty, Aubry, & Velasquez, 2020). Our search also included a qualitative evaluation of the intervention (Tutty, 2014). The Canadian intervention has run for 35 years and focuses on unwanted touch and how to say no and is aimed at children from grades kindergarten to Year six. The content is altered to be appropriate for each grade level. The material is taught through discussion, pictures, videos and role-plays. There is a specific Indigenous version of the intervention and materials that are relevant to Muslim and East Asian students. The intervention comprises two sessions of 45–60 minutes each. The researchers examined knowledge and attitudes primarily through the Children’s Knowledge of Abuse Questionnaire (CKAQ-33). Over the eight years, they gathered data on 6,198 students from 50 schools. While they did do a pre- and post-test, as with the majority of the studies, the post-test was shortly after the children had received the intervention. The researchers report positive results, particularly with older cohorts, but only one post-test was administered to

students, making it difficult to assess if students had positive outcomes beyond the intervention.

Surprisingly, there were no evaluations of interventions that aimed to challenge gender norms. While such interventions exist, they are yet to be evaluated or available in English; for example, Our Watch's campaign *#BecauseWhy* or international examples such as Sweden's gender-neutral pre-schools. These are both campaigns that try to challenge how gender norms might impact on the development of young people. The focus in the literature, overwhelmingly, was on unwanted touch and which adults to trust. While these are important topics, primary prevention aims to address the root causes of violence against women and girls, which at times was not a clear outcome of any interventions aimed at young people.

Also, intersectional approaches were clearly lacking. Some interventions did engage culturally relevant materials, and they showed stronger uptake from the intended students. There was also a noticeable lack of content specifically for children with disabilities.

The key themes emerging from interventions aimed at young children are similar to those noted in the evidence review, and mirror many findings of the Walsh et al. (2015) systematic review of school-based interventions to prevent child abuse. Interventions are generally short and only offered once or twice. Few interventions offer a whole-of-school approach and those that do might not have enough focus on SVH. Evaluations might show positive results, but they are only measuring outcomes immediately after the intervention. While some studies are evaluating the intervention over a long period, they are not evaluating the children themselves beyond an immediate post-test. Therefore, it is difficult to know what SVH primary prevention interventions work for young people.

Phase 2: Survey Analysis

While we know that one in six Australian women over the age of 15 have experienced physical and/or sexual violence by a current or previous partner (Australian Institute of Health and Welfare, 2018 [likely an under-reported estimate]), the correlates of unwanted sexual experiences among Australian young people (14–18 years old) have not yet been examined in depth. We analysed data from the 6th National Survey of Australian Secondary Students and Sexual Health to identify students (14–18 years old) most likely to report an experience of unwanted sex.

This research sought to answer the question, ***“How does having an unwanted sexual experience correlate with socio-demographic, sexual health knowledge and educational experience variables?”*** The answers to this question aim to inform future policy development around priority populations by identifying the characteristics of those young people more likely to experience unwanted sexual experiences. It is important to note the limitations to the following data analysis, namely the absence of data on perpetrators of unwanted sexual experiences and the broad nature of the term “unwanted sex”. “Unwanted sex” was not defined for participants.

CORRELATES OF UNWANTED SEX AMONG YOUNG PEOPLE IN AUSTRALIA

Analysis examined correlates of unwanted sex among a sample of sexually active young people (i.e., had engaged in vaginal and/or anal sex at least once, N=3,838) from the 6th National Survey of Australian Secondary Students and Sexual Health who had answered “yes” to “Have you ever had sex when you didn’t want to?” Full details of methods and primary survey results for the National Survey of Australian Secondary Students and Sexual Health have been reported elsewhere (Fisher, Mikolajczak, et al., 2019; Fisher, Waling, et al., 2019). Logistic regressions were conducted to report the odds ratios (e.g., likelihood in comparison to others within a group) of unwanted sex by demographic and other variables. The data presented is limited by: 1) the sample is not representative, though the overall sample was large providing a good indication of trends nationally; 2) the term “unwanted

sex” was not further defined for participants meaning those who said yes may have vastly different experiences ranging from ambivalence to more concerning experiences such as sexual assault (all participants were provided connections to support services during the online survey), thus we are unable to quantitatively distinguish the drivers of experiences of non-consensual sex and more generally unwanted sex; 3) the questions assess lifetime experiences thus findings are unable to ascertain issues like re-victimisation, the context of specific experiences or age(s) when the experience(s) occurred; 4) the survey did not ask about perpetration of unwanted sex thus we are unable to characterise perpetrators within the data, which has a range of implications including the inability to identify where and among whom future interventions can be targeted to reduce and eliminate the perpetration of unwanted sex among young people.

In total, 1,119 participants (29.2% of sexually active young people) had indicated experiencing some type of unwanted sexual event in their lifetime. Table 16 presents the frequency and odds ratios for unwanted sex by demographic variables. **Those more likely to report having had unwanted sex were female, trans and gender diverse and non-heterosexual young people.** There were no statistically significant differences between year levels in school, school types, rurality, religion, Indigenous status or young people born in Australia versus not. Of statistical significance, however:

- Female and trans and gender diverse young people were, respectively, 3.05 and 3.60 times more likely to have reported ever having unwanted sex than male students.
- Lesbian and gay young people were 2.08 times more likely than heterosexuals to have reported ever having unwanted sex.
- Bisexual young people were 1.87 times more likely than heterosexuals to have reported ever having unwanted sex.
- Young people unsure of their sexual orientation were 1.93 times more likely to have reported ever having unwanted sex.

Table 16: Frequencies and Odds Ratios for Unwanted Sex by Demographic Variables (N=3,838)

Did you ever have sex when you didn't want to?	Yes	No	Total	OR	95% CI	p
	n (%)	n (%)	n (%)			
Gender						
Male	280 (25.02%)	1373 (50.50%)	1653 (43.07%)	ref		
Female	795 (71.05%)	1311 (48.22%)	2106 (54.87%)	3.05	(2.54 - 3.66)	<0.01
TGD	44 (3.93%)	35 (1.29%)	79 (2.06%)	3.60	(2.08 - 6.23)	<0.01
Year Level						
Not in school	280 (25.02%)	569 (20.93%)	849 (22.38%)	1.22	(0.88 - 1.70)	0.230
Year 9	30 (2.68%)	110 (4.05%)	140 (3.69%)	0.70	(0.42 - 1.18)	0.180
Year 10	166 (14.83%)	361 (13.28%)	527 (13.89%)	1.15	(0.89 - 1.49)	0.282
Year 11	290 (25.92%)	755 (27.77%)	1045 (27.55%)	0.88	(0.71 - 1.09)	0.245
Year 12	340 (30.38%)	892 (32.81%)	1232 (32.48%)	ref		
School Type						
Government	483 (43.16%)	1141 (41.96%)	1624 (44.26%)	ref		
Catholic	177 (15.82%)	530 (19.49%)	707 (19.27%)	0.87	(0.69 - 1.10)	0.252
Independent	119 (10.63%)	370 (13.61%)	489 (13.33%)	0.85	(0.65 - 1.11)	0.238
Sexual Orientation						
Heterosexual/straight	706 (63.09%)	2101 (77.27%)	2807 (73.95%)	ref		
Gay or lesbian	57 (5.09%)	110 (4.05%)	167 (4.40%)	2.08	(1.40 - 3.09)	<0.01
Bisexual	286 (25.56%)	391 (14.38%)	677 (17.83%)	1.87	(1.53 - 2.30)	<0.01
Not Sure	58 (5.18%)	87 (3.20%)	145 (3.82%)	1.93	(1.30 - 2.87)	<0.01
Rurality						
Rural	295 (26.36%)	629 (23.13%)	924 (26.07%)	1.11	(0.93 - 1.34)	0.256
City	751 (67.11%)	1869 (68.74%)	2620 (73.93%)	ref		
Religion						
No religion	729 (65.15%)	1820 (66.94%)	2549 (68.14%)	ref		
Catholic	175 (15.64%)	434 (15.96%)	609 (16.28%)	1.05	(0.83 - 1.32)	0.687
Other Christian	138 (12.33%)	315 (11.59%)	453 (12.11%)	1.15	(0.89 - 1.48)	0.290
Other	44 (3.93%)	86 (3.16%)	130 (3.48%)	1.24	(0.80 - 1.93)	0.339
Aboriginal and Torres Strait Islander	71 (6.51%)	109 (4.10%)	180 (4.80%)	1.40	(0.96 - 2.05)	0.081
Born in Australia	1015 (91.03%)	2468 (91.41%)	3483 (91.30%)	0.97	(0.73 - 1.29)	0.850

Significant findings are in bold. % are within subgroup; for example within gender, of those saying "yes" 71.05% were female.

Additional potential correlates of ever having had unwanted sex by gender were examined including overall sexual health knowledge and receipt and relevance ratings of sex education. No statistically significant differences were found. This indicates those who had reported an unwanted sexual event were no more or less likely to have overall better sexual health knowledge or rate the relevance of their sex education higher or lower than those who did not report an unwanted sexual experience.

WHY DID THE UNWANTED SEX HAPPEN?

Participants who indicated having had an unwanted experience were given a list of potential reasons why they had unwanted sex (see Table 17). The **most common response was “my partner thought I should” and “I was too drunk at the time”** with no statistically significant differences across genders. Female participants were three times more likely to have reported experiencing unwanted sex, which supports the focus of the evidence review including only gendered interventions. Chi-square analyses showed **females and trans and gender diverse young people were significantly more likely to indicate “I was frightened” as a reason for unwanted sex**. Males were somewhat more likely to indicate **“My friends thought I should” as a reason** (trans and gender diverse persons had expected cell counts of less than 5 and thus not reliably significantly different). Together, the gendered differences, or lack thereof, in reported reasons for unwanted sex indicate that while no gendered differences were observed in the most commonly reported reasons, the other differences found in the ‘check all that apply’ options available to participants seem to support a focus on gendered interventions. Interventions focused on the most impacted gender—females—needs to account for not only the most common reasons but also unique reasons such as fear. It is difficult to say if the development and delivery of initiatives analysed in Phase 1 of this report accounted for the gendered similarities and differences found here for reasons of experiencing unwanted sex. Many of the promising interventions for adolescents focused on changing attitudes and behaviours associated with prevention and did not mention the specific reasons noted in this analysis.

Table 17: Reasons for Unwanted Sex by Gender (N=1,119)

	Female (n = 795)	Male (n = 280)	TGD (n = 44)	Total (n = 1,119)	Chi-square	P
My partner thought I should	399 (50.19%)	140 (50.00%)	26 (59.09%)	565 (50.49%)	1.358	0.507
I was too drunk at the time	270 (33.96%)	103 (36.79%)	14 (31.82%)	387 (34.58%)	0.885	0.643
I was frightened	239 (30.06%)	60 (21.43%)	25 (56.82%)	324 (28.95%)	24.791	p<0.01
I was too high at the time	99 (12.45%)	37 (13.21%)	12 (27.27%)	148 (13.23%)	7.979	0.019
My friends thought I should	54 (6.79%)	40 (14.29%)	6 (13.64%)	100 (8.94%)	15.53	p<0.01

% are within gender; for example, of all females indicating an unwanted experience, 50.19% indicated it was because their partner thought they should. Reasons are not mutually exclusive as participants could check all reasons they felt applied to them.

This research demonstrates that unwanted sex disproportionately reported among females and LGBTQ+ young people in Australia who were significantly more likely to report it happened because they were frightened. These findings confirm previous international findings that these groups experience higher rates of unwanted sex into young adulthood and adulthood (Australian Institute of Health and Welfare, 2019; DiJulio, Norton, Craighill, Clement, & Brodie, 2015; Ford & Soto-Marquez, 2016; Mellins et al., 2017; Muehlenhard, Humphreys, Jozkowski, & Peterson, 2016). It is important to note that a not insignificant number of young males (17%, n = 280) also reported unwanted experiences, which is likely under-reported due to ideals associated with masculinity (e.g., guys should always want sex [Porter, Douglas, & Collumbien, 2017; Richardson, 2010; Taylor, 2006]). However, a recent trend analysis of unwanted sex across four waves of data (2002–2018) indicate, even after accounting for age and gender, female students were consistently more likely to report experiencing unwanted sex at some point in their life (Fisher & Kauer, 2019).

Phase 3: Data Gap Analysis and Synthesis

AIM

This secondary data gap analysis and synthesis aims to collate and examine data on levels of sexual violence and harassment awareness, attitudes, and behaviours among the Australian population. The purpose is to assess ongoing or repeated data sources that may serve as surveillance data that can attest to the outcome efficacy of sexual violence primary prevention initiatives.

RESEARCH QUESTION

The question the data gap analysis and synthesis seek to address is: **What is the evidence coverage and gaps in existing Australian data reporting on sexual harassment and sexual violence?**

OUTCOME DATA

Sexual Violence and Harassment Behaviour Outcome Measures

- **Community prevalence** – Defined by the ABS (Australian Bureau of Statistics, 2013a) as the number of people in the relevant population who have experienced family, domestic and sexual violence at least once. This may be recorded or estimated for a given period, since a person reaches a certain age, or as lifetime experience. Prevalence estimates are measures of the extent of victimisation within the community.
- **Community incidence** – Defined by the ABS (Australian Bureau of Statistics, 2013a) as the number of incidents of family, domestic and sexual violence in the relevant population within a specified reference period. Incidence estimates are measures of the extent of offending behaviour within the community.

METHOD

Potential data sources were sought that either captured sexual violence and harassment behaviour or the underlying gendered drivers and reinforcing factors. These sources needed

to be publicly available, which usually meant the data or reports were published online. To support monitoring of sexual violence primary prevention efforts, the data also needed to be collected in an ongoing or repeated manner, it could not be a once-off survey. Surveys needed to be re-administered at some sort of regular or irregular intervals to be able to serve the purpose of monitoring changes in behaviour, attitudes, or knowledge over time (and as a result of primary prevention initiatives). They also needed to reflect gendered sexual violence and report sexual violence experienced by females aged five and older.

Data Types

Available data sources fell into two general types:

1. Administrative by-product data – according to the ABS (2018) this is data that is captured by government and other agencies while providing services or conducting their core business. Agencies, such as police, courts, hospitals etc., that offer services for, or respond to, sexual violence (or intimate partner violence more generally) record data as part of their case management or operational requirements. This can include information about people that come into contact with the agency and the nature of their transactions with the agency.
2. Survey data – The ABS (2018) defines this as being data collected directly from people in the community that can contribute to sexual violence prevalence estimates by capturing incidents of violence not reported to police or other agencies. Surveys can also capture information on respondents' attitudes and perceptions regarding sexual violence.

Data Sourcing

The data sourcing process began with a search of all the Australian websites reviewed in the grey literature search of the scoping evidence review portion of this report. These websites are listed in Appendix 6. During the website search the ABS's Directory of Family, Domestic, and Sexual violence Statistics 2018 was discovered. This directory contained 18 sources of family, domestic, and sexual violence statistical data (excluding one source specific to child abuse data). The directory contained all but one of the sources found during our website search, plus some sources not found on the searched websites. The

directory collated metadata from each source and this formed the basis of our data collation process.

Data Collation and Analysis

The data collation and synthesis process involved three steps:

1. **Data Extraction** – A data extraction table (available on request) was used to collate and synthesise the relevant data from each source. This was based on some metadata from the ABS Directory, in addition to fields bespoke to the current data synthesis goals. Separate data extraction tables were produced for data measuring sexual violence behaviour and data measuring underlying sexual violence gendered drivers and reinforcing factors. On each table sources were further divided into Administrative Data and Survey Data. It is worth noting that the ABS Directory covered sources of family, domestic, and sexual violence statistical data; as such, we screened the sources to focus on what sexual violence specific data they covered.

Geographic extraction fields included:

- Data source
- Data custodian
- Description
- Method
- Sample (number, gender and age, or record type)
- Geographic Coverage: National; State; Both
- Frequency (of data collection)
- Violence Level: Criminal; Non-criminal; both
- Sexual violence Measurement/Definition
- Data Availability
- Limitations
- Publications list

Sexual violence behaviour extraction fields:

- Prevalence (people #) or incidence (events #) or both

Sexual violence drivers and reinforcing factors extraction fields:

- Gendered Drivers
- Reinforcing factors



2. Mapping against the sexual violence behaviour, gendered drivers and reinforcing factors outcome measures – In separate tables, survey data sources (see Table 18) and administrative data sources (see Table 19), were then mapped against the relevant sexual violence behaviour outcome measures (prevalence and incidence) and gendered driver and reinforcing factor outcome measures. This visualises which data sources cover which outcome measures and determines if any outcome measures are under-represented or non-represented among the collated data sources.
3. Data synthesis and analysis – During the initial website search, examples of prior data synthesis and analysis of the available data on family, domestic, and sexual violence were discovered. The ABS has already completed a thorough and detailed analysis of the available family, domestic, and sexual violence statistical data and their value in determining accurate measures of prevalence and incidence. Its 2013 report *Defining the Data Challenge for Family, Domestic and Sexual violence* (Australian Bureau of Statistics, 2013a) described the issues inherent in current data sources that impede our ability to paint an accurate picture of the nature and size of family, domestic, and sexual violence in Australia. In the same year, the ABS produced the *Bridging the data gaps for family, domestic and sexual violence* report (Australian Bureau of Statistics, 2013b), which specified the gaps in current family, domestic, and sexual violence data, with the aim of designing a data framework for optimising and standardising data to better capture the size and nature of family, domestic, and sexual violence in Australia. This framework was published in 2014 in the report *Foundation for a National Data Collection and Reporting Framework for family, domestic and sexual violence* (Australian Bureau of Statistics, 2014). In addition to the ABS, the Australian Institute of Health and Welfare conducted a smaller analysis of collated family,

domestic, and sexual violence data in the report *Family, domestic and sexual violence in Australia: Continuing the national story 2019* (Australian Institute of Health and Welfare, 2019). The detailed and thorough work already conducted by the ABS (in particular) and the AIHW, will strongly inform the current analysis, though with a specific focus on sexual violence. In fact, the reports produced by these organisations and cited in this section should be read in conjunction with the current analysis to gain a more complete appreciation of the data issues in this field.

RESULTS

Survey Data

Table 18: Sexual Violence and Harassment National Level Primary Prevention Outcomes and Survey Data Sources

Table Key:  Data is collected  No Data  Not applicable

Data Source	Criminal or Non-criminal behaviours	Frequency	Sexual Violence Specific Data	SVH Behaviours		Gendered Drivers			Reinforcing Factors				
				Prevalence	Incidence	Condoning of violence against women	Men's control of decision-making and limits to women's independence in public and private life	Rigid gender roles and stereotyped constructions of masculinity and femininity	Condoning of violence in general	Experience of, and exposure to, violence	Weakening of pro-social behaviour, especially harmful use of alcohol	Socio-economic inequality and discrimination	Backlash factors (increases in violence when male dominance, power or status is challenged).
1. National Aboriginal and Torres Strait Islander Social Survey	Criminal	Every 6 years	Awareness of rape/sexual assault being a neighbourhood problem										
2. National Social Housing Survey	Both	More than every 5 years	None										
3. National Community Attitudes Towards Violence Against Women Survey	NA	Every 4 years	Sexual violence elements of knowledge of VAW, attitudes towards gender equality, attitudes towards VAW										

Data Source	Criminal or Non-criminal behaviours	Frequency	Sexual Violence Specific Data	SVH Behaviours		Gendered Drivers			Reinforcing Factors				
				Prevalence	Incidence	Condoning of violence against women	Men's control of decision-making and limits to women's independence in public and private life	Rigid gender roles and stereotyped constructions of masculinity and femininity	Condoning of violence in general	Experience of, and exposure to, violence	Weakening of pro-social behaviour, especially harmful use of alcohol	Socio-economic inequality and discrimination	Backlash factors (increases in violence when male dominance, power or status is challenged).
4. National Drug Strategy Household Survey	Both	Every 3 years	Experience of physical abuse from an alcohol/d rug affected person that may have included sexual abuse										
5. Personal Safety Survey	Both	Every 4 years	Experiences of SA, sexual threat and, sexual harassment										
6. National University Student Survey on Sexual Assault and Sexual Harassment	Both	Ad-hoc	SVH in university settings in the last 12 months and historically. Plus, attitudes towards women, attitudes towards sex, and attitudes towards SA & SV										

Data Source	Criminal or Non-criminal behaviours	Frequency	Sexual Violence Specific Data	SVH Behaviours		Gendered Drivers			Reinforcing Factors				
				Prevalence	Incidence	Condoning of violence against women	Men's control of decision-making and limits to women's independence in public and private life	Rigid gender roles and stereotyped constructions of masculinity and femininity	Condoning of violence in general	Experience of, and exposure to, violence	Weakening of pro-social behaviour, especially harmful use of alcohol	Socio-economic inequality and discrimination	Backlash factors (increases in violence when male dominance, power or status is challenged).
7. National Survey on Sexual Harassment in Australian Workplaces	Both	Ad-hoc	SVH in the workplace										
8. Crime Victimisation Survey	Criminal	Annual	SA experienced in the last 12 months										
9. Family Pathways	Criminal	Ad-hoc	Forced unwanted sexual activity pre/during/post separation										
10. Australian Longitudinal Study on Women's Health	Both	Oldest 3 cohorts every 3 years, and the youngest cohort every 1-2 years	SA and harassment experienced in adulthood										
11. National survey of Aus. Secondary students & Adolescent sexual health	Both	Approximately every 5 years	Pressure to have sex, unwanted sex, and online sexual behaviours										

Types of Survey Data Sources

Survey data was collated in Table 18 above. There are some benefits to data collected via survey. Survey data can better contribute to prevalence estimates, it can capture data on incidents of sexual violence not reported to authorities, and it can collect data on attitudes and perceptions (especially useful for measuring the underlying gendered drivers and reinforcing factors of sexual violence behaviour). Surveys can also standardise the way they capture data to better compare between surveys. A total of 11 survey sources of sexual violence data were identified.

Description of the collated survey data sources

A key limitation was survey populations. Only one study specifically targeted women [10], while three others were Australia-wide population surveys [3–5]. Three surveys targeted specific populations (Aboriginal and Torres Strait Islanders [1], separating parents [9], and crime victims [8]), and the remaining four surveys focused on people in particular settings (universities [6], workplaces [7], public housing [2], and secondary schools [11]).

The focus of the data was not always on sexual violence level behaviours. One study did not capture any data on sexual violence behaviours [3]. All other surveys collected some form of data on sexual violence behaviours that could attract police investigations and court proceedings. Of these, seven surveys also collected data on other types of sexual violence behaviours including sexual harassment [2, 4, 5, 6, 7, 10, 11]. A further difficulty is the language used. As with the administrative data sources, surveys used a variety of definitions or types of sexual violence. One survey included no data specific to sexual violence [2]. Seven surveys collected data on experiences of sexual violence/sexual assault/sexual abuse [4–10], four on experiences of sexual harassment [5, 6, 7, 10], and one on experiences of sexual threat [5]. One survey [11] asked only implicitly worded questions about pressure to have sex, having sex when you don't want to, and the sharing of sexually explicit online material, though missed an opportunity to ask about consent or violence/assault experiences in these contexts. Furthermore, one survey collected data on an awareness that rape/sexual assault was a local issue [1], and two on sexual violence attitudes and awareness [3, 6]. For three surveys the data referred to certain contexts; one was on possible sexual violence as part of physical abuse received from a perpetrator under

the influence of alcohol or drugs [4], one was on sexual violence experienced in university contexts [6], one in workplace contexts [7], and one on sexual violence experienced between separating parents [9].

Data collection varied between surveys. Three surveys were administered on an ad-hoc basis [6, 7, 9] and only one was run annually [8]. The other surveys were run less frequently every three years [4], four years [3, 5], and five years [2, 11]. One survey is run at differing schedules for different cohorts of their longitudinal study (every 1 to 3 years) [10].

The data extraction table (available on request) shows that all but one of the surveys [11] utilised multiple sampling methods aimed at optimising their surveys' capacity to be representative of the population they are sampled from and therefore to generalise their results beyond their sample. Those surveys used a combination of at least two of these methods: randomisation of participant selection; weighting of subgroups to match their proportion in the population; benchmarking targeted participant demographics; and the calculation of standard error or confidence intervals to estimate the statistical population results from the sample result. Almost no surveys analysed the demographic differences between participants and non-participants to assess if there was a bias in who agreed to participate and who did not, though this is often impractical.

Outcome measures they cover

Prevalence and incidence are two topics of interest. In terms of prevalence, seven surveys could contribute to sexual violence prevalence data [5–11]. However, four of these are in specific contexts or populations [6, 7, 9, 11] that may limit generalising sexual violence prevalence estimates. The other three are more general: one on self-identified victims of crime (whether reported to police or not) [8]; one on the general population [5]; and one a population longitudinal survey of women [10]. Furthermore, one survey's [11] lack of items which clearly and explicitly ask about sexual violence or harassment (see point 4 above) limit its utility as a viable prevalence tool.

Incidence data also had several limitations. Only one survey was identified as possibly contributing to sexual violence incidence data [10]. This study is a longitudinal study on women and could capture experiences of sexual violence across time. However, this relied

on survey respondents recall of events from the past one to three years, plus their data (available publicly) does not seem to differentiate between current and past events and acute and chronic/repeated events of sexual violence.

In terms of gendered drivers and reinforcing factors, again there were data limitations. Only two surveys included items that measure the gendered drivers of sexual violence [3, 6], though they did capture data on all four gendered drivers. However, while one survey captured data from a sample of the general population [3], the other was only from those in a university context [6]. A total of seven surveys captured data on the reinforcing factor “Experience of, and exposure to, violence”, that is, any study that asked about personal experiences of sexual violence to some degree [4–10]. Only two surveys asked about any of the other sexual violence reinforcing factors [3, 6]. Of these, the survey of the general population [3] captured data from three of the other four reinforcing factors, and the survey of those in university contexts collected data on only one of the other reinforcing factors [6]. This means that no survey captured data on the sexual violence reinforcing factor of “Backlash factors (increases in violence when male dominance, power or status is challenged)”.

Limitations of the data Collection

Limitations of the data are again informed by the detailed and thorough analysis of the ABS report on the challenges of family, domestic, and sexual violence data (Australian Bureau of Statistics, 2013a) and the ABS and AIHW reports covering the gaps in current sexual violence data collection (Australian Bureau of Statistics, 2013b; Australian Institute of Health and Welfare, 2019). We found there was often inaccurate recollection or inaccurate data. Survey respondents are self-reporting sexual violence experiences and, as with any survey respondents, may be affected by inaccurate recall, by response bias (e.g., participants being selective about how they respond to survey questions), and by a reluctance to disclose sensitive information.

Alongside these inaccuracies, data was insufficient for incidence evidence. No data offered an accurate and reliable mechanism for counting all incidents of sexual violence, including

historical and repeated or chronic incidents. Also, almost all surveys failed to capture and differentiate between current and historical experiences of sexual violence

Data was also limited because it rarely captured gendered drivers and reinforcing factors. Only two surveys asked about sexual violence drivers and any reinforcing factors beyond experiences or exposure to sexual violence. Thus, many gendered drivers and reinforcing factors were missed partially or completely in most surveys. The data extraction table also notes some data quality limitations unique to individual surveys (e.g., the National Aboriginal and Torres Strait Islander Social Survey only asking about sexual violence in the local community and not about personal experiences of sexual violence).

Data was reliant on the questions asked. Survey questions are static, and they don't often offer options for elaboration or explanation and can only produce data for questions and response options offered; wording is therefore important. Also, because questions are asked about sexual violence in different ways across different surveys, collation and comparison between surveys becomes difficult.

Despite efforts to optimise survey sample representativeness, the sampling method can still miss under-represented groups, particularly those at higher risk of sexual violence such as Aboriginal and Torres Strait Islander women and girls, women and girls living in regional/rural areas, CALD women and girls, women and girls with disabilities, and LBTQI women and girls.

Lastly, most surveys are administered more than one year apart or on an ad-hoc basis. This makes it difficult to use these sources as short-, medium-, and long-term monitors of sexual violence primary prevention efforts. For example, to use the PSS survey as a short-term outcome measure of sexual violence prevalence, the prevention intervention would need to be timed to just precede the survey's scheduled data collection or wait four years for the next one.

Administrative By-product Data

Table 19: The Sexual Violence Outcome Measures of National Level Administrative Data Sources

Table Key:  Data is collected  No Data  Not applicable

Data Source	Victim or Perpetrator	Violence Data Focus	Frequency	Sexual Violence Specific Data	SV Behaviours		Gendered Drivers			Reinforcing Factors				
					Prevalence	Incidence	Condoning of violence against women	Men's control of decision-making and limits to women's independence in public and private life	Rigid gender roles and stereotyped constructions of masculinity and femininity	Condoning of violence in general	Experience of, and exposure to, violence	Weakening of pro-social behaviour, especially harmful use of alcohol	Socio-economic inequality and discrimination	Backlash factors (increases in violence when male dominance, power or status is challenged).
1. Australian Domestic and Family Violence Death Review Network 2018	V	Coronial Death records	One-off, there may be more in the future	Partner homicide where perpetrator was known to be sexually violent										
2. National Coronial Information System	V	Coronial Death Investigations	Ad-hoc	Sexual violence history may be identified										
3. National Homicide Monitoring Program	V	Homicides	Annual	None										
4. National Hospital Morbidity Database	V	Assaults treated	Annual	None										
5. Recorded Crime Victims Collection	V	Offences against victims	Annual	Offences that were classified as SA										

Data Source	Victim or Perpetrator	Violence Data Focus	Frequency	Sexual Violence Specific Data	SV Behaviours		Gendered Drivers			Reinforcing Factors				
					Prevalence	Incidence	Condoning of violence against women	Men's control of decision-making and limits to women's independence in public and private life	Rigid gender roles and stereotyped constructions of masculinity and femininity	Condoning of violence in general	Experience of, and exposure to, violence	Weakening of pro-social behaviour, especially harmful use of alcohol	Socio-economic inequality and discrimination	Backlash factors (increases in violence when male dominance, power or status is challenged).
6. Specialist Homelessness Services Collection	V	Sexual violence service use	Annual	Service seeking due to SA										
7. Criminal Courts Collection	P	Criminal defendant offences	Annual	Noting the classification of an offence as SA										
8. Prisoner Census	P	Prisoner offences	Annual	Prisoners' recorded offence as SA										
9. Recorded Crime Offenders Collection	P	Police investigation offences	Annual	Offences categorised as SA that attracted police proceedings										

Types of Administrative Data Sources

Administrative by-product data is in Table 19 above. The benefit of this data is that it can provide a rich representation of the people who engage agencies and services related to sexual violence (and family violence and domestic violence) and it often presents documented cases of sexual violence incidents. In total, nine sources of possible sexual violence statistical data were identified.

Description of the collated administrative data sources

- **Victims/survivors and perpetrators** – The administrative sources collected data either about perpetrators of violence or victims/survivors of violence, but not both. Two-thirds [1–6] of the sources contained data on victims/survivors, and one-third [7–9] on perpetrators.
- **Focus of violence data** – Among the victim data three sources reported on deaths due to family, domestic, and sexual violence [1–3], with two sourced from coronial data [1–2] and one from homicide data [3]. Other sources reported mostly on non-lethal violence, with 1 source reflecting family, domestic, and sexual violence offences officially reported to police [5], and the other two related to family, domestic, and sexual violence related service use (one for hospital consultations [4] and another related to service referrals for homeless people [6]). Among the perpetrator data, all three sources capture data on family, domestic, and sexual violence offences at different stages of the criminal justice continuum, one from police data [9], one from court data [7], and one from prisoner data [8].
- **Sexual violence specific data** – The collated sources differed on the extent of sexual violence data they collected. Among the victim data, two sources included no specific sexual violence data (the homicide [3] and the hospital data [4]), the two coronial data sources relied on any sexual violence history possibly being recorded [1–2], one source reported crimes against victims categorised by police as sexual violence [5], and the last source recorded referrals to sexual violence related services [6]. As with victims of crime police data, all the perpetrator data included offences categorised as sexual violence using the Australian and New Zealand Standard Offence Classification category of

"sexual assault and related offences". [7–9]. It is also worth noting that no administrative data sources collected data on sexual harassment.

- **Data collection frequency** – All but two sources [1–2] produce annual data, which could be useful for annual monitoring of primary prevention outcomes if it were possible to improve data quality.

Outcome measures covered

- **Incidence** – No administrative data sources covered sexual violence incidence, in that no data necessarily reported the number of incidents of sexual violence per victim or perpetrator, nor differentiated between current and historical incidents of sexual violence or acute and chronic/repeated experiences of sexual violence.
- **Prevalence** – Three data sources may contribute to sexual violence prevalence data, one from court data [7] and two from police data [5,9]. Although, the ABS considers each of these to provide sexual violence prevalence data, they do only reflect sexual violence that involves a police report, a police investigation, and for one source, court proceedings. These do not necessarily reflect, or have the capacity to estimate, the community prevalence of sexual violence (see data limitations below).
- **Gendered Drivers** – No administrative data collected measures of any of the drivers of sexual violence.
- **Reinforcing factors** – No administrative data collected measures of any of the reinforcing factors of sexual violence.

Limitations of the Sexual Violence Administrative Data

The ABS reports on the challenges of family, domestic, and sexual violence data (Australian Bureau of Statistics, 2013a) and the gaps in current data collection (Australian Bureau of Statistics, 2013b) as does the AIHW (Australian Institute of Health and Welfare, 2019). The conclusions of their detailed analyses were reflected in the data extraction and collation we performed and are represented in the limitations of the sexual violence administrative data reported below.

Firstly, there are various definitions of sexual violence and various ways to collect data. The data in Table 19 and the data extraction table (available on request) especially show that various definitions of sexual violence are used by each agency, with the exception of the sources that use the same classification system for sexual offences. These definitions could also vary from state to state, affecting the integrity of national data. Data collection also varied. Many required personnel such as police or medical professionals to investigate sufficiently to determine the perpetrator of violence and the nature of the relationship with the victim–survivor—and practice and procedures for this can vary between states, organisations, and individuals.

Alongside differences with definitions and collection is that data is designed for organisational purposes and not research. The administrative data collected on sexual violence is designed for the particular needs of that agency (e.g., police records, hospital records, social service referrals). Thus, it is not designed to contribute to national population estimates of the prevalence and incidence of sexual violence. They do not use a uniform method for defining and asking about sexual violence that can be collated and compared across agencies.

There is also inconsistent sexual violence related agency engagement. People (victims/survivors and perpetrators) access organisations/agencies at different points or multiple points (e.g., a social/welfare service, the police, or a clinic/hospital). Thus, an individual's overall specific case of sexual violence (the nature and frequency of sexual violence) cannot be identified as agencies and their administrative data does not connect or collaborate. Further, data is usually not collected on the frequency and history of sexual violence incidents regarding individual victims/survivors or perpetrators in the available administrative data. This prevents accurate counts of individual sexual violence incidents and thus incidence.

While there are broad issues with data collection, there are also source-specific limitations. The data extraction table notes some data quality limitations unique to individual data sources (e.g., the Specialist Homelessness Services Collection only records sexual violence service referrals, not any details about sexual violence incidents). There are also barriers to

reporting and help-seeking. Victims/survivors (or even perpetrators) seeking help for sexual violence or for reporting sexual violence to the authorities can face difficulties. These barriers, therefore, affect using police/court records, or even social and medical service records as a mechanism to estimate community prevalence and incidence of sexual violence.

Another issue is non-publicly available data. Several relevant sources of agency administrative data are missing from the picture of sexual violence in Australia. These include other important services like family, domestic, and sexual violence support services, relationship counselling services, and phone counselling service—all of which can help attest to the numbers of persons presenting with sexual violence experiences. Thus, victims/survivors and sexual violence incidents only disclosed to a counsellor or sexual violence support worker may not be counted in prevalence or incidence numbers.

Lastly, there is a focus on criminal-level sexual violence behaviours. Agency administrative data tends to capture sexual violence behaviours that can attract police investigations and court proceedings but misses data on other types of sexual violence such as sexual harassment.

Discussion

This project combined an evidence review, survey and secondary data gap analysis and synthesis to develop an evidence base towards the primary prevention of SVH. Advances to prevent and stop SVH must focus on addressing the attitudes and behaviours of perpetrators and not the victims/survivors of the abuse. However, a comprehensive suite of evidence-based interventions, delivered in multiple settings and across socio-ecological levels, will be effective in preventing SVH (DeGue et al., 2014).

WHAT IS EFFECTIVE AT STOPPING SEXUAL VIOLENCE AND HARASSMENT?

Although there is growing awareness of sexual violence and harassment as a complex and pervasive problem, a comprehensive review of the evidence indicates that SVH primary prevention interventions are very limited, narrow in scope and fail to reflect the true complexity of the issue.

Six effective studies from the peer-reviewed literature were at the individual and relationship level, targeting young people attending tertiary education (Holtzman & Menning, 2019; Menning & Holtzman, 2015; Salazar et al., 2014; Salazar et al., 2019; Senn et al., 2015; Senn et al., 2017; US Department of Defense, 2014). Salazar et al. (2014; 2019) tested a web-based bystander intervention titled *RealConsent*, which aimed to enhance prosocial behaviours and prevent sexual violence perpetration among male college students. This large RCT of 743 students showed that at six months post-intervention participants self-reported intervening more often in bystander situations and perpetrating sexual violence less often compared to controls. *RealConsent* also significantly improved sexual assault/consent knowledge, date rape attitudes and less comfort with other men's inappropriate behaviours. Attrition was again a problem and, as with all USA studies, findings cannot be generalised to the Australian context (Salazar et al., 2014).

Senn et al. (2015; 2017) undertook a successful RCT and two-year follow-up study of a Canadian sexual assault prevention intervention (EAAA) for women attending university. For the first phase of the evaluation, there was 893 participants and at the 24-month follow-up

370 were eligible to complete the survey. The intervention significantly reduced participants' risk of completed and attempted rape as well as reducing the likelihood of experiencing sexual coercion and non-consensual sexual touching. Participants had decreased acceptance of rape myths and increased self-efficacy and knowledge about SVH. It is one of few university studies to evaluate outcomes for an extended period.

In a non-randomised controlled study, Menning and Holtzman (2015; 2019) evaluated *Elemental*, a sexual assault, self-protection intervention for female undergraduate students, that combined primary prevention elements with risk-reduction strategies. Compared to controls, women in the *Elemental* group self-reported significant reduction in sexual assault victimisation which was sustained at six months post-intervention. There were several methodological limitations in this study to consider when interpreting results. These include the use of a pre-post design with non-randomised groups (which is less rigorous than an RCT), an underpowered sample (n=205) and attrition in the control group that prevented a true comparison between study arm at six weeks and six months follow-up (Holtzman & Menning, 2019; Menning & Holtman 2015).

From the grey literature, a comprehensive, multilevel USA military intervention (US Department of Defense, 2014) was effective at significantly reducing service women's reports of unwanted sexual contact over the two-year period of the intervention. The large sample size (n=560,000) gives some strength to this study. However, the authors do not clearly explain the data and the complexity of the report makes interpretation difficult. Again, findings are unable to be extrapolated to the general population as the study focuses on a non-representative group.

Characteristics of Effective Studies

Previous reviews have identified key intervention aspects that contribute to success. These include expert-delivered, theory-based interventions that target the root cause of the behaviour, are developmentally and culturally appropriate and provide participants with opportunity for skill-building (Edwards & Banyard, 2018). University-based, sexual assault prevention interventions may be most successful when delivered to single sex audiences via varied pedagogy (Vladutiu, Martin, & Macy, 2011).

Effective studies in this review are multicomponent, psychoeducational interventions with strong designs, that have measured behaviour outcomes beyond six months post-intervention. Compared to most studies, effective interventions go beyond one-off, single-session interventions delivered over a short period (e.g. 1–2 hours). In particular, Senn et al. (2015; 2017) and Salazar et al. (2014; 2019) ran comprehensive interventions that combine theory and practice aspects and that measured student outcomes, not just process outcomes (as was the case with evaluations such as *Green Dot*). Measuring outcomes beyond the immediate post-survey provides information on the sustainability of intervention effects.

Most effective interventions in our review were in university settings where there are high rates of SVH. Five of the interventions were single-sex interventions, which may have contributed to the positive outcomes. However, this delivery method risks excluding TGD students.

Twenty-seven studies were identified at the ‘promising’ level showing impact on gendered drivers and/or reinforcing factors but not directly on sexual violence prevention.

WHAT IS MISSING?

- **Australian evidence:** Research in the field is overwhelmingly USA-based, combining primary and secondary sexual violence prevention interventions with college and high school populations, and addressing individual and relationship level reinforcing factors.
- **Behaviour change measurement:** Most studies measured attitudes and knowledge but did not measure SVH behaviour, especially over longer time periods. These limitations have been reflected in earlier published systematic reviews on the prevention of sexual violence perpetration (DeGue et al., 2014; Tharp et al., 2012).
- **Attention to specific populations:** Despite a range of communities—including the elderly, migrant and refugee women and girls, LGBTIQ people, Aboriginal and Torres Strait Islander women and girls and those with disabilities—experiencing greater risk of violence victimisation (Australian Institute of Health and Welfare, 2018), our review did not find any evaluation research on interventions to address their distinct needs.

- **Evidence on Sexual Harassment:** We found only two studies evaluating sexual harassment, one of which was promising (Campbell et al., 2013) and one which was ineffective (de Haas et al., 2010). These studies were both addressing sexual harassment in the workplace. Campbell showed some success with tailored job-related scenarios and on-the-job training. There were no studies identified that addressed other forms of sexual harassment.
- **In-depth understanding of study effectiveness:** Lack of process evaluation within interventions means we do not have a clear understanding of why some studies were effective. Quantitative measures of effect do not help researchers or policy-makers understand how a previously effective intervention can be replicated in an alternative context. More qualitative research and process evaluations embedded in RCTs, which explore intervention implementation and contextual, factors are required to inform future intervention development (Moore et al., 2015).
- **Community- and societal-level interventions:** There is a significant lack of community- or societal-level interventions, such as whole-of-community mobilisation interventions or government policy (social/justice/workplace) aimed at the primary prevention of SVH. While individual- and relationship-level interventions are the bulk of the evidence (Table 8), without complementary community- and social-level initiatives (to reinforce messages and shift social norms), societal and behaviour change is less likely to occur (DeGue et al., 2014). Interventions were predominately located at schools or universities. As identified by *Respect@Work: Sexual Harassment National Inquiry Report* (Australian Human Rights Commission, 2020a), there is still much to be done in workplace. However, other intervention settings outside the workplace are missing. There are limited interventions that target other areas such as public transport and street-based harassment. Sexual violence and harassment are prevalent and occur early in the lifespan (Australian Bureau of Statistics, 2017; Cox, 2015) warranting targeted interventions for primary school, high school and university students across all socio-ecological levels. While primary prevention interventions like sex education and Respectful Relationships are established interventions in Australia (Kearney et al., 2016) and as noted Respectful Relationships is currently being evaluated in Victoria, **clear gaps**

are seen in all levels of interventions for younger children especially in the early years, and family and/or parenting interventions to address intergenerational sexual violence.

As family violence in the home is a known risk factor for child sexual abuse and future violence perpetration and victimisation (Cox, 2015; Tharp et al., 2012), more research to prevent family violence and consequently sexual violence, is needed. McKibbin and Humphreys (2020) call for long-term social marketing campaigns that encourage mothers or female carers to speak to children about sexually abusive behaviour.

- Comprehensive interventions are required that address the complexity of sexual violence and sexual harassment, including interventions that address protective factors (Casey & Lindhorst, 2009). Research on gendered drivers and reinforcing factors for sexual violence perpetration have identified community- and society-level factors that could be targeted for future intervention development. Suggested areas include addressing weak laws and policies related to sexual violence, poverty and unemployment and general access to alcohol and pornography (Jewkes, Sen, & Garcia-Moreno, 2002; Johnson, Parker, Rinehart, Nail, & Rothman, 2015; Tharp et al., 2012). Interventions to address child abuse and maltreatment may also act as primary prevention measures of sexual violence. Addressing the social determinants of health, increasing social support and community connectedness are broad approaches but may alleviate risk for sexual and other forms of violence in our community. Strategies most likely to succeed are those implemented across multiple settings that address the many influencing factors across the social ecology (DeGue et al., 2016).
- **Perpetrators: Few interventions were aimed at adult males, with an over-emphasis on adolescents.** No papers identified sexual violence prevention interventions for fathers or male carers, which is a clear gap. Young Australian women are eight times more likely to experience SVH compared to their male peers (Australian Bureau of Statistics, 2017). Expanding on this, our analysis of the National Survey of Australian Secondary Students showed that **almost one-third of young people experience unwanted sex**, most often due to contributing factors like excessive alcohol consumption and peer or partner coercion. **Young women and LGBTIQ young people are three times more likely to have unwanted sex than male students, with fear (for females) and peer pressure (for males)**

driving the behaviour. Further research is required to understand the context surrounding this violence. Qualitative studies could further explore what students mean when they say they felt fear. Also, it is unclear who the perpetrators may be (e.g., male sexual violence and harassment towards lesbians, trans men and women and gay men; see Ison, 2019). While SVH primary prevention initiatives are under way in Australia, they are not visible nationally or internationally through traditional peer-reviewed academic sources and consequently are not being recognised nor built upon by emerging studies. Omissions that have also been identified by others (Cox, 2018) include evaluations of sexual violence interventions within marriage or intimate partners contexts.

- Alcohol policy evaluations were not identified. Alcohol is noted as a reinforcing factor towards SVH, and it was prevalent among young people in the survey analysis. However, there are limited effective interventions addressing alcohol use. Lippy and DeGue (2014) reviewed policies on alcohol pricing, outlet density, bar room management, sexist alcohol marketing and alcohol restrictions on campus to identify that alcohol policy is a promising community-level intervention for the prevention of sexual violence perpetration.

HOW BEST TO MONITOR SEXUAL VIOLENCE AND HARASSMENT PRIMARY PREVENTION EFFORTS?

From the current analysis, **no single survey or data-gathering tool is an ideal instrument for monitoring population-level changes in SVH primary prevention outcomes.** Existing surveys only ask about victimisation and fail to capture perpetration; this is a significant limitation to our national knowledge on the primary prevention of SVH.

Accurate estimates of sexual violence prevalence and incidence administrative data has the advantage of reporting documented cases of sexual violence and providing annual sexual violence behaviour data. However, only counting officially reported or disclosed sexual violence incidents means that these sources significantly under-report community prevalence and incidence. Furthermore, the lack of coordination and standardisation between agencies means that sources could not be combined (as representing diverse points of sexual violence service contact) to produce an accurate count of sexual violence prevalence.

Surveys, on the other hand, offer the ability to report on sexual violence experiences not reported to authorities or agencies, can reach a larger proportion of the community, and utilise sampling methods that optimise generalisability of results. However, surveys also rely on self-reporting, which is subject to bias and recall inaccuracies and loses accuracy in counting multiple and historic sexual violence incidents. Surveys are also administered infrequently, and prevention initiatives will therefore need to be timed according to survey data collections periods. Furthermore, the lack of standardised survey items on sexual violence behaviours means that various surveys cannot be combined (e.g., the PSS [5] and the ALSWH [10]) to offer more frequent primary prevention outcome monitoring.

Regarding the underlying gendered drivers and reinforcing factors of sexual violence, only surveys offer a mechanism for measuring community attitudes of these factors for the purpose of monitoring the effectiveness of sexual violence primary prevention. Survey tools can be assessed for the validity (measures what it says it does) and reliability (does so consistently) of attitudinal items to strengthen the integrity of measurement. However, they also need to optimise their sampling methods to be more representative of the community and better reach priority populations.

Currently **the best available sources of sexual violence primary prevention outcome data include: the *Australian Longitudinal Study on Women's Health***, which can potentially compare prevalence across generations and time and possibly estimate incidence; and **the *Personal Safety Survey***, which can estimate sexual violence prevalence at a point in time across a large sample of the population. Additionally, **the *National Community Attitudes Towards Violence Against Women Survey*** offers the best mechanism through which to periodically measure sexual violence gendered drivers and reinforcing factors (though all reinforcing factors should be included). However, the long periods between data collection and the other survey-related issues listed above mean there are still limitations to these surveys' utility in providing effective monitoring or surveillance of sexual violence primary prevention outcomes.

We would **recommend consideration of the data improvement framework offered by the ABS** in its *Foundation for a National Data Collection and Reporting Framework for family, domestic and sexual violence, 2014* publication (Australian Bureau of Statistics, 2014).

LIMITATIONS OF THE SCOPING REVIEW

This scoping review of evidence is not designed to be a systematic review and has several limitations. Due to the gendered nature of the topic and the vast array of SVH literature, we may not have captured all primary prevention studies published in the past 10 years.

Restrictions to English-only studies from high-income countries means that effective and potentially adaptable interventions could have been missed. At times, inclusion decisions were challenging due to the papers providing limited or unclear detail about interventions.

This research acknowledges that SVH exist on a spectrum of violence against women, perpetrated predominately by men. Due to the overwhelming gendered nature of this violence and aligning with national and state policy including the *National Plan to Address Violence against Women and their Children*, our review only included gendered interventions. However, **taking this gendered approach narrowed our inclusion criteria and subsequent findings**. Victims/survivors of sexual violence may be men and boys (including cisgender and transgender men) so further research is required to identify other key influencing factors of sexual violence and relevant interventions beyond the violence against women paradigm.

The evidence did identify certain reinforcing elements of SVH already identified in the violence against women prevention field (Our Watch et al., 2015) such as alcohol and other drugs, and heteronormative attitudes (Table 11); however, **a further focus on the particular reinforcing factors of sexual violence and sexual harassment is needed**, including looking outside cisgender and heteronormative frameworks. The recent *Men in Focus* (2019b) has begun this work.

Despite these limitations, we have used sound methodological frameworks (Arksey & O'Malley, 2005) and systematic methods involving critique and effectiveness assessment in the identification of outcome evaluation studies. The breadth and panoramic nature of

scoping reviews allows for a unique view of previously discussed topics in the field and facilitates identification of further research and recommendations. Limitations of Phases 2 and 3 have been discussed previously.

Recommendations

Very few primary prevention interventions have been shown to change SVH behaviours, with no Australian-only studies identified in the peer-reviewed evidence. The following recommendations are made considering our evidence review, survey analysis and data synthesis findings. Any SVH primary prevention response to our recommendations must be complimentary to the objective of gender equality and the broader violence against women prevention policy.

1. Adaptations of effective interventions to Australian contexts

- Adapt and implement effective and promising international interventions that include process evaluation to assess intervention feasibility within the varied Australian context. Consider the characteristics of effective interventions reported here when adapting interventions.
- Future evaluations to incorporate rigorous designs, have adequately powered samples, with control or comparison groups, include validated behaviour outcomes measures (rather than individual attitudes and intentions) and be funded to allow for longer follow-up periods (beyond 6–12 months), that can assess sustainable behaviour change.
- Expand the settings for primary prevention interventions. Research and development of more comprehensive interventions are needed, in multiple settings that address complexity and the many influencing factors across all socio-ecological levels.
- Many promising bystander interventions identified in this review were excluded due to the amount of secondary prevention (actions/responses to SVH and risk management) in the intervention. Future bystander interventions would benefit from the addition of more SVH education and awareness training and not just bystander responses.

- Alcohol and peer pressure are major contributors to unwanted sexual experiences in young people and should be addressed when developing future prevention interventions.

2. Earlier engagement with younger children and families

- SVH and genders drivers occur early in life yet most SVH primary prevention interventions are offered to youth and young adults. Very few interventions are targeted at earlier age groups to address drivers and reinforcing factors that may be occurring within the family. Interventions tailored to the early childhood and primary school settings should be explored. Interventions for older age groups including the elderly are also missing; however, a focus on earlier generations may be more effective and potentially prevent perpetration and re-victimisation.
- Interventions were restricted predominately to schools and higher education settings. Primary prevention needs to happen at all levels and settings to facilitate behaviour change. Expand the settings for primary prevention interventions into early childhood services (e.g., maternal and child health, and early childhood education settings such as pre-schools and kindergartens).
- Parenting and broader community- level, social-support interventions that can provide practical help and support to families may prevent child abuse and subsequent SVH. These must be culturally safe. Primary health care providers who address the social determinants of health may be key primary prevention workforce members and have a place in the design and delivery of family-centred SVH primary prevention interventions.

3. What about sexual harassment?

- Invest more in sexual harassment research and interventions that align with the recent Respect@Work report. Research most often combines sexual violence and sexual harassment as one entity. The limited number of studies of sexual harassment in the literature review indicates the need for further research on sexual harassment, including exploration of specific causes and contexts around sexual harassment and the potential interventions that can influence these factors.

4. Improved monitoring of SVH prevalence including perpetration

- Improve existing national surveys like the PSS, NCAS and ALSWH to include consistent and more detailed SVH measures that would allow enhanced monitoring and comparisons across data sets. For example, SVH questions should differentiate between current and historical experiences of SVH and include key SVH or violence against women drivers and reinforcing factors. See Phase 3 – Data gap analysis and synthesis section – Limitations of the data.
- Develop a national annual survey that frequently and specifically measures sexual violence and sexual harassment perpetration. The perspectives of SVH perpetrators is required, in addition to victim–survivor self report surveys-to provide a breadth of understanding of SVH and solutions for primary prevention.
- Most surveys are administered more than one year apart or on an ad-hoc basis. This makes it difficult to use these sources as short-, medium-, and long-term monitors of SVH primary prevention efforts. For example, to use the PSS survey as a short-term outcome measure of sexual violence prevalence, the primary prevention intervention would need to be timed to just precede the survey’s scheduled data collection or wait four years for the next one.
- Standardise SVH definitions and questions across surveys to improve comparison and provide more frequent sources of data considering how infrequently most relevant surveys are administered.
- Improve sampling by better targeting under-represented and at-risk groups of both perpetrators and victims/survivors. Despite efforts to optimise survey sample representativeness, the sampling method may miss under-represented groups, particularly those at higher risk of SVH such as Aboriginal and Torres Strait Islander women, women living in regional/rural areas, CALD women, women with disabilities, and LGBTQI women.
- Ask more questions that can determine current and historic sexual violence, and acute and chronic or repeated sexual violence.

- More surveys that ask about sexual violence drivers and reinforcing factors and ensure that all drivers and reinforcing factors are well covered among survey items.
- Surveillance of sustainable change through existing national surveys (PSS, NCAS) and the ABS framework.

5. Future qualitative research

- Much of the literature we identified used quantitative research designs and surveys to evaluate interventions. Very few studies used mixed or qualitative methods to explore the meaning of SVH experiences and how or why primary prevention interventions work.
- Findings from the Secondary Student survey analysis undertaken in Phase 2 of this project highlighted the need for further qualitative research on the context and lived experience of females and LGBTIQ young people who disproportionately report unwanted sexual experiences. Further detail is needed to understand details on the person perpetrating the abuse.

Appendices

APPENDIX 1: PEER REVIEWED STUDIES DATA EXTRACTION

Author/Org	Location	Prevention Level	Target Driver	Target Factor	Setting	Socio-Ecological Level	Population Target (Including Gender)	Evaluation Methods	Effectiveness Of Evidence
Baldwin-White & Moses (2019)	USA	Primary & secondary	E1, E4	S2	Education	Individual and relationship level	Male and female college freshmen	Survey, pre-post, newly designed scales, theory-based' multiple intervention groups	Conflicting
Banyard et al. (2010)	USA	Primary & secondary	E1	S2	Education	Individual and relationship level	Male and female college students	Survey, pre-post, use of validated, modified, and newly developed scales, theory based	Conflicting
Banyard et al. (2019)	USA	Primary	E1, E2, E3, E4, E5	S1, S2, S4	Education	Individual and relationship level	Male 6th to 8th grade students	Survey, pre-post, validated and modified scales; matched-sample control group	Conflicting
Bonar et al. (2019)	USA	Primary & secondary	E1, E4	S2	Education	Individual and relationship level	Male and female first-year college students	Survey, pre-post, newly designed questions, theory-based; control group	Promising
Bush et al. (2019)	USA	Primary & secondary	E1, E4	S2	Education	Individual and relationship level	Male and female high school students grades 9 to 12	Survey, pre-follow-upx4, modified scales; control group, randomisation; theory based	Promising and ineffective
Cadaret et al. (2019)	USA	Primary & secondary	E1, E3, E5	S2	Education	Individual and relationship level	Male and female college students	Survey, pre-post-follow-up, use of validated scale; control group	Conflicting
Campbell et al. (2013)	USA	Primary	E1, E4	S2, S4	Workplace	Individual and relationship level	Male and female employees	Survey, pre-post & post only, validated scales; control group	Promising
Cares et al. (2015)	USA	Primary & secondary	E1, E3, E5	S1, S2, S4	Education	Individual and relationship level & Organisational and community level	Male and females first-year college students	Survey, pre-post-follow-up, validated and modifies scales; control group and comparison interventions, randomisation	Conflicting
Carline et al. (2018)	UK	Primary	E1, E2, E3, E4, E5	S1, S2, S3,S4	Education	Individual and relationship level and Organisational and community level	Male college students	Focus groups post-intervention; newly designed questions	Promising

Author/Org	Location	Prevention Level	Target Driver	Target Factor	Setting	Socio-Ecological Level	Population Target (Including Gender)	Evaluation Methods	Effectiveness Of Evidence
Carmody & Ovenden (2013)	Australia and New Zealand	Primary & secondary	E1, E3, E4, E5	S1, S2, S3, S4	Education	Individual and relationship level	Male and female young people	Survey, pre-post-follow-up, newly designed questions	Promising
Cherniawsky & Morrison (2020)	Not disclosed	Primary	E1	S2	Education	Individual and relationship level	Male and female college students	Survey, post- intervention, validated scales; control group, comparison intervention s, randomisation; theory based	Conflicting
Coker et al. (2011)	USA	Primary & secondary	E1, E3, E4, E5	S1, S2, S3, S4	Education	Individual and relationship level	Male and female undergraduate college students	Cross-sectional survey, post-intervention, compared to non-participants, validated and modified scales	Promising
Coker et al. (2016)	USA	Primary & secondary	E1, E4	S2	Education	Individual and relationship level	Male and female first year college students	Cross-sectional survey, post-intervention, compared to non-participants, validated and modified scales	Conflicting
Coker et al. (2017)	USA	Primary & secondary	E1, E4	S2	Education	Individual and relationship level	Male and female high school students in grades 9-12	Survey, annual repeated measures, newly designed scales; randomisation, control group	Promising
Coker et al. (2019)	USA	Primary & secondary	E1, E4	S2	Education	Individual and relationship level	Male and female high school students in grades 9-13	Survey, annual repeated measures, validated and modified scales; randomisation, control group	Promising
Coker et al. (2020b)	USA	Primary & secondary	E1, E4	S2, S5	Education	Individual and relationship level	Sexual majority and sexual minority male and female high school students grades 9 - 12	Survey, pre-follow-upx4, validated and modified and newly designed scales; control group, randomisation	Conflicting and conflicting
Coker et al. (2020a)	USA	Primary & secondary	E1, E4	S2	Education	Individual and relationship level	Male and female high school seniors	Survey, post- intervention, validated and modified scales; control group, randomisation	Conflicting
Connolly et al. (2015)	Canada	Primary	E1, E3, E4, E5	S1, S2, S4	Education	Individual and relationship level	Male and female middle school students in grades 7-8	Survey, pre-post, validated scales; randomisation and comparison intervention group	Conflicting and ineffective

Author/Org	Location	Prevention Level	Target Driver	Target Factor	Setting	Socio-Ecological Level	Population Target (Including Gender)	Evaluation Methods	Effectiveness Of Evidence
Daigneault et al. (2015)	Canada	Primary & secondary	E1	S2	Education	Individual and relationship level	Male and female high school students from levels 4 and 5	Survey, pre-post-follow-up, validated and newly designed scales and questions; randomisation and control group	Conflicting
de Graaf et al. (2016)	Netherlands	Primary	E1, E2, E3, E4	S1, S2, S4, S5	Education	Individual and relationship level	Male school students	Survey, pre-post-follow-up, validated and adapted scales; control group, randomisation	Conflicting and conflicting
de Haas et al. (2010)	Netherlands	Primary & secondary	E2, E3, E4, E5	S1, S2, S5	Workplace	Organisational and community level	Police force members at all levels	Survey, pre-post; key informant interviews; and policy document analysis	Ineffective
de Lijster et al. (2016)	Netherlands	Primary & secondary	E1, E4	S2	Education	Individual and relationship level	Male and female secondary students	Survey, pre-post-follow-up, validated and newly designed scales; theory-based; randomisation and a control group	Conflicting
Donais et al. (2019)	USA	Primary	E1, E2, E3, E4, E5	S1, S2, S3, S4	Education	Individual and relationship level	Male and female first-year college students	Survey, Post- intervention, newly designed questions; randomisation and a control group	Promising
Edwards et al. (2019)	USA	Primary & secondary	E1, E4	S2	Education	Individual and relationship level	Male and female high school students	Survey, pre-post-follow-upx2, validated and adapted scales; control group, randomisation; theory based	Conflicting and conflicting
Elias-Lambert & Black (2016)	USA	Primary & secondary	E1, E3, E4, E5	S2, S4	Education	Individual and relationship level	Male college students	Survey at pre-post-follow-up, validated scales; high-risk and low-risk comparison groups	Conflicting
Feder et al. (2018)	USA	Primary & secondary	E1, E2, E4	S5	Parenting	Individual and relationship level	Women on their first pregnancy	Survey, pre-follow-up x2, validated scales; Control group, randomisation	Conflicting
Fenton & Mott (2018)	UK	Primary & secondary	E1, E3, E4, E5	S2	Education	Individual and relationship level and community level	Male and female first year law students	Survey, pre-post, validated and modified scales; theory-based	Promising
Foshee et al. (2015)	USA	Primary & secondary	E1, E4, E5	S2	Parenting	Individual and relationship level	Male and female adolescent children exposed to IPV	Oral survey, pre-follow-up, validated and modified scales; control group, randomisation	Conflicting
Foubert & Masin (2012)	USA	Primary & secondary	E1, E2, E4, E5	S2, S4	Workplace	Individual and relationship level	Male non-commissioned officers	Survey, pre-post, validated scales; Comparison intervention, randomisation; theory based	Promising

Author/Org	Location	Prevention Level	Target Driver	Target Factor	Setting	Socio-Ecological Level	Population Target (Including Gender)	Evaluation Methods	Effectiveness Of Evidence
Fuertes Martin et al. (2012)	Spain	Primary	E1, E3, E5	S1, S2, S3, S4	Education	Individual and relationship level	Male and female high school students	Survey, pre-post-follow-up, validated and modified scales; control group; theory based	Conflicting and Conflicting
Gatley et al. (2017)	Canada	Primary		S2	Alcohol	Societal level	Teenagers just under and over the legal drinking age of 18/19 years (depending on State law)	Secondary data analysis, pre-post intervention age	Conflicting
Gedney et al. (2020)	USA	Primary & secondary	E1	S2	Education	Individual and relationship level	Male and female college students - most with a military engagement history	Survey, pre-post, validated scale; comparison intervention, randomisation; theory based	Conflicting
Gidycz et al. (2011)	USA	Primary & secondary	E1, E3	S1, S2, S4	Education	Individual and relationship level	1st year male college students	Survey at pre-post-follow up, validated scales, theory based; randomisation and control group	Conflicting
Gidycz et al. (2015)	USA	Primary & secondary	E1, E2, E3	S2	Education	Individual and relationship level	1st year female college students	Survey at pre-post-follow up, validated scales, theory based; randomisation and control group	Conflicting
Gilliam et al. (2016)	USA	Primary	E1, E4	S2	Education	Individual and relationship level	Male and female high school students (or recent graduates)	Focus group, post-game-play, newly designed questions; follow-up interviews, newly designed questions	Promising
Hillenbrand-Gunn et al. (2010)	USA	Primary & secondary & tertiary	E1, E3, E4, E5	S1, S2, S4	Education	Individual and relationship level and organisational level	Male and female 10th grade high school students	Survey, pre-post-follow-up, validated and modified scales; control group; theory based	Promising and conflicting
Hines & Pam Reed (2015a)	USA	Primary & secondary	E1	S2	Education	Individual and relationship level	Male and female college students	Survey, pre-post-follow-up, validated and modified scales; randomisation, and a comparative intervention group	Conflicting
Hines & Palm Reed (2015b)	USA	Primary & secondary	E1	S2, S5	Education	Individual and relationship level	Male and female first year college students	Survey, pre-post-follow-up, validated and modified scales	Conflicting

Author/Org	Location	Prevention Level	Target Driver	Target Factor	Setting	Socio-Ecological Level	Population Target (Including Gender)	Evaluation Methods	Effectiveness Of Evidence
Hines & Palm Reed (2017)	USA		Primary & secondary	S2	Education	Individual and relationship level	Male and female college students	Survey, pre-post-follow-up, adapted and newly designed scales; comparison intervention, randomisation; theory based	Promising
Hines et al. (2019)	USA	Primary & secondary	E1	S2, S5	Education	Individual and relationship level	Male and female college students	Survey, pre-post-follow-up, validated and modified and newly designed scales; comparison interventions, randomisation	Conflicting
Holland et al. (2014)	USA	Primary	E1	S2	Workplace	Individual and relationship level	Male and female members of the US military	Survey, post- intervention, newly designed scales and questions.	Conflicting
Holtzman & Menning (2019)	USA	Primary & secondary	E1, E2, E3, E5	S2, S5	Education	Individual and relationship level	Male and female first year college students	Survey, pre-post-follow-upx2, validated scale and newly designed item; control group	Effective and promising
Holz et al. (2018)	USA	Primary, secondary & tertiary	E1, E3, E4, E5	S1, S2, S4	Education	Individual and relationship level	Male college students	Survey, pre-post, validated and newly designed scales/items; Theory based	Promising
Inman et al. (2018)	USA	Primary & secondary	E1, E3	S2, S5	Education	Individual and relationship level	Male and female first year catholic college students	Survey, pre-post, validated scales	Promising
Jaime et al. (2016)	USA	Primary & secondary	E1, E3, E5	S1, S2, S4	Education	Individual and relationship level	Male high school athletes (and a few middle school male athletes [5%])	Survey, pre-follow-up, validated scales; theory based	Conflicting
Jordan & Mossman (2018)	New Zealand	Primary, secondary & tertiary	E1, E2, E4	S2, S5	Education	Individual and relationship level	Female primary and high school students	Survey, pre-post, validated scales and newly designed items	Promising
Jozkowski (2015)	USA	Primary	E1, E3, E4, E5	S2	Education	Individual and relationship level	Male and female college students	Interviews, post- intervention: comparative interventions	Conflicting
Kernsmith & Hernandez-Jozefowicz (2011)	USA	Primary & secondary	E1, E3, E5	S1, S2, S4	Education	Individual and relationship level	Male and female high school students - all grades	Survey, pre-post-follow-up, modified validated scale : theory-based	Promising
Kimberly & Hardman (2020)	USA	Primary & secondary	E1	S2	Education	Individual and relationship level	Male and female college students	Survey, pre-post, validated and newly designed scales; theory based	Ineffective

Author/Org	Location	Prevention Level	Target Driver	Target Factor	Setting	Socio-Ecological Level	Population Target (Including Gender)	Evaluation Methods	Effectiveness Of Evidence
Lamb & Randazzo (2016)	USA	Primary & secondary	E1	S2, S3, S5	Education	Individual and relationship level	Male and female ninth grade high school students	Survey, pre-post, validated scales	Conflicting
Langhinrichsen-Rohling et al. (2011)	USA	Primary & secondary	E1, E4	S2, S4	Education	Individual and relationship level	Male freshman college students	Survey, pre-post, validated scales ; randomisation and a control group	Promising
Lawson et al. (2012)	USA	Primary & secondary	E1, E4	S2, S4	Men's program	Individual and relationship level	Young Hispanic men not enrolled at a college or university	Survey, pre-post, validated scales; focus group post-intervention	Promising
McMahon et al. (2014)	USA	Primary & secondary	E1	S2	Education	Individual and relationship level	Male and female new college students	Survey, pre-post, validated scales	Promising
Mejdoubi et al. (2013)	Netherlands	Primary & secondary	E1, E2, E4	S2, S4, S5	Parenting	Individual and relationship level	Young disadvantaged women with their first pregnancy	Survey, pre-follow-upx2, validated scale; control group, randomisation	Conflicting
Mennicke et al. (2018)	USA	Primary	E1, E3	S1, S2, S4	Education	Individual and relationship level	Male undergraduate college students	Survey, repeated annually (years 1 to 4 of intervention), validated and newly designed scales ;theory-based	Promising
Menning & Holtzman (2015)	USA	Primary & secondary	E1, E3	S1, S2	Education	Individual and relationship level	Female undergraduate students	Survey, pre-post-follow-up1, follow-up2, validated scale and newly designed question; control group; theory-based	Effective and promising
Miller et al. (2013)	USA	Primary & secondary	E1, E3, E4, E5	S1, S4	Education	Individual and relationship level	Male high school athletes	Survey, pre-follow-up, validated and newly designed scales; control and randomisation	Conflicting and effective
Miller et al. (2012)	USA	Primary & secondary	E1, E3, E4, E5	S1, S4	Education	Individual and relationship level	Male high school athletes	Survey, pre-follow-up, validated and newly designed scales; control and randomisation	Conflicting and ineffective

Author/Org	Location	Prevention Level	Target Driver	Target Factor	Setting	Socio-Ecological Level	Population Target (Including Gender)	Evaluation Methods	Effectiveness Of Evidence
Miller et al. (2020)	USA	Primary & secondary	E1, E3, E4, E5	S1, S2, S4	Education	Individual and relationship level	Male middle school athletes	Survey, pre-post-follow-up, validated and newly designed and undisclosed scales; control group, randomisation	Conflicting and Conflicting
Moynihan et al. (2010)	USA	Primary & secondary	E1, E4	S2	Education	Individual and relationship level	Male and female college athletes	Survey, pre-post-follow-up, validated scales; control, randomisation	Conflicting
Muck et al. (2018)	Germany	Primary & secondary	E1	S2	Education	Individual and relationship level	Male and female high school students	Survey, pre-post-follow-up, modified and newly designed scales; randomisation, comparison intervention group and a control group	Conflicting
Muñoz-Fernández et al. (2019)	Spain	Primary & secondary	E1, E3, E4	S2	Education	Individual and relationship level	Male and female high school students	Survey, pre-post-follow-up, validated and modified scales; randomisation and a control group; theory-based	Conflicting
Ortiz & Shafer (2018)	USA	Primary	E1, E3, E5	S1, S2	Education	Individual and relationship level	Male and female college undergraduates	Survey, pre-during-post campaign, validated and newly designed scales	Promising
Page et al. (2017)	USA	Primary & secondary	E1, E3, E4, E5	S1, S2, S5	Education	Individual and relationship level and community level	Male and female college athletes	Survey, pre-post, validated and newly designed scales and items; theory based	Conflicting
Palm Reed et al. (2015)	USA	Primary & secondary	E1, E4	S2, S5	Education	Individual and relationship level	Male and female college athletes	Survey, pre-post-follow-up, validated and newly designed scales; comparison interventions, randomisation	Conflicting
Peterson et al. (2018)	USA	Primary & secondary	E1, E4	S2	Education	Individual and relationship level	Male and female college athletes	Survey, pre-post, validated scales; control group and comparison intervention, randomisation; theory based	Promising
Powers & Leili (2018)	USA	Primary & secondary	E1, E3	S1, S2, S3	Alcohol	Organisational and community level	Male and female bar-staff	Survey, pre-post, modified and newly designed scales.	Conflicting
Rau et al. (2010)	USA	Primary & secondary	E1, E3, E4, E5	S1, S2, S4	Workplace	Individual and relationship level	Male navy personnel	Survey, pre-post, validated scales; control group, randomisation	Promising
Rau et al. (2011)	USA	Primary & secondary	E1, E2, E3, E4, E5	S2	Workplace	Individual and relationship level	Female navy personnel	Survey, pre-post, validated scales; control group, randomisation	Conflicting

Author/Org	Location	Prevention Level	Target Driver	Target Factor	Setting	Socio-Ecological Level	Population Target (Including Gender)	Evaluation Methods	Effectiveness Of Evidence
Raymond & Hutchison (2019)	USA	Primary & secondary	E1	S2	Education	Individual and relationship level	Female college students	Survey, pre-post, validated and modified scales; wait-list control group	Conflicting
Salazar et al. (2014)	USA	Primary & secondary	E1, E3	S1, S2, S4, S5	Education	Individual and relationship level	Male college students	Survey, pre-post-follow-up, validated and modified scales; randomisation and a control group	Effective and promising
Salazar et al. (2019)	USA	Primary & secondary	E1, E3	S1, S2, S3, S4	Education	Individual and relationship level	Male college students	Survey, pre-post-follow-up, validated and modified scales; randomisation and a control group; theory-based	Effective and promising
Senn et al. (2015)	Canada	Primary & secondary	E1, E2, E3, E4	S1, S2, S3	Education	Individual and relationship level	Female university students	Survey, pre-post-follow-up, validated and modified scales; randomisation and a control group; theory-based	Effective
Senn et al. (2017)	Canada	Primary & secondary	E1, E2, E3, E4	S1, S2, S3	Education	Individual and relationship level	Female university students	Survey, pre-post-follow-up, validated and modified scales; randomisation and a control group; theory-based	Effective
Smothers & Smothers (2011)	USA	Primary & secondary	E1, E3, E4	S1, S2	Education	Individual and relationship level and Organisational and community level	Male and female middle and high school students	Survey, pre-post, newly designed scale; theory-based	Promising
Stewart (2014)	USA	Primary & secondary	E1, E3, E4, E5	S1, S2, S4	Education	Individual and relationship level	Male undergraduate college students	Survey, pre-post, validated and modified and newly designed scales and items	Promising
Stück et al. (2020)	Germany	Primary & secondary	E1, E4	S2	Education	Individual and relationship level	Male and female university students in education, social work, and psychology courses	Survey, pre-post-follow-up, validated and newly designed scales; control group	Promising
Sundstrom et al. (2018)	USA	Primary & secondary	E1, E3, E5	S1, S2, S3	Education	Individual and relationship level	Male and female college students	Cross-sectional survey post-intervention only, newly designed scales, theory based	Promising
Taylor et al. (2010a)	USA	Primary & secondary	E1, E4	S2	Education	Individual and relationship level	Male and female middle school students in grades 6-7	Survey, pre-post-follow-up, modified and newly designed scales; randomisation and a comparative intervention group and a control group	Conflicting

Author/Org	Location	Prevention Level	Target Driver	Target Factor	Setting	Socio-Ecological Level	Population Target (Including Gender)	Evaluation Methods	Effectiveness Of Evidence
Taylor et al. (2010b)	USA	Primary & secondary	E1, E4	S2	Education	Individual and relationship level	Male and female middle school students in grades 6-7	Survey, pre-post-follow-up, modified scale; randomisation and a comparative intervention group and a control group	Conflicting
Taylor et al. (2013)	USA	Primary, secondary, & tertiary	E1, E4	S2	Education	Individual and relationship level and Organisational and community level	Male and female middle school students	Survey, pre-post-follow-up, newly developed scales and items; control group and comparison interventions, randomisation; theory based	Conflicting
Taylor et al. (2017b)	USA	Primary, secondary, & tertiary	E1, E4	S2	Education	Individual and relationship level and Organisational and community level	Male and female middle school students	Survey, follow-up, newly designed scales and items); comparison intervention groups, randomisation	Promising
Thatcher (2011)	USA	Primary & secondary	E1, E3	S2, S3	Education	Individual and relationship level	Male and female college students	Survey, pre-post-follow-up, validated scale; a comparison intervention group and a control group	Conflicting
Thompson et al. (2020)	USA	Primary, secondary, & tertiary	E1	S2, S3	Education	Individual and relationship level	Male and females college student athletes	Survey, pre-follow-up, validated and modified scales; control group, randomisation; theory based	Conflicting
Williams et al. (2019)	USA	Primary & secondary	E1, E3, E4, E5	S1, S2, S3, S4	Education	Individual and relationship level	Male college students	Survey, pre-post-follow-up, validated scales; comparison campus	Conflicting
Yeater et al. (2016)	USA	Primary & secondary	E1, E2, E4	S2	Education	Individual and relationship level	Female college undergraduates	Survey, pre-follow-upx2, validated scales; randomisation and a control group	Promising and ineffective

APPENDIX 2: INTERVENTIONS

Intervention Name	# of papers*
Agent of Change	1
All-In: A Culture of Respect	1
BarTAB (Bar Training for Active Bystanders)	1
Benzies & Batchies	1
Bringing in the Bystander	12
Coaching Boys into men	4
Community Programming Initiative	2
Dat-e Adolescence	1
Define Your Line	1
Elemental	2
Empowering the bystander	1
Enhanced Assess, Acknowledge, Act	2
Green Dot	7
Haven—Understanding Sexual Assault	1
It's Your Place	1
Lucidity	1
Mates & Dates	1
Men as Allies	1
Moms and Teens for Safe Dates	1
Navy Sexual Assault Intervention Training (SAIT)	2
Nurse Family Partnership	2
Playing the Game	1
Posters campaign "Can't answer? - Can't consent"	1
R4Respect	1
RealConsent	2
Red Flag	1
Relationship Remix	1
Relationships, Sexuality, and Violence Prevention (RSVP)	1
Reducing Sexism and Violence Program – Middle School Program (RSVP-MSP)	1
Respectful Relationships	2

Intervention Name	# of papers*
Rock and Water	1
SCREAM Theater	1
Sex + Ethics	1
Sex and Ethics Violence Prevention Program	1
Sexual Assault Prevention Program (SAPP)	1
Sexual Assault Prevention Program for Secondary Schools	1
Sexual Ethics for a Caring Society Curriculum (SECS-C)	1
Sexualized Violence in Institutions	1
Shifting Boundaries	3
Suite: Community of Care, Consent and Respect, Step Up!, Live Well, or Frisky Business	1
The First Step Peer Education Program	1
The Intervention Initiative	1
The Line	1
The Men's Program	4
The Men's Project	1
University of Connecticut's Violence Against Women Prevention Program (VAWPP)	1
Unnamed	18
Women's Self Defence Network—Wāhine Toa (WSDN-WT)	1
You, Me and Us	1

**NB: some papers evaluated two or more interventions and both interventions have been listed, unless they were delivered as a suite in which case they are listed together. If a paper compared the intervention to a non-SVH intervention, only the SVH intervention is listed. Systematic review interventions are not listed.*

APPENDIX 3: GREY LITERATURE SEARCH

International	Australian
Cochrane Database of Systematic Reviews https://www.cochranelibrary.com/	Australian Institute of Family Studies http://www.aihw.gov.au/
Campbell Collaboration https://campbellcollaboration.org/	Australian Institute of Health and Welfare http://www.aihw.gov.au/
New Zealand Domestic Violence Clearinghouse https://nzfvc.org.nz/	Australia's National Research Organisation for Women's Safety http://www.anrows.org.au/
World Health Organization https://www.who.int/ and http://apps.who.int/violence-info/studies?aspect=prevention&group-by=region	Australian Government Department of Health https://www.health.gov.au/
PreVAiL Preventing Violence Across the Lifespan Research Network Canada https://prevailresearch.ca/	Australian Government Department of Social Services https://www.dss.gov.au/
Centre for Gender and Violence Research UK http://www.bris.ac.uk/sps/research/centres/genderviolence/	CASA https://www.casa.org.au/
World Bank www.worldbank.org	CASA House http://www.casahouse.com.au/
Violence Prevention Centre for Public Health, Liverpool John Moores University www.preventviolence.info	Our Watch https://www.ourwatch.org.au/
Centers for Disease Control and Prevention www.cdc.gov/injury	Rape and Domestic Violence Services Australia https://www.rape-dvservices.org.au/
Centre for Public Health www.cph.org.uk/expertise/violence	Respect Victoria https://www.respectvictoria.vic.gov.au/
National Institute of Justice https://nij.ojp.gov/	1800RESPECT https://www.1800respect.org.au/

International	Australian
National Sexual Violence Resource Centre (US) https://www.nsvrc.org/	SASS Sexual Assault Support Service https://www.sass.org.au/
RAINN (Rape, Abuse & Incest National Network) https://www.rainn.org/about-rainn	VicHealth https://www.vichealth.vic.gov.au/
Sexual Violence Research Initiative https://www.svri.org/	Domestic Violence Resource Centre Victoria https://www.dvrcv.org.au/
UN Women https://www.unwomen.org/	Domestic Violence Victoria https://dvvic.org.au/
UN https://www.un.org/	Women's Health Victoria https://whv.org.au/
UN Trust Fund to End VAW https://untf.unwomen.org/en/learning-hub	Gender Equity Victoria https://www.genvic.org.au/
	Action to Prevent Violence Against Women https://www.actionpvaw.org.au
	Beyond Blue https://www.beyondblue.org.au/
	Gendered Violence Research Network (UNSW) https://www.arts.unsw.edu.au/our-research/research-centres-institutes/gendered-violence-research-network

APPENDIX 4: GREY LITERATURE DATA EXTRACTION

Author/org	Location	Prevention level	Target driver	Target factor	Setting	Socio-ecological level	Population target (including gender)	Evaluation methods	Effect-iveness of evidence
Appleton-Dyer et al (2018)	New Zealand	Primary & Secondary	E1, E3, E4, E5	S2	Education	Individual and relationship level	Male and female high school students	Survey, post-intervention, newly designed questions	Promising
Carmody et al (2011)	New Zealand	Primary & Secondary	E1, E4	S2, S3	Education	Individual and relationship level	Male and female youth from the community	Survey, pre-post-follow-up, newly designed questions; theory-based	Promising
Department of Defence (2014)	USA	Primary, Secondary, Tertiary Prevention and Response	E4	S2	Workplace	Individual, relationship level, and organisational level	All male and female department of defense personnel	Surveys, conducted 2 years apart during the strategy period, validated and newly developed scales	Effective
Imbesi & Lees (2011)	Australia	Primary & Secondary	E1, E3, E4, E5	S1, S2	Education	Individual and organisational level	Male and female high school students	Survey, post-training, newly designed; focus group, post-intervention	Promising
Kearney et al (2016)	Australia	Primary	E1, E2, E3, E4, E5	S2	Education	Individual and relationship level	Male and female students in years 8 and 9	Survey, pre-follow-up, newly designed and adapted scales and questions; focus groups,	Promising

Author/org	Location	Prevention level	Target driver	Target factor	Setting	Socio-ecological level	Population target (including gender)	Evaluation methods	Effect-iveness of evidence
								post-intervention	
Le Brocque (2014)	Australia	Primary	E1, E2, E3, E4, E5	S2	Education	Individual and relationship level	Male and female youth in various school and community settings	Survey, pre-post, validated and modified scales; focus groups, post-intervention; theory-based	Conflicting
Love & Taylor (2014)	Australia	Primary & Secondary	E1, E2, E3, E4, E5	S2	Education	Individual and relationship level	Male and female late primary school aged youth, and young adults	Survey, pre-post, newly designed questions; theory-based	Promising
Ninnes & Koens (2019)	Australia	Primary & Secondary	E1, E3, E4, E5	S2	Community-bystander	Organisational and community level	Council managers and DV&FV taskforce members	Project 3: Survey, pre-post-follow-up, adapted validated questions.	Promising
Our Watch (2017)	Australia	Primary	E1, E3, E4, E5	S2	Social Marketing	Organisational and community level	Male and female youth in the community	Survey, pre-follow-upx5, newly designed questions; control group (who did not recognise the campaign)	Conflicting
Struthers et al (2019)	Australia	Primary	E1, E3, E4, E5	S1, S2, S4	Education	Individual and relationship level	Young people in high schools	Survey, pre-post-follow-up, adapted	Promising

Author/org	Location	Prevention level	Target driver	Target factor	Setting	Socio-ecological level	Population target (including gender)	Evaluation methods	Effect-iveness of evidence
							and other youth settings	questions; theory-based	
Taylor et al (2011)	USA	Primary & Secondary	E1, E3, E4, E5	S2	Education	Individual and relationship level	Male and female middle school students in grades 6 and 7	Survey, pre-post-follow-up, adapted scales; Focus groups, post-intervention; randomisation, comparative group and a control group	Conflicting

APPENDIX 5: ADDITIONAL PAPERS

Author	Intervention
Baker et al. (2013)	<i>My Body, My Boundaries</i> curriculum
Barron & Topping (2013)	Tweenees program
Brown (2017)	Safer, Smarter Kids
Czerwinski et al. (2018)	IGEL (German word for hedgehog)
Daigneault, Hébert, McDuff, and Frappier (2012)	ESPACE sexual abuse prevention workshop
Espelage et al. (2013)	Second Step: Student Success Through Prevention (SS-SSTP)
Kenny (2010)	Kids Learning About Safety (KLAS)
Kenny and Wurtele (2010)	Body Safety Training program
Kenny et al. (2012)	Kids Learning About Safety
Morris et al. (2017)	Safe@Last
Muller, Roder, and Fingerle (2014)	Cool and Safe
Nickerson et al. (2018)	Second Step videos - family unit
Nickerson et al. (2019)	Second Step, Child Protection Unit (CPU)
Pulido et al. (2015)	Safe Touches
B. G. Taylor, Mumford, and Stein (2015)	Shifting Boundaries
B. G. Taylor et al. (2017a)	Shifting Boundaries
Tutty (2014)	Who Do You Tell
Tutty et al. (2020)	Who Do You Tell
Wood and Archbold (2015)	Red Flag Green Flag People

APPENDIX 6: DATA GAP ANALYSIS AND SYNTHESIS SEARCH

Australian Institute of Family Studies http://www.aifs.gov.au/	Australian Institute of Health and Welfare http://www.aihw.gov.au/
ANROWS http://www.anrows.org.au/	Australian Government Department of Health https://www.health.gov.au/
Australian Government Department of Social Services https://www.dss.gov.au/	CASA https://www.casa.org.au/
CASA House http://www.casahouse.com.au/	Domestic Violence Resource Centre Victoria https://www.dvrcv.org.au/
Domestic Violence Victoria https://dvvic.org.au/	Gender Equity Victoria https://www.genvic.org.au/
Our Watch https://www.ourwatch.org.au/	Rape and Domestic Violence Services Australia https://www.rape-services.org.au/
Respect Victoria https://www.respectvictoria.vic.gov.au/	1800RESPECT https://www.1800respect.org.au/
SASS Sexual Assault Support Service https://www.sass.org.au/	VicHealth https://www.vichealth.vic.gov.au/
Women's Health Victoria https://whv.org.au/	Gendered Violence Research Network (UNSW) https://www.arts.unsw.edu.au/our-research/research-centres-institutes/gendered-violence-research-network

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