Prevention and Early Intervention for Domestic Violence

Prepared for the Reference Group and FCSS Calgary

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Contents

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1.0   Introduction and Background

As part of an initiative to develop a new Domestic Violence Prevention Investment Strategy, FCSS Calgary is undertaking a review of best and promising practices in preventing domestic violence. Because FCSS-funded programs must "be of a preventive nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity" (Family and Community Support Services Regulation), there is particular interest in exploring 'upstream' programs that may prevent domestic violence from occurring, in addition to those that respond to the issue once it has occurred in order to prevent future incidents.

In 2008, FCSS Calgary introduced the Social Sustainability Framework (SSF) to serve as a blueprint for social planning, policy development, investment decisions and funding practices, and maximize the impact of our investments in the community. The two priorities outlined in the SSF are: prevent concentrated poverty; and prevent social isolation to increase social sustainability. As part of the process, FCSS is developing a comprehensive investment strategy to outline how investments specific to domestic violence prevention align with FCSS outcomes.

Programs funded under the investment strategy must contribute to the following intermediate outcomes linked to social inclusion:

- Family Cohesion and Positive Parenting
- Positive Child and Youth Development
- Adult Personal Capacity and Economic Self-Sufficiency
- Positive Social Ties

The project objectives are thus:

1. To identify best and promising practices and innovative models for the prevention of domestic violence across the four FCSS Social Sustainability mid-term outcomes.

2. To identify gaps in the current research described in the FCSS research briefs across the four mid-term outcome areas as it relates to the prevention of Domestic Violence (DV).

3. To identify the implications of the literature review for practices in the agencies, identified as intentionally preventing Domestic Violence (DV) through promotion of the mid-term outcomes. This may ultimately lead to new approaches or methods or to a refinement of existing ones.

2.0 Project Scope

2.1 Definition of Domestic Violence

Domestic violence, as defined by the Calgary Domestic Violence Collective, is:

> *The attempt, act or intent of someone within a relationship, where the relationship is characterized by intimacy, dependency or trust, to intimidate either by threat or by the use of physical force on another person or property. The purpose of the abuse is to control and or exploit through neglect, intimidation, inducement of fear or by inflicting pain. Abusive behavior can take many forms including: verbal, physical, sexual, psychological, emotional, spiritual, and economic and the violation of rights. All forms of abusive behavior are ways in which one human being is trying to have control and/or exploit or have power over another.[1]*(Calgary Domestic Violence Collective)

While this definition is broad enough to include violence by parents against children, or children against parents (while the children are any age, but most commonly violence committed by adult children against their elderly parents), for the purpose of this project we will focus on what is otherwise known as Intimate Partner Violence (IPV). Such violence may include situations where either a man or a woman is the perpetrator and both same-sex and heterosexual couples. The review will include approaches to prevent such violence as well as those that deal with the violence (and its effects), once it has occurred, and seek to prevent reoccurrence.

2.2 Root causes and consequences of domestic violence, risk and protective factors

The prevention of domestic violence and the achievement of the social sustainability framework (SSF) intermediate outcomes can be aligned when:

   a. The SSF outcomes represent risk factors for domestic violence, and addressing them will prevent or reduce domestic violence.

   b. Domestic violence is itself a risk factor that prevents the achievement of the SSF outcomes, and addressing domestic violence will facilitate achieving the other outcomes and thus FCSS' ultimate goal of enhancing social inclusion and strengthening neighbourhoods.

   c. Domestic violence is an outcome of poor social inclusion.

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[1] Calgary Domestic Violence Collective.

The World Health Organization (WHO), in its 2010 report, Preventing Intimate Partner and Sexual Violence Against Women, identifies the risk factors for domestic violence (both from the perspective of the victim and the perpetrator). The table below is reproduced from that report.

The factors that are bolded in the table are those that relate directly to two of the SSF outcomes – adult personal capacity and economic self-sufficiency (items related to low education, employment, and socio-economic status) and family cohesion (e.g., marital discord, previous abuse, child abuse).

In addition to the factors presented in the WHO 2010 report, immigrant communities may face particular risks such as when a survivor's immigration status influences access to legal protections (Crandall et al, 2005; Acevedo, 200); language barriers; social isolation; lack of awareness of support services; community and extended family pressure on the survivor to stay with the abuser (Abraham, 2000a; Bui, 2003; Basgupta, 2005); issues of intersectionality and inter-generational trauma; pressure on the community to maintain a positive image and remain silent about the problem of DV (Yoshiama,2009).

For Aboriginal communities, issues of colonization, racism, historic abuse and intergenerational trauma often underlie the personal risk factors noted by the WHO 2010 report, and create broader community-wide risk conditions.

One may look at risk factors as contributing to the onset of domestic violence, and also to its continuation. (As shown in the table, prior experience either as a victim or a perpetrator is strongly predictive of future domestic violence.) Studies have shown that lack of earning capacity and thus access to affordable housing are key barriers to victims of domestic violence leaving their abusive partner (Hampton et al., 2008; Hanh and Postmus, 2013).

Domestic violence has consequences which also link to the SSF outcomes. For example, children who are exposed to domestic violence are at risk of "significant, long-term emotional problems, along with a range of behavioural problems. These include violence toward others in childhood and adolescence, abusive behaviours toward their own children in adulthood, and abuse of and/or victimization by dating and marriage partners." (Alberta Government, nd, p. 22) Thus, preventing or reducing domestic violence will contribute to positive child and youth development, another SSF outcome.

Table 1: Risk Factors for Domestic Violence

PERPETRATION BY MEN	VICTIMIZATION BY WOMEN
INDIVIDUAL LEVEL	
Demographics : • Young age • Low socio-economic status/income • Low education • Unemployment	Demographics • Young age • Low socio-economic status/income • Low education • Separated/divorced marital status • Pregnancy
Exposure to child maltreatment • Intra-parental violence • Sexual abuse • Physical abuse	Exposure to child maltreatment • Intra-parental violence • Sexual abuse
Mental disorder • Antisocial personality	Mental disorder • Depression
Substance Use • Harmful use of alcohol • Illicit drug use	Substance use • Harmful use of alcohol • Illicit drug use
Acceptance of violence	Acceptance of violence
Past history of being abusive	Exposure to prior abuse/victimization
RELATIONSHIP LEVEL	
Educational disparity	Educational disparity
Multiple partners/infidelity	Number of children
Relationship quality • Marital dissatisfaction/discord • Gender role disputes • Marital duration	Relationship quality • Marital dissatisfaction/discord
COMMUNITY LEVEL	
Acceptance of traditional gender roles	Acceptance of traditional gender roles
Neighbourhood characteristics • High proportion of poverty • High proportion of unemployment • High proportion of male illiteracy • Acceptance of violence • High proportion of households that use corporal punishment	Neighbourhood characteristics • High proportion of poverty • High proportion of unemployment • High proportion of female illiteracy • Acceptance of violence • Low proportion of women with high level of autonomy • Low proportion of women with higher education
Weak community sanctions	Weak community sanctions
SOCIETAL LEVEL	
	Divorce regulations by government
	Lack of legislation on domestic violence within marriage Protective marriage law
Traditional gender norms and social norms supportive of violence	Traditional gender norms and social norms supportive of violence

Source: World Health Organization , 2010. *Preventing Intimate Partner and Sexual Violence Against Women: Taking Action and Generating Evidence.*

2.3 Target Populations

This study compiled best and promising practices for those directly affected by domestic violence, including victims (usually, but not always women), perpetrators (usually but not only men), and children. In addition, because of the target populations served by FCSS funded agencies, the study considers programs for particular populations including Aboriginal people, immigrants and refugees, female perpetrators and male victims, LGBT persons, individuals with disabilities, and sex workers abused by their partner.

2.4 FCSS' Mandate

Prevention of social problems or issues can be described as a continuum, from universal programs offered to all, before the problem has occurred, through to programs offered to people already suffering from a social problem but designed to reduce negative impacts and improve the future outcomes for that group. According to FCSS' mandate, this review will focus on 'prevention' and 'early intervention' programs. In the context of domestic violence, 'prevention programs' are considered to be those that intervene before any violence has occurred, whether this be through interventions delivered to the whole population or to groups without regard to individual risk levels ('universal' interventions) or to particular groups that are at heightened risk of using or experiencing violence in the future ('selected' interventions). "Early intervention programs" are those delivered to either victims or perpetrators after the violence has occurred, and at the earliest opportunity, so as to reduce negative impacts and prevent reoccurrence.

This review thus includes both those types of programs already being provided within the FCSS-funded agencies, as well as those that are not yet being provided, but potentially could be.

Exclusions: The range of approaches to both prevention and early intervention is vast. In line with FCSS' mandate, and to manage the work, we have focused on programs that can be delivered through community agencies of the type typically funded by FCSS. We have not considered those types of programs and strategies that are clearly outside FCSS' mandate (e.g. legislative or regulatory approaches, justice system responses, health care responses, shelter accommodation, and programs offered within a child welfare context). We do include some school-based programs because these can sometimes be offered through school-agency partnerships. As noted in the FCSS Handbook (Alberta Children and youth Services, n.d.) eligibility is not clear-cut, and some might require cost-sharing with other funders.

2.5 Best, Promising, and Emerging Practices

As part of the commitment to fund evidence-based practices, FCSS Calgary defines best and promising practices as follows:

- 'Best Practices' refer to programs or components of programs or delivery methods that have been identified as effective (i.e. produce significant reductions in poor outcomes or associated risk factors or significant increase in positive outcomes or associated protective factors) by repeated methodologically sound studies using an experimental (RCT) or quasi-experimental design.

- 'Promising practices' refer to programs or components of programs or delivery methods that have been identified as effective ('effective' as defined above) in at least one well-designed and methodologically sound study using at least a pre-post design with a large sample of participants that has been subject to peer review." (Cooper, 2014)

Selection of programs included in this review was based on the FCSS definitions of best and promising practices. For the purposes of this review, we considered a 'large sample' in the promising practices definition to be more than 50 participants.

In addition to best and promising practices, the Reference Group for this project asked that we explore those practices that may be worthy of support even though they are not yet thoroughly researched. The number of best and promising practices varies with the field and the amount and extent of research available in that field. For example, in Home Visiting, there are many randomized controlled trials, and therefore the possibility of more best practices, whereas in Infant Foster Care, there are few, and setting the bar too high would result in not being able to provide any guidance on what might work (Promising Practices Network, n.d.).

Therefore we included a category that we called "emerging practice". [2] A program is considered an emerging practice if it:

- Includes sufficient documentation of its objectives, target population, intervention, and expected outcomes that it can be assessed according to the remaining criteria.

- Is based on a strong theoretical framework that explains how the intervention is likely to impact the risk factors, target population, and expected outcomes.

- Has some preliminary evidence of effectiveness, however weak, or is in the process of being evaluated, using a study design that does not meet the criteria for a Promising Practice (e.g. case study design, small sample size, lack of peer review).

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[2] This definition was developed after reviewing several examples of how such a 'third category' is defined by other organizations, including the National Crime Prevention Centre (National Crime Prevention Centre, 2008), World Health Organization (2010), Canadian Homelessness Research Network (2013), and the Health Council of Canada (2012).

- May be based on a model, strategy, or practice that has been shown to be effective in other settings, with other target populations, or in response to other issues, and where there is a good reason for expecting that it would be effective in the area of domestic violence.

- May represent a new or unique approach to a challenge or issue in the area of domestic violence.

In some cases a program may be considered Best Practice in its own field, but only emerging practice for domestic violence.

3.0 Literature Review Methodology

This literature review employed four main search strategies:

1. ***Academic literature*** was rigorously reviewed, through the use of electronic databases, using the following strategy:

   - Broad searches were conducted, with articles restricted to anything published after 2008 (since the first FCSS research briefs were published in 2009).

   - Targeted searches were conducted with a minimum requirement of looking at anything published after 2008; however, in cases where very few results came up, the timeframe was expanded.

2. A number of organizations' ***websites*** were mined for information that would classify as 'Grey Literature'.

3. A ***'snowball' strategy*** was used, following references from particularly rich articles (often, review articles).

4. A number of ***organizations and professionals*** were contacted directly, asking for suggestions in terms of key written works in their field.

Please see Appendix A for a more detailed description of the methodology.

4.0 Findings

In this section we present the programs identified through the literature review. First, we present a table that summarizes our findings. Prevention approaches are presented first, followed by intervention approaches. Each category contains a brief description of the type of program, sample programs, and a brief summary of the state of the research for that particular category.

Following the table are detailed descriptions of each category and the specific programs. We also include a section discussing recommended practice approaches for particular population groups, and a discussion of the importance of coordination and collaborative across programs and systems designed to have a larger impact on the issue of domestic violence in a particular area.

Table 2: Best, Promising and Emerging Practices for FCSS in Addressing Domestic Violence

PREVENTION PROGRAMS			
Program Type	**Brief Description**	**Sample Programs**	**State of the Research**
Programs to prevent dating violence	These programs are generally delivered in schools to adolescents between 13 and 16 years of age, and focus on stopping or preventing the initiation of violence in a dating relationship, since dating violence has been linked to future domestic violence. Lessons are delivered by teachers and incorporated into the curriculum.	**Best Practices** Safe Dates The Fourth R Youth Relationship Project **Promising Practices** Relationships Without Fear Familias En Nuestra Escuela **Emerging Practices** Aboriginal Perspectives – The Fourth R Dating Matters Building a Lasting Love	Some programs have been evaluated using rigorous methods, and Best Practice examples exist. There are also recent examples of Emerging Practices that may adapt previous models for specific target groups. (WHO, 2010; Wells et al, 2012).
Social emotional development programs for children and youth	These programs do not focus on intimate relationships but rather promote empathy, pro-social behaviour, social skills and address impulse control issues by teaching problem solving skills, anger management, and non-violent conflict resolution. They may be delivered to children or adolescents, and often include a partner component.	**Best Practices** Promoting Alternative Thinking Strategies (PATHS) The Incredible Years Stop Now and Plan (SNAP) **Promising Practice** Roots of Empathy	Best Practice models exist that demonstrate effectiveness in reducing violent behaviour among children and adolescents (Durlak et al, 2012) but research has not yet shown their effectiveness in preventing DV in particular.

PREVENTION PROGRAMS			
Program Type	**Brief Description**	**Sample Programs**	**State of the Research**
Programs for Men and Boys	***Programs for Adolescent Boys:*** Programs offered in schools, or in sports settings typically aim to increase knowledge, change attitudes toward norms of violence and gender roles, and alter social beliefs about masculinity, power, gender and violence. They may also try to change the confidence of men to speak up against violence.	**Promising Practices** Coaching Boys into Men Mentors in Violence Prevention Men of Strength (MOST) Clubs Wise Guyz **Emerging Practice** Bushmob - *Aboriginal*	This is a relatively new area. Recent comprehensive review of the literature exists (Wells et al, 2013). Most programs are at the Promising or Emerging Practice level.
	Programs for men: Programs aimed at changing men's attitudes and behaviour towards women can include public awareness campaigns (see below) but also more direct, targeted interventions such as educational activities or peer group activities in a variety of settings such as the workplace, sports, and the military, as well as the community. They build on the reality that most men do not use or condone violence, and can thus play a positive role in preventing it.	**Promising Practices** Program H One Man Can **Emerging Practices** It Starts with You I Am A Kind Man: Kizhaay Anishinaabe Niin - *Aboriginal*	This is a relatively new area. Recent comprehensive review of the literature exists (Wells et al, 2013). Most programs are at the Promising or Emerging Practice level.
	Programs for fathers: Such initiatives are based on the premise that engaged, positive parenting can reduce the use of violence by men and thus reduce children's exposure to domestic violence and increased their present and future quality of life. Programs generally focus on relationship education and parenting skills.	**Promising Practices** Supporting Father Involvement (SFI)	Insufficient evaluations exist to know how effective such programs are. A recent review suggests that necessary characteristics of regular parenting programs (intensity, duration, approach) will likely be required. (FCSS Research Brief #2)

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PREVENTION PROGRAMS

Program Type	Brief Description	Sample Programs	State of the Research
Media/social marketing campaigns	Public awareness campaigns aim to educate the public or particular groups about domestic violence, how to recognize it, and where to obtain help, as well as to change gender norms and attitudes towards the acceptability of domestic violence. Activities are often multi-faceted, including use of TV, radio, the internet print media, information materials, training of community members, and provision of supports such as 'hot lines'.	**Promising Practices** Soul City **Emerging Practices** Safe Homes and Respect for Everyone (SHARE) Shanti Project Project Courage Neighbours, Friends and Family	Evaluations have demonstrated that media campaigns can be successful in changing knowledge and attitudes towards DV and foster political will towards action. There is insufficient evidence regarding their ability to change behaviour. It appears that they are more effective when combined with other components that involve direct participation. (WHO, 2012)
Bystander Training	While media campaigns can include information on how to help prevent DV, these approaches train both men and women (for example on college campuses) on what they can do if they see or become aware of violence. Educational presentations as well as specific training can be included.	Promising Practices Green Dot Campaign (SEEDS training) Bringing in the Bystander	Small number of initiatives, and few have been evaluated. (Wells et al, 2013)
Empowerment projects to reduce gender inequality	Such programs may combine empowerment through economic means, as well as through workshops and presentations that help women confront gender norms, become aware of their problems and their strengths, set goals, and learn how to work towards them.	Promising Practice Intervention with Microfinance for AIS and Gender Equity (IMAGE)	This category includes a wide range of programs that have not necessarily had a high level of evaluation. IN fact, some empowerment projects have had negative effects by increasing conflict with spouses. (WHPO, 2010)

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PREVENTION PROGRAMS

Program Type	Brief Description	Sample Programs	State of the Research
Individuals with Disabilities	These programs are generally based on an empowerment model and include provision of information and decision-making skills.	**Emerging Practice** Cognitive Based Abuse Prevention Safety Awareness Program (ASAP)	Programs reviewed serve a wide range of disabilities (e.g. developmentally disabled; deaf; physical disabled; etc.) so may work better with some groups than others. Research sample sizes were small.
Home Visitation Programs	These programs often commence during the pre-natal period and provide home visitation to high risk families by a trained visitor who may be a nurse, other professional or trained paraprofessional. The objective is to promote healthy child development through education and support for the parent. Services are offered usually until the child is about 3 years of age.	**Best Practice** Nurse Family Partnership **Mixed Results** Hawaii Healthy Start **Promising Practices** Domestic Violence Enhanced Visitation Intervention (DOVE)	A great deal of research has been conducted on home visitation programs. Only the Nurse Family Partnership has been categorized as a Best Practice; evidence form other studies is mixed. Research has not necessarily measured the effects on DV in either the short term (for the mother) or the long term (for the child). (Wells et al, 2012)
Parenting Programs	Parenting programs are usually group based, provide education about child development, and provide training in specific parenting skills (e.g. distraction, time out). The most effective programs are generally intensive, and involved behavioural approaches, role playing, and opportunities for practice. (see FCSS Research Brief # 2)	**Best Practices** Triple P (most intensive version for highest risk families) The Incredible Years **Emerging Practice** Parenting Program for Mothers Experiencing DV	Best Practice models exist. However, research to determine the long-term effect on preventing DV is not available. (Wells et al, 2012)

PREVENTION PROGRAMS

Program Type	Brief Description	Sample Programs	State of the Research
Programs for children who have been abused or witnessed domestic violence	Therapeutic interventions for children who have either suffered physical or sexual abuse or been witness to domestic violence (and other trauma as well) mostly consist of counselling, either individually or in a group, often combined with interventions for the parent.	**Best Practices** Trauma-focused Cognitive Behavioural Therapy Project Support **Promising Practices** Child FIRST Haupoa Program Kids' Club and Mom's Empowerment **Mixed Results** Preschool Kids' Club **Emerging Practice** Intensive Play Therapy for Children Exposed to Domestic Violence	Very well researched area. Comprehensive database of evaluated programs exists. (US Department of Justice, 2012)
Program to improve and enhance relationship skills for adults	Such programs are designed for adults who may not yet be involved in DV but who are at risk of becoming involved, because of other risk factors such as mental illness, poverty, relationship issues, and so on. The objective is to change gender norms and improve communication in relationships. They are usually delivered in a group in a series of sessions, either in single-sex or mixed groups.	**Best Practices** Prevention and Relationship Enhancement Program (PREP) **Promising Practices** Within My Reach 3Prep Dialectical Psycho-educational Workshop	Some programs of this type have been rigorously evaluated and found to be effective, and there are a variety of emerging programs. (Antle et al, 2011)

INTERVENTION PROGRAMS

Program Type	Brief Description	Sample Programs	State of the Research
Treatment for Perpetrators	Treatment for perpetrators may be provided one to one, but usually in a group. While attendance may be voluntary, court-mandated treatment is common. Most models blend psycho-educational elements aimed at having men recognize and alter their beliefs about gender roles, power and control, and cognitive behavioural approaches that teach skills in communication and dealing with conflict.	**Promising Programs** Individual Counselling Responsible Choices for Women **Emerging Practices** Strength to Change Psycho-educational Group In Search of Your Warrior Caring Dads Yoba Bimbie Indigenous Men's Support Group	While many quasi-experimental studies have shown positive results, experimental evaluations have shown mixed results. There is a lack of agreement as to why that is the case. Recommendations from those who believe in batterer treatment include the need to improve the quality of implementation (e.g. consistent attendance, pay special attention to the highest risk offenders, and develop risk management strategies to ensure partner safety, and to see batterer intervention programs as one component of a coordinated community response to DV. (Gondolf, 2012; Tutty, 2010)

INTERVENTION PROGRAMS

Program Type	Brief Description	Sample Programs	State of the Research
Couples Therapy	Most interventions aimed at couples start with an assessment that determines who is perpetrating and who is receiving the violence, and how severe it is. This assessment determines the most appropriate form of therapy for the couple. Therapy can be provided as individual, couple or group treatment.	**Promising Practice** Counselling for Mutually Violent Couples Domestic Violence Focused Couples Treatment **Emerging Practice** Domestic Conflict containment Program Strengthening Families Circles of Peace	Generally, couples therapy is most effective when there is a high risk of low-severity domestic violence or abuse that may be prevented or needs to be stopped (Early Intervention Foundation, 2014). Conclusions about which form and approach of intervention are the most effective are mixed an unclear (Stith et al., 2013).

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INTERVENTION PROGRAMS

Program Type	Brief Description	Sample Programs	State of the Research
Programs for Victims	There are two distinct types of programs for victims. Individual counselling and group programs tend to focus on individual wellbeing, including reduction in depression, increased self-esteem, and social support, as well as increased knowledge of cycles of abuse. Outreach/advocacy/home visitation programs for victims tend to focus on empowerment and self-sufficiency by providing or increasing access to social support, community resources, safety planning, goal setting and working toward self-sufficiency in areas such as education, employment and housing, Some of these program include work with children of the victim.	**Best Practices** Community Advocacy Program Project Support **Promising Practices** Individual Counselling Mothers in Action Self Defense Stress Management MOSAIC (Mothers Advocates in the Community) peer mentors **Emerging Practices** MeMoSa WAVS Sharing Circle – Aboriginal Life Story Board – Aboriginal & Refugee	There is very little best practice research in this area, particularly studies that measure outcomes into the future, so it is difficult to know whether the short term positive effects persist over time. Programs for victims that were reviewed in meta-analysis vary widely in their structure and intensity which leads to mixed results. Reviewed individually, those programs with higher levels of structure and intensity show positive results. (WHO, 2002; Ramsay, 2008) While there is some research related to effectiveness of domestic violence shelters, there is insufficient detail as to the specific nature of the interventions to identify promising practices. (Sullivan, 2012)

INTERVENTION PROGRAMS			
Program Type	**Brief Description**	**Sample Programs**	**State of the Research**
Community Wide Programs	Community wide strategies may involve the provision of a broad array of services targeted to a range of issues and populations (e.g. men, women, youth) or they may focus on coordination of a range of community services and/or systems through a collaborative structure such as a coalition. Community wide strategies are common in Aboriginal communities where issues are complex and multi-faceted.	**Emerging Practices** Aboriginal Family & Community Healing The Greenbook Initiative	Community wide programs do not lend themselves to rigorous research methods, so while there are some evaluations of these programs they don't meet best practice standards.

4.1 Prevention programs

4.1.1 Programs to Prevent Dating Violence

One means of preventing domestic violence is to provide education to young adolescents on how to prevent violence within a dating relationship. These programs are delivered to adolescents who are typically between 13 and 16 years of age, usually in schools. They focus on stopping or preventing the initiation of violence in a dating relationship, since dating violence has been linked to future domestic violence (Smith, White & Holland, 2003 cited in WHO, 2010)

Overall conclusions from the literature

According to the World Health Organization's definition of what is deemed to be 'effective' (2010), this category of programs is the only one that can be classified as 'effective' at preventing actual violence. This is because they have been extensively evaluated using rigorous evaluation designs, have shown effects on violent behavior (and not just attitudes and beliefs that may influence such behavior), over a moderately long follow up period.

However, a recent meta-analysis of dating prevention programs from the Cochrane Collaboration (Fellmeth et al, 2013), found no evidence of effect on episodes of relationship violence, or on skills, attitudes, or behaviours related to relationship violence. There was a small increase in knowledge. There are several potential reasons for this conclusion, compared to that from WHO. The Cochrane study included a larger number of studies, and only those using randomized, cluster randomized, or quasi-randomized designs. The age range was broad (i.e. from 12 to 25 years of age), and the types of interventions varied quite dramatically, including, for example, programs with as little as one session and as many as 18 sessions. The meta-analysis pools the results of all studies rather than reporting on specific ones.

Since some programs have been found to be effective and others not, the most recent reviews call for more, high quality research on these programs in order to determine how best to design programs that will have the desired effects on domestic violence (Fellmeth et al, 2013: Whitaker et al, 2013)

Elements of the approach

Programs in this category are almost entirely curriculum-based. They include both universal and selective prevention programs, and may be offered in schools and in the community. The group is the preferred mode of delivery. The programs aim to influence attitudes and beliefs towards relationship violence, and teach skills in communication, conflict resolution, coping with stress, and safety in a relationship. While dating violence prevention programs vary in length and may be quite short (as little as one session) those that have been found to be best practices tend to be longer in duration (e.g. Safe Dates - 10 sessions, The Fourth R - 21 sessions).

Authors of a 2009 book that reviewed dating violence programs and the evidence behind them recommended the following:

- multisession programs

- combining single- and mixed-sex sessions

- avoiding the assignment of blame

- sensitivity to cultural and sexual diversity

- experiential exercises and role-playing

- allowing adolescents to direct the discussion, and involving teachers and parents (Weisz and Black, 2009, cited in Offenhauer and Buchalter, 2011) .

Sample programs to Prevent Dating Violence

Safe Dates *(Best Practice for domestic violence)*

Safe Dates is a dating violence prevention program aimed at middle and high school-aged students, both male and female. The program is presented in schools, and includes 10 sessions. It helps teenagers to recognize the difference between caring, supportive relationships and controlling, manipulative or abusive relationships. Objectives include:

- To change norms regarding dating violence and gender roles

- To improve peer help-giving and conflict-resolution skills

- To promote beliefs among victims and perpetrators in the need for help and to seek help through community resources

- To decrease dating abuse victimization and perpetration

Safe Dates has been found, in a number of rigorous evaluations, to significantly reduce psychological, moderate physical and sexual dating violence perpetration for up to four years of follow-up, as well as severe physical dating abuse perpetration over time (but only for adolescents who reported no or average severe physical perpetration at baseline). It did not impact psychological dating abuse (National Registry of Evidence-based Programs and Practices, n.d.).

Safe Dates has also developed supplementary materials for parents that can be used to support conversations within the family about the material covered in the program (Whitaker et al, 2013).

Safe Dates - Aboriginal

Safe Dates has been adapted for Native American youth by the Institute for Children, Youth, and Families at the University of Arizona, although we have not been able to locate any more information about the adaptation.

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The Fourth R: Skills for Youth Relationships *(Best Practice for domestic violence)*

The Fourth R is a Canadian comprehensive school-based program designed to include students (Grades 9 to 12), teachers, parents, and the community in reducing violence and risk behaviours, and building healthy relationships. Its goals are broader than domestic abuse prevention. The core program is based on 21 75-minute lessons designed to be implemented within the school-based Physical and Health Education curriculum. There is also a version designed to be used within high school English classes. There are three units: safety and injury prevention, healthy growth and sexuality, and substance use and abuse. The Fourth R approach:

- Emphasizes skill development through role plays and practice
- Promotes healthy relationships and draws the links among relationships and risk behaviors
- Provides whole-class, small group, and dyadic discussion opportunities to process the issues with peers and the teacher, as well as opportunities to examine individual values, beliefs, boundaries and limits.

Boys and girls have slightly different activities (NREPP, n.d.).

An outcome evaluation of The Fourth R, using a cluster-randomized design and involving over 1700 students (Wolfe et al, 2009), found that, after 2.5 years, rates of physical dating violence were lower in the program group than in the control group (7.4% compared to 9.8%), although when boys' and girls' results were considered separately, only the results for the boys were significant.

Aboriginal Perspectives: The Fourth R *(Emerging Practice for domestic violence)*

The Fourth R has been adapted for Aboriginal youth, and called The Fourth R – Aboriginal Perspectives Program. Aboriginal Perspectives adds a cultural identify framework,   is intended for use with high school students addresses violence, substance use, and unsafe sexual behaviours while adding a cultural identity framework. According to the Fourth R website[3], this program:

- "Situates some of the issues facing Aboriginal youth in a historical context by examining colonization practices, racism, and oppression (e.g., linking residential schools and the widespread effects of trauma in communities)
- Focuses on holistic models of healthy youth development and relationships with an emphasis on the connection to sexual decisions and substance use
- Provides youth with opportunities to identify individual and community strengths within their cultural framework that will support them in making healthy choices
- Explicitly addresses suicide prevention with a safety planning lesson

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[3] https://youthrelationships.org/aboriginal-perspectives

- Employs culturally relevant teaching strategies, such as the use of sharing circles and bringing community members into the classroom

- Includes additional educational materials (such as videos produced by Aboriginal filmmakers) and role play examples that support the curriculum by demonstrating healthy relationship skills in situations relevant to youth (e.g., racism at school, inter-cultural relationships)

- Takes a strengths-based approach that focuses on developing assets that are known protective factors, such as strong relationships, life skills, and school connectedness"

The Aboriginal Perspectives program has not yet undergone the rigorous evaluation that has made the Fourth R a Best Practice, and thus can be considered an emerging practice based on the fact that it has been adapted from a proven model.

Youth Relationship Program *(Promising Practice for domestic violence)*

While Safe Dates and The Fourth R are universal programs (i.e. offered to all children in a school classroom), the Youth Relationship Program may be described as a 'selective prevention' initiative, in that it is delivered to youth who are seen as being at higher risk of dating violence. The target group for this program is adolescents who have been maltreated as children, a factor which has been shown to make them more likely to become either perpetrators or victims of dating violence (Offenhauer and Buchalter, 2011). The program is delivered to 14 to 16 year olds, with the goal of helping them to develop healthy, non-abusive relationships with dating partners. The program consists of 18 two-hour sessions that aim to educate participants on healthy and abusive relationships and helped them to acquire conflict resolution and communication skills.

A rigorous evaluation (Wolfe et al, 2003) showed that the intervention was effective over time in reducing incidents of physical and emotional abuse and symptoms of emotional distress for 16 months after the program. Program participants reported a significantly fewer incidents of perpetration of physical abuse against a dating partner compared to the participants in the control group. Those in the intervention group also reported a significant reduction in victimization (both physical and emotional abuse) and threatening behavior against a dating partner.

Dating Matters *(Emerging Practice for domestic violence)*

Dating Matters is a new program, developed by the Centers for Disease Control (CDC) in the US. It is a comprehensive approach to dating violence, that is based on 'Safe Dates' with the addition of components for parents, reinforced with communication strategies such as social marketing, and networking strategies and message promotion through influential, slightly older youth who serve as brand ambassadors. Key to the approach is a partnership between the school, public health departments, and sometimes community agencies.

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Dating Matters is targeted toward youth in urban communities with high crime and economic disadvantage, who may be at highest risk for teen dating violence perpetration and victimization.

The program is focused on 11-14 year old youth, in middle schools. It targets risk factors such as youth substance use, sexual risk behaviors, poor emotional regulation, and acceptance of traditional gender roles. Relationship-level factors addressed include conflict in dating relationships, parental modeling of conflict, peers experiencing and perpetrating peer and/or dating violence, and negative parent-child interactions (Centers for Disease Control).

The program is in the process of being evaluated by the University of Chicago, using a randomized control design that will follow participants through high school. [4]

Building a Lasting Love *(Emerging Practice for domestic violence)*

Building a Lasting Love is also a selective prevention program, designed for high-risk girls (i.e. predominantly African American inner-city adolescent girls receiving teen pregnancy services). It is a brief (four sessions, 90 minutes each, once a week) program, suitable for transient populations, provided through group discussions. A program manual and workbooks exist.

Sessions include information about:

- Healthy versus unhealthy romantic relationships, making a safety plan, making personal relationship goals to focus on (e.g., listen better, manage anger etc).
- Coping with disrespect and handling disappointment and anger in productive and nonviolent ways, focus on emotional regulation.
- Healthy couple communication, assertiveness, problem-solving techniques, and conflict management strategies.
- Stress, coping and time-management skills that were specifically tailored to be used once they become mothers.

A quasi-experimental evaluation using a wait list control with a small sample (Langinrichsen-Rohling and Turner, 2012) found that girls who completed the program reported significant reductions in the perpetration of psychological abuse toward their baby's father as compared to the control participants, and that they experienced significantly less severe DV victimization over the course of the program. While these were promising results, the authors cautioned that more research was necessary to determine if the positive effects would be maintained over time.

Relationships without Fear *(Promising Practice for domestic violence)*

This is a British program that focuses on preventing abusive relationships among adolescents. We include it because it starts with children in Grade 4 and goes up to Year 11, with the

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[4] http://www.norc.org/Research/Projects/Pages/CDC-Dating-Matters-Experimental-Evaluation.aspx

students receiving a 6-week intervention each year. In the early years the focus is on friendship and peer group relationships, moving into a discussion of abuse in intimate relationships in later years. The program is delivered in schools by domestic violence practitioners (rather than classroom teachers), and is highly interactive, using videos, real life stories, role plays, and Q and A sessions.

A quasi-experimental evaluation of the 13-14 year olds' curriculum using a control group found that the program was successful in changing attitudes towards the acceptability of abuse in relationships and increased help seeking behavior, although only in the short term. The findings were consistent for both boys and girls, and did not change whether the children had already experienced or witnessed abuse or not. (Fox et al, 2014)

Familias En Nuestra Escueda – Immigrant Youth *(Promising Practice for domestic violence)*

This program is described as a selective intervention in that it is delivered to a high risk group (in this case low income ethnic minority youth). It was developed to meet the needs of first-generation Hispanic youth in the US, and thus may be of interest for agencies serving immigrant populations. The model was based on the hypothesis that Hispanic cultural values could serve as a protective factor against violence. The program aimed to increase ethnic pride, enhance self-efficacy for self-control, and change attitudes towards couple violence and gender.

Teacher-facilitated small groups ran weekly over the course of the school year. A pre-post evaluation of this pilot showed a statistically significant increase in pride, and decrease in the incidence of physical fighting and dating violence. Changes in the desired direction occurred on measures of perceptions of self-efficacy for self-control, couple violence and gender attitudes. Although these did not reach statistical significance, perhaps due to the sample size (n=51).

4.1.2 Social-Emotional Development Programs for Children and Youth

These programs have a broader focus than preventing dating violence, and are often delivered to younger children, with the goal of fostering competencies such as recognizing and managing emotions, setting and achieving positive goals, appreciating the perspectives of others, establishing and maintaining positive relationships, making responsible decisions, and handling interpersonal situations constructively (Durlak et al, 2011).They are typically but not always offered in schools, may be universal or selected based on risk , and often include a parent component.

Overall conclusions from the literature

Rigorous evaluations and recent meta-analyses of social-emotional development programs indicate that these programs are effective in reducing youth violence and improving social skills (Payton et al, 2008; Durlak et al, 2011) but there is currently no evidence that they can have a positive effect on dating violence or on domestic violence later in life. They may be considered

Emerging Practices for domestic violence to the extent that they impact common risk factors for domestic violence and other forms of violence, such as impulsiveness, lack of empathy, and poor social competence (WHO, 2010).

Elements of the approach

Durlak et al's meta-analysis of universal programs (2011) found that, compared to controls, students demonstrated enhanced social–emotional learning skills, attitudes, and positive social behaviours, fewer conduct problems, and lower levels of emotional distress, and that these effects, while reduced, remained significant for a minimum of six months after the intervention. The strongest effects occurred for social emotional skills including emotions recognition, stress management, empathy, problem-solving or decision-making skills.

Results were stronger for those programs that possessed the following characteristics:

- Used a sequenced, step by step training approach
- Employed active forms of learning
- Focused sufficient time on skill development
- Had explicit learning goals
- Were implemented effectively.

Payton et al (2008) reported on a review of indicated prevention social-emotional learning programs (i.e. those targeted at children and youth exhibiting early signs of problem behavior). Again, meta-analysis showed that these programs were successful in developing social emotional skills, fostering positive attitudes and social behaviours, reducing conduct problems and emotional distress, and improving academic performance. The review did not isolate any particular characteristics that differentiated more successful from less successful programs.

An earlier meta-analysis of social skills training programs (Losel and Beelman, 2003, 2006) found that the strongest effects occurred in programs that:

- use a cognitive behavioural approach, incorporating modelling, rehearsal, practice and feedback
- include a parent component.

Sample programs for Child/Youth Social Emotional Development

Promoting Alternative Thinking Strategies *(PATHS) (Best Practice for violence prevention)*

PATHS is a universal school-based program for children between pre- kindergarten and grade 6. The program aims to develop:

- Emotional understanding and emotional expression skills

- Problem-solving skills including conflict resolution

- Friendship skills

- Self-control/emotional regulation

The PATHS curriculum is delivered by teachers twice weekly for 30 minutes, and provides guidance for incorporating concepts more informally into the classroom environment (Domitrovich et al, 2009).

PATHS has been shown in several rigorous evaluations to reduce aggressive behavior and increase social behavior compared to controls. (National Institute of Justice, n.d)

Roots of Empathy *(Promising Practice for violence prevention)*

Roots of Empathy (ROE) is a school-based program that aims to develop children's social and emotional competence, through focusing on promoting strengths and positive behaviours. It is based on research that indicates that empathy (including the ability to recognize affective states in others, the ability to assume the perspective and role of another person, and the ability to experience emotions) is key to developing kind and caring behaviours and positive relationships, and avoiding aggression.

ROE is a universal prevention program, delivered in the classroom to children from kindergarten to grade eight. Each classroom 'adopts' a family (i.e. parent(s) and baby), who visit the classroom monthly for nine months. These visits serve as a springboard for discussions about perspective taking, caring for others, infant development, and effective parenting practices (Schonert-Reichl et al, 2012).

A quasi-experimental evaluation of students in grades four through seven was conducted, with approximately 300 children in the intervention group and a similar number in a control group. The evaluation reported a significant increase in pro-social behaviors as obtained via peer reports and a significant decrease in proactive and relational aggression as obtained through teacher reports. Self-reported empathy and perspective taking showed no significant changes, a puzzling finding that calls for further research (Schonert-Reichl et al, 2012).

The Incredible Years *(Best Practice for violence prevention)*

The Incredible Years contains components for children (4 to 8 years), parents, and teachers, and has the greatest impact when the parent and child components, in particular, are combined. The parenting component is described in a later section. The child-training component promotes social competence and focuses on the following areas:

- emotion management

- social skills

- problem-solving
- classroom behavior

There are prevention versions for high-risk populations, and treatment versions. The prevention version lasts 20 to 30 weeks and may be spaced over two years (California Clearinghouse for Evidence Based Practice in Child Welfare, n.d.).

Stop Now and Plan (SNAP) *(Best Practice for violence prevention)*

SNAP is a Canadian crime prevention program designed for children between 6 and 11 years of age who have committed offences or are at risk of doing so. It is skill-based, teaching children how to control their impulses. A 10-session children's group is combined with a parent's group, which teaches parents the same skills the children are learning so as to reinforce positive behavior. Other components (e.g. working with teachers, friendly visiting, in-home family work) are added where needed **(**National Institute of Justice, n.d.)

4.1.3 Prevention Programs for Men and Boys

There are a number of programs that target men and boys in terms of both primary prevention and early intervention. One rationale for such programs is to influence the attitudes of men and boys towards women, since cultural norms have been identified as a risk factor for domestic violence at the societal level (WHO, 2010). The second rationale is that even though men are more likely to commit domestic violence than are women, most men don't. Providing preventative programs to men not only make them less likely to become perpetrators of domestic violence, but also creates more informed citizens, who have the potential to intervene (Wells et al., 2013).

Overall conclusions from the literature

This is a relatively new area of practice, and most programs have not been rigorously evaluated (with the exception of Coaching Boys into Men). A common issue with evaluation of programs for men and boys is that a change in attitudes, often around gender norms, are used as outcome measures as opposed to actual change in behavior or rates of violence.

Elements of the Approach

Programs aimed at adolescent boys often use a mentoring model. The programs are provided by a trusted peer or adult, not a professional, and are often provided over the school year on a weekly basis. These programs have the benefit of changing both the peer's and participant's understanding and behavior related to domestic violence.

Programs aimed at men are often aimed at changing ideas about the acceptability of Domestic Violence (DV) and underlying factors that may influence rates of DV such as gender norms and beliefs.

Programs aimed at fathers are less common. Such initiatives are based on the premise that engaged, positive parenting can reduce the perpetration of violence by men and thus reduce children's exposure to domestic violence and increase their present and future quality of life. Programs generally focus on relationship education and parenting skills. Insufficient evaluations exist to know how effective such programs are. However, research evidence for regular parenting programs (not specifically targeted to domestic violence) suggests that elements such as intensity, duration, and approach are key determinants of program effectiveness (Cooper, 2013).

Sample Prevention Programs for Adolescent Boys

Coaching Boys into Men *(Best Practice for domestic violence)*

Coaching Boys into Men is a program that trains athletic coaches to have conversations with their athletes about domestic violence (Wells et al., 2013). Coaches go through a workshop that lasts three days and are provided with discussion cards to help them go through different topics with their athletes. Typically coaches discuss each card for 45-60 minutes, once a week, for a 4-month period. The program has been implemented with athletes as young as ten and up to late teen years (Wells et al., 2013; Miller et al., 2014).

The program has been evaluated with control groups, on a large scale, in many different contexts, including both developing and developed countries. All results show an increase in knowledge about domestic violence and sometimes, positive attitudes around equality of men and women (Miller et al., 2012; Miller et al., 2014; Wells et al., 2013). Coaches have also been found to show more equitable attitudes about men and women. However, there is no strong evidence about change in actual behavior.

Mentors in Violence Prevention *(Promising Practice for domestic violence)*

Another coaching program, Mentors in Violence Prevention, equips both coaches and athletes with the information and tools needed to intervene in violent situations as bystanders and to better understand their role in promoting gender equity.

An evaluation of the program (n=475) found that beliefs around the acceptance of assaulting women, gender equity were improved. Participants also indicated that they would help a friend

if they were in an abusive relationship (Wells et al., 2013). However, there is no evidence about change in actual behavior.

Men of Strength *(Promising Practice for domestic violence)*

Men of Strength Clubs work in high schools with male students to change negative models of masculinity and to promote skills around violence prevention. The program is given over a one-year period and uses a 'near peer' model of education (Wells et al., 2013).
After participating in the program, participants are more likely to disagree with masculine norms and are less likely to support harassment behaviors (Wells et al., 2013).

WiseGuyz *(Promising Practice for domestic violence)*

WiseGuyz supports young men in achieving healthy relationships and sexual well-being through a 14-week program. The curriculum encompasses a range of topics included sexual well-being, gender and masculinity, human rights and personal values, communication and decision making (Wells et al., 2013)
An evaluation of participants (n=50) in the program during the 2011-12 school year found that the vast majority of participants credited WiseGuyz for their increased understanding of healthy relationships, consent, gender and masculinity, respect for diversity, anti-homophobia education and safer sex practices (Wells et al., 2013).

Bushmob – Aboriginal *(Emerging Practice - not evaluated)*

Although the Bushmob program has not been formally evaluated, it is included here as an example of a "land based"[5] program for Aboriginal youth with objectives directly related to domestic violence. Bushmob is an Australian program that serves both Aboriginal and non-Aboriginal youth aged 12 to 25. Although centered on youth, the whole family is encouraged to participate on bush outings as a journey to healing. One of the major therapies used by Bushmob is the repatriation of youth to traditional country and culture, reconnecting youth to the healing environments of country. Specific cultural and safety protocols are followed, including first asking permission of Elders, asking Elders to choose men to guide the trip and asking Elders to choose the participants and place for the adventure therapy. The trips have a family violence focus and the topic is spoken about directly. Creating a safe space for this discussion is critical, with a facilitator who is qualified and experienced in domestic violence intervention. The program has not been formally evaluated.

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[5] Land based programs are recommended as a "wise practice" approach for Aboriginal communities. See FCSS Aboriginal Research Brief 2014.

Sample Prevention Programs for Men

Program H *(Promising Practice for domestic violence)*

This initiative, implemented in Bolivia, Brazil, Colombia, Jamaica, Mexico and Peru focuses on preventing violence and promoting gender equality. This multi-media campaign includes educational activities, outreach and community campaigns, training manuals, educational videos and a social marketing strategy (Wells et al, 2013).

The program targets boys and young men aged 15-24 to specifically address individual behaviors associated with harmful social norms. The initiative includes four components:

- training professionals to work with young men in the area of health and gender equity using a set of manuals and videos,
- social marketing of condoms,
- promoting health services, and
- evaluating changes in gender norms (Wells et al, 2013).

Pre- and post-tests have shown both attitudinal and behavioral changes with 271 young men across six countries. Besides an increase in reported empathy and critical reflection about how they interact with their partners, there was a reduced number of reported conflicts (Wells et al., 2013).

One Man Can *(Promising Practice for domestic violence)*

This campaign, implemented in South Africa, which focuses on men's sexual health and raising awareness about HIV/AIDS, did so, in part, through promoting gender equality and preventing domestic and sexual violence.

Pre and post-tests of the campaign showed significant attitudinal changes as well as certain behavioral changes, such as an increase in likelihood that violent incidents would be reported to police (Wells et al., 2013).

It Starts with You *(Emerging Practice for domestic violence)*

This social marketing campaign targeting men and boys used a number of tools, including: a website, an e-learning module for elementary school teachers and community workers, nine digital stories, a discussion guide for community and classroom, two public service announcements, an interactive quiz, a Youtube channel, a facebook page, and a poster (Wells et al., 2013).

The campaign aims at motivating men to educate the boys in their lives about the importance of health and equal relationships with women and girls. An evaluation of the campaign found that 82% of men who visited the campaign's website felt better prepared to positively influence the boys in their lives (Wells et al., 2013).

Kizhaay Anishinaabe Niin – I Am A Kind Man *(Aboriginal Emerging Practice for domestic violence)*

Kizhaay Anishinaabe Niin is a program created by and for Aboriginal men in Ontario, to engage men and boys in Aboriginal communities to speak out against all forms of abuse against Aboriginal women. The program is based on the Seven Grandfather Teachings. Resources include a website, posters, information and suggestions for community action, as well as specific information targeted to youth and younger children. The goals of the program are:

- to educate men to address issues of abuse against women,
- to re-establish traditional responsibilities by acknowledging that traditional Aboriginal teachings never tolerated violence and abuse toward women,
- to inspire men to engage other men to get involved and stop the abuse and
- to support Aboriginal men who choose not to use violence.

There was no information found about evaluation of this program.

Sample Prevention Programs for Fathers

Supporting Father Involvement Project *(Promising Practice for domestic violence)*

This program focuses on enhancing shared parenting and the role of the father in the life of the child. Although the program was originally designed to address conflict between couples it has shown promising results in terms of preventing domestic violence and abuse for the participating couples (Wells et al., 2013). In particular, the program targets low income families with parents that experience high levels of conflict (Wells et al., 2013). This program is referred to as a 'cross cultural intervention' so may be useful for immigrant populations as well.

One randomized control study (RCT) (n=289) found that after participating in the program, there was a decrease in parenting stress, increase in father's involvement in the daily care of children and a higher couple satisfaction rate (Wells et al., 2013). Another RCT (n=270 low-income families) found that a 16-week group, couples intervention led by a trained mental health professional achieved the same results as above. Changes were maintained at 18 month follow up (Wells et al., 2013).

In another implementation of the same intervention, the researchers, who targeted low-income families, also included a case manager who could work with families on an ongoing basis, to catch them up on any missed sessions, and to keep them motivated (Cowan et al., 2007). The project was also implemented with childcare and food available at sessions, and special sessions around unemployment and job stress (Cowan et al., 2007). In addition, because of the high number of Latino families (67% of participants were Mexican American) who participated in the program, stressors particular to them (not being fluent in English, low socioeconomic status, different values and practices), interviews were conducted in the participants' preferred language, there was an emphasis on physical movement and interaction (rather than written material), and meetings were held at the end of the workday (as both parents often worked) (Cowan et al., 2007). Actual content was relevant for both immigrant and non-immigrant groups (Cowan et al., 2007).

4.1.4 Media/Social Marketing Campaigns

Using various forms of media to increase public awareness, provide accurate information (including addressing popular stereotypes), and change public opinion is a common approach for preventing domestic violence. One of the main benefits of using this type of approach is the ability to reach large numbers of people (World Health Organization/London School of Hygiene and Tropical Medicine, 2010).

Overall conclusions from the literature

Generally, these programs are difficult to evaluate as they are implemented on such a large scale. Moreover, a media component is often included as one part of a larger strategy to impact the prevention of DV in a community, and as such, an evaluation of the project does not necessarily isolate the impact of the media component. As such, media approaches tend to be under-evaluated and only qualify as either promising or emerging practice in terms of preventing domestic violence (World Health Organization/London School of Hygiene and Tropical Medicine, 2010).

Elements of the approach

While there is no evaluation comparing the effects of different forms of delivering media campaigns, the most well evaluated project, Soul City was launched over a long amount of time (6 months) and used multiple forms of media to communicate with the public (television and radio broadcasts, print materials and a helpline). It is common for projects to use a multi-media approach in communications campaigns and to focus on changing attitudes, rather than directly impacting behavior.

In addition, conducting research about what sorts of messages are the most appropriate or resonate the most with the target population is an important element in media campaigns. Often, focus groups or surveys are conducted to determine the best way to formulate media messages. This is especially the case when trying to reach a specific sub-population, like an ethnic group.

Sample Programs for Media and Social Marketing Campaigns

Soul City (Promising Practice for domestic violence)

Soul City was a media campaign, launched over six months in South Africa. It consisted of television and radio broadcasts (a 13-part prime-time serialized TV drama, and a 45-part radio drama in nine languages), print material (three million printed copies (total) of three information booklets) and the development of a helpline (World Health Organization/London School of Hygiene and Tropical Medicine, 2010). The objective of the project was to provide information to change social norms, attitudes, and practices that support domestic and sexual violence.

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An independent evaluation of the project drew information from national surveys (pre and post intervention), focus groups and in-depth interviews with members of the target audience and stakeholders. The evaluation found that the program not only facilitated the implementation of the Domestic Violence Act of 1998 at a national level but it also helped change social norms and beliefs that promoted DV and helped increase awareness of where victims of DV could get help. One caveat is that there was insufficient data to determine the program's effect of violent behavior (World Health Organization/London School of Hygiene and Tropical Medicine, 2010).

Shanti Project *(Emerging Practice for domestic violence)*

The Shanti Project is a campaign that promotes socio-culturally relevant messages and activities designed to combat patriarchal norms and practices, increase knowledge around Domestic Violence, strengthen skills to take action against DV and to change norms around the silence and lack of action around preventing DV, focused on an Asian Indian community in the Midwest United States (Yoshihama et al., 2012).

The project focused on social marketing and participatory methods to design a communications campaign that used mass media to deliver messages to the community (Yoshihama et al., 2012).

222 men and women participated in focus groups, individual interviews and filled out surveys about the prevalence, meaning and causes of domestic violence in their community. They also provided information about existing resources, barriers to seeking help, strategies to prevent DV. This information was used to develop a campaign that resonated with this sub-population (Yoshihama et al., 2012). Based on the information gathered from the community, messaging to counter specific beliefs around DV in that community were developed. A community action team, made up of community members, provided ongoing feedback and input on the team's messaging and strategy.

The most effective messaging, according to the research, was attacking DV from the point of view of having to be 'role models' to children, using the concept of 'shanti' (inner peace). The tag-line, "how peaceful is your home?" also resonated with the group. The multimedia campaign included posters, brochures and printed PSAs, which were revised based on community feedback. Materials were placed at local businesses like ethnic grocery stores, in event programs, newsletters, and directories, as well as online via the project website, community portals, blogs and websites. Radio programs popular with the community were also used to deliver PSAs and announcements. Film and theatrical presentations as well as events were used to supplement the media strategy to encourage interactive discussions around DV.

This project was not evaluated.

Safe Homes and Respect for Everyone (SHARE) *(Emerging Practice for domestic violence)*

The SHARE project aims to transform attitudes about gender norms and the acceptability of DV by raising awareness around women's rights and the consequences of DV on women, children, relationships and communities). Before the development of the media campaign, the project assessed the community and planned the intervention, moved on to implementing the intervention aimed at raising awareness, and built networks within the community and (Wagman, 2012).

Objectives of the project included:

- Reduce levels of physical DV

- Reduce levels of sexual DV

- Increase the number of community members who believe that DV is not justifiable, regardless of the circumstance

- Raise awareness about both human's and women's rights

- Include high quality, culturally relevant DV related services in the community

The project used a number of different strategies to effect change, including:

- Advocacy

- Capacity building

- Community Activism

- Learning materials

- Special events

The inclusion of media (exhibitions that were held in clinics, hospitals, police stations and schools as well as film shows) was just one part of the larger approach to reaching the program's objectives.

This project was not evaluated.

Project Courage *(Emerging Practice in domestic violence)*

Recognizing the importance of engaging informal support networks, a public education campaign in Florida aimed at engaging all members of a community to raise awareness about domestic violence. In addition to their awareness-raising activities, the program emphasized the need to "Recognize, Respond and Refer".

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An evaluation of the project found that how people thought and behaved with regards to domestic violence changed, included the level of comfort people had in intervening in a domestic violence situation (Esina, Wells and Koziey, 2013).

Neighbours, Friends and Family *(Emerging Practice in domestic violence)*

An awareness campaign launched in Ontario aimed to increase awareness around domestic violence through community education, workshops and training for public service members. An evaluation over a five-year period showed a significant increase in knowledge of warning signs and risk factors for domestic violence and the capacity to offer support and referral to the victim or the perpetrator. Of the 602 participants who were reached by the campaign, 95% said they would 'likely' intervene in the physical abuse of someone they knew (Esina, Wells and Koziey, 2013).

4.1.5 Bystander Training Programs

Bystander training programs go beyond raising awareness regarding domestic violence to train both men and women (for example on college campuses) on what they can do if they see or become aware of violence. Educational presentations as well as specific training can be included.

Overall Conclusions from the literature

There are few evaluations of bystander training programs designed to prevent violence or encourage intervention in a domestic violence situation.

The evidence that supports the effectiveness of Bystander Training programs is limited but fairly consistent. Typically, post-tests measure bystanders' confidence to perform positive behavior, the likelihood of engaging in this behavior, and self-reported engagement in the behavior within a given time period (Gibbons, 2013).

While evaluations with large sample sizes have been conducted, one common limitation to the evaluations is that actual reduction in violence has not been measured. In fact, there are no studies that have established a link between campus-based sexual violence prevention programming and subsequent rates in incidents of violence (Gibbons, 2013).

Elements of the Approach

Bystander interventions train individuals to identify situations that may lead to sexual or physical assault and how to intervene in a safe way While these programs are most often used to prevent sexual violence, the programs can easily be expanded to include both physical and psychological violence Programs are generally implemented with college students and are based on the assumption that peer influence is an important factor in influencing behavior change (Shorey et al., 2012).

Programs typically involve a group information session, led by either a peer or a facilitator with specialized background or training that provides information about the theory behind the bystander approach, the importance of violence prevention and common misconceptions, such as rape myths. Rather than smaller, concentrated sessions, the idea is that the more people that are reached, the more likely someone will be in the position to intervene as a bystander (Coker et al., 2011). Female-only, male-only and mixed gender groups have all been found to be effective in the context of bystander programs (Gibbons, 2013). The sessions range from 50 minutes to 90 minutes in length and the program can include 1-3 sessions (Coker et al., 2011; Moynihan et al., 2011).

Sample Programs for Bystander Training

Green Dot Campaign (Promising Practice for domestic violence)

The Green Dot campaign aims to raise awareness about acts of violence that occur on post-secondary campuses. Acts of violence, symbolized by red dots, and positive bystander interventions, symbolized by green dots, are placed around campus to make incidents of violence and support of bystanders visible (Wells, 2013).

The Green Dot campaign consists of two phases:

1. Motivational speech
   a. 50 minutes in duration
   b. Provided to students and school personnel
   c. The speech introduces the concept of active bystanders.
   d. There is preliminary evidence that indicates that it doesn't matter who presents the speech (Coker et al, 2011).

2. Training in "Students Educating and Empowering to Develop Safety" (SEEDS)

   Students Educating and Empowering to Develop Safety (SEEDS) teaches hands-on bystander skills through a small group, intensive session provided on-campus and facilitated by staff. Unlike other bystander programs, this training is open to anyone who wants to attend but specific Peer Leaders were also identified and personally invited to attend the training. Training not only provides information about helping victims but also helps bystanders identify high-risk potential perpetrator behavior so that interventions can happen earlier (Coker et al., 2011).

Results from a random sample of 2,000 students found that students that only heard the Green Dot Campaign 50-minute motivational speech were more likely to exhibit bystander behavior compared to students who hadn't heard the speech, but were less likely to exhibit bystander behavior compared to students who had taken the SEEDS training (Coker et al., 2011). This points to the possibility that a combination of information and skills building is more effective in promoting positive bystander behavior.

However, there is no data about the extent to which more active bystander behavior actually results in a reduction of dating violence (Coker et al., 2011). It is also unclear whether trained individuals are reporting more behavior because they can recognize it more easily or because more is actually occurring.

Bringing in the Bystander *(Emerging Practice for domestic violence)*

The theory underlying this program is that sexual aggression can be reduced through challenging attitudes, myths, knowledge and behavior that support sexual aggression (Shorey et al., 2012). The program focuses on teaching those present at the precursors of or actual violence safe and pro-social strategies to intervene in these situations as they happen or before they happen. They also train individuals to become allies to victims after violence has occurred (Moynihan et al., 2011).

Key elements of the program include:

> Two peer facilitators leading two possible formats

a. One 90- minute session
b. Three 90 minute group sessions

The choice between the two formats will depend on the specific program being put in place (Shorey et al., 2012).

In an evaluation of the program, researchers implemented the program with 48 sorority members. Two facilitators provided the program. One of the facilitators was an ex-officer in a sorority and a trained sexual assault advocate. All of the leaders of the sororities were also presented with the program in order to help support the new members' training (Moynihan et al, 2011).

Participants' attitudes about being a helping bystander changed in a positive direction compared to the control group. In particular, bystander efficacy, bystander intention to help and a sense of responsibility for doing something about sexual or domestic violence improved significantly from the pre-test to the post-test conducted five weeks after the implementation of the program. (Moynihan et al., 2011)

It is important to note that actual behavioral changes over time were not measured and no follow-up information beyond the post-test at five weeks was collected (Moynihan et al., 2011).

4.1.6 Empowerment Projects to Reduce Gender Inequality

Society norms related to gender and gender inequality are believed to contribute to violence against women by creating power hierarchies where men are viewed by society as economically and religiously superior and of higher social status compared to women (Ali & Bustamante-Gavino, 2008). The impacts of gender based inequity can be seen in health and access to health care; in opportunities for employment and promotion; in levels of income; in political participation and representation; and in education. Some vulnerable populations such as new immigrants, Aboriginal women and sex trade workers are especially impacted by issues of gender inequity.

Empowerment is an approach that helps individuals and communities to identify their own issues and to develop the resources, skills and confidence needed to address them. This approach emphasizes the role of individuals and communities as agents of change.

Overall conclusions from the literature

Macro-level interventions that increase structural supports and resources that decrease gender inequality, as well as interventions to reduce gender inequality at the community and individual levels, may serve to decrease domestic violence and sexual violence (Smith Fawzi et al, 2005). Approaches that aim to empower women and are considered bets practice in terms of domestic violence include: micro-financing programs, communications or relationship skills training, and gender equality training (World Health Organization, 2010).

It is suggested that a combination of services (e.g. microfinance, training, skill-building, women's groups, information, etc.) works better than a single strategy in impacting women's empowerment.

Program Elements to Consider

In order to be effective, women's empowerment strategies should be supported in a comprehensive, long-term sense, enabling them to make fundamental changes that will allow them to increase their independence and self-sufficiency.

In terms of economic empowerment, to create more gender equitable relationships, the following elements are important to consider: financial literacy programs have been found to be successful in improving DV victims' financial independence; services to support the completion of higher education and asset-building programs can help increase women's financial and human capital; advocacy services should be available to help women navigate the resources available to them; and women need to be provided adequate referrals and information so that they are not penalized for experiencing abuse (Hanh and Postmus, 2014). This may require the coordination of services for the best result.

***Intervention with Microfinance for AIDS and Gender Equity* (IMABLE)** (*Promising Practice)*

IMAGE is a program in South Africa targeted to women living in the poorest households in rural areas. The program combines microfinance with training and skills-building sessions on preventing HIV infection, and on gender norms, cultural beliefs, communication and domestic violence. The program also encourages wider community participation to engage men and boys. It aims to improve women's employment opportunities, increase their influence in household decisions and their ability to resolve marital conflicts, strengthen their social networks and reduce HIV transmission.

A randomized-controlled trial found that two years after completing the program, participants reported experiencing 55% fewer acts of violence by their intimate partners in the previous 12 months than did members of a control group. In addition, participants were more likely to disagree with statements that condone physical and sexual violence towards an intimate partner (52% of participants versus 36% of the control group) (WHO, 2010).

4.1.7 Prevention Programs for Individuals with Disabilities

Research suggests that the presence of a disability may significantly elevate the risk for interpersonal violence toward men and women with disabilities. Individuals with disabilities may experience abuse from a variety of perpetrators, including intimate partners, friends, family members, health care professionals, and personal assistant service providers.

Overall conclusion from the literature

Prevention programs use a variety of theoretical approaches grounded in behavioural, cognitive and psycho-educational theory. A review of ten community-based DV prevention programs for adults with disabilities, some of which used control groups for their research, showed that some or the programs were able to demonstrate increased awareness of the issue but this awareness generally failed to transfer into safety behaviours. Programs that worked best were more intensive and included reinforcing elements such as in situ training (role-playing) or a follow up reinforcing support group. Researchers identified the need to customize or modify programs to meet the needs of specific populations or disability types. Overall results were generally considered weak due to small sample sizes (Lund, 2011).

Sample Programs for Individuals with Disabilities

Cognitively Based Abuse Prevention Program (Promising practice in abuse prevention)

This program is based on a three step abuse prevention training curriculum delivered in a small-group format, consisting of an educational unit focused on abuse recognition, awareness and prevention strategies; a unit on self-directed decision-making, and a support group focusing on reinforcement and generalization of skills. Women in the treatment group had significantly higher posttest levels of empowerment, abuse knowledge and self-directed decision-making skills. Use of a follow up reinforcing support group demonstrated increased retention of gains. (Lund, 2011).

Safety Awareness Program for Women with Disabilities (ASAP for Women) (Emerging practice in domestic violence prevention)

This program consists of eight, 150 minute closely scripted sessions provided in a face to face, peer-led psycho-educational group. The program that was evaluated worked with women with diverse disabilities. Sessions address topics such as self-care, communication, healthy relationships, the nature and dynamics of DV, and include a behavioural activation technique involving weekly action planning exercises, feedback and problem solving. Pre/posttest comparison showed significant increases and large effect sizes in safety skills learned and self-efficacy in safety and safety planning. (Hughes, et al. 2010).

4.1.8 Home Visitation Programs

Overall conclusions from the literature

Generally, home visitation programs are designed to address parenting practices and child maltreatment, and are found to have effects on domestic violence as a side effect. Although a number of programs using a home visitation model have been developed and evaluated, only the Nurse Family Partnership can be considered Best Practice; results from other programs are mixed. (See the many reviews cited in Cooper, 2014). It is thus important not to generalize positive effects across all home visitation programs.

Elements of the Approach

Home visitation programs typically begin when the mother is pregnant and may or may not target vulnerable families. Visits by a nurse, or other trained professional, often continue until the child's third birthday. The visitor typically visits the family as frequently as on a monthly basis. Services are meant to provide parents with information about children's development as well as skills related to parenting. Additional services may include communication or conflict resolution skills. If the family needs additional support, the visitor is expected to refer them to relevant services in their community.

Sample Home Visitation Programs

Nurse-Family Partnership *(Best Practice for domestic violence)*

The Nurse Family Partnership (NFP) is a home visitation program where a registered nurse is partnered with vulnerable mothers and provides home visits during pregnancy and up to two years after the child is born (Eckenrode et al., 2010). The nurse's role is to improve women's health-related behavior while pregnant, improve children health and development by providing parents information about caring for their child and improving families' economic self-sufficiency by informing them about family planning, the importance of education and helping them find work (Eckenrode et al., 2010). Nurses visit women about once a month.

Results from a number of evaluations of the NFP show that incidents of domestic violence are reduced among those who receive the program. One trial reported a 37% reduction in domestic violence incidents when comparing those who received the intervention with a control group (Wells, Boodt and Emery, 2012). Other benefits such as increased household earning, improved mental health for both the child and mother, and improvements related to the child's education have been replicated (Wells, Boodt and Emery, 2012).

Implementation and evaluation of an enhanced version of the program is in progress in four Canadian provinces and a number of other countries worldwide. This should provide additional evidence around the efficacy of the program specifically in relation to domestic violence (Cooper, 2014).

Hawaii Healthy Start (Mixed Results)

Hawaii Healthy Start program's primary aim is to promote child health and decrease the likelihood of child maltreatment. It does so by targeting family functioning and reducing risk factors for child maltreatment, such as DV In addition to the home visits, families may be referred to services such as DV shelters or mental health treatment. Generally, however, parents receive training around child development, positive parenting, and problem solving strategies and receive any emotional support they need . The first visit happens within the first week of the infant's birth and weekly visits eventually taper off over three years (Bair-Merritt et al., 2010).

In a randomized controlled trail including 643 families, compared with a control group, the participating mothers perpetrated and experienced significantly less physical abuse with their partners; however, sexual and verbal abuse and injury were not significantly reduced in the group who received the intervention (World Health Organization/London School of Hygiene and Tropical Medicine, 2010). The effect persisted for the first three years of a child's life, with small decreases in the perpetration and experiencing of maternal domestic violence at follow up when the child was seven and nine years old.
However, it is important to keep in mind that many families who participated did not receive the optimal number of home visits or DV content delivered to them, which means that the evaluation may actually be underestimating the effectiveness of the program (Bair-Merritt et al., 2010).

Domestic Violence Enhanced Visitation Intervention (DOVE) (Promising Practice for domestic violence)

This program combines an DV empowerment intervention with perinatal home visitation. A public health nurse administers violence-related screening, assessment and education using an interactive approach and is supportive of a woman's disclosure of abuse (Decker et al., 2012). The nurse uses an interactive pamphlet as a guide to engaging the mother or mother-to-be in a conversation about her experience with DV and safety options moving forward (Decker et al., 2012). In addition, nurses provide information about DV, options for participants in a violent relationship and skills related to promoting their child's development such as: parenting, accessing violence support resources, and safety behaviors (Decker et al., 2012). They also

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provide decision-making and problem-solving skills to encourage women's sense of empowerment (Decker et al., 2012). Women receive the intervention over three prenatal and three postpartum (up to 12 weeks) sessions (Decker et al., 2012).

The DOVE program is being evaluated in both rural and urban settings. Thus far, qualitative data finds that violence that is addressed early, resulting in women making positive choices to improve their own and their children's lives, 24 months post-delivery (Decker et al., 2012). Women who have participated in the program have also reported that speaking about violence with the nurse is powerful. In terms of experiencing violence, preliminary findings show a promising trend of decreased mean scores on self-reported violence at 12, 18, and 24 months postpartum on two violence measures: the Conflict Tactics Scale and Severity of Violence Against Women (Decker et al., 2012).

4.1.9 Parenting Programs

Overall Conclusions

Although Best Practice parenting programs exist, they often don't examine outcomes related to domestic violence specifically. However, the link between an improvement in parenting practices and the prevention of domestic violence and abuse has been made in documents looking at preventing domestic violence broadly (Early Intervention Foundation, 2014). Despite this theoretical link, additional research about how parenting programs can directly impact domestic violence outcomes is needed.

Program Elements

Parenting programs are typically based on providing parents with information about children's development, how to deal with various challenges (e.g., children's aggression) or the effect of various parenting practices on children's well-being. In particular, programs that focus on positive parent-child interactions, teaches parents the importance of consistency and provides the opportunity for parents to practice the skills during the training session are the most effective (FCSS, 2014). These programs are typically provided in a group setting and are fairly intensive (8-10 sessions, 1.5-2 hours in length) and generally, more participation results in better outcomes (FCSS, 2014). Programs that focus on parents' problem solving skills or provide parents with help promoting their children's cognitive, academic or social skills are less effective, overall (FCSS, 2014).

Sample Parenting Programs

Triple P Positive Parenting *(Best Practice for child development, violence prevention)*

Triple P is designed for families with children from birth to age 12 (with a possibility of extension for families with adolescents aged 13-16). The program aims to prevent social, emotional, behavioral and developmental problems in children by improving their parents' knowledge (on specific developmental issues, for example), skills (such as dealing with aggressive behavior), and confidence (Cooper, Wells and Dozois, 2013).

Triple P is provided at different levels, depending on the family's needs. Evaluations of the program find that the different levels have different effects. In particular, Level 4 (an intensive 8-10 session program for parents of children with more severe behavioral issues) has been found to demonstrate effectiveness in multiple randomized trials in many settings and countries and could be called a true evidence based program (California Evidence-Based Clearinghouse for Child Welfare, n.d.).

The Incredible Years *(Best Practice for child development, violence prevention)*

The incredible years is considered a best practice parenting training model, having been evaluated in 12 randomized control trials. The curriculum focuses on building parents' strengths and knowledge in topics such as play, praise, incentives, limit setting, problem solving and discipline. It also has a child and teacher program aimed at children aged 3-8 years old (Marcynyszyn, Maher and Corwin, 2011).

It has been found to significantly enhance parent's skills, knowledge around child development, positive child behavior (aggression, emotional regulation, and attention issues) and the parent-child relationship. Two group leaders provide the program over a period of 12-14 weeks, once a week, in two-hour sessions. Groups of 10-14 parents attend each. There is no specific information addressing domestic violence or abuse in the program and there has not been an evaluation of the efficacy of the program in preventing or intervening in domestic violence (Marcynyszyn, Maher and Corwin, 2011).

An adaptation to the program, which is in its early stages, looks at addressing issues related to domestic violence such as relationship problem solving and communication skills for women who have left a violent relationship (Early Intervention Foundation, 2014).

Parenting Program for Mothers Experiencing Domestic Violence *(Emerging Practice for domestic violence)*

This is a program offered to women who have already gone through another type of domestic violence intervention and have been abused by their partners. This woman-centered approach aims at supporting women and the challenges they may face as abused mothers, in particular. An attempt is made to empower the women through reflective observation of their experiences and enhancing their capacities by providing parenting knowledge and skills. The program is delivered as 16 semi-structured, 2-hour long group sessions with 6-10 participants (Peled et al., 2010).

An evaluation of the intervention with 13 women in the control group and 23 in the intervention group examined women's well-being before, immediately after and three months following the intervention Comparisons between groups showed an increase in parental self-efficacy and emotional well-being at Time 2 and a decrease in mothering-related stress between Time 1 and Time 3. Compared to the control group at Time 2, the parental self-efficacy of women in the intervention group increased, their mothering related stress decreased and they reported a greater optimism with regard to their predicted well-being; whereas the control group showed declines in parental self-efficacy and predicted well-being and greater mothering- related stress. The improvement in mothering- related stress was the only one maintained at Time 3 (Peled et al., 2010).

4.1.10   Programs for Children Exposed to Violence

This category includes therapeutic interventions for children who have either suffered physical or sexual abuse or been witness to domestic violence or other trauma. Programs mostly consist of counselling, either individually or in a group, often combined with interventions for the parent. Research has shown that children exposed to domestic violence or other trauma, in addition to suffering negative physical and mental health consequences in later life (Wells et al, 2012) are at increased risk of becoming either victims or perpetrators of domestic violence in the future (WHO, 2010). It is because of their potential to prevent future domestic violence that these programs are included in the Prevention category. Those that specifically target children who have been exposed to family violence are also direct interventions.

Overall conclusions from the literature

Overall, interventions for children who have experienced or been exposed to violence are well-researched and have been shown to be effective in improving cognitive, emotional, and behavioural outcomes (Skowron and Reinemann, 2005 as cited in WHO, 2010). For example, a comprehensive database of rigorously evaluated programs exists (US Department of Justice,

2012). New programs continue to be developed and tested, including those that are part of the Safe Start Initiative of the US Department of Justice. This initiative aims to prevent, address, reduce, and more fully understand childhood exposure to violence, both as victims and witnesses, and funds demonstration projects in US cities to implement and evaluate various emerging approaches[6] .

Elements of the approach

Programs for children exposed to violence or maltreatment provide program content based on alleviating trauma or distress, as well addressing potentially harmful behaviours, attitudes or beliefs that the children may have learned through exposure to abuse.   These programs include some delivered to children and families on an individual basis, as well as in groups.
The programs that have demonstrated success tend to have clear goals and objectives, a curriculum or manual that sets out specific implementation procedures, be delivered by qualified, trained staff, and utilize a cognitive behavioural approach to teaching skills.
Programs in this category need to be based on a thorough assessment of the child and family.
After compiling and analyzing stories from children exposed to domestic violence, Baker and Cunningham (2002) caution against a "one size fits all" approach to working with these children. As they explain, children (even within the same family) react differently to being exposed, and thus the intervention, if any, that they require will vary in nature and in intensity. They provide the following table of responses according to intensity (p.106):

- no intervention required (or not currently);

- support to mother to help her support the child;

- violence-specific intervention for child; or,

- symptom-specific intervention for child, delivered with understanding of context and potential role of violence exposure.

They go on to say: "Whatever choice is made, the most promising approaches would be those that make safety the priority, are child centered, are responsive to the child's familial context, and recognize and enhance informal supports. Child-centered approaches would start by joining the child where he or she is at currently, be gender and developmental sensitive, and recognize and build on natural or innate coping. Family therapy and interventions based on the principles of cognitive-behavioural therapy (e.g., re-framing) could well be the most promising approaches for intervention. Teaching helpful coping strategies (e.g., relaxation, controlled breathing, thought interruption/replacement, and self-affirming statements) will help children

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[6] www.safestartcenter.org

learn to manage the intense emotions that were initially were triggered by violence but now may be impairing functioning in other circumstances." (p.107)

Sample programs for Children Exposed to Violence

Trauma-Focused Cognitive Behavioural Therapy *(Best Practice for domestic violence)*

Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) was originally designed for children who had suffered sexual abuse, and was expanded for use in other trauma, including exposure to domestic violence. It can be used with children from 3 to 18 years of age, and focuses on expressing feelings, training in coping skills, understanding relationships between thoughts and behaviors, and gradual exposure to the traumatic event. Children and parents each attend weekly sessions for 12 weeks with a masters' level therapist, and there may also be some joint sessions. (Child Trends n.d., California Clearinghouse, n.d.)

TF-CBT has been rigorously evaluated for children who have witnessed domestic violence and shown to be effective in reducing PTSD symptoms (Cohen et al, 2011), particularly in comparison to a child-centered model (Puccia et al, 2012) .

AFFECT is an add-on intervention module for TF-CBT that improves caregivers' skills for talking with children about traumatic events. Skills include active listening, emotion coaching, emotional support (e.g. empathy, perspective taking). It is currently being used in one of the ten demonstration sites for the Safe Start Initiative, a US Department of Justice project to test various approaches to helping children exposed to violence[7]

Project Support *(Best practice for domestic violence)*

This manualized program was developed for children 4 to 9 years of age who had been exposed to domestic violence and who were identified in a shelter because they were displaying clinically elevated conduct problems (i.e. disruptive, oppositional behaviours). It is offered to families once right after they leave the shelter, and consists of home visits from a therapist who provides support to the mothers, and a 'child mentor' who engages with the child. The mother receives instrumental and emotional support (this aspect is described in a later section) as well as training in child management techniques, which are modelled at the sessions by the child mentor. Sessions occur weekly for 26 weeks.

Randomized control trials of this program showed that children participating in Project Support had greater reductions in conduct problems (although in one study these were still above the

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[7] http://www.safestartcenter.org/about/communities/safe-start-aurora

clinical cutoff) and the mothers' parenting skills improved more than did those for the controls. These gains were maintained for up to two years after the intervention. (California Evidence-Based Clearinghouse for Child Welfare, n.d.)

Child and Family Interagency Resource, Support, and Training Program (Child FIRST)
(Promising Practice for domestic violence)

"Wraparound' is a term used to describe a service delivery model that provides individualized service to children and families through a comprehensive assessment, followed by referral to a variety of supports for both the child and the parent. A mental health/child development clinician and a case coordinator work together help the family to set goals, monitor their achievement, and ensure coordination of services.

The program is designed for children 5 years and younger who are at risk of or experiencing developmental delay or social, emotional, or behavioural difficulties. The goal is to reduce the incidence and impact of family violence on these children.

A pre and post-test evaluation with a sample of 82 families revealed significant decreases in the number of violent events the children were exposed to, as well as fewer post-traumatic stress intrusive thoughts (e.g. nightmares, flashbacks) and avoidance behaviours. In addition, parents experienced a decrease in total stress, dysfunctional parent-child interaction, parental distress and ratings of their child as 'difficult'. Children who showed the greatest improvement were those who received more hours of service and stayed in the program longer. Families were referred to a large number of services (range 11 to 34, across domains such as recreation, education, mental health, and medical services) and were connected, with the help of the program, to 86% of the services within 90 days (Crusto, 2008).

Haupoa Program *(Promising Practice for domestic violence)*

This program consists of a community-based group intervention program offered to parents and children affected by domestic violence. A psycho-educational support group was offered to children and consisted of one 90-minute session per week for 12 weeks. The groups were divided by age, and in the teenage years, by gender. The aim was to provide a safe setting where children could learn about family violence, their beliefs and attitudes towards it, and learn coping skills. Experiential activities such as games and role plays were used to teach concepts. A concurrent parent support group was offered that focused on helping the women to help their children cope with DV and improve their parenting skills, while providing support for the women themselves.

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A pre-post evaluation showed statistically significant improvement in ratings of violence-related skills according to group facilitators, significant decrease in internalizing scores, externalizing scores, and total scores on the Child Behaviour Checklist; and a decrease in mothers' ratings of clinically significant psychopathology (Becker et al, 2008).

Haupoa Enhanced is an enriched version of this program, currently being tested by one of the Safe Start demonstration sites. Families referred to the program receive assessment and an individualized service plan. Weekly individual counseling sessions with parents and/or children primarily use Modular Cognitive Behavior Therapy (MCBT), incorporating content focused on domestic and family violence, with regular homework assignments.[8]

Kids' Club and Moms' Empowerment *(Promising Practice for domestic violence)*

This intervention is designed for children aged 6 – 12 years affected by domestic violence, with either externalizing or internalizing problems. It consists of a children's group and a mothers' group, one of which can be offered without the other, although both are recommended. The programs are offered concurrently for one hour per week for ten weeks, at a community agency or outpatient clinic.

The children's program addresses knowledge, attitudes, and beliefs about family violence, emotional adjustment and social behaviour, responsibility for violence, managing emotions, and conflict and its resolution, safety skills. They also learn relaxation techniques, and are encouraged to form relationships with people outside the family including classmates and teachers.   The mothers' group talks about the impact of family violence on the children, and teaches parenting techniques to help them address their child's behavioural difficulties. Enhance children's ability to cope with violence by learning safety skills, additional conflict resolution skills and enhanced ability to identify and regulate emotions related to violence.

A quasi-experimental evaluation found that children who participated in the program had greater improvements in internalizing and externalizing behaviours and in their attitudes towards violence than did the control children. (California Evidence-based Clearinghouse for Child Welfare, nd)

Preschool Kids Club *(Mixed results)*

A version of the Kids Club program has been developed for children from 4 to 6 years of age. Small groups of 5 to 7 participants meet twice weekly for five weeks. Similar in structure to the older children's program, 10 weeks in length, it is a strengths-based approach focusing on

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[8] http://www.safestartcenter.org/about/communities/safe-start-hawaii

promoting social competence. It is usually offered in a community setting (including shelter outreach programs). Song, dance, art, and puppets are used to engage the children. A randomized control trial of the intervention measured its impact on pro-social competence (as opposed to the presence or absence of behaviour problems). Results were mixed, in that a significant positive effect was found for children whose scores on the outcome measure were better at the pretest, but not for the others. The researchers wondered if children with lower scores and exposed to more serious violence might need a period to work on basic needs and become stabilized before being able to benefit from the program (Howell et al, 2013).

Strengthening Family Coping Resources *(SFCR)(Emerging practice for domestic violence)*

SFCR is a manualized intervention for families facing ongoing trauma that disrupts routines and threatens family cohesion. It is seen as particularly suitable to a shelter setting (Safe Start Center). The program goal is to help families and children develop the skills and resources to cope with ongoing stressors (Kiser, et al, 2010). A key component is developing rituals, routines, and traditions that will help the family during times of crisis[9]. All family members (including children, grandparents) attend group sessions, which last 10 to 15 weeks, and include breakout sessions based on age.

SFCR is an emerging practice that is currently undergoing experimental evaluation (Kiser, et al 2010), in addition to being tested as part of the Safe Start Initiative[10]

Play Therapy

Play therapy has been used in treating children with emotional and behavioural difficulties for many years, based on the value of play in helping children communicate their thoughts and feelings, particularly complex ones for which they may lack the verbal ability because of their youth. (Bratton et al, 2005) Alternatives for verbal expression are particularly important for children exposed to domestic violence, as they have been taught to maintain the secret of violence (Kot and Tyndall-Lind, 2005.)

A meta-analysis of play therapy approaches (Bratton et al, 2005) found that play therapy had a positive effect on children's behavior, social adjustment, and personality. Humanistic/non-directive methods were found to be more effective than directive methods, although the authors speculated that this might have been due to the sample size. The effect increased with the number of sessions, indicating that while symptoms might be controlled after a small

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[9]   http://resources.childhealthcare.org/resources/sfcr_general.pdf
[10]   http://www.safestartcenter.org/about/communities/start-kids

number of sessions in a crisis, a longer duration (up to 35 sessions) might be necessary to achieve long term change. Most important, it was found that training parents in play therapy techniques, then providing structured, supervised experiences for them to practice their skills with their child was more effective than therapy with the child alone. (The authors noted that parent training is not possible or desirable in every case.)

.A recent volume on play therapy interventions (Russ and Niec, 2011) noted that play therapy is being integrated into various evidence-based treatments. For example, play is incorporated into TF-CBT in a specific way: structured and educational play versus free, nondirective, or pretend play. Its purpose is to engage children and parents, create a fun environment, and teach specific skills (Briggs et al, 2011). Play therapy has been employed in a different way in Parent-Child Interaction Therapy (PCIT), where the focus is on teaching parents to play with their children, and in the process learn child-centered skills and behaviour management techniques.

We found one study that measured the effects of play therapy on children exposed to domestic violence.

Intensive Play Therapy for Children Exposed to Domestic Violence *(Emerging practice for domestic violence)*

A small study evaluated the effects of either individual or sibling-group play therapy with children residing in a women's shelter. Twelve therapy sessions were provided over a two to three week period, which fits well in the shelter setting where families are there for a short period of time. Both individual and sibling models were shown to reduce problem behaviours and improve children's self- concept, externalizing behavior problems, and total behavior problems compared to a control group , with small differences between the individual and sibling models. The theoretical approach used during sessions did not appear to influence treatment effectiveness. (Kot and Tyndall-Lind, 2005).

4.1.11   Programs to Improve or Enhance Relationship Skills for Adults

Such programs are designed for adults who may not yet be involved in DV but who are at risk of becoming involved, because of other risk factors such as mental illness, poverty, teen pregnancy, relationship issues, and so on. The objective is to teach skills such as communication, conflict resolution, or anger management, that will reduce the likelihood of using (or accepting) violence. They are usually delivered in a group in a series of sessions, either in single-sex or mixed groups. While some people who attend are not (yet) experiencing domestic violence, others may be, and so these programs may be seen as early intervention as well as prevention programs.

Overall conclusions from the literature

Most of the programs in this section were designed for other purposes (e.g. marriage enhancement, divorce prevention, anger management, stress management, HIV/AIDS prevention) but are identified in recent literature as possible interventions for use in preventing domestic violence. In some cases this has been because evaluations have revealed positive effects in reducing domestic violence; in other cases it is because there is an overlap of risk factors between domestic violence and the issue in question. Some of the interventions have been evaluated using rigorous methods and have been shown to be best practices, while others are yet to be evaluated but show promise on theoretical grounds (Antle, 2011; Shorey et al, 2011).

Elements of the approach

The programs in this section share some similarities but there are also differences. Most are curriculum-based, and are offered in a group format over several weeks, although other formats are possible. One program (ePREP) is an individualized, computer-based intervention. Common to most programs is a skill-based approach, focusing on areas such as communication and conflict resolution (although Mindfulness-Based Stress Reduction is quite different in this respect). Some programs (e.g. PREP and ePREP) are generally delivered to couples without regard to level of risk, but the remaining ones are aimed at those where there is a higher risk of domestic violence.

Sample programs to Improve or Enhance Relationship Skills for Adults

Prevention and Relationship Enhancement Program (PREP) (Best practice for domestic violence)

PREP teaches marital/premarital couples essential skills such as how to:

- Communicate effectively
- Work as a team
- Solve problems
- Manage conflict
- Preserve and enhance love, commitment and friendship

It is a comprehensive education program that focuses on skill building. The PREP curriculum can be used in counselling, in group settings, or in self-study by couples, although a group format is most common, with 12 hours of intervention that can be delivered weekly, over a weekend, or

other format. Community-based service providers such as clergy can deliver the program. (Jakubowski, 2004).

Although designed as a general marriage enrichment program, several evaluations using randomized controlled trials have found that it is associated with improved conflict management and less likelihood of using violence, up to 5 years after the program was provided (Antle, 2011).

Within My Reach *(Promising practice for domestic violence)*

Within My Reach is a selective intervention, targeted at low income at risk individuals, who may be single, in a healthy relationship or a violent relationship. (It could thus be included in the 'intervention' as well as the 'prevention' category of programs described in this report.)

Within My Reach aims to help those who want a relationship to choose a partner wisely, help those in a relationship make sure it is viable, and help those in a damaging relationship to leave safely. The program focuses on making considered choices, identifying warning signs in a relationship, and building relationship skills such as communication and conflict management. It includes topics of specific concern to low income populations including relationship mistrust (cheating), co-parenting, and domestic violence (Antle, 2011).

The curriculum includes 15 one-hour sessions which may be delivered in different ways (e.g., weekly for 15 weeks, a two day workshop, etc.) and is generally offered in a group setting. The approach is based on a cognitive-behavioral model of intervention, providing room for skills practice as well as individual reflection.

An evaluation that included a pretest, immediate post-test, and additional post-test 6 months after program completion showed a significant decrease in physical violence, emotional abuse, and isolation behaviours from pre- to 6-months post-participation. There were 163 participants who completed the 6-month measures, and no control group. This program is thus considered a promising practice.

ePrep *(Promising practice for domestic violence)*

ePREP is a computer-based relationship education program derived from the PREP program that has been delivered to dating young adult individuals and couples, as well as married couples. The program consists of just one hour of material (text and video) presented via computer, followed by weekly homework assignments where couples practice the skills presented in the program. E prep teaches skills such as communication, problem solving, and

"time-outs" to de-escalate conflict as well as the need to plan for regular times to have fun together.

Several randomized controlled trials have shown the effectiveness of the intervention in decreasing physical and psychological aggression among both dating and married for 10 – 12 months after the intervention. The effects were more immediate and robust when delivered to couples rather than individuals. Interestingly, when delivered to individuals, the positive effect persisted even when an individual changed partners. (Braithwaite and Fincham, 2014)

Dialectical Psycho-educational Workshop *(Emerging practice for domestic violence)*

This approach is a selective prevention effort, in that it is based on identifying men who are at risk for committing domestic violence because of the existence of factors shown to be linked to other violent behaviour such as an inability to manage emotions, an inability to experience empathy, and a lack of skills for coping with stress. Dialectical Behavior Therapy (DBT) has demonstrated effectiveness in the treatment of individuals with borderline personality disorder, who share many of the characteristics inherent in men at risk for DV.

The Dialectical Psycho-educational Workshop (DPEW) employed a DBT approach with men at risk of domestic violence. A pilot two-hour workshop (with an intention to develop the program into a potentially longer intervention) involved a cognitive/behavioral-based approach that focused on awareness of self and others, emotional regulation, validation, and empathy building. The program aimed to teach behavioural skills to alter negative responses to perceived invalidating experiences. The recommended size for the workshop was 20 participants, and the facilitator a mental health practitioner.

An evaluation revealed that, compared to a control group, participants in DPEW decreased their desires to express their anger physically (Cavanaugh, 2011).

Mindfulness-Based Stress Reduction *(Emerging practice for domestic violence)*

Mindfulness-Based Stress Reduction (MBSR) is a form of psycho-educational training designed to reduce stress, anxiety and depression, increase self-esteem, and improve general mental health. (NREPP, n.d.) It has been shown to be effective in reducing: pain, anxiety, substance use, and depression up to four years after completion of the program.

Mindful individuals are less likely to view negative feelings and/or events as unpleasant or scary and are more likely to redirect their attention from past experiences, particularly bad or painful experiences, to the present moment, promoting effective emotion regulation. The MBSR protocol involves eight weekly, 2.5 hour classes with one all-day intensive retreat. Participants

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are encouraged to practice mindfulness 45 minutes/day for 8 weeks. The intervention has also been delivered in less intensive ways, and mindfulness skills are now a common component of many clinical interventions, including Dialectical Behaviour Therapy .

While mindfulness training has not been evaluated as a means of preventing domestic violence, it has been negatively associated with aggression, and in one example, increased alcohol use led to increased sexual violence among men who had low scores in mindfulness but not among men with low scores. (Shorey et al, 2011)

4.2   Intervention Programs

4.2.1 Treatment for Perpetrators

These programs are often delivered to offenders as part of their probation period after an arrest related to domestic violence. As a result, the programs are often mandatory for participants, making a sincere desire to change (or lack thereof) an important element to take into account when considering the effectiveness of programs on changing perpetrator's behavior and attitudes.

General conclusions from the literature

After conducting a meta-analysis of treatments for DV batterers, Stover, Meadows and Kauffman (2009) found that interventions such as the Duluth Model, Cognitive Behavior Therapy and Mandatory arrest have "meagre effects on the cycle of violence". Similarly, in a meta-analysis of 22 studies, Babcock, Green and Robie (2004) found no difference in effect sizes between Duluth and CBT interventions, and the effect sizes that were found in terms of the success of the programs were small, meaning programs have little effect on recidivism. The same conclusion regarding the lack of significant effects of perpetrator treatment programs on rates of recidivism were found in a meta-analysis conducted by the Early Intervention Foundation (2014).

However, it is important to keep in mind that there are very few rigorously evaluated programs (with a large sample size) for perpetrators. This means that meta-analysis often combine programs that are implemented and evaluated with various standards of rigor, often resulting in results that can be misleading in terms of dismissing an entire approach.

Elements of the approach

The two most common approaches are:

1- Duluth Model (Day et al., 2009)

- Psycho-educational
- Content on gendered power and stereotyped gender socialization
- Cognitive behavioural elements
- Strong educational component to address 'belief systems of masculinity'

2- Cognitive Behavior Therapy (CBT)

- Psychotherapeutic therapy
- Aims to change cognitive, emotional and behavioural processes

Although these two models are usually described as separate approaches, "many programs now blend both treatment methods." (Tutty et al, 2010).

Other approaches include:

Transtheoretical Model for Change (Day et al., 2009)

- Problem resolution involves moving through differences stages of change, each characterized by different attitudes, thoughts, beliefs and values.
- Stages are: pre-contemplation, contemplation, preparation, action, maintenance, termination.
- Transition through different stages can be facilitated with different strategies related to that stage.

Common elements to include or consider in treatment programs include:

- 'Motivational Interviewing'

Motivational Interviewing is often used as a strategy to encourage self-reflection and acceptance of responsibility in terms of the batterer's role in perpetrating domestic violence. Often, batterers are mandated to attend intervention sessions and their lack of motivation or readiness to change is seen as having an important effect on the success of the intervention.

In a study that compared men who received two sessions of motivational interviewing (n=106) and a group that did not (n=106), the authors found that readiness to change was

related to treatment outcomes but the motivational interviewing did not meet criteria for statistical significance (Zalmanowitz et al., 2013).

- Importance of completion

There are significant drop out rates for batterer treatment programs. In a review of literature, Scott et al. (2013) found that a drop out rate of 30% was consistent across studies.

Although it is costly to perpetrators go through a program for a second time, working to increase completion rates should be regarded as important given the cost-saving results when accounting for future sanctions (Scott et al., 2013).

- Individualized approach

Rather than having a standard program that is implemented with every batterer, it is more effective when interventions are personalized to the individual (Early Intervention Foundation, 2014). In particular, recognizing other individual factors such as drug and alcohol problems or mental health issues, and addressing these during perpetrator interventions can make a difference in outcomes (Early Intervention Foundation, 2014).

- Culturally appropriate

In working with Aboriginal clients, incorporating core aspects of traditional Aboriginal culture appear critical to the healing process (Trevethan et al, 2005).

Sample Treatment Programs for Perpetrators

Following are a sample of individual and group programs for men and for women who have engaged in domestic violence.

Individual Counselling *(Promising Practice for domestic violence)*

This unnamed counselling program is aimed at violent men who enter the program voluntarily either as part of their outpatient treatment or as part of their sentence.

The intervention is a broad treatment program based on a cognitive behavioural model. It is composed of 20, 1-hour, individual sessions. The first part of the program focuses on motivational aspects, such as accepting responsibility for their actions, and continues on to

treat psychopathological symptoms, and lastly focuses on relapse prevention (Echauri et al., 2013).

In an evaluation of the program (n=300 men), seeing if it was effective for both immigrant and non-immigrant men, a comparison of pre-treatment, post-treatment and 12 month follow up evaluation found that there was no difference in success rates between immigrant and non-immigrant groups (Echauri et al., 2013). 85.9% of cases were effectively treated in both reducing physical and psychological violent behavior. 14% of the patients were therapeutic failures, having presented with violent behavior toward their partner after treatment (Echauri et al., 2013).

Strength at Home *(Emerging Practice for domestic violence)*

Strength at Home is a program designed for male active duty or military veterans who are perpetrators of DV.

The intervention consists of 12 sessions of cognitive behavioural group therapy based on a social information processing model for DV perpetration (Taft et al., 2013). The groups meet for 2 hours, on a weekly basis and consists of psycho-educational material, group activities and practice assignment. The approach is non-confrontational and aims at facilitating motivation in a 'treatment resistant' population. The program goes through 5 phases (Taft et al., 2013):

1. Psycho-education on DV and common reactions to trauma. As well as a focus on goal setting.
2. Conflict management skills, understanding anger, and assertiveness skills
3. Coping strategies
4. Communication skills
5. Focus on gains and continued change.

An evaluation of 6 men who participated in the program and 5 of their partners was conducted. Results of the evaluation concluded that there was a large reduction for most indices of physical and psychological DV when comparing pre-treatment and a six month follow up (Taft et al., 2013).

Strength to Change *(Emerging Practice for domestic violence)*

Strength to Change is aimed at male domestic violence perpetrators. After being exposed to a marketing campaign, men have the opportunity to self-refer themselves to the program where

they receive a minimum of 10 weekly, hour-long individual sessions followed by group sessions over 40 weeks (Early Intervention Foundation, 2014).

A preliminary evaluation conducted after 18 months of program operation analyzed case files, interviewed 47 men and their partners and compared police data before and after treatment (Early Intervention Foundation, 2014). Police data shows that men were involved in substantially fewer domestic violence and abuse reports compared to before the intervention (66% reductions in calls for those who completed the program, and a 76% reduction for men who were still participating in the program when compared to the number of calls two years prior to participating in the program) (Early Intervention Foundation, 2014). No control group was used in the evaluation.

Psycho-educational Group (Emerging Practice for domestic violence)

This un-named program is a psycho-educational program with a cognitive behavioural approach, provided in group therapy. Phases included: accepting responsibility, developing empathy for the victim, and changing ideas around women and the use of violence (Boira et al., 2013).

Treatment takes place over 4 months with 25 sessions (2 per week, 2 hours each) and 2 follow ups with participants (one month and 3 months after treatment was completed) (Boira et al., 2013). An experienced cognitive behavioural therapist leads the sessions with convicted offenders (Boira et al., 2013).

The authors found a significant reported relationships between the efficacy treatment received and the bond that perpetrators (n=27) felt with the other group members and the person providing the treatment, suggesting that 'bonding' with the people involved in providing the treatment is important for successful outcomes (Boira et al., 2013).

In Search of Your Warrior - Aboriginal – (Emerging Practice for domestic violence)

In Search of Your Warrior is a high-intensity violence prevention program designed by the Native Counselling Services of Alberta to meet the needs of male Aboriginal offenders with a history of violence. The program blends aspects of traditional Aboriginal spirituality with western approaches to treatment. The program includes information, therapeutic sessions and resources for facilitators to use over a 6 to 13 week period to help individuals break their cycle of violence. The foundation for the program is the culture, teachings and ceremonies of Aboriginal people. With the assistance of an Aboriginal Elder, the appropriate ceremonies and teaching are incorporated into the program and form the basis for the therapeutic interventions. There is emphasis on self-awareness and developing the cognitive skills

necessary to identify patterns of behaviour and strategies to better manage aggression (Trevethan et al., 2005).

Evaluation has shown that after programming, participants demonstrated a lower need for intervention targeting personal distress, family issues, substance abuse, community functioning, employment, social interactions and pro-criminal attitudes. Over two thirds of participants were not re-incarcerated within a one year follow-up. Among those participants who were re-admitted there were a significantly smaller proportion admitted for a violent offence relative to a comparison group (7% versus 57%) (Trevethan et al., 2005).

Caring Dads *(Emerging Practice for domestic violence)*

Caring Dads in an intervention program for fathers (including biological, step, common-law) who have physically abused, emotional abuse or neglected their children, or exposed their children to domestic violence or who are deemed to be at high-risk for these behaviours.

The program consists of a 17-week, empirically-based, manualized group parenting intervention for fathers, systematic outreach to mothers to ensure safety and freedom from coercion, and ongoing, collaborative case management of fathers with other professionals.

The group component of Caring Dads combines elements of parenting, fathering, battering treatment, and child protection practice to enhance the safety and well-being of children. Program principles emphasize the need to enhance men's motivation, promote child-centered fathering, address men's ability to engage in respectful, non-abusive co-parenting with children's mothers, recognize that children's experience of trauma will impact the rate of possible change, and work collaboratively with other service providers to ensure that children benefit as a result of father's participation in intervention. Outcomes for the program have not been evaluated.

Yaba Bimbie Indigenous Men's Support Group *(Emerging Practice for domestic violence)*

Yaba Bimbie is a voluntary support group for indigenous men intended to assist men to "take their rightful role in the community, encompassing the spiritual, mental, emotional and physical aspects of life (McCalman, et al., 2005). The program uses a multi-level strategy focusing on:

- personal development, leadership and parenting: weekly meetings and Family Wellbeing program facilitated by a trained male worker, family violence prevention through discussions, dances on the themes of violence
- employment: business development

- education and training related to potential employment opportunities

- cultural activities

- improving access to health services

Evaluation of the program showed modest but significant changes in personal development and growth, family responsibilities, more time with children, reduction in alcohol use, increased understanding of the root cause of men's problems, connection to spirituality, potential role in preventing suicides and a potential role in preventing family violence and changes in men's outlook including help seeking behaviour, improved relationships, confidence and hope.

Responsible Choices for Women *(Promising Practice for domestic violence)*

This program is meant to help women who are committing abuse in their relationships. The program aims at getting women to accept responsibility, improve their self-esteem and family relations, decrease stress and increase assertive behavior as well as empathy towards abuse victims.

Therapists assess women to find out whether they are acting in self-defense and require a victim's group and those who are perpetrating violence. The program is conducted over 14 weeks, in weekly 2-hour sessions, with groups that are usually made up of 6-12 women who can be either self or court referred (Tutty, Wagner and Rothery, 2009).

The leaders of the group are a male-female team, with at least one of the pair being a senior therapist who is experiences in working with domestic violence issues.

154 women who completed pre and post-tests experienced statistically significant improvements in terms of: generalized contentment, stress, non-physical abuse of partner, partner nonphysical abuse of the woman and partner physical abuse of the woman. However, there was no long-term follow up on outcomes (Tutty, Wagner and Rothery, 2009).

A partner project called "Responsible Choices for Men" which follow the same sort of model has also been evaluated. Men were found to have significant positive changes in terms of physical and non-physical abuse, self-esteem, stress, family relations, depression, assertiveness, and sex role beliefs (McGregor et al., 2002).

4.2.2 Couples Therapy

There is a growing recognition that violence between couples may be more reciprocal or 'gender symmetrical' (i.e. perpetrated by both women and men) than was once assumed (Stith

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et al., 2013). As such, a key element of most interventions aimed at couples is an initial assessment that determines who is perpetrating and who is experiencing the violence and how severe it is. This initial assessment determines the form of therapy that is most appropriate for the couple. Generally, couples therapy is most effective when there is a high risk of low-severity domestic violence or abuse that may be prevented or needs to be stopped (Early Intervention Foundation, 2014). Conclusions about which form and approach of intervention are the most effective are mixed and unclear (Stith et al., 2013).

Elements of the Approach

Generally, an initial assessment with couples should be made to establish the context, extent, patterns, type and consequences of the violence (McCollum and Stith, 2008). If the violence that is being experienced is mild or moderate and neither of the patients is in immediate danger, therapy provided to the couple, together, can be considered appropriate (McCollum and Stith, 2008). The Conflict Tactics Scale is most commonly used to assess the level of violence experienced.

Therapy for couples who have issues around domestic violence can be provided as individual, couple or group treatment. Group counseling is the most common form of treatment and is usually implemented in gender segregated groups where men support and challenge one another, may be able to find a role model, increase social interactions and refine interpersonal skills (Lawson, 2003). However, there is a lack of data regarding which modality is the most effective (McCollum and Stith, 2008). Generally, however, conjoint treatment should only be provided is violence is mild or moderate, no one is in immediate danger, both parties are committed to the relationship and both take responsibility for their actions (McCollum and Stith, 2008).

Cognitive behavior approaches emphasize psycho-education, anger management, conflict containment, communication training, stress management and re-socialization (Lawson, 2003).

Sample Programs for Couples Treatment

Counseling for Mutually Violent Couples *(Promising Practice for domestic violence)*

This pilot intervention is aimed at couples where both people in the relationship are violent. The program is delivered in a 12-week program plus 1-2 individual sessions, a baseline assessment and an exit interview (Wray et al., 2013). The baseline assessment is used to tailor the treatment to the individual, to avoid a one-size-fits-all approach. The individual sessions introduce the treatment plan and help to create an individualized safety plan to prevent future

DV. The group sessions are provided in separate women's and men's groups and are delivered as a psycho-educational, cognitive-behavioral model.

The sessions focus on improving participants' relationship skills, emotional awareness, and parenting/co-parenting skills. The objectives of the sessions are to improve helpful relationship behavior, reduce harmful behavior, promote healthy and safe relationships, increase emotional awareness and foster healthy parenting (Wray et al., 2013).

An evaluation of the program was conducted with an ethnically diverse group of 121 couples, who were mandated by the court to attend the program. According to post-treatment data collected 1 year after participants went through the program, men who completed the program reported a reduced perpetration of physical assault and less received injury. Women who completed the program reported receiving less physical assault and injury. The treatment remained effective even when only one partner in the couple completed it (Wray et al., 2013).

Domestic Violence-Focused Couples Treatment *(Promising Practice for domestic violence)*

This program is delivered over 18 weeks in either multi-couples groups or with a single couple, with the end goal of eliminating all forms of violence from the relationship, promoting an acceptance of responsibility and an enhancement of the couple's relationship (Stith et al., 2013).

A therapist leads the first 6 weeks of the program with separated gender groups. The therapist guides participants to develop an understanding of a healthy relationship and to improve safety skills. Specifically, participants are provided with information on DV, developing safety plans and negotiated time-out procedures (Stith et al., 2013). During the remaining sessions, couples are treated together and the sessions focus on monitoring risk and ensuring safety.

In a randomized controlled trial of the intervention, 55 couples completed the program with a 6-month follow-up assessment (Stith et al., 2013). Both men and women experienced a significant reduction in physical violence toward their partners. The multi-couple group was found to be especially beneficial for men, while the benefits to women in terms of single versus multi couple treatment is unclear (Stith et al., 2013).

Strengthening Families *(Emerging Practice for domestic violence)*

This program takes a Behavioral Couples Treatment approach for treating both substance abuse and domestic violence. In an evaluation of 8 couples who completed the program, and a pre-test and post-test, the authors find that there were significant improvements in relation to domestic violence, but not in substance abuse (Tutty, 2013). In particular, there were significant

improvements in self-esteem and relationship between the spouses, a reduction in anxiety and a decrease in partner abuse (Tutty, 2013).

Circles of Peace *(Emerging Practice for domestic violence)*

Circles of Peace is an alternative treatment for couples, which involves family members and friends who provide support to the couple with domestic violence issues. The Circle is led by a community member trained in issues around DV and works with the offender and the victim. The Circle of Peace starts with an intake assessment and a safety screening to make sure the victim can participate. The conversations continue as long as there is a promise that the speaker will not be violence, not blame and focus on accepting responsibility and healing (Stith et al., 2013).

In a randomized study of 152 couple adjudicated cases, the authors found that overall arrests 24 months following treatment there was no significant difference between those who received traditional treatment and those who participated in the circles of peace (Stith et al., 2013).

4.2.3 Program for Victims

Early intervention to support victims of DV can reduce its negative consequences and may also reduce the chances of ongoing or future exposure to interpersonal violence in the longer term. Early intervention programs for victims are generally intended to empower the victim and strengthen their self-sufficiency. Although the literature acknowledges that both females and males can be victims of domestic violence, best practice research appears to be limited to early intervention programs for women. There was no research based information available on early intervention programs specifically for male victims. However, some Aboriginal programs work with both females and males in their healing practices.

Three types of early intervention approaches to supporting victims are represented in the literature, including:

- Individual counselling and support
- Support groups; Aboriginal sharing circles/healing circles
- Outreach/home visiting/advocacy programs

These programs may be offered within a shelter environment (e.g. while victims are staying at an emergency shelter), in the community or in-home.

Programs for victims focus on different aspects of support such as providing or increasing access to social support, increasing access to community resources, safety planning, goal setting and working towards goals such as education, employment and housing. Support may be offered in a group setting or on an individual basis, by professionals (e.g. social workers) or trained peers. Programs to support victims may be offered in a shelter setting, in a medical setting (e.g. health clinic), or through outreach into the community or victim's home.

Outreach/advocacy programs are specifically intended to support and empower women who have experienced domestic violence to become self-sufficient by providing them with information and support to facilitate access to community resources such as housing, employment, legal assistance, transportation, education, child care, health care, material goods, financial assistance and services for their children. Outreach programs may include a variety of elements such as emotional support, parenting support, social support and support for problem-solving and decision-making.

Overall conclusions from the literature

Domestic Violence Shelters: Reviews of empirical evidence related to overall shelter services indicates there is "limited empirical evidence regarding the effectiveness of domestic violence shelters" (Wathen, 2003; Sullivan, 2012). One study (Berk et al, 1986) that used a cohort design found that "rates of reported violence did not differ between those who stayed at a shelter and those who did not." However, specific services provided to women during their shelter stay are reported to be helpful (see counselling, group, advocacy programs). One study (Fisher, et al 1992) found that "the more types of services women used while in shelter, the more likely they were to live independently post-shelter". Individuals who have used emergency shelters have been shown in a large scale pre/posttest design study, to have reduced trauma symptoms, and increased ability to engage in safety planning (Tutty, 2006; Lyon et al, 2008). However, it is not clear which specific interventions experienced during the shelter stay may have contributed to these outcomes. In addition, participants at women's shelters report feeling safer and more hopeful as a result of their shelter stay. An evaluation of 68 second-stage shelters of the CMHC Canadian Next Step Program (SPR Associates, 1997) concluded that second-stage housing is a critical factor in women deciding not to return to abusive partners.

Individual counselling and group programs that provided between eight and twelve structured individual or closed group sessions for women who had experienced DV were found to be effective in reducing depression and increasing self-esteem. The type of group that women participated in did not change the effectiveness of the intervention. Those women who participated in a group for a second or third time experienced as much improvement as first time participants, suggesting that women should not be dissuaded from repeating a group. Group programs also had a positive impact on perceived availability of social support, especially

increased sense of belonging. Both individual counselling and groups included a focus on safety and personal empowerment. Women in group programs reported increased feeling of safety, and those in the individual counselling program were shown to be less likely to have recurrent episodes of domestic violence (Kiely, et al, 2010; Prosman et al, 2014; Liu et al 2013; Ramsey et al, 2009).

Outreach/advocacy programs: A meta-analysis of ten randomized controlled trials including short term programs offered in health care setting and longer term programs offered through outreach or home visitation found that while brief advocacy programs (less than 12 hours duration) increased the use of safety behaviours, more intensive advocacy (12 hours or more duration) was required to positively impact quality of life in the short term (up to 12 months). Intensive outreach/advocacy lasting ten weeks on more may help reduce physical and emotional abuse in women leaving domestic violence shelters in the longer term (at 12 to 24 months) and help women access resources in the medium term. Depression and psychological distress did not show improvement with intensive advocacy up to 12 months (Ramsey et al, 2009).

Elements of the approach

Individual counselling and group programs should be relatively intensive ranging from eight to twelve weekly sessions. Individual counselling was provided by a master's level social worker or psychologist, and groups were facilitated by professional trained staff (nurse, mental health, social worker). Both individual and group work covered topics specific to family violence such as safety planning, information on types of abuse and cycle of violence, information on resources, stress management, and self-esteem. Groups were closed. Individual counselling was based on a cognitive behavioral approach with a focus on mood management. Both individual and group programs were based on an empowerment approach and included a focus on increasing social interactions (Kiely, et al, 2010; Prosman et al, 2014; Liu et al, 2013; Ramsey et al, 2009) .

Aboriginal practice often uses a narrative or storytelling approach grounded in Aboriginal tradition. An open group format is recommended (Brown, 2004). Use of sharing circles or healing circles with varying types of traditional elements incorporated (e.g. Elder, feather, smudging, other ceremonies) is a common culturally based practice within Aboriginal services.

Outreach/advocacy programs connect with their clients in the community or through home visits. They should be intensive – programs included as promising practice ranged from 10 weeks of twice weekly visits averaging 6.5 hours per week, to weekly contact for 6 to 8 months, to "regular" contact for 12 months. In order to ensure a sufficient level of intensity a shorter term program needs to provide more frequent contact. Overall, total intervention time needed to demonstrate effective impact averages 65+ hours per case. Staffing varies from DV trained

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peer mentors to trained undergraduates with more senior staff/therapist supervision. Use of bi-lingual and culturally appropriate workers helps to accommodate specific ethno-cultural communities (Ramsey et al, 2009).

Sample Counselling and Group Programs for Victims

Individual Counselling (Promising Practice for domestic violence)

Individual counselling was provided by master's level social workers or psychologists during routine prenatal care visits at the health clinic to women previously screened for DV. The intervention for domestic violence emphasized safety behaviors and was based on Empowerment Theory. This intervention provided information about the types of abuse and the cycle of violence, a danger assessment component to assess risks, and preventive options women might consider (e.g. filing a protection order) as well as the development of a safety plan. In addition, a list of community resources with addresses and phone numbers was provided. The depression intervention was based on cognitive behavioral theory and focused on mood management, increasing pleasurable activities, and increasing positive social interactions. A third intervention component used a harm reduction approach to smoking cessation. The components of the intervention were designed for delivery in a minimum of four sessions, with eight prenatal sessions required for a complete intervention. Women in the intervention group were less likely to have recurrent episodes of domestic violence (Kiely, et al, 2010).

Support Groups (Promising Practice for domestic violence)

Women who have experienced DV and who struggle with symptoms of depression and lowered self-esteem can benefit from a group-based intervention. Five different group programs for women exposed to DV were identified as promising practice. These included a **Social Support Group** in a domestic violence shelter; a **Mothers in Action** support group; a **Self-Defense Stress Management** group; a **Psycho-educational Group for Immigrant Women**; and a **Peer Support Group** for sex trade workers.

The **Social Support Group** offered weekly 90 minute session for 8 weeks facilitated by a trained nurse using a social support treatment modality, and included information on resources and different aspects of support (belonging, evaluation, self-esteem, tangible support) (Constantino, et al, 2005).

Mothers in Action offered weekly group sessions for 12 weeks facilitated by a mental health clinician and based on a semi structured curriculum including information on cycles of domestic violence, effects of violence on children, parenting, self-esteem and stress management. **Self-**

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Defense Stress Management met weekly for 10 weeks using a structured curriculum that included recognizing threatening situations, responding appropriately under stress, self-defense skills, relaxation and stress management techniques. Participants who completed these groups saw significant positive changes in their levels of depression, self-esteem and sense of belonging. In a comparison of MIA and SDSM groups, the type of group women in the study participated in did not make a significant difference in the degree of improvement, as long as participants persisted to completion. (Liu et al 2013).

A **Psycho-educational Group** for Mexican immigrant women provided a first language two-hour weekly group for 11 weeks based on a culturally specific Domestic Violence Intervention Model. Curriculum goals included increasing awareness on domestic violence and healthy relationships, increasing self-esteem, empowering women to reach out for help and increasing decision making skills. (Fuschel, et al, 2013).

A **Peer Support Group** for sex trade workers in Mongolia offered a 4 to 6 week 90 minute group with a female facilitator (based on a Project Connect model). Group content included education and training in HIV/STI risk reduction, and specific exercises on how to protect oneself from violence. Although not originally intended to directly address domestic violence, follow up at 6 months showed a significant reduction in both partner violence and paying customer violence (Carlson, et al, 2012).

Outreach/Advocacy Programs

Community Advocacy Programs (Best Practice for domestic violence)

A review of a number of different "advocacy" programs found that intensive advocacy programs based on empowerment theory showed better results than less intensive programs. Intensive advocacy programs resulted in less physical and emotional abuse at 12 to 24 months follow-up, but not at 12 months follow-up. There was insufficient evidence to show if advocacy reduces other forms of abuse such as sexual abuse. Participants receiving intensive advocacy programs showed better access to community resources in the medium term. It also improved overall well-being and self-confidence and reduced likelihood of continued exposure to violence through assisted access to community resources for mothers and children as well as through group programming for children. The program offered intensive in-home community advocacy post-shelter discharge for 10 to 16 weeks duration. The 10 week follow up had twice weekly contacts with an average of 6.4 hours per week. The 16 week follow up used weekly contact averaging approximately 3 hours per week with mothers and 5 hours per week with children. The goal was to assist clients in the community to address needs such as housing, employment legal assistance, transportation, education, child care, health care, material goods and services,

financial assistance, services for the children and social support (Sullivan, et al, 1999; Sullivan. et al, 2020; Ramsey, et al, 2009).

Project SUPPORT *(Best Practice for domestic violence)*

The Project SUPPORT is an in-home intervention comprised of two main components: 1) providing emotional support to the mother and 2) teaching her child management and nurturing strategies to reduce misconduct in her child. The program addresses the first component by helping mothers obtain physical resources and social support to help them become self-sufficient, and by offering training in decision making and problem solving. The second component involves teaching the mother positive ways to respond to behavior problems, communication skills, and ways to facilitate a positive relationship with her child. Therapists visit the families in their home weekly to provide hour-long sessions, for 6 to 8 months after departure from the domestic violence shelter. A trained student mentor interacts with the child while the mother is in therapy. The program is tailored to meet each family's individual needs. (Ramsey, et al, 2009).

MOSAIC (Mothers Advocates in the Community) *(Promising Practice for domestic violence)*

For women identified as abused or at risk of abuse, trained MOSAIC peer mentor mothers provide regular weekly contact for up to 12 months. This includes:

- Providing non-judgmental listening, support and friendship;

- Maintaining contact (weekly on average) and support through phone calls, home visiting and outings;

- Assistance in developing safety strategies appropriate to women's circumstances;

- Developing a trusting relationship and modelling a sense of hope;

- Providing information and support with parenting; and

- Providing information about, and assisted referral to community services (especially family violence services) and resources for women and their children.

Follow up at 12 months post intervention showed a true difference in mean pre/post abuse scores, weak evidence for other outcomes related to depression, physical and mental wellbeing, and no evidence of effect on parenting stress (Taft et al, 2011).

MeMoSA (Mentor Mothers for Support and Advice) *(Emerging Practice for domestic violence)*

The MeMoSA program was based on MOSAIC but shortened in length. Trained mentor mothers who were linked with family medical doctors provided weekly home visits for 16 weeks to abused women with children. Mentoring topics included dealing with DV (safety planning, recognizing abuse); coping with depressive symptoms (based on cognitive behavioural approach); strengthening social networks (volunteering, work, and school); accepting mental health assistance and parenting support. Results of pre/posttest evaluation showed statistically significant decreases in domestic violence and depression, and statistically significant increases in social support (Prosman, et al, 2014).

Innovative Approaches for Aboriginal Communities

Culturally based healing practices provide a more comprehensive and effective method to assist Aboriginal community members struggling with family violence. Although the following programs do not meet that standard for FCSS best practice, promising practice or emerging practice, they may meet an Aboriginal standard for "wise" practice (Archibald 2008) and are included here as sample program represented in the literature related to working with Aboriginal individuals who have experienced DV. See also the section on Aboriginal best practice concepts.

WAVS Sharing Circles *("Wise Practice for domestic violence)*

The Warriors Against Violence Society (WAVS) offers two consecutively run socio-educational sessions over 28 weeks facilitated by a trained counsellor. There are two sessions per week, one co-ed (men and women together) and the second in separate groups for men and for women. The program takes a holistic approach based on the belief that "aboriginal women's healing cannot occur in isolation from the healing of aboriginal men, women, children and their communities." The intervention model includes understanding the contributing factors of family violence, such as past traumas, poverty and substance abuse, and of culturally specific tools necessary for healing from family violence such as traditional teachings for harmonious healthy ways of living. The model focuses on sharing/learning traditions during group-meeting, including "wise practices" like taking personal ownership of all negative behaviours; building on personal strengths; pragmatically sharing his/her familial experiences and cultural teachings; and engaging members' voices by demonstrating genuine trust, confidentiality, listening, understanding and emancipatory storytelling. WAVS Sharing Circles have undergone a qualitative review of the program but has not been evaluated for outcomes related to domestic violence. (Lester-Smith, n.d).

Life Story Board (LSB) (*Emerging practice for various forms of violence and trauma*)

The LSB toolkit consists of a colourful table-top board, and sets of cards, markers, and tokens codified to represent a broad range of people, events, conditions, behaviours, interests, and feelings. By placing these symbols onto areas of the board representing self, households, community and the passage of time, the storyteller creates a unique picture of significant life events, relationships, and activities in a manner that enables the individual to explain cultural and contextual significance. Based within any individual's experiences of difficulty and suffering, there are also stories of survival, coping and resilience. Exploring their story offers the potential to identify previously hidden or unrecognized strengths and resources. LSB methods could be used by women's shelter staff, those working with offenders and community-based researchers. LSB can bring into focus the individual's story of DV, underlying determinants, secondary effects, identify the resources (personal, social, material and spiritual) necessary for change, and help determine whether they are available or presently lacking. The LSB session validates the storyteller lived experience, draws out resilience, coping strategies and supports and helps someone visualize a way through and out of a vicious cycle. As an intervention the LSB process can help to generate conscious knowledge, uncover attitudes, beliefs and intentions, and move the individual towards behavioural change. The method could be used as an initial assessment tool and/or as a focused intervention. This program has not been formally evaluated (Chase, et al, 2010).

4.3   Particular Populations

This section looks at several specific populations with recommendations for practice elements that may be useful in designing programs, as well as examples of more comprehensive approaches to prevention and intervention.

4.3.1 Aboriginal People

Domestic violence is a serious issue in Aboriginal communities. Unfortunately, research literature on appropriate and effective prevention and intervention models is virtually non-existent. Instead, Aboriginal authors and researchers are pointing to the relevance of "wise practice", defined as a combination of "intuitive" knowledge and understanding of what works well for Aboriginal healing and wellbeing, stemming from cultural wisdom and ways of knowing grounded in cultural practices, traditional knowledge held by Elders, belief systems, language and spirituality (FCSS Aboriginal Brief 2014). This discussion will look at the context of domestic violence in Aboriginal communities and families, and recommended promising "healing practices" that can inform program design (FCSS 2014). A few examples of Aboriginal programs

that may be considered "emerging practice" or "wise practice" have been included throughout the discussion paper and are listed in a summary chart here.

List of Sample Aboriginal Programs	
Prevention Programs	✓ Bushmob ✓ I Am A Kind Man – Kizhaay Anishinaabe Niin ✓ Aboriginal Perspectives – The Fourth R
Early Intervention Programs	✓ In Search of Your Warrior ✓ Yaya /Bimbie Indigenous Men's Group ✓ WAVS Sharing Circles ✓ Life Story Board
Community Wide Programming	✓ Aboriginal Family and Community Healing

For Aboriginal communities and families, DV may best be understood as "a social syndrome based on and comprised of multiple facets, and not simply an undesirable behaviour, that resides within Aboriginal communities, families and individuals as well as within social and political dynamics" (Bopp et al., 2003). The Royal Commission on Aboriginal People (RCAP, 1996) further explains that "The pattern of family violence experienced by Aboriginal people shares many features with violence in mainstream society, [however] it also has a distinctive face that is important to recognize as we search for understanding of causes and identify solutions. First, Aboriginal family violence is distinct in that it has invaded whole communities and cannot be considered a problem of a particular couple or an individual household. Second, the failure in family functioning can be traced in many cases to interventions of the state deliberately introduced to disrupt or displace the Aboriginal family. Third, violence within Aboriginal communities is fostered and sustained by a racist social environment that promulgates demeaning stereotypes of Aboriginal women and men and seeks to diminish their value as human beings and their right to be treated with dignity." In addition, other social factors such as high poverty rates, abuse of alcohol and drugs and isolation create conditions that underlie the violence (Jones, 2008).

Due to the unique underpinnings of domestic violence in the Aboriginal community, a broad, comprehensive and multi-level approach is required. Promising approaches often blur the lines between prevention and intervention, and take a holistic approach in working with communities such that programs are flexible, tailored to the needs of the community and often inclusive (men, women, youth, children) rather than targeted. Comprehensive community wide programs may also address factors indirectly related to the violence such as employment. "Healing practices" can be viewed as a journey rather than a program (FCSS 2014).

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Concepts to consider in building a "healing practices" framework (FCSS 2014) include:

- Using multi-level approaches
- Basing the healing practice within an Aboriginal worldview
- Taking a holistic approach from both a community perspective (include men, women, youth, children) and an individual perspective (spiritual, emotional, physical, cognitive)
- Developing culturally responsive initiatives that build protective factors, restore and strengthen communities, as well as individuals
- Identity and cultural practices
- Social inclusion/sense of belonging
- Build capacity for both prevention and intervention, including opportunities for staff networking, advocacy and training
- Offering a range of options (both Aboriginal and Western) to acknowledge the diversity of Aboriginal cultural backgrounds and to respect individual choice

A review of "healing practices" in action (FCSS, 2014) report use of:

- Pan-Aboriginal approaches including medicine wheel teachings, healing circles, smudging and sweat lodges
- Land-based programs
- Language revitalization, especially for seniors
- Cultural interventions such dream therapy or art therapy
- Use of narrative approaches, storytelling, talking circles
- Traditional healing methods with a spirituality component such as smudges, prayers, ceremonies
- Counselling by Elders

Healing practices for youth (FCSS, 2014) may include:

- Peer support through mentoring, peer groups, "peer modelling"
- Mentoring, healthy family and adult role models
- Building resiliency in youth, sense of identity and belonging
- Offering opportunities for empowerment
- Connection to community and community participation
- Self-determination, empowerment, reclaiming history
- Cultural/traditional activities
- Connections to Elders
- Contemporary activities to draw in youth and engage them

Sample Comprehensive Community Wide Aboriginal Programming

Aboriginal Family and Community Healing (AFCH) (*Emerging practice*)

One example of a multilevel comprehensive community response to family violence in Aboriginal communities is the Aboriginal Family and Community Healing (AFCH) Program in Australia. This program offers a number of prevention, early intervention and community engagement strategies intended to address family violence for Aboriginal men, women and youth. The program is hosted by the Aboriginal outreach service of the primary health care service. The program is a broad initiative that recognizes the need to address grief, find healing and support and provides pathways to education, training and employment. The program is multilevel and multicomponent with interagency pathways for clients including:

Work with Women	Work with Youth	Work with Community	Work with Men
• Structured 8 week Family Wellbeing course • Women's healing group • Narrative and art therapy • Stress management • Young women's group • Individual counselling - brief intervention • Women wellness camps • Peer led talking circles • Boystown	• Leadership and wellbeing courses at school • Kids connecting with community • School Expo events • Youth drop-in • Young Nundas Yarning	• Peer support initiatives • Nutritious lunches • Conferences • Lifestyle/living skills • Health clinic services	• Men's group • Bush Mechanic • Peer Support • License for Life • Kinship program • Boystown

Strengths of the program include an evidence-based design, holistic approach, clinical focus, committed staff, inter-sectoral linkages, peer support, mentoring, and Aboriginal cultural focus.

4.3.2 Immigrant and Refugee Groups

Although domestic violence is *not* more prevalent in immigrant and refugee communities than it is mainstream communities (Yoshihama, 2013), there are particular challenges in addressing the issue. Unfortunately, relatively little research exists on domestic violence in immigrant communities, and where it does exist, the research tends to have methodological limitations, including small samples sizes focused on specific immigrant groups which may not be more broadly applicable to all immigrant and refugee communities (Rana, 2012). While there is wide diversity in the prevalence of particular risk factors and characteristics within minority groups; generally, the following are important to take into account when thinking of the population as a whole (Mitrani et al., 2013; Ahmad et al., 2009; Wells, Claussen and Hurlock, 2011):

- The compounding effects of moving to a new country and losing community-level social support can be isolating and create a sense of powerlessness among new immigrants and refugees.

- The existence of gender norms that support unequal power dynamics between women and men.

- Different types of social stigma around DV that make it less likely to be reported or recognized as a problem.

- Lack of knowledge and the pervasiveness of myths about DV.

- Tend to have lower socioeconomic status, including low levels of education or difficulties related to finding suitable employment in a new country.

- The inability to speak the local language may hinder people's ability to access services.

While there are a few programs tailored to immigrant groups (these have been discussed earlier in the report), there are general considerations that should be taken into account for program design and delivery (Wells, Claussen and Hurlock, 2011; Gillum, 2008; Simbandumwe et al., 2008):

- Take into account the trauma that new immigrants or refugees may have experienced before/while immigrating to their new country. This trauma may have an impact on the levels of domestic violence within communities and how they are experienced.

- Develop interventions with the target population. Understanding the community's values and norms when developing and implementing programs will make the intervention more relevant and effective.

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- Use language that is familiar and meaningful to the target population to reach out to them. This may involve using a different language entirely or using specific words that resonate with the group.

- Disseminate information through community channels. Community leaders within influential institutions in the immigrant and refugee community are good allies to have when implementing violence prevention programming.

- Employ culturally representative staff.

- Deliver programs in a culturally appropriate environment.

- Reach out to the whole family, including elders (such as the mother-in-law) who may be influential in terms of mitigating domestic violence, especially in populations from South Asia or the Middle East. Emphasizing positive family relationships (between all family members) has been found to be an effective way to reach ethno-cultural groups, generally.

While immigrant or ethnic status is important to take into account, it is also important to remember how immigrant or refugee status interacts with other factors such as gender, social class and education level, which all create different risk factors around DV (Hampton et al., 2008).

Another approach to working with immigrant communities is to develop a community wide model for prevention and intervention (Kim, 2005). A review of community-based programs intended to prevent domestic violence found that common approaches used by the programs included "building on community assets, drawing upon cultural resources, and cultivating community leaders and informal social networks" (Shephard, 2011). The Community Engagement Initiative (Fullwood, 2002) identified the following five goals for community prevention and intervention:

- Raise awareness of family violence and establish social norms that make violence unacceptable by using local media and community events, exhibiting at conferences, organizing special events, collaboration with faith communities and engaging men in speaking out against domestic violence.

- Develop networks of leaders within the community through seeking out non-traditional leaders, encouraging youth leaders, identifying leadership roles for men, recruiting a t community meetings, providing training, developing teams and sharing power.

- Connect with community residents to services and informal supports when they need help by creating stronger connections to formal services, creating community-based advocacy networks and strengthening informal supports.

- Make services and institutions accountable to community needs by advocating for changes in public policy and how social institutions respond to domestic violence.

- Change social and community conditions that contribute to violence through forming coalitions with other advocacy groups to promote social change on a number of fronts. Framing domestic violence as a social justice issue that is connected to other social problems such as poverty, access to health care, and immigrant women's rights can strengthen advocacy efforts (Mitchell-Clark & Sutry, 2004).

4.3.3 LGBT

Many researchers estimate that Domestic Violence is just as common, if not more common, among same-sex partners (Ard, Harvey and Makadon, 2011; Halpern et al., 2004). For example, in a survey of 1,600 transgender individuals in Massachusets, 34.6% of those surveyed reported experiencing physical abuse by a partner in their lifetime (Ard, Harvey and Makadon, 2011). Moreover, gendered assumptions such as the use of the term 'battered women's shelters' not only exclude men in heterosexual relationships that are battered, but also men in same-sex relationships (Ford et al., 2013). This is also true for the stereotype that men can't be victims of domestic violence and that women don't perpetrate it. As a reflection of these assumptions, arresting both people involved in a domestic violence dispute is very common when it is a homosexual couple (Ford et al 2013).

In addition to significant numbers of people experiencing DV in the LGBT community, there are factors associated with being in a same-sex partnership that characterize the rates of DV. For example, the fear of homophobic attitudes or 'being outed' is often a deterrent to reporting abuse (Chan and Cavacuiti, 2008).

While, there are very few DV prevention programs or interventions specifically targeted to the LGBT population, there have been limited, broad discussions in the literature about things to consider when designing programs for the LGBT community:

- Service providers need to be aware of risk factors that are more common to the LGBT community such as alcohol or drug abuse and unsafe sexual behavior, in order to provide them with comprehensive care (Ard, Harvey and Makadon, 2011). As it stands, service providers feel like they lack preparation and knowledge in terms of being able to properly serve LGBT clients (Ard, Harvey and Makadon, 2011).

- Service providers need to be aware of any resources available for the LGBT community, so that they can make proper referrals (Ard, Harvey and Makadon, 2011). For example, knowing about any materials, counselling services, safe houses or legal assistance specifically for the LGBT community is important (Ford et al., 2013).

4.4 Coordinated Collaborative Community Response

Due to the complexity of issues surrounding domestic violence, a coordinated collaborative community response has long been recommended. For example, in 2004 the Alberta Council of Women's Shelters issued a position statement as follows:

ACWS believes that a collaborative, coordinated, community-based response model is the most effective vehicle for addressing the issues of family violence from prevention and intervention through protection, outreach and follow-up. The primary goals of a coordinated community response are victim safety, offender accountability, and change the climate of tolerance toward violence in the community.

In 2006, Resolve Alberta called for inclusion of children's interests in the coordinated community response. The BC Community Framework (2010) suggests an even broader approach, noting that a coordinated approach to domestic violence should include justice, health care, child protection, social services, immigrant settlement, and education systems.

Conclusions from the literature

Research on the effectiveness of coordination and collaboration related to domestic violence is extremely limited. In one review of 41 domestic violence coordinating councils, the councils were rated on average as moderately effective at accomplishing their goals, however they were not uniformly effective across goals. Councils were more likely to address reforms within the criminal justice system than in other systems (e.g. child protection, human service, health care). Increasing access to community resources for women who are battered and their children continued to be an unmet need, and 39% of councils reported that this need was not being addressed in their coordination efforts. The researcher concludes that coordinating council efforts may require a more explicit focus on mobilizing the broader range of social institutions with which survivors come into contact.

In considering internal elements of effective councils, the research found that leadership and the active participation of a broad range of stakeholders were related to the extent to which goals were accomplished within and beyond the criminal justice system. Other factors common to council goal achievement are a shared mission, and a council climate that promotes shared power and influence in decision making (Allen 2006).

Other models that involve collaboration, such as 'wraparound' models have been suggested to be effective for children who have witnessed DV to coordinate a comprehensive strategy of support and interventions (Crusto et al., 2012). This type of model has also been used in other contexts, such as with home visitation models and interventions with Aboriginal families, to

ensure that services are coordinated to address the complex aspects that need to be acknowledged for DV interventions to be effective (Azzi-Lessign, 2013).

Program Elements to Consider

Recommendations for coordinated community approaches are based on the understanding that victims and perpetrators are usually involved with multiple systems such as police, courts, health, mental health, child welfare and other community services. Each system has different mandates and without coordination, systems may be working at cross-purposes with unintended negative consequences.

Coordinated community approaches typically involve multi-agency, cross-jurisdictional efforts to respond in a collaborative and systematic manner to better meet the services and support needs of victims while increasing perpetrator accountability.

Five essential dimensions for assessing the effectiveness of a coordinated collaborative inter-agency response include availability; accessibility; quantity; quality; and legitimacy (Ogden et al, 2006).

Key characteristics of a strong collaborative include a focus on member involvement, leadership, goal setting, decision-making, accountability and evaluation of impact (Allen & Hagen, 2003).

Sample Collaboration Coordination Project

The Greenbook Initiative *(Emerging practice for domestic violence)*

The Greenbook Initiative was a five year demonstration project across six communities attempting to improve collaboration across three primary systems (child welfare, domestic violence service providers and the dependence courts). An extensive evaluation of the project was able to identify some moderate change in how the systems worked together. The study reported increased collaboration among the systems, and some changes in practice at the level of work with families and children. Positive changes included implementation of cross-training which resulted in increased understanding, development of positive relationships at multiple levels among collaborating systems, and increased capacity for collaboration between child welfare and domestic violence service providers at the direct service level. Child welfare showed improved identification of co-occurrence through revised intake and screening protocols and staff training. They also expanded their use of co-located advocates,

multidisciplinary case review and other arrangements for sharing resources and expertise. These system changes at Child Welfare resulted in an increase in active screening for domestic violence and increased referrals to treatment services for victims of domestic violence. Changes for domestic violence service providers included participation in more cross-system activities such as training and multidisciplinary case review, provision of co-located domestic violence victim advocates to other systems, and internal protocol changes such as the addition of child maltreatment screening at intake (Greenbook Initiative Evaluation Team, 2008).

Appendix A: Detailed Information Regarding Literature Search

1. **Academic Databases**

EBSCO Academic Search Complete

Restriction: since 2004
Scholarly, peer reviewed
("domestic violence" OR "intimate partner violence" OR "domestic abuse") AND prevention AND (model OR program OR intervention)
results returned: 956

("domestic violence" OR "intimate partner violence" OR "domestic abuse") AND (model OR program OR intervention)
Restriction: since 2008
Scholarly, peer reviewed
Results returned: 2,570

EBSCO TARGETED SEARCHES
("domestic violence" OR "intimate partner violence" OR "domestic abuse") AND (model OR program OR intervention) AND (immigrant OR "ethnic minority")
Restriction: since 2008
Results returned: 472

("domestic violence" OR "intimate partner violence" OR "domestic abuse") AND (model OR program OR intervention) AND LGBT
Restriction: since 2008
Results returned: 129

("domestic violence" OR "intimate partner violence" OR "domestic abuse") AND (model OR program OR intervention) AND ("sex worker" OR prostitute OR "sex trade" OR "sex trade worker")
Restriction: since 2004
Results returned: 26

("domestic violence" OR "intimate partner violence" OR "domestic abuse") AND (model OR program OR intervention) AND ("men as victims" OR "male victim")
Restriction: since 2008
Results returned: 9

("domestic violence" OR "intimate partner violence" OR "domestic abuse") AND (model OR program OR intervention) AND ("women as perpetrators" OR "women abusers" OR "women perpetrator" OR "female perpetrator" OR "female abuser")
Restriction: since 2008
Results returned: 5

("domestic violence" OR "intimate partner violence" OR "domestic abuse") AND (model OR program OR intervention) AND "honor"
Restriction: since 2004
Results returned: 38

("domestic violence" OR "intimate partner violence" OR "domestic abuse") AND (model OR program OR intervention) AND "honor violence"
Restriction: since 2004
Results returned: 0

"honor violence" and prevention and program and "intimate partner violence"
Results returned: 0

"honor violence" and prevention and program and "domestic violence"
Results returned: 0

"honor" and prevention and program and "domestic violence"
Results returned: 0

"honor" and (intervention or program) and "domestic violence"
Results returned: 5

PubMed
("domestic violence" OR "intimate partner violence" OR "domestic abuse") AND (model OR program OR intervention) AND "honor violence"
Results returned: 2

("domestic violence" OR "intimate partner violence" OR "domestic abuse") AND (model OR program OR intervention) AND "honor"
Results returned: 2

("domestic violence" OR "intimate partner violence" OR "domestic abuse") AND (model OR program OR intervention) AND ("sex worker" OR prostitute OR "sex trade" OR "sex trade worker")
Results returned: 24

("domestic violence" OR "intimate partner violence" OR "domestic abuse") AND (model OR program OR intervention) AND LGBT

Results returned: 0

("domestic violence" OR "intimate partner violence" OR "domestic abuse") AND (model OR program OR intervention) AND ("men as victims" OR "male victim")
Results returned: 56

("domestic violence" OR "intimate partner violence" OR "domestic abuse") AND (model OR program OR intervention) AND ("women as perpetrators" OR "women abusers" OR "women perpetrator" OR "female perpetrator" OR "female abuser")
Results returned: 82

PsychINFO
PsychINFO was used for conducting snowball searches and specific article/topic searches to complement the articles already identified through broad searches and to fill gaps in topics covered by broad searches. A broad search on 'domestic violence' returned 2397 articles, and the most recent 200 were scanned for relevance.

Google Scholar
"honor violence" and prevention and program and "intimate partner violence"
Results returned: 11

Google
LGBT intervention "best practice" "intimate partner violence"

2. **Websites**
- World Health Organization http://www.who.int/topics/violence/en/

- Violence Against Women Online Resources http://www.vaw.umn.edu/ website.

- Campbell Collaboration Systematic Reviews www.campbellcollaboration.org

- Canadian Association of Child and Play Therapy http://www.cacpt.com/site/assets/uploads/forms/International_journal_play_therapy_2003_2013.pdf

- Canadian Best Practices Portal – Violence Prevention http://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/violence-prevention/

- National Clearing House on Family Violence Canada http://www.phac-aspc.gc.ca/ncfv-cnivf/index-eng.php

- New Zealand Family Violence Clearinghouse http://www.nzfvc.org.nz/ - papers online at http://www.nzfvc.org.nz/?q=issues-papers

- The Cochrane Library http://www.thecochranelibrary.com/view/0/index.html searched 2008 to February 2014

- o There are 4 results from 8389 records for your search on 'intimate partner violence in Title, Abstract, Keywords , in Cochrane Reviews (irrelevant result omitted from this list) – ALL FROM 2008 TO 2014
  - o There are 8 results from 8389 records for your search on 'domestic violence in Title, Abstract, Keywords , in Cochrane Reviews' ALL FROM 2008 TO 2014

- BioMedCentral http://www.biomedcentral.com/bmchealthservres/ JAMA Network

  - o BioMedCentral search Strategy: Search for 'same-sex domestic violence' – 32 results (7 relevant)
  - o Search in JAMA Psychiatry for "domestic violence" returned 32 results – 5 were relevant and dated post 2008
  - o Search in JAMA Pediatrics for "domestic violence" returned 72 results - 6 were relevant (not duplicating earlier results) and dated post 2008

- Science Daily - PLOS Medicine http://www.sciencedaily.com/

- Minnesota Center Against Violence Against Women (MINCAVA) electronic clearinghouse http://www.mincava.umn.edu/mincava

- Shift: The Project to End Domestic Violence - documents http://preventdomesticviolence.ca/research

- Child Welfare Information Gateway's section on Domestic Violence: https://www.childwelfare.gov/systemwide/domviolence/

- National Registry of Evidence-Based Programs and Practices http://www.nrepp.samhsa.gov/Search.aspx

- The California Evidence-Based Clearinghouse for Child Welfare (CEBC) http://www.cebc4cw.org/search/
  - o Topic 'Domestic/Intimate Partner Violence: Services for Victims and their Children'
  - o Topic 'Domestic/Intimate Partner Violence: Batterer Intervention Programs'
  - o Programs that match the phrase "domestic violence": 76 results

- McMaster University Health Evidence which provides ratings of systematic reviews http://www.healthevidence.org/default.aspx

- MINCAVA Family Violence Nursing Curriculum, http://www.mincava.umn.edu/documents/nursing/nursing.html

Appendix B: Program References

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