Building Prevention: Sexual Violence, Youth and Drinking
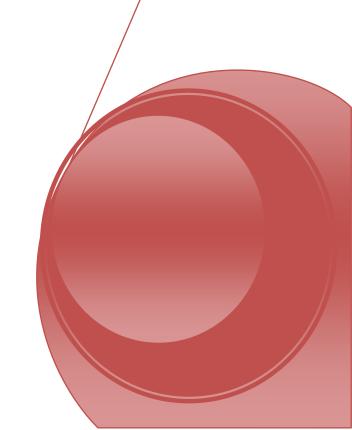
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EXECUTIVE SUMMARY

This report is the outcome of an Ottawa-based study that explores the connections between sexual violence and drinking among young people. Along with a review of programs aiming to reduce alcohol-related sexual violence, this study profiles some Ottawa-based prevention programs, and presents the results of focus group discussions with local service providers, youth workers, and young women and men recruited from high schools and universities. The objective of this project is to stimulate broader discussion about prevention strategies for the Ottawa community.

Effective sexual violence prevention requires an understanding of the context in which it is most likely to occur. Young women experience the highest rates of sexual violence and young men are most often the perpetrators. Most sexual violence takes place between people who know each other, typically in the context of social events such as parties and bars or in dating situations.

Alcohol is so common in sexual violence that it is considered by many to be the "date rape drug". A study of women using sexual assault treatment centres in Ontario found that two-thirds had consumed alcohol immediately prior to the assault and 21% (25% in Ottawa) were thought to have been drugged (Du Mont et al., 2009). In fact, alcohol is often used as a deliberate strategy to increase the vulnerability of victims and to reduce resistance to sexual violence. Very often young men receive approval from friends to use these tactics. In one study in the United States, one-third of male university students said their friends approve of getting a woman drunk to have sex with her (Carr & Van Deusen, 2004).

When alcohol is involved, a societal double standard arises. Intoxicated women are held responsible for their own victimization whereas intoxication is considered to reduce the responsibility of male perpetrators. Thus, although alcohol is not a direct cause of sexual violence, alcohol adds a particular complexity to the topic of sexual violence prevention.

A broad health promotion strategy is important for youth violence prevention as numerous high risk and harmful behaviours among youth are inter-related. Research suggests that the following are important elements of successful sexual violence prevention programs:

- Focusing on positive youth development and building overall capacity

- Focusing on preventing sexual violence and drug and alcohol abuse together rather than targeting just one of these behaviours

- Changing attitudes and beliefs among young people, their peer networks, and the broader community that provide a climate where sexual violence is tolerated

- Engaging peers or young adults to deliver prevention messages

- Approaching men as allies and inviting them to take an active role in preventing violence against women

- Including a gender component and discussions about gender roles and peer pressure

- Providing plenty of opportunities to practice and build confidence with new behaviours

- Providing repeated and sustained messages

Research also identifies what has *not* worked to prevent sexual violence:

- Educating young women on avoiding high-risk situations such as drinking or travelling alone – while this may be good advice and may protect individual women in specific situations, it does not reduce sexual violence

- Painting all young men as potential rapists – young men resist these messages as they tend to think this is irrelevant to them personally

- Simply providing information about rape myths

- Instructing young people on how to change their behaviour without providing opportunities to practice new behaviours in different situations

An innovative new "bystander approach" holds great promise as it broadens responsibility for preventing sexual violence and enlists men and women as positive agents of change. This approach encourages men and women to get involved as bystanders by learning to detect risky situations in social contexts, challenge sexist attitudes and behaviours, and intervene and provide support to a woman at risk of assault. The primary goal is to have a lasting effect on changing social norms.

Ottawa-based prevention initiatives

A sample of sexual violence prevention initiatives is profiled in the report to stimulate discussion concerning gaps and effective ways to address them.

The Fourth R

A relatively new initiative in Ottawa is *The Fourth R*, is a comprehensive, school-based program designed to involve students, teachers, parents, and the community in reducing violence and risk behaviours, including alcohol-related sexual assault. Over 100 teachers have been trained to deliver *The Fourth R*, covering all 50 English language high schools in Ottawa. The two French school boards are working towards implementation of *The Fourth R* for the 2011-2012 academic year. The program meets the curriculum requirements of the Ontario Ministry of Education and is taught as part of the regular health and physical education curriculum without the requirement of additional class time.

In Love and In Danger

This is a student-led sexual violence prevention program that was developed in collaboration with Family Services à la famille Ottawa, the Ottawa-Carleton District School Board, and the Ottawa Catholic School Board to raise awareness and prevent dating violence among young people. This interactive program challenges students to get involved by developing their own anti-violence projects and becoming agents of change in their schools.

Sexual Abuse Support Program at Amethyst Women's Addiction Centre

This program offers group support to women as they heal from the trauma of sexual abuse while resisting the use of alcohol or drugs as a coping mechanism. The program is unique in that it addresses the issues of sexual abuse and substance abuse simultaneously.

Prevent Alcohol and Risk-Related Trauma in Youth (P.A.R.T.Y)

The purpose of this one-day program at the Ottawa Hospital is to provide relevant information to young people that will enable them to recognize potential injury-producing situations, to make informed choices, and to adopt behaviours and actions that minimize risk. Police, paramedics, emergency departments physicians, and injury survivors talk to young people about the impacts of risky behaviours. There is a particular focus on alcohol misuse and alcohol-related injuries and information about preventing drug-facilitated sexual assault, but no direct messages about preventing sexual violence in the context of alcohol use.

Ottawa Rape Crisis Centre (ORCC)

The ORCC, under its public education program, conducts workshops, presentations and discussion groups and provides resource material to youth in high schools, universities and colleges. The objective is to raise awareness and change attitudes about sexual violence among young men and women. The program provides opportunities for thoughtful discussion and self-reflection, and opportunities to apply new information. A primary component of the public education work of ORCC is to identify and challenge rape myths and stereotypes that contribute to a culture that condones and tolerates sexual violence.

Sexual Assault Support Centre of Ottawa (SASC)

SASC provides public awareness and education information and workshops in high schools, universities and colleges, places of business, and other community locations.

CALACS francophone d'Ottawa

Centre d'aide et de lute contre les aggressions à caractère sexuel (CALACS) is an Ottawa agency that offers diverse services to survivors. CALACS works to end sexual violence against women by offering prevention and public education resources to the community as an integral part of their mandate.

Right to Respect Campaign, University of Ottawa

This campaign was developed through the collaborative efforts of the Student Federation of the University of Ottawa, the Graduate Students' Association, Protection Services, a faculty member, and the University of Ottawa administration. The goals of the campaign are to bring about lasting change in behaviour on campus through positive messaging presented on posters and short video clips, to educate the University community on harassment, discrimination and sexual violence, to encourage individuals to speak out against these acts, and to inform the university community about the resources available on campus and off. The tag line "I am making a difference when…/Je change les choses quand…" encourages everyone to see that they have a part to play. The campaign message specifically related to prevention of sexual violence is "I am making a difference when I ask her how far she wants to go". The posters and videos are shown at specific campus events and specific times throughout the academic year.

Carleton University

Carleton University employs a Coordinator for Sexual Assault Support Services who offers sexual assault education and training, individual short-term counseling, information and referrals, and safety planning to anyone in the Carleton community who has experienced sexual violence. Practicing from a feminist perspective, the Coordinator offers training on the issue of sexual harassment and sexual assault to staff, faculty and students, including frosh facilitators, residence fellows, athletics staff, and new student safety constables. She works closely with Health and Counseling Services, as well as with campus and community based organizations, such as Carleton's Womyn's Centre, student governments, the Ottawa Coalition to End Violence Against Women, and the Coalition for a Carleton University Sexual Assault Centre. Education and awareness activities include Sexual Assault Awareness Week on campus and co-host of the 2009 "Man Talk" Youth Conference with the Ottawa Coalition to End Violence Against Women and the Sexual Assault Network

Results of the focus groups

The results of the focus group discussions reinforce the need for broader preventive efforts for alcohol-related sexual violence in Ottawa. In analyzing discussions with youth, two general themes emerged: (1) *Blurry Lines*, where youth demonstrated confusion and contradictions in their attitudes and beliefs about sexual violence, and (2) *Roles*, where participants described stereotyped role expectations of the "victim", whereas the role of the perpetrator was less often discussed or defined. Furthermore:

- According to young people and service providers, there is confusion among young people as to what behaviours constitute sexual assault when someone has "crossed the line". Consent, in particular, is not well understood among youth.

- Young women who were drinking while assaulted tend to minimize the severity and impact of the assault.

- It is difficult for women to report sexual violence, especially if alcohol was involved.

- Rape myths are prevalent among youth, although not consistently recognized as myths. Young men admit to joking about sexual violence amongst their friends.

A number of important recommendations for preventing alcohol-related sexual violence emerged from the focus group discussions with young people and service providers relating to education for youth, responsibilities of bars and clubs, and improving the response of the criminal justice system. Strategies for preventing alcohol-related sexual violence were also highlighted.

Collaboration among multiple partners

1. Prevention of sexual violence is the responsibility of a wide range of stakeholders including school boards, universities, colleges, community agencies, bar and club owners, youth-serving organizations, and others. A multi-pronged approach is needed, with partnerships among all stakeholders.

Sexual and alcohol-related education for youth

2. Youth should receive education that examines gender role expectations, dating scripts, sexual scripts, and explicit information concerning consent.

3. Prevention efforts must take account of the reality of young people's lives which includes drinking and sexual behaviours. Alcohol and drug prevention education should be linked with sexual education in school curricula and should employ a harm reduction approach.

4. Youth recommend that the "no means no" campaign, developed by the Canadian Federation of Students, be continued. They also state that the concept of "no" needs to be clarified so that youth understand that "no" does not need to be verbal, explicit, or the responsibility of the woman to communicate.

5. Youth should receive alcohol education on how to drink responsibly and universities should work to challenge the cultural norms of student life that include binge drinking.

6. The stigma of being a victim of sexual assault should be reduced through educational initiatives.

Bars and clubs

7. Bartenders should follow guidelines stipulating that intoxicated individuals are not served.

8. Bars and clubs should take some responsibility for intoxicated female patrons to ensure their safety.

Criminal justice system

9. There continues to be barriers to reporting sexual assault to police which should be addressed.

10. The criminal justice system should treat sexual assault more seriously, resulting in harsher outcomes to help shift public perceptions about the seriousness of this crime.

11. Legal reform is needed as the court process continues to perpetuate myths and re-traumatizes victims.

Prevention messages

12. Prevention initiatives should continue to work to debunk rape myths and stereotypes that place the blame and responsibility on women and prevent victims from coming forward.

13. Poster campaigns should engage both men and women yet be clear on the gendered nature of sexual violence.

14. Promote an accurate definition of sexual assault which incorporates the concept of a continuum from unwanted sexual touching to rape.

15. Define consent and coercion within and outside the context of relationships.

16. Educate young women to take precautions to avoid sexual assault alongside the message that despite a woman's actions or inactions she is never responsible for sexual assault. The responsibility of perpetrators needs to be a visible component of sexual assault prevention.

17. Promote the message that sexual assault is not just a woman's issue, it is a community issue.

18. Produce anti-violence initiatives that men can relate to and encourage young men to become leaders in anti-violence initiatives. Male-focused initiatives should be male-driven and include male-to-male and peer-to-peer education.

19. Involve youth in the development and implementation of prevention initiatives.

20. Use contemporary social media and technologies to disseminate prevention messages.

21. Prevention efforts need to be culturally competent so that all young people can relate to them.

The objective of this project is to stimulate discussion among young people, youth workers, service providers, educators, and health care providers and to work collaboratively toward developing effective strategies for reducing sexual violence in the context of alcohol use.

INTRODUCTION TO THE REPORT

This report is the outcome of an Ottawa-based study that explores the connections between sexual violence and drinking among young people. It begins with a review of evidence-based programs that aim to reduce alcohol-related sexual violence, then profiles some Ottawa-based prevention programs, and presents the results of focus group discussions with local service providers, youth workers, and young women and men recruited from high schools and universities. The objective of this project is to stimulate discussion among young people, youth workers, service providers, educators, and health care providers and to work collaboratively toward developing effective strategies for reducing sexual violence in the context of alcohol use.

REVIEW OF THE LITERATURE

This review summarizes the English language research literature that identifies evidence-based programs and promising practices aimed at reducing alcohol-related sexual violence among young people. It begins with a discussion of risk factors for sexual violence and the ways in which alcohol contributes to these risks, followed by a brief overview of the prevention literature identifying principles of behavioural change. The methodology section, in which principal terms are clarified, is followed by a discussion of the key components of sexual violence prevention programs that target young people with a particular emphasis on programs that aim to reduce sexual violence in the context of alcohol consumption. This discussion identifies components of these programs that have been effective in changing knowledge, attitudes, and behaviour.

THE PREVALENCE OF SEXUAL VIOLENCE AND ALCOHOL USE AMONG YOUNG PEOPLE

The definition of sexual violence in this report includes rape, attempted rape, any form of unwanted sexual touching, unwanted sexual remarks and other forms of sexual harassment. While official definitions vary (for example, the Canadian Criminal Code definition excludes unwanted sexual remarks and sexual harassment), sexual violence prevention initiatives typically address a wide range of behaviours as part of a continuum. Sexually harassing and degrading behaviours are often targeted as risk factors for rape and sexual assault. Since sexual violence is a gendered crime, perpetrated primarily by males against females (Brennan & Taylor-Butts, 2008; Jewkes et al., 2002; Tjaden & Thoennes, 2006), most sexual violence prevention programs target attitude and behavioural change associated with male-on-female sexual violence.

According to Statistics Canada's national household survey on crime victimization, young women aged 15-24 experience the highest rates of sexual violence (Perreault & Brennan, 2010). Sexually aggressive behaviours against young women are common occurrences on high school, college and university campuses. For example:

- One-quarter of female high school students in Alberta reported experiencing at least one incident of indecent exposure or unwanted sexual remarks, threats, or touching (Bagley et al., 1997).
- Seven percent of girls in a Toronto high school have been forced to have sex on school property and 29% have been victims of other types of unwanted sexual contact (Falconer, 2008).
- Five percent of female students in one university and one college in Southwestern Ontario described their most significant negative social experiences as sexual incidents other than rape and 3% as rape (Tremblay et al., 2008). The impact was greater for rape than for any other negative experience.
- Surveys of college and university students in Canada and the United States consistently estimate that one-quarter of female students have experienced rape or attempted rape and 90% of these involve an attacker known to the woman (Fisher et al., 2010; DeKeseredy & Kelly, 1993).

- Forty-five percent of female college and university students in Canada have experienced some form of sexual victimization since leaving high school (Schwartz & DeKeseredy, 1997).
- Studies in the United States find that between 52% and 64% of young men admit to raping a woman after she made her lack of consent clear or was unable to consent (Parkhill & Abbey, 2008; Wheeler et al., 2002; Abbey et al., 2006).

Alcohol use is common among young people, even among youth who are below the legal drinking age. According to the Ontario Student Drug Use and Health Survey conducted by the Centre for Addiction and Mental Health, about one-quarter of grade 7-8 students and 70% of high school students in Ottawa report drinking alcohol in the previous 12 months which is similar to the provincial average (Paglia-Boak et al., 2009). One-third of Ottawa high school students engaged in binge drinking (drinking five or more drinks on one occasion) and 5% engaged in binge drinking four or more times in a four-week period. One-in-ten students report being injured or injuring someone as a result of their drinking in the previous 12 months (Adlaf et al., 2005).

The number of binge drinkers is similar among older youth. A national study of university students in Canada found that 29% of all male students and 31% of female students were binge drinkers, and the percentages are higher among drinkers: 40% of young men and 44% of young women who had had a drink in the previous week were binge drinking (Kuo et al., 2002). Furthermore, heavy drinking in high school is an important predictor of binge drinking in college and university (Wechsler et al., 1995a). Heavy drinking leads to health-related consequences for young people, such as unsafe and unplanned sex and engaging in and experiencing aggressive and violent behaviour, including sexual violence. Even when young people do not drink heavily, but attend colleges and universities where high proportions of other students do engage in heavy drinking, they are faced with numerous alcohol-related problems, including unwanted sexual behaviour (Wechsler et al., 2000). The widespread use of alcohol in social situations involving young people thus adds a particular complexity to the topic of sexual violence prevention.

RISKS FOR SEXUAL VIOLENCE

Underpinning efforts to prevent sexual violence is the need to identify the circumstances and factors that influence the occurrence of this violence. Knowledge of these factors helps identify and focus on the particular conditions or situations that need to be modified or changed in order to see a reduction in sexual violence (Centers for Disease Control and Prevention, 2004). These are known as *risk factors* whereas conditions or situations that impede or prevent perpetration or victimization are known as *protective factors.*

Multi-level theories recognize that human behaviour is reciprocally shaped by factors at multiple levels, including peer and community environments (Bronfenbrenner, 1979). Also known as an ecological framework, this conceptualization of risks for sexual violence is useful for understanding the complex interplay of factors that contribute to perpetration and victimization at many levels, such as psychological factors, personal experiences, interactions with family and peers, social conditioning, and wider societal norms (Heise, 1998; Jewkes et al., 2002). No one factor at any of these levels leads

directly to perpetrating or experiencing sexual violence, but rather a combination raises the risk. Examples of factors at multiple levels include the following (Jewkes et al., 2002):

- **Individual level**: gender, age, alcohol use, drug use, attitudes and beliefs supportive of violence against women, impulsive and anti-social tendencies, preference for impersonal sex, hostility toward women, childhood experiences of sexual abuse, and witnessing family violence in childhood.
- **Interpersonal relationship level**: sexually aggressive peers, family environment characterized by violence, strong patriarchal family environment, and norms where family or male honour is considered more important than the safety of women.
- **Community level**: norms that tolerate or support sexual violence, weak community sanctions against perpetrators, weak criminal justice response, concentrated poverty, and unemployment particularly where paid work is closely tied to male identity.
- **Societal level**: gender inequality, economic inequality, weak or absent laws and policies related to sexual violence, and traditional gender norms and norms supportive of sexual violence, male superiority and male sexual entitlement.

Because risk factors for sexual violence perpetration occur at multiple levels, prevention strategies need to be designed to blend elements from multiple levels as well. While some risk factors are not amenable to change (eg., age and gender), others can be changed with appropriately targeted strategies. Many have argued that it is crucial for prevention strategies to foster comprehensive environmental change if attitude and behavioural change at the individual level is to be realized and sustained (Berkowitz, 2010; Casey & Lindhorst, 2009).

LINKS BETWEEN ALCOHOL USE AND SEXUAL VIOLENCE

Alcohol plays a role in men's perpetration of sexual violence and women's vulnerability to sexual victimization. The sexual violence prevention literature identifies alcohol as a risk factor at multiple levels: at the level of individuals and interpersonal relationships where peers influence attitudes and beliefs about risk and responsibility pertaining to sexual violence in drinking contexts (Fisher et al., 2000; Schwartz & DeKeseredy, 1997). In a survey of 40 Canadian universities, 14% of female students experienced sexual harassment in the previous year as a result of other students' drinking (Adlaf et al., 2005). This most often occurred to the youngest students and those living on campus or off-campus without family. An additional 9% were assaulted as a result of another student's drinking.

Alcohol is so common in sexual violence that it is considered by many to be *the* "date rape drug" ahead of gamma-hydroxybutyrate (GHB), Rohypnol, and other drugs (Du Mont, et al., 2010; Horvath & Brown, 2007). A study of women accessing services at sexual assault treatment centres in Ontario found that two-thirds had consumed alcohol immediately prior to the assault and 21% (25% in Ottawa) were suspected to have been covertly drugged (Du Mont et al., 2009). Predatory males often use alcohol as a deliberate strategy to reduce a woman's defences, particularly in social contexts where drinking is combined with male peer support for sexual violence (Schwartz & DeKeseredy, 1997). A national study of college women in the United States found that one-in-twenty had been raped when they were

intoxicated and unable to give consent and that this was the principle type of forced sex (Mohler-Kuo et al., 2004). Another US study found that 35% of male college students say their friends approve of getting a woman drunk to rape her, and 20% knew of friends who had gotten a woman drunk or high to rape her (Carr & Van Deussen, 2004).

Most alcohol-related sexual violence takes place between people known to each other, typically in the context of social events such as parties and bars or in dating situations (Testa et al., 2007). Research finds that between 30% and 75% of all perpetrators of sexual assault and up to half of all female victims were consuming alcohol immediately prior to the assault; in the vast majority of cases where either the perpetrator or the victim were drinking, both were drinking (Abbey et al., 1998, 2004; Ullman et al., 1999). Studies of college undergraduates in the US found that men who perpetrate rape or attempted rape are more likely to frequently drink heavily than men who only engage in consensual sex (Koss & Gaines, 1993; Ouimette, 1997).

The links between alcohol and sexual violence perpetration and victimization are multi-faceted. Drinking often precedes sexual violence, but there is general agreement that alcohol functions as a contributing factor rather than a direct cause of sexual violence. One primary factor associated with sexual violence is individual, community, and societal norms that condone negative attitudes toward women and traditional beliefs about gender roles (Jewkes, 2002). These norms, which are manifested in attitudes and beliefs, are linked to alcohol in diverse ways. For example, alcohol use is intertwined with expectations of alcohol's effects, myths about sexual violence, and negative attitudes toward women which makes it difficult to separate the direct causal effects of each (Abbey et al., 2004). Alcohol impairment also has physiological effects which interfere with the ability to process information and consider the long-term consequences of behaviour by causing people to focus on the most prominent and immediate cues in the environment and ignoring more peripheral cues (Abbey, 2002). Furthermore, alcohol impairment interacts with existing personality traits such as aggressiveness and can reduce inhibitions, interfere with decision-making abilities, and result in cognitive distortions concerning consent (Abbey et al., 2004). When men are intoxicated, they perceive rape survivors as being less distressed than do sober men (Norris et al., 1999).

Alcohol consumption by young women also has direct and indirect consequences. First, attending parties or bars where there is a high consumption of alcohol increases women's vulnerability to sexual violence by virtue of simply being in settings in which there are potential sexual perpetrators, regardless of their own drinking behaviour (Testa & Livingston, 2009). Alcohol also interferes with the cognitive ability to anticipate and avoid dangerous situations and defend oneself against attack. For example, many women say alcohol makes them take risks or feel comfortable in situations they usually would perceive as dangerous (Testa & Livingston, 1999). Recipients of unwanted sexual contact who have been consuming alcohol are at higher risk of completed rape (Ullman, 2007). Intoxicated women are also generally perceived to be more sexual and more sexually available (Abbey et al., 1999; George et al., 1997). A societal double standard exists whereby women are held to be responsible for sexual violence when they are intoxicated whereas alcohol is considered to reduce the responsibility of male perpetrators, thus offering a socially-accepted excuse for the behaviour (Finch & Munro, 2005, 2007;

Testa et al., 2004). In addition to increasing vulnerability to victimization, women may use alcohol to self-medicate following the trauma of sexual victimization which can increase vulnerability to re-victimization (Stewart & Conrod, 2003; Testa & Livingston, 2009).

BEHAVIOURAL CHANGE

Prevention of harmful behaviours, such as sexual violence, requires a focus on factors known to be associated with these behaviours. However, behavioural change among youth is considered more effective if approached within a holistic, strength-based framework focusing on positive youth development and building overall capacity (Crooks et al. 2010; Wolfe, 2006). It is argued that since numerous high risk and harmful behaviours among youth are inter-related, focusing on preventing violence, substance abuse, and high-risk sexual behaviours together, for example, results in a broader health promotion strategy than targeting one specific risk behaviour (Wolfe, 2006). Rather than targeting a single deficit, a more holistic approach can help provide young people with the skills to effectively deal with a constellation of challenging social situations (ibid.).

In keeping with the ecological framework, sexual assault prevention programs may be more effective when targeting individuals, peer networks and community-level factors that support sexual violence. In an examination of successful ecological prevention models from other prevention fields (e.g., bullying, HIV, and alcohol prevention), Casey and Lindhorst (2009) identify the following components of multi-level prevention as critical to program effectiveness: comprehensiveness, community engagement, contextualized programming, emphasis on positive development, and a focus on structural contributors to the problem.

Young people are more likely to be open to information and knowledge about effective behavioural responses when it is provided by peers, youth or adults who are slightly older. Behaviours are more likely to be sustained when learned in an interactive forum where plenty of opportunities exist to develop skills and to build social and emotional competence. Simply being exposed to information or instructed in skills without the opportunity to practice them in a variety of situations through role playing and receiving feedback is not likely to lead to new behaviours in real-life stressful situations; nor have scare tactics proven to be effective with young people (Crooks, et al., 2008).

Many sexual violence prevention initiatives focus on influencing attitudes and beliefs premised on the assumption that, because certain attitudes and beliefs are correlated with sexually violent behaviours, changing these will lead to a change in behaviour. Attitudes and beliefs that are associated with sexual aggression and intentions to use sexually violent behaviour include acceptance of rape myths, hostile masculinity, hypermasculinity, and adversarial sexual beliefs (Murnen et al., 2002). However, the causal relationship between attitudes, beliefs, and behaviour is not straightforward. Attitudes are complex psychological constructs which are learned, stable, enduring, and difficult to change (Flood & Pease, 2006). They are shaped by previous behaviour and further strengthen future behaviour (Zanna, Olson & Fazio, 1980). While human behaviour is affected by attitudes it is also influenced by emotive influences, peer influences, alcohol consumption, and other factors (Flood & Pease, 2006).

A change in sexually aggressive behaviour is the goal of most prevention programs; however, other forms of behavioural change are more commonly assessed in program evaluations, such as the intention to be sexually violent or heightened awareness and knowledge of sexual violence (Anderson & Whiston, 2005). Measuring actual change in the incidence of sexual violence, from a practical point of view, is challenging and costly. It requires rigorous before and after measures incorporating reliable self-disclosures of victimization and perpetration by individuals in the target population. Relatively large samples are required to produce statistically reliable estimates of these behaviours and change over time. In addition, sexual violence is a complex issue that occurs due to many variables; it is often difficult to control for all possible influences, which may result in distorted conclusions about effectiveness. On the other hand, developing strategies to measure other types of behavioural change, such as behavioural intentions or awareness is more manageable and thus more prevalent in the evaluation literature.

Although progress has been made in recent years, thorough evaluations of sexual violence prevention programs are scarce relative to those in other areas of public concern. Practitioners have been designing and implementing rape prevention programs for decades and researchers have been evaluating them for almost as long, yet most funders do not require impact evaluations and many existing evaluations suffer from methodological limitations (Lonsway et al., 2009; Noonan & Gibbs, 2009). Although some evaluations assess behavioural change in addition to attitudes and beliefs and some focus on long-term and lasting impacts, the majority focus on measuring immediate or short-term changes in attitudes and beliefs only.

The vast majority of available program evaluations stem from interventions on college and university campuses in the United States. This is largely due to legislation passed by the U.S. Congress in 1990 which mandates federally-funded colleges and universities to collect and publish campus crime statistics, make public their policies regarding awareness and prevention of sexual violence on campus, and provide basic rights to sexual assault victims (Fisher et al., 2000). In 1999 and 2000, the U.S. government awarded $8.1 million and $6.8 million respectively to colleges and universities to combat sexual assault, intimate partner violence, and stalking. A number of evaluation studies were also separately funded to assess the effectiveness of these prevention efforts, the largest and potentially most informative of which are ongoing at the time of writing. With no such legislation in effect in Canada, there has been little incentive for colleges and universities or other publically funded institutions to report on sexual violence prevention activities or to engage in or make public evaluations of prevention efforts. Thus, most of the literature reviewed in this document pertains to the U.S. context; however, there are strong similarities to the Canadian context given similar social norms and university and college campus culture.

Fewer evaluations of high school prevention initiatives have been conducted and even fewer for prevention strategies designed to reach youth outside the education system who may be particularly vulnerable to the risks associated with alcohol abuse and sexual violence. Thus, there remain significant gaps in empirical evidence of what works and why to prevent sexual violence against young women.

The next section will now describe the methodology employed to conduct the literature review and summarize the main concepts discussed in the relevant studies. The *Findings* section will describe the components and outcomes of sexual violence programs aimed at young people, while the final section will summarize the elements or principles identified as necessary for effectively preventing sexual violence and will highlight specific programs that demonstrate effectiveness.

METHODOLOGY AND CONCEPTS

The literature review was performed in several stages. First, several comprehensive overviews and meta-analyses of sexual prevention programs were reviewed (Anderson & Whiston, 2005; Brecklin & Forde, 2001; Clinton-Sherrod et al., 2008; Garrity, 2011; Lonsway et al., 2009; Morrison et al., 2004; WHO, 2010). In addition, searches were conducted with five computerized reference databases: *Criminal Justice Abstracts, ERIC, MEDLINE, PsycINFO*, and *Social Sciences Citation Index* to identify relevant studies or evaluation reports in the period 2003-2010. Finally, identified programs and their evaluations were traced and analyzed, and several program managers and lead scientists in the field were contacted.

For many programs, evaluation studies were not found; in some cases, program managers confirmed that evaluations were not performed. These programs were not included in the in-depth analysis.

EVIDENCE AND EVALUATIONS

Important differences among evaluation methodologies can undermine the ability to draw conclusions about effectiveness. Although the precise terminology can differ, evaluations can be focused on various stages: the process of implementation, the outcome, or the impact of a program. A *formative* evaluation is conducted in the early stages of the development of a program primarily to provide feedback from participants on how the program is functioning which can lead to changes or improvements. A *process evaluation* describes and assesses the program materials and activities to determine if the program has been implemented as planned. It may be undertaken in order to monitor project activities, ensure accountability, or improve service delivery (Muraskin, 1993). Process evaluations are an important first step for the assessment of project outcomes and impacts but they cannot determine whether the program has achieved its stated goals. *Outcome evaluations* study the immediate results of the project, or what has been produced by the project activities (referred to as *outputs*).This includes the immediate or direct effects of the program on participants (ibid.). For example, they may assess newly acquired knowledge or skills. On the other hand, an *impact evaluation* looks beyond the immediate outcome of a prevention program, trying to identify longer-term as well as unintended program effects (ibid.). Out of the different types of evaluations, only an impact evaluation can determine long-term behavioural change.

Impact evaluations of sexual violence prevention initiatives have been limited by the fact that very few measure behavioural change (Lonsway et al., 2009; Morrison et al., 2004). Typical practice is to use other outcome measures thought to be precursors or correlates of sexual violence. Such measures include rape supportive attitudes, beliefs about gender stereotypes, attitudes towards gender equality, knowledge of rape-related information, and behavioural intentions to commit sexual violence. In the

absence of straightforward methodologies for measuring long-term behaviour change, these characteristics have offered a feasible substitute. However, there is no assurance that changes in attitudes will result in a change in sexually violent behaviour, particularly in light of the fact that very few evaluations measuring attitude change determine whether the change can be sustained over time.

EVALUATION OUTCOMES: SUCCESSFUL VERSUS PROMISING

One important limitation of a comprehensive discussion of the effectiveness of sexual violence prevention programs is the lack of consistent evaluation methodologies (Noonan & Gibbs, 2009; WHO, 2010). Effectiveness of strategies to prevent sexual violence can be demonstrated only with rigorous experimental designs that incorporate pre- and post-tests, longitudinal design, and randomized assignment to experimental and control conditions. Only this rigorous methodology can rule out rival explanations for any observed change that were not due to participation in the prevention program. Few evaluations in this field have been able to meet these requirements. Some have control groups but few have pre- and post-tests and very few have longitudinal designs that permit conclusions to be drawn about the long-term effects of the program.

In embarking on an assessment of effectiveness of sexual violence prevention strategies, it is important to establish assessment criteria. The work of Sherman and his colleagues (1998) to assess "what works, what doesn't and what's promising" to prevent crime via a systematic review of more than 500 evaluations of crime prevention practices provides a useful framework for comparison across program evaluations. According to this approach, a program is deemed to *work* to reduce crime or risk factors for crime if at least two evaluations incorporating before-and-after assessments and control groups have been conducted, the conclusion is that the programs met their intended objectives, and the findings of the programs can be generalized to similar settings in other places and times (ie., it has strong external validit*y*). A program is *promising* if at least one evaluation incorporating before-and-after assessments and a control group has demonstrated that the program achieved its intended objectives, but one cannot infer that the results can be generalized to other environments. Programs that *do not work* are those where evidence shows that the programs fails to prevent crime or reduce risk factors using the same criteria for determining what works.

The authors caution that knowledge gleaned from this approach is always provisional since complete generalizability cannot be assumed on the basis of one or even several tests of specific programs (Sherman et al., 1998). For example, if several evaluations demonstrate that a particular prevention strategy reduces sexually violent behaviour among college students in several locations in the U.S., the question of whether the same strategy implemented in the same way will reduce sexually aggressive behaviour among university students or street-involved youth in downtown Ottawa can only be answered by implementing and evaluating the program in that specific population. Generalizability of programs is enhanced only through repeated replications in a variety of settings. It is also important to note that this classification has significant limitations when applied to the evaluations of many sexual violence prevention programs as many employ only qualitative methods, hence statistical significance tests were not included.

Methodologically speaking, most of the programs included in this review can thus be qualified only as promising, as only one evaluation was performed in each case.

PREVENTION AND PREVENTION STRATEGIES

Terminology surrounding *prevention* and *prevention strategies* varies according to different disciplines. In the field of criminology and criminal justice policy, definitions of *crime prevention* (which includes sexual violence prevention) vary but generally include actions or interventions designed to reduce the actual level of crime through addressing the root causes (Lab, 2010). Prevention practices are categorized as primary, secondary, and tertiary depending on the target audience. *Primary prevention* refers to policies and programs that tackle risk factors known to be associated with crime, such as characteristics of individuals or communities or structural inequalities (ibid.). *Secondary prevention* includes intervening in situations where people or neighbourhoods are deemed to be at risk, whereas *tertiary prevention* refers to interventions or strategies designed to prevent a recurrence of crime.

In the field of public health, prevention strategies are also classified as primary, secondary, and tertiary but the meanings differ. *Primary prevention* takes place before the sexual violence has occurred. It aims to reduce the number of first-time perpetrators and victims by identifying and addressing the factors that increase the likelihood that sexual violence will occur (WHO, 2010). A useful metaphor is the idea of "upstream" action to prevent harmful consequences "downstream" (Centers for Disease Control and Prevention, 2004). *Secondary prevention* is action that takes place immediately after the violent incident has occurred to deal with the short-term consequences and includes hospital care and other emergency services for victims. *Tertiary prevention* aims to reduce trauma to victims and rehabilitate perpetrators over the longer term and may have the effect of preventing a recurrence of violence (Lee et al., 2007; CDC, 2004).

Other specific terminology is used in the public health sector to describe the focus of the prevention strategy, including the target audience, the target of the change (e.g., the specific attitudes or behaviours), and the life stage. For instance, when considering the target audience, a *universal strategy* is one that targets an entire population without regard to their previous behaviour or experience of sexual victimization and without an attempt to involve groups with specific risk characteristics. A *selective strategy* targets those who have particular characteristics associated with the risk of becoming a victim or a perpetrator of sexual violence, and an *indicated strategy* targets those who have been identified as either victims or perpetrators (CDC, 2004).

From a criminal justice perspective, the programs reviewed in this document encompass primary, secondary, and tertiary prevention and from a public health perspective they can be described as primary prevention. They can also be considered tertiary prevention in the sense that the programs are not targeted specifically at first-time or repeat perpetrators and may have an effect on preventing future violent behaviour. Some are universal interventions but the majority selectively target young people as this group is known to be at higher risk.

FINDINGS

This review focuses on highlighting the positive trends, methods, and components of successful sexual violence prevention programs. A program has been included in this analysis only if an outcome evaluation has been performed and the conclusion of the evaluation was that the program achieved or failed to achieve its intended goals. In other words, programs were evaluated against their own stated objectives rather than in terms of generic outcomes. Observations and results of these programs lead to an important conclusion: when it comes to sexual violence prevention programs, rigorous evaluations, successful approaches, and replicable strategies are emerging, but there remains much work to be done.

Firm conclusions about the effectiveness of prevention programs and the ability to identify specific elements associated with successful outcomes are limited due to methodological shortcomings. Most evaluations fail to use rigorous experimental designs or long-term follow-up and most are limited to small samples (Morrison et al., 2004). Studies use different measures of change and effectiveness which cannot be easily compared. Most evaluations are limited to measuring changes in knowledge, attitudes and beliefs, and sometimes behavioural intentions in hypothetical situations; only a few measure changes in sexually violent behaviour and even fewer measure behavioural change over the long term. There is also a lack of knowledge of specific components of programs that are effective for specific groups. Most are applied universally to groups of high school, college, or university students, even though sexually violent behaviour and victimization can occur at a much younger age; some in this target audience are therefore at higher risk than others having already been exposed to sexual violence (Lonsway et al., 2009). Nevertheless, some patterns have begun to emerge from which tentative conclusions can be made about the effectiveness of certain prevention strategies.

OVERVIEW OF SEXUAL VIOLENCE PREVENTION PROGRAMS

Sexual violence prevention programs vary in content, duration, objectives, and target audience. They can take the form of single information sessions, interactive workshops, classroom-based skills development training, social norms marketing campaigns, bystander training, and one-time public events (Berkowitz, 2004). A review of 61 programs designed to prevent first-time perpetration of sexual violence among males ranging from elementary to college age found great diversity among the programs (Clinton-Sherrod et al., 2008). Programs included both mixed-gender and male-only audiences and ranged from one-time awareness-raising workshops and poster sessions to multiple-session curriculum-based interventions and ongoing discussion or mentoring programs. Most incorporated social learning approaches while some were grounded in feminist theory and, compared to a previous review of programs, there was an increased focus on bystander approaches, programming focused on men, and multi-level environmental approaches designed to sustain change in social norms over the long term.

The main components of educational rape prevention programs directed at college and university students include: increasing empathy for rape victims, emphasizing negative consequences for perpetrators, challenging rape myths and gender role stereotypes, increasing rape awareness, providing information about the effects of sexual violence, and teaching women self-defence, avoidance of high-

risk situations, and assertiveness skills (Schewe, 2002; Morrison et al., 2004). Rape myth acceptance is the most common construct addressed in rape prevention programming and is a common component of many successful programs (Schewe, 2002). Programs aimed at younger audiences in middle school and high school are typically designed to challenge gender roles and promote strategies to help avoid the use of alcohol and drugs, recognize the early warning signs of violence, interpret verbal, physical, and sexual aggression as violence and not as love, and disengage from potentially abusive relationships (Morrison et al., 2004).

A few general conclusions can be made about program elements that have demonstrated no effect on attitudes or behaviour and thus should be avoided in sexual violence prevention strategies. For example, educational programs that aim to raise awareness of the prevalence of sexual assault, the impact on victims, and information about available services can be effective in terms of broadening knowledge and may result in attitudinal change in young women but does not tend to be effective with young men (Daigle et al., 2009; Schewe, 2006). Simply aiming to increase knowledge is ineffective in altering behaviour (Gidycz et al., 2002). Programs that address attitudes exclusively and do not offer opportunities to actively learn alternative behaviours tend not to evaluate behavioural change and those that do find a weak connection (Barth et al., 1991). Similar conclusions have been drawn regarding programs that focus exclusively on confronting rape myths and rape-supportive attitudes (Casey & Lindhorst, 2009; Fisher et al., 2008). Hearing a woman describe her experience as a rape survivor can actually increase men's rape myth acceptance (Berg, Lonsway, & Fitzgerald, 1999; Ellis et al, 1992), although hearing a man describe being raped by another man can increase empathy with rape survivors (Foubert & Cowell, 2004).

Programs that aim to change rape-supportive beliefs and negative attitudes toward women do so in the belief that this will result in behavioural change; however, the long-term impact on reducing sexual violence has not been demonstrated. In a review of 21 rape prevention education programs focusing explicitly on attitude change, only about half were effective, and in two programs, men reported an increase in rape-supportive attitudes (Lonsway, 1996). Change in attitudes is not always sustained and typically reverts to pre-program levels within a few months (Brietenbecher, 2000). Few studies test whether a change in attitudes results in a change in sexually violent behaviour though successful programs do target rape myths (as well as additional material) while unsuccessful programs do not (Schewe, 2006). Further work is needed to determine which aspects of these programs lead to a sustained reduction in sexual violence.

Among the 59 sexual assault prevention interventions in one review, just 7 had positive impacts and all used knowledge and attitudes as the outcome (Morrison et al., 2004). Six had no effect and 40 produced mixed results. Those using victimization or perpetration as an outcome measure were fewer in number and least likely to be judged effective. Programs measuring only knowledge or attitudes were more common and more likely to have positive or mixed results. Those with the most rigorous designs produced mixed results or no effect.

A review of 102 sexual violence interventions for college students in the United States incorporated seven outcome variables, including rape and rape-related attitudes, empathy toward victims, knowledge, behavioural intentions, rape awareness behaviours, and sexual assault perpetration and victimization (Anderson & Whiston, 2005). Conclusions about effectiveness depended on which outcomes were being considered but positive change was achieved with programs focusing on rape knowledge, rape attitudes, rape-related attitudes (e.g., sex-role stereotyping, attitudes toward women, adversarial sexual beliefs), behavioural intent, and incidence of sexual violence (the latter three had small effect sizes). The authors concluded that positive effects of interventions tend to diminish over time and that longer interventions are more effective than brief interventions in altering rape attitudes and rape-related attitudes.

The World Health Organization (2010) analyzed evaluations of programs designed to prevent intimate partner or sexual violence perpetration or victimization at life stages. They found no sexual violence prevention programs met the criteria for being *effective* in preventing actual violence (defined as multiple well-designed studies demonstrating effectiveness in preventing perpetration or victimization). Strategies identified as having *emerging evidence* of effectiveness in reducing sexual violence (defined as one well-designed study demonstrating effectiveness in preventing violent perpetration or victimization, or showing positive changes in risk factors such as knowledge, attitudes, and beliefs related to violence) aimed to change social and cultural gender norms through the use of social norms theory. Changing social and cultural gender norms through media awareness and through working with men and boys was identified as showing emerging evidence of effectiveness for partner violence prevention but effectiveness was unclear for sexual violence prevention. Reducing access to and the harmful use of alcohol was also identified as having emerging evidence of effectiveness for partner violence prevention but unclear effectiveness for sexual violence prevention. These inconclusive results may reflect the absence of rigorous evaluations of sexual violence prevention programs rather than a failure of existing programs to meet their objectives. Strategies identified as *ineffective* include rape-awareness and knowledge programs, and education (without skills training) in self-defence strategies for high school and university populations, while those considered *probably harmful* are confrontational rape prevention programs.

The WHO also identifies several strategies that hold the potential for reducing violence on the grounds that they address known risk factors. For young people in adolescence and early adulthood, these include school-based multi-component violence prevention programs (WHO, 2010).

PROGRAMS THAT COMBINE ALCOHOL AND SEXUAL VIOLENCE PREVENTION

Advice to limit alcohol intake and refrain from taking drugs are frequently incorporated into sexual assault risk reduction strategies for women where they receive advice on identifying and avoiding risky situations (Krebs et al., 2009). One study with college women in the U.S. examined a brief motivational intervention aimed at reducing high-risk drinking, thereby reducing sexual victimization while incapacitated (Clinton-Sherrod et al., 2011). Using an experimental design with a control group, they found that the intervention can be effective in reducing both incapacitated sexual violence and alcohol

abuse at a 3-month follow-up; however, reductions in alcohol use were reported for women with no prior sexual victimization only. Women in the treatment groups also reported a decline in experiences of incapacitated sexual violence at follow-up. The unanticipated finding was that women with prior sexual victimization had steeper declines in victimization compared to women without prior victimization. The change in victimization therefore was not due to a change in alcohol consumption but to a decline in ambivalence about alcohol use resulting from the intervention. This involved the discussion of consequences such as risky sexual behaviour which may heighten awareness of vulnerability that stems from drinking.

Sexual violence prevention programs for men that explicitly aim to raise awareness and alter beliefs regarding issues of consent, blame, and responsibility in the context of alcohol use are less prevalent than those targeting women, and very few have been evaluated. One example is the Men's Program which has been delivered to men in colleges, universities and high schools as well as community organizations across the United States. This brief one-hour program delivered by male peer educators has demonstrated success in raising men's empathy toward rape victims and understanding of rape trauma, reducing stereotypical beliefs and myths about rape, and lowering self-reported likelihood of rape (but not actual levels of sexual aggression) during a 7-month follow-up (Foubert, 2000; Foubert & Perry, 2007). Since hearing about women's experiences of rape has actually been shown to reduce empathy for victims, the method of instruction for this program is a video of a situation involving a male police officer being raped by two men. Participants then engage in discussion about the use of power and control over the victim, draw parallels to the way women experience rape, and discuss definitions of consent, strategies for countering sexist behaviours, and intervening as a bystander, and helping a woman recover from rape. The program aims to appeal to men's beliefs about being potential helpers, in this case providing support to rape survivors.

One evaluation of the Men's Program compared two training modules to a control group: one focused on defining consent in situations involving alcohol and the other on bystander intervention in situations involving alcohol (Foubert & Newberry, 2006). The control group received the basic program. Both the bystander and consent groups showed increases in empathy toward victims and declines in both rape myth acceptance and likelihood of sexual assault immediately following participation in the program. The evidence is stronger for the bystander program which approached men as potential helpers.

Although many sexual violence prevention efforts recognize and incorporate alcohol as a risk factor, alcohol abuse prevention initiatives are less likely to recognize and incorporate the central role alcohol plays in sexual aggression. Given the heightened risk of sexual violence in the context of alcohol consumption, there is an obvious need to highlight and address the risk in the context of victimization and perpetration of sexual violence and for greater cross-fertilization between sexual violence and alcohol abuse prevention programs.

There is general agreement that addressing sexual violence requires a gender-specific approach as the behaviour is typically defined and assessed differently by women and men (Anderson & Whiston, 2005; Clinton-Sherrod et al., 2008; Yanagida-Ishii, 2009). Consequently, many programs are developed either exclusively for male or female audiences, or they have different components for each group.

Although mixed-gender programs can be effective in changing attitudes or beliefs among boys and younger teenagers, single-gender programs have been found to be more effective for older youth (Anderson & Whiston, 2005; Avery-Leaf & Cascardi, 2002, Brecklin & Forde, 2001; Lonsway et al., 2009). A review of evaluation studies of U.S. college campus rape education programs that evaluated participants' rape-supportive attitude change using elements of experimental design (treatment and control groups, pre- and post-tests or both) found that single-sex group interventions were more effective in producing attitude change than mixed-sex interventions (Brecklin & Forde, 2001).

In fact, it is recommended that men-only programs specifically exclude information about situations that raise women's risk of victimization (e.g.., social isolation, situations involving alcohol) as it could provide ideas of how to successfully commit a sexual assault and avoid detection (Schewe & O'Donohue, 1993; Ullman, 2007). Regardless of the target audience, programs that are longer in duration and involve repeated exposure to the program messages are more likely to be effective than shorter interventions.

Programs that attempt to change attitudes and behaviours of potential (male) perpetrators have been referred to as *rape prevention programs* while those that focus on reducing or avoiding victimization are referred to as *risk reduction programs* (Lonsway et al., 2009). While risk reduction programs for women have been widespread for decades, both in educational and community settings, sexual violence prevention programs for young men are more recent but are growing in number.

PROGRAMS TARGETING MEN

True prevention can only take place by changing the behaviour of sexual assault perpetrators. As statistics clearly show that the vast majority of perpetrators of sexual violence are young men, this group represents a key target audience for prevention efforts.

Focusing on a message that implicates all men as potential rapists is often rejected as men do not perceive it to be relevant to themselves personally (Foubert & Cowell, 2004). Consequently, negative labelling should be avoided in favour of positive, constructive, and empowering strategies that invite men to take an active role in preventing sexual victimization of women. Stressing individual agency and offering possibilities to act as empowered bystanders who can confront sexist and abusive peers represent consistent features across male-focused programs.

Some prevention programs targeted at men and led by male peers have demonstrated short-term success in changing attitudes and beliefs about rape (Anderson & Whiston, 2005; Berkowitz, 2004; Garrity, 2011; Lonsway et al., 2009). Most evaluations do not measure long-term impacts, but a seven-month follow-up evaluation of the Men's Program found a decline in the self-reported likelihood of rape

and acceptance of rape myths among men in American college fraternities (Foubert, 2000; Foubert & Perry 2007; Foubert & Newberry, 2006).

The success of male-only programs is thought to be due to the strong influence men can have on each other's attitudes and behaviour and because they provide a safe, non-threatening environment to discuss and explore prevailing understandings of masculinity and harmful gender roles (Berkowitz, 2009). Interactive discussions led by other men can provide space to articulate anti-violence values and positive aspects of masculinity, and teach men how to intervene in the behaviour of others. Effective approaches include encouraging men to strengthen pre-existing positive attitudes, approaching men as partners rather than painting all men as potential rapists, fostering empathy toward victims, changing attitudes and behaviours, and teaching bystander intervention skills (Berkowitz, 2004).

PROGRAMS TARGETING WOMEN

Programs designed for women aim to reduce the risk of sexual violence by introducing empowerment strategies that can reduce vulnerability; thus they are considered to be *risk reduction* rather than *prevention* strategies (Feltey et al., 1991; Lonsway, 1996; Whatley & Trudell, 1989).

Many risk reduction strategies contain a focus on precautionary behaviours designed to help women identify and avoid risky situations and learn techniques of self-defence. Research finds that training that teaches physical and defensive techniques can help decrease sexual violence victimization by helping to avoid actual rape and has collateral benefits such as increasing assertiveness and physical competence, raising self-esteem and sense of personal efficacy, reducing fear of sexual assault, and decreasing the likelihood of using avoidance behaviours (such as restricting activities and walking alone) (Brecklin, 2007; Lonsway et al., 2009; Rozee & Koss, 2001; Ullman, 2007). A weakness in some self-defence programs that focus solely on women's behaviour is that they tend not to provide women with information about early warning signs that help identify sexually aggressive men, how they select and approach potential victims, and other ways to identify potential danger (Rozee & Koss, 2001). They have also been criticized on the grounds that they place responsibility on women for avoiding sexual violence in public places when in fact the danger typically comes from men who are known and trusted.

BYSTANDER INTERVENTION APPROACHES

Bystander intervention is a rapidly growing focus of prevention programs that seeks to broaden the approach by engaging both men and women to recognize and change aspects of the environment that tacitly condone violence against women, thus producing lasting change in social and cultural norms (Coker et al., 2011). This approach encourages men and women to get involved by learning to detect the risk of sexual violence in social contexts, challenging sexist attitudes and behaviours, intervening safely in potentially dangerous situations, and providing support to friends who have been victimized (Banyard et al., 2005; Moynihan & Banyard, 2008). Proponents claim that this approach breaks down resistance to rape prevention messages that target men as potential offenders and helps to broaden responsibility for preventing sexual violence. This is one type of program that may be effective if approached in mixed-gender groups as it presents the problem as occurring in mixed-gender social situations and the solution as one for which everyone has a responsibility to take action (Lonsway et al., 2009). Participants learn

about risky situations (such as attempts to isolate victims or overcome resistance with alcohol or drugs) and practice building skills and confidence in intervening. Bystander programs are among those that have received the greatest attention for evaluations.

Bystander intervention strategies draw on well-documented knowledge of the barriers people face in situations where they are exposed to potentially risky situations and could act to intervene. The first barrier is *diffusion of responsibility* or the perception that, in a situation with many witnesses, individuals can escape responsibility because someone else will intervene (Coker et al., 2011). *Evaluation apprehension* occurs when individuals avoid getting involved because they are afraid to appear foolish. *Pluralistic ignorance* refers to the fact that individuals defer to the behaviour of others in potentially risky situations. Individuals are less likely to intervene when they *lack confidence* in their ability to do so and when they have not seen someone else model effective bystander behaviours.

The *Bringing in the Bystander* program, which includes interactive workshops and media messages with educational, motivational, and skill-building components, covers information about the prevalence, causes, and consequences of sexual violence and teaches effective bystander interventions (Baynard et al., 2005). The program provides participants with active learning exercises, allows time for them to create and discuss their own bystander plans, and asks them to commit to intervening by taking a bystander pledge. It functions as a single-session program and a three- session program with a booster session at two month follow-up. An evaluation using an experimental, random assignment design with controls found that college students who attended a one- or three-session program showed improvements in rape myth acceptance and pro-social bystander attitudes, knowledge, efficacy, and behaviour compared to a control group (ibid.). Changes persisted up to 12 months afterward. In addition, attitudes, knowledge and behaviour were found to be correlated, suggesting that altering attitudes and knowledge may be an effective way to alter negative behaviours.

The *Mentors in Violence Prevention* (MVP) program incorporates a bystander and social norms approach to challenge common beliefs about links between masculinity and violence while enlisting men as positive agents of social change (Katz, 1995). The program originally targeted male athletes and is based on a peer leadership model that seeks to empower bystanders through an active approach to preventing violent and sexist behaviour. Student leaders are selected for an initial awareness-raising phase consisting of multiple sessions (12-14 hours of training) where different types of abuse are discussed, followed by train-the-trainer programming to help the student leaders learn and practice group facilitation and public-speaking skills. These students then facilitate workshops attended by their peers. An evaluation was conducted of an MVP program involving 113 students as peer educators and 355 as workshop participants with a curriculum covering gender roles, types of abuse, alcohol and consent, harassment and homophobia using interactive exercises (Cissner, 2009). Results were positive with both groups of students reporting a significant drop in sexist attitudes and improved self-efficacy to intervene to prevent gender violence. Effects were larger for peer educators than workshop participants, but lower for men and those who were mandated to attend compared to volunteers.

The *Fourth R* is a high school-based program with a bystander component that aims to instil knowledge, positive relationship skills, and decision-making skills within the context of bullying, peer and dating violence, substance abuse, and unsafe sexual behaviour (Crooks et al., 2008). The program materials have been adapted to be culturally appropriate for Aboriginal youth. This is a curriculum-based program that has been incorporated into the physical education and health classes in at least seven provinces in Canada. The program is delivered in a multiple session format, with gender-specific content for males and females. The focus is on healthy adolescent relationships, gender role expectations, alternatives to aggressive problem-solving, violent and sexist media, alcohol and drug use, abuse of power and control, sexism, decision-making, rape, handling dating stresses, and violence. Adolescents learn communication and conflict resolution skills by solving hypothetical problem situations.

A five-year randomized control trial with 1,722 students in 20 schools showed positive changes in dating violence and safer sex practices at a two-year follow-up for students who participated in *the Fourth R* in grade 9 compared to a control group (Wolfe et al., 2009). The effects were greatest for boys. Important elements of this program are skill development through role playing and other active participation, presentation of issues as interconnected (such as violence and alcohol and drug use), and the integration of a gender component.

The *Green Dot* is a bystander program developed at the University of Kentucky to increase proactive bystander interventions by overcoming the barriers to intervening with an aim to reducing dating violence and sexual violence on college and university campuses. It has been expanded to colleges and universities as well as high schools in several states. In addition to bystander behaviour training, students are also taught to understand how perpetrators target their victims providing them with the knowledge required to assess the situation, identify the potential risk, identify options for action, and determine how they will intervene safely (Coker, et al., 2011). Students who are influential among their peers are recruited for *Green Dot* training where they attend small intensive sessions to learn how to implement bystander behaviours. The selection of socially influential students is a deliberate strategy to improve the effectiveness of the program as research has shown that new behaviours are more readily adapted when modeled by influential peers. An evaluation at the University of Kentucky shows that students trained in *Green Dot* bystander intervention techniques have significantly lower rape myth acceptance and engaged in bystanders behaviours more often compared to students who did not receive the training and those who heard a speech about *Green Dot* but had no opportunity for active learning (Coker, et al., 2011).

MEDIA-BASED APPROACHES

Media-based anti-sexual violence messages have expanded over the past decade and are now reaching a growing audience. Many of these campaigns put the responsibility on young men to avoid sexual violence with messages about masculinity that challenge conventional norms, rather than cautioning women about dangerous situations. These campaigns are grounded in the evidence that acceptance of rape myths and other norms that condone negative and hostile treatment of women increase the likelihood of acting violently toward women, particularly within social contexts in which men perceive their peers to share these beliefs (Bohner et al., 2009). The *White Ribbon Campaign* is one of the longest

standing media campaigns. The aim of this campaign is to raise public awareness of violence against women, to challenge boys and men to think about sexist beliefs, language and actions, and to encourage men to speak out and become involved in anti-violence work. It thus incorporates aspects of the bystander approach. The connections between masculinity, alcohol and drugs use, expectations and social norms placed on men and women regarding alcohol and drug use, and the connections to violence are explored. The campaign takes place during the 16 Days of Activism on Violence Against Women beginning November 25th each year, but activities go on throughout the year in over 55 countries worldwide.

I am a Kind Man (Kizhaay Anishinaabe Niin in Ojibway) is an Ontario-based campaign that provides resources to men and young people in Aboriginal communities to assist them to speak out against all forms of violence against women and help them reconnect to traditional teachings that do not tolerate violence. The *My Strength is not for Hurting* campaign, established by the California Coalition Against Sexual Assault, is designed to highlight issues around consent in intimate relationships by reframing masculine strength as an attribute of non-violence and respect toward female partners. *Coaching Boys into Men* plays on the same theme by urging men to teach the boys in their lives that strength does not equal violence. Recognizing the influential role coaches play in the lives of boys and young men, a component of the program provides resources for coaches to talk to young athletes about respect for women and girls.

The *Don't Be That Guy* campaign, developed by Sexual Assault Voices of Edmonton (a coalition of the Edmonton sexual assault centre, Edmonton Police Service, and interested business leaders and individuals), is one campaign that aims directly at reducing alcohol-related sexual assaults. With the tag line "sex without consent = sexual assault", the campaign places the responsibility for preventing sexual violence on young men and aims to change attitudes that suggest women are to blame for being assaulted while drinking. In addition to posters that can be downloaded from the internet, each of these campaigns provides resources and educational material on websites to challenge rape myths and stimulate learning and discussion.

Media messaging, accompanied by strategies to reinforce the message in a variety of settings, has achieved attitudinal and behavioural change in other areas of social concern such as seatbelt use, smoking, and drinking and driving (Lonsway et al., 2009). Yet these efforts have been broadly implemented and sustained whereas sexual violence prevention messages have not. The expansion of the *White Ribbon Campaign* throughout the world is one indication that these messages are gaining broad appeal and increasing numbers of men are demonstrating their commitment to actively working to end violence against women.

Table 1 presents an overview of evaluated successful programs and summarizes their target audience, program model and component on alcohol-related sexual violence, and evaluation outcomes.

Table 1. Examples of evaluated sexual violence prevention programs with positive outcomes

Program name	Target audience	Program model and alcohol component	Evaluation outcomes	Reference
The Men's Program	Men only. Fraternity men and male athletes on college campuses	Bystander intervention when alcohol is present Consent when alcohol is present	Qualitative and quantitative evaluations in US universities. Positive improvements in attitudes, beliefs, and likelihood of sexual violence in 7 month follow-up	Foubert (2000); Foubert & Newberry (2006); Foubert & Perry (2007)
Bringing in the Bystander	Separate sessions for men and women college and university students. 1 and 3-session programs with booster session at 2 months	Bystander intervention and social norms theory Bystander intervention when alcohol is present	Quantitative and qualitative evaluations in US universities. Change in rape myth acceptance, knowledge of sexual violence, bystander attitudes, efficacy and behaviours in 4 and 12 month follow-ups. Improvements for both men and women	Banyard et al., (2005); Banyard, Plante & Moynihan, (2007); Moynihan & Banyard, (2008); Potter, Stapleton, & Moynihan, (2008); Potter, Moynihan, Stapleton, & Banyard, (2008); Banyard, Moynihan, & Crossman, (2009)
Mentors in Violence Prevention (MVP) Program	Mixed and separate sessions for men and women high school and college students	Social norms theory, multi-level approach Dedicated alcohol component	Quasi-experimental pre/post design with comparison group at Syracuse University. Positive change in awareness of violence against women, sexist attitudes, beliefs about gender and violence, and willingness to intervene as bystanders.	Cissner (2009)

The Green Dot	Mixed sessions for men and women high school, college, and university students	Bystander intervention, social diffusion and social norms theory Bystander intervention when alcohol is present	Cross-sectional survey with random sample of University of Kentucky undergraduates. Positive change in rape myth acceptance and bystanders behaviours for student leaders and workshop participants trained in Green Dot techniques. Stronger effects for student leaders.	Coker, et al. (2011)
The Fourth R	Curriculum-based program incorporated into health and physical education classes in high schools throughout Canada.	Explicit discussion about alcohol	Randomized control trials with longitudinal 5 year follow-up showed positive change in attitudes and behaviour	Wolfe, et al. (2009)

Important lessons have been learned from these program evaluations. Still, due to the absence of replicated evaluations in multiple sites, caution must be used when adapting a program that demonstrated success in an environment that may differ in important cultural, demographic or structural features. Promising characteristics of evaluated programs which were deemed successful in *their particular context* include (Anderson & Whiston, 2005; Crooks, et al., 2008; Shewe, 2002):

- Inclusion of teachers, parents and the wider community for school-based programs
- A gender component
- Opportunities for skill development through role playing and receiving feedback
- Culturally appropriate content for Aboriginal youth
- Single-gender programs
- Social norms approach of addressing rape myth acceptance and other supports for sexual violence
- Emphasizing the possible consequences of perpetrating sexual violence, such as negative reaction from family and peers

Programming that appears to be *ineffective* in reducing sexual violence perpetration includes (Shewe, 2002; WHO, 2010):

- Educating women on self-defence strategies without skills development on self-defence

- Educating women solely on avoiding high-risk situations such as abusing alcohol
- Personal confrontation or negative labelling of young men
- Encouraging victim empathy which can result in both improvement and worsening of attitudes

MULTI-LEVEL APPROACH

Some recognized prevention theories particularly support the multi-level approach. Social norms theory is grounded in the knowledge that peers exert an important influence over young people and, therefore, attempts to alter individual norms are unlikely to be successful unless group norms are also changed. Individuals are influenced by the behaviour of others in their social environment and are unlikely to intervene unless they perceive strong social support for doing so. In the context of sexual violence, research confirms that college students over-estimate the prevalence of the sexual activity and average number of sexual partners of their peers, and that many young men over-estimate their peers' support for rape myths and rape-supportive behaviour (Hillebrand-Gunn et. al., 2010; Lynch et. al, 2004; Martens et. al. 2006; Scholly et al, 2005).

Multi-level approaches require community engagement, particularly partnering with members of specific communities, developing community stakeholder groups, jointly identifying the specific problems related to sexual violence, and deep cooperation when implementing prevention strategies (Casey & Lindhorst, 2009). *The Fourth R* program resembles such a multifaceted format, initiating school-wide prevention and fostering relevant outside curricula activities, as well as channelling assistance to particular at-risk groups. Although it represents a program with broad objectives, it is highly credited for its social norms interventions and community engaging approach (Clinton-Sherrod et al., 2008; Berkowitz, 2010).

In conclusion, the multi-level approach not only strengthens individual attitudes and behaviour change, but it also promotes community education and a shift in norms, strengthens knowledge sharing and networking between providers, and supports policy development in the field of sexual violence prevention.

FOCUS GROUP DISCUSSIONS

A series of focus groups were held with youth and service providers in the local community to engage them in discussion around two main questions: (1) how do participants perceive risk and responsibility for sexual assault particularly in the context of alcohol use, and (2) what future directions should be taken to prevent alcohol-related sexual assault among youth in Ottawa?

Six focus groups were conducted with a total of 32 participants including 12 high school students, 13 university students, and 7 sexual assault service providers and youth workers. The focus group discussions were semi-structured, meaning they were guided by a flexible and open-ended set of interview questions. A thematic analysis was used to identify themes and summarize the contributions of the participants. The questions were developed based on previous research and the team's knowledge of sexual assault and common sexual assault myths.

The primarily objective of this project was to investigate perceptions of sexual violence and drinking among youth and appropriate prevention strategies; youth were therefore identified as key informants who were invited to share their knowledge and experience and provide recommendations for prevention initiatives. Focus groups with youth began by examining participants' knowledge and thoughts related to sexual assault and sexual assault myths by way of questions such as: When you hear the word "sexual assault" what comes to mind (followed by probes specifying certain situations)? In which of these situations do you think the man is responsible for the sexual assault? In which is the young woman responsible? Participants were then asked to provide ideas about how sexual assault in the context of alcohol misuse can be prevented, what types of prevention messages young men would respond to, and what media would be most effective for reaching young men. By using only a few broad questions participants were able to discuss topics in greater depth, adding to the richness of the interview data.

Focus groups with sexual assault service providers followed a similar format where participants were asked to share their perceptions and understandings of risk and responsibility with respect to sexual assault. They were also asked to reflect on gaps in current programming around sexual assault and alcohol misuse in Ottawa and to share ideas they have to address these gaps. Participants were purposefully recruited through community agencies that work with youth and through high schools, university campus events, and an email sent to college and university campus groups requesting that it be forwarded to their undergraduate email lists.

French-speaking and English-speaking youth and service providers were invited to participate in the focus groups. The project aimed to conduct groups with female and male high school students, female and male university students, and service providers. Separate gendered youth groups were considered important to enhance participants' willingness to speak comfortably and openly, given the gendered nature of sexual violence. In total, two focus groups were held in English with high school students, one mixed-gender and the other with a group of female students. Two focus groups were conducted with university students, one all-female session in French and one mixed-gender session in English.

Two focus groups were held with service providers, both in English. Participants represented criminal justice agencies, health care agencies including sexual assault nurse examiners, and non-profit organizations.

Participant recruitment began in January 2011 and was completed in April 2011. Focus groups were hosted at participants' schools or an alternative convenient location, such as the boardrooms of community agencies.

All participants provided informed consent to participate and signed a confidentiality agreement after being provided with full details relating to the purpose of the study and their role in the project. Participants under the age of 18 also required parental consent. Participants were informed that their involvement was voluntary and that they had the right to withdraw their consent at any time. Youth received $10 and transportation tokens as incentive for participating and in compensation for their time, and all participants were offered food and beverages. Service providers received continuing-education credit in compensation for their time.

All but one of the focus groups was audio recorded and transcribed verbatim.[1] Audio recordings were destroyed following transcription to maintain participant confidentiality. For the focus group without an audio recording, the facilitator took detailed notes. In addition to the verbatim transcript, a member of the research team also took hand written notes which summarized the main points. Members of the research team who had experience facilitating community-based group discussions facilitated the focus groups. The role of the facilitator was to ensure that the conversation remained on topic and to attend to group dynamics, ensuring that all group members had an opportunity to participate.

THEMES EMERGING FROM THE FOCUS GROUP DISCUSSIONS

CONCEPTUALIZATIONS OF SEXUAL ASSAULT

How the concept of sexual assault was understood varied among participants within groups and across group membership. Despite diversity in understandings there were also commonalities. In general, the image that comes to mind for youth is the popular image of the stranger lurking in the dark.

> *The image in my head is a man with a knife and a crying woman in an alley, you know. When people hear the word 'rape' and 'sexual assault' they think of a man forcing sex on a woman against her will. But the definition covers so many different types of sexual assault.*
>
> *Male university student*

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[1] One focus group was not audio recorded due to an administrative error.

Service providers also felt that this was the popular image of sexual assault among young people they work with.

> *I think there's a lot of scare tactics and I think…a lot of times girls see it the way the media portrays it, it's going to be, you know…you're walking home late at night, in an alley and you don't know him and or, you're at a party and you're drinking and he slips something in your drink. But there doesn't have to be a lot of hype behind it, it can be a sexual assault, it can be something that's unwanted, it can be somebody you know. I think having really honest conversations is what's missing…it's not in an alley and it's not somebody you don't know. Friends can be around and friends can minimize it and just to be able to dispel those myths and ideas.*

> *Female service provider*

Although some youth intellectually knew that sexual assault could happen anywhere, at any time and by people known to them, the violent stranger was the dominant image of sexual assault.

Youth participants also discussed the gendered nature of sexual assault. Although they knew that both men and women experience sexual assault, they also understood that women are disproportionately the targets of sexual assault. Overall, participants were divided into two camps: the first group felt that sexual assault referred to the act of rape.

> *I think [sexual assault is] specifically rape. Involving women. I know it happens to men but it is far less frequent.*

> *Female university student*

> *I think that sexual assault is more, like, rape. And mostly to women. I know people say there's men, but I've never heard of a man being [sexually] assaulted.*

> *Female university student*

The second group understood sexual assault as a broader concept on a continuum that is not limited to a physical act, but may include verbal or emotional sexualized violence. Some described it in general terms, as "being forced into something sexual you don't want to do".

> *Yeah, even verbally. You can sexually harass and assault someone emotionally and psychologically. It is not confined to physical acts.*

> *Male university student*

> *I guess it happens mostly with women and it's not only rape. It's any kind of unwanted touching or any way that the woman doesn't feel like she's being respected.*

> *Female university student*

Service providers also saw a divide in definitions of sexual assault among the young women they work with.

> *I find with my clients they name it differently, so if it was a rape it's a rape, versus if it was like a sexual assault...They think of rape to be involving penetration of some sort and they think of sexual assault to be an unwanted touch, or an unwanted gesture, so I find that, um, their language around it isn't necessarily our language around it.*

> *Female service provider*

Service providers also understood that sexual assault could be any unwanted incident that is sexual in nature.

> *Discrepancy [in understandings of sexual assault] we see a fair bit. On both ends of the spectrum. We do get some youth who think that they've been sexually assaulted when, you know, it's a kiss, or something that we would put on the lower end of the spectrum, but then there's other ones on the far end [of the spectrum] who don't see themselves as being sexual assaulted.*

> *Female service provider*

One service provider described this unwanted aspect as a "violation of sexual integrity." However she recognized that many individuals, adults and youth, may not know what their sexual integrity is, where the line is drawn and when it is crossed. This observation may partially explain why so many youth did not understand where lines were drawn and crossed, which will be discussed greater detail below.

It is evident from these focus groups that there is no common language of sexual assault and this may create barriers in effective communication and education. Service providers felt that youth's divergent understandings of sexual assault were in part shaped by life experience (i.e., a history of violence may normalize future abuse) and cultural and religious factors.

Participants in the mixed-gender high school group were most likely to understand sexual assault to be a structural problem and a manifestation of power and male dominance that was connected to larger patriarchal structures. This high school group was also the only group to discuss sexual coercion as an aspect of sexual assault. This seemingly feminist, structural understanding may be related to the fact that these youth were recruited from a community organization with whom they volunteer. These

students have undergone training on the topic of sexual assault, which may account for their broader understanding.

THE LINK BETWEEN SEXUAL ASSAULT AND ALCOHOL USE

Youth and service providers unanimously agreed that there was a relationship between alcohol use and sexual assault. Among youth the discussion focused on bar or club environments. One service provider felt that assaults that took place at somebody's home were less likely to be framed as assault by her clients because young women believe that houses are safer spaces where they can exercise greater control.

The mixed-gender high school focus group was aware that individuals cannot give consent under the influence of alcohol. However, even though consent cannot be given when under the influence of alcohol, this is complicated by social norms. Particularly, participants and service providers described the normative youth culture of "getting drunk" and "hooking up".

> *It's not forced on anyone, right, like if the peer atmosphere is that everybody is sharing and drinking then the whole social structure disintegrates and then you don't know anymore what's what. There isn't a point where somebody said, "I was made to drink" or "I was encouraged to drink". Everybody's doing it and everybody's just getting more and more into it, it's like this kind of whirlwind or spiral and, uh, and then after that it all kind of falls apart.*
>
> *Female service provider*

Youth conversations centered on the physiological and cognitive impacts of alcohol on sexual assault victims. Participants described how women's inhibitions are lowered rendering them unable to pick up on environmental cues about dangerous situations, impaired their decision-making, led them to be unaware that sexual assault occurred, and led to the possibility of waking up confused without a clear memory. Overall, alcohol consumption was seen as placing women in a vulnerable position. These physiological and cognitive impacts were also described as having long-term consequences, where victims may engage in self-blame and overly monitor their behaviour at parties. Service providers felt that prevention and intervention efforts must continue to tell survivors that it is not their fault and not blame them for their experiences, regardless of whether they were under the influence of alcohol. Service providers also noted that young women who consumed alcohol prior to the assault, or their friends, will often use drinking to rationalize and minimize the sexual assault. One service provider felt that this minimization was a way to stay loyal to one's friends, as the assaults commonly occur within a social network.

Many youth participants held the belief that males could not control themselves under the influence of alcohol. While one participant stated that this loss of control was not an excuse, he felt that it was a

contributory factor to sexual assault where men may not perceive their actions as wrong as they might have if they were sober.

> *I think also that alcohol can definitely affect the perpetrator, like affect their judgment significantly. The alcohol can control you in a sense. It's definitely not an excuse, but it's a contributor.*
>
> *Male university student*
>
> *You know what is wrong and what is right. But what is wrong might seem a little less wrong as you get more inebriated, you fall victim to your own desires, right.*
>
> *Male university student*

One service provider described a socially sanctioned "time out" that is assumed by young people when they are drinking.

> *It's a mystique that we have in our Western and North American culture that you're drunk and you act drunk for all intents and purposes. So you're like I had a drink, I can do whatever I want and be crazy when it's really not the effect of the alcohol but more the person thinking "I have permission now" because they can just say I was drunk.*
>
> *Female service provider*

For youth, women who were visibly drunk were thought to be seen as easy targets for predatory males. While some youth were careful to note that a man's use of alcohol did not reduce his responsibility, he was seldom seen to be responsible. Rather women's consumption of alcohol and poor judgment was the main focus of conversation. This will be further discussed below in the theme *Blurry Lines.* By focusing on the perpetrator as "predatory" youth may be evoking monstrous imagery, which obscures the reality that it can be a friend, boyfriend, or acquaintance. One service provider felt that many of the young women she worked with were hesitant to label their assaults as assault because it was a confusing encounter with someone known to them, rather than the typical media sensationalized situation with a stranger.

Youth participants also implicated other institutions in discussions about sexual violence and alcohol. For instance, young people and service providers discussed bartenders continuing to serve young people who should be "cut off" which increases their vulnerability to violence. One service provider was distributing posters and coasters to Ottawa bars for an anti-violence campaign and staff regularly had stories about drunken women in their bars in unsafe situations. When she asked how the bars handle such situations, some staff noted that they would not hesitate to serve the women another drink.

Youth described the role that alcohol plays in the reporting of sexual assault to police and in decreasing the survivor's credibility in court. Service providers in the health care system and the criminal justice system also pointed out that the consumption of alcohol shaped whether individuals would access support services.

> *I think for a lot of young women that it comes down to the validity of their story and they're afraid because they have sent topless photos to their partners or they did openly engage in shots and got really, really drunk and it was on film and it was all over Youtube and Facebook. So then, they feel like, "What's my story? Who's going to support me? I've already engaged in these activities".*
>
> *Female service provider*

Many youth were critical of the criminal justice system. For example many participants felt that officially reported statistics are underestimated and shaped by various barriers such as social and cultural factors to disclosing violence. Some participants noted that perpetrators could use intoxication as a "partial defence" if the case went to trial, diminishing responsibility for his actions. A criminal justice service provider also felt that the consumption of alcohol made it less likely for survivors to report an assault or press charges. She also felt that survivors who report may not get a just outcome and that the process can be re-traumatizing.

In analyzing the responses of young participants, two themes emerged: (1) *Blurry Lines*, where youth demonstrated confusion and contradictions in attitudes and beliefs, (perhaps because of the difficulty of navigating exposure to information and misinformation), and (2) *Roles*, where participants clearly described the assumed role of the "victim", whereas the role of the perpetrator was less often discussed or defined. The absence of themes related specifically to males or perpetrators suggests that youth perceive sexual assault to be predominantly a women's issue. These themes are further elaborated below.

THEME 1: BLURRY LINES

The concept of "lines" continually surfaced in discussions with study participants. Both youth and service providers spoke about the crossing of "lines" or "boundaries" and of being unclear where the line was. This was also described as a "grey area".

> *There's lots of things in our society that we don't do, that we know are wrong, so why isn't there a similar recognition for sexual assault? Like even if we take out the legal part and we just look at a boundary being crossed, somebody getting into your space basically, it's somebody coming into your house, except this is your body house. Why is it that myths are used? Why can't it just be recognized that this is a crossing of the line? Female service provider*

The confusion of many youth participants may be the result of information and misinformation they receive from various sources about gender roles, expectancies around alcohol use, sexual scripts (particularly consent), and sexual assault. At first reading, participants appear to have many contradictory views about sexual assault. Service providers felt that youth may have difficulty drawing the line because they are exploring their sexuality and have not yet clearly identified their boundaries.

There are several sub-themes of *Blurry Lines*, which are described below. Participants noted that understandings of "the lines" are contextual and shaped by perceptions of the type of assault, who was involved, the location, the use of alcohol, and other social and cultural factors.

"MYTHS CAN BE TRUTHS SOMETIMES": THE LINE BETWEEN MYTH AND TRUTH

Several situations where the line between myth and truth is blurred were offered by participants including:

- Women's sexy clothing is an invitation for sexual attention

- If a man buys a woman drinks there is an expectation and sense of obligation for sex

- Women who are assaulted when intoxicated should have known their limits of consumption

- Men who are drunk cannot control themselves

- A woman dancing at a club provokes men

These commonly held beliefs perpetuate the false notion that men are seduced by women and cannot control their "instinctual" urges, thus sexual assault is an uncontrollable crime of passion. These statements also suggest that women are responsible for sexual assault. When a focus group facilitator suggested to a group of youth that many sexual assault myths are premised on the idea that sexual assault is not interpreted as a crime, this was corroborated by the youth.

> *[Sexual assault] is just not to the caliber of what we consider to be an offence… somebody grabs you on the bus and people will go, "well, you're still okay, aren't you?" Right, but somebody grabs your wallet and they'll actually go after him.*
>
> *Female facilitator and service provider*
>
> *I find that a lot of times people, whether intentionally or subconsciously, (we) look for ways to blame the victim for what happened to them. Like if the girl was in the club people would ask what were you wearing? What were you drinking? Who were you hanging out with? Were you with friends? Were you alone? And those are questions you don't generally ask victims of other crimes. Like if she got mugged you*

> *wouldn't ask: What were you doing in that part of town? What were you*
> *wearing? Did you look rich?*

> *Male university student*

Service providers agreed that given the low reporting and conviction rates, sexual assault is not seen as a serious crime in Canada, which was echoed by several youth.

Participants did not unanimously believe that the above ideas represented myths. Rather, some youth, males and females, felt that myths can reflect reality and hold some truth.

> *[If she is going out dancing] I don't want to say she's asking for it but she*
> *is putting herself in a situation where she's going to be surrounded by*
> *guys that are drinking too much. So things could happen.*

> *Female university student*

> *I wouldn't consider it a myth of sexual assault because in reality a lot of*
> *girls out there actually look for it. Not look for it but I am pretty sure*
> *that they're old enough to actually know what's good and what's wrong.*
> *I mean if you go out almost naked, get drunk, wasted and then try to*
> *walk home, what else could happen, right?*

> *Female university student*

> *[How you dress] gives a depiction of the individual's character. It may*
> *not be accurate but it allows us to see something about what that*
> *person may be. Is this person going to be easy? Or is this person a*
> *respectable figure that would never engage in such matters. It's an*
> *unfair judgment…but we always categorize, we always judge people*
> *based on how they look. I think it's a natural instinct.*

> *Male university student*

Participants in an all-female high school group were less reflective, but echoed many of the same views along the lines of "what does she expect" when a man buys her a drink. One bluntly said that a woman who wears a miniskirt to a bar is "asking for it", especially if she were to leave the bar with him. There was some debate among youth about these ideas, although participants often appeared to contradict themselves. For example, with respect to women's clothing, one felt that the type of clothing isn't the issue and that women could be naked if they want to, as long as they're not sending the "wrong message". One participant stated that a woman drinking should not be seen as sexually available, but that she should not have put herself in a high-risk situation where assault is seemingly inevitable. Another felt that yes, women ask for it but assault doesn't happen unless the man decides to act. The overlapping sub-theme of responsibility will be discussed in greater detail below. Because participants

felt that myths and stereotypes can accurately represent reality, participants had difficulty articulating what was a myth of sexual assault and what was a fact.

RESPONSIBILITY: HIS/HERS

Much of the discussion of risk and responsibility for sexual assault among youth focused on female victims. Although some women in an all-female university group were clear that the woman is never responsible, the majority of participants felt that it was women's responsibility to clearly communicate "no" which reflects an understanding that consent is assumed until a clear "no" is given. Participants primarily discussed women's responsibility in consuming alcohol. Women were continuously admonished to "know their limits" and take precautions to guard against sexual assault while drinking.

> *If a guy bought me drinks to get in my pants, I'd take the drinks. I wouldn't let him in my pants, I'd make it clear.*
>
> *Male university student*
>
> *The girl should know the limits, when to stop drinking, so that when the time comes she can mentally think. You know, now he's in charge of her mind, he drives her home and something happens. It's kind of like he's taking advantage of her, but she should know the limits too.*
>
> *Female university student*
>
> *You know as a grown adult you should have the reasoning to say, "Okay fine, I am going to take this many drinks but I won't go home with him because I don't want to be raped."*
>
> *Female university student*

These comments place responsibility for sexual assault onto the victim. Here participants assume that women are always in control of what they are consuming and how much. Young people do not seem aware of how easily drinks can be spiked with a substance or of the unintended and dangerous effects of mixing alcohol with medications. Service providers also noted that youth may not know their limits of drinking because they may be drinking quickly or drinking on an empty stomach.

Comments from youth indicate that many assume that silence or intoxication can be interpreted as consent and that women who are assaulted while intoxicated are at fault for making themselves vulnerable and for being in high risk situations. Service providers felt that underage women often blamed themselves for a sexual assault because they were engaged in the illegal activity of drinking. This blame can be reinforced by friends.

In contrast there was little focus on the responsibility of the perpetrator. Unless the situation fit a clearly stereotypical rape scenario participants had a hard time placing responsibility on the perpetrator. This suggests that youth may not have a clear understanding of sexual coercion.

> [*Responsibility*] *depends. I mean if she told the guy to stop or gave any sign of I don't want any more of this contact and he continued, then it's incorrect. But is she didn't communicate, effectively communicate, to that individual I really don't think that would be construed as sexual assault…If he's making advances that would be considered appropriate in that situation and she doesn't communicate to him, no, I wouldn't see it as sexual assault. But if she does and he continues, it is.*
>
> *Male university student*

One male youth and a service provider felt that young men may genuinely not understand consent and may unintentionally commit sexual assault because they do not know any better.

Overall, youth understood that males may take advantage of a situation, but that victim play a role in creating the environment in which an assault can take place. These conceptualizations of sexual assault may serve a particular purpose for young women. For instance, fully believing that women cannot control sexual assault and that it can happen at any time, by anyone, anywhere may be distressing. By blaming the victims for engaging (or not engaging) in certain behaviours, women may feel a greater sense of control, which may lessen anxieties about the possibility of experiencing assault.

CONSENSUAL SEX/SEXUAL ASSAULT

Youth and service providers did not feel like young people clearly understand consent. Service providers felt that the line between consent and assault was complicated by current technologies and social media. For instance, with the sexualized youth culture and technologies such as texting, it is easy for youth to flirt and put themselves into situations that they then feel they have to follow through on. Some young people do not appear to know it is possible to say no at anytime or flirt without "following through". This blurry line or grey area of consent contributed to youth not fully being able to identify the difference between assault and consensual sex, myth and truth, as well as where responsibility for an assault lies.

> *You could probably prevent a lot of sexual assaults that wouldn't have happened if people knew what consent was, how to determine what is consensual. I think a lot of people getting drunk and being taken advantage of might not happen because guys might not know when to stop and what not to do. A lot of guys might not be actively trying to sexually assault somebody; they might just not understand that they're not supposed to be doing this right now because she is in no condition to be consenting to it. Male university student*

Thus, education about consent was a primary recommendation by both service providers and youth. One service provider found that discussions about regrettable sex versus sexual assault were a useful way to help youth identify these boundaries.

> *When I've talked to young people before we've had this conversation about the difference between a sexual assault and something that you're regretting, because everybody has experiences that they've regretted … you regret it but you don't feel like you've been violated. So how do you teach young people to make that distinction in the sense that it's okay to have regrettable incidents, because that's part of life… but at what point is it gone past regret where somebody has overtaken you and you no longer have the power to regret because once you don't have the power to regret it means that it's become a violation. It's interesting to have those conversations because it can sometimes be helpful to sort out whether it was an assault or a regrettable [experience]. Alcohol just makes it blurrier because you don't know whether it's a regrettable incident or not because you can't remember.*
>
> *Female service provider*

One service provider commented that because some youth do not understand the lines between consent and assault, or even what sexual assault encompasses, that there are many sexually assaulted young people who may not identify as victims.

Service providers felt that the line of consent may be blurry for youth for several reasons, including the consumption of alcohol which makes situations less clear, and the underpinning of social values that create repressive attitudes towards youth's sexuality. By creating an environment where sexuality is taboo, teaching consent and sexual negotiation becomes difficult.

THEME 2: ROLES

The second theme in the participant's discussions was *Roles* which refers to the expected behaviours of individuals implicated in a sexual assault. Specifically, participants primarily discussed the victim and expectations of the victim. In contrast, the perpetrator was discussed less frequently and for the most part was absent from the discussion. Although service providers did not place blame on victims, the majority of the conversation on sexual assault focused on young women.

CLEAR UNDERSTANDING OF "THE VICTIM"

Some participants critically stated that as a society we tend to blame the victim. However, in further conversation about victims, blame was perpetuated through participants' descriptions of victims. Victims were thought of as someone who was vulnerable, insecure, young, weak, naïve, trying to fit in, and unable to stand up for herself. Thus, "victims" represent an "easy target".

I think young girls play a role in [who is sexually assaulted]. A girl that doesn't know better can be preyed upon. I think that definitely plays a role in who is chosen to be preyed upon.

Male university student

A lot of little girls are mature but a lot of girls are not really. All they think about is showing off, "oh, I have a better body" or I have a better whatever. So I guess it is true [that it plays a role in who is assaulted].

Female university student

Predators prey on the weak; then if you emulate, I'm powerful, I can handle myself, I think you'd be less of a target.

Male university student

Victims were seen as women who did not take the necessary precautions to avoid sexual assault. Some service providers emphasized precautionary measures young women can take; however, one service provider challenged this by noting that young women need to know that they can follow all the recommendations and still be assaulted.

INVISIBLE AND LESS UNDERSTOOD "PREDATOR"

In contrast to participants' understanding of the "victim", there was no in-depth description of men and boys who commit sexual assault. Men who assault were referred to as "predators", which may reflect a stereotypical understanding of perpetrators as deviant hunters. While this represents some men who assault, it does not represent them all and it overlooks men who perpetrate in the context of a dating relationship.

PREVENTION

The second aim of the focus groups was for participants to contribute to conceptualizing future prevention initiatives. Congruent with an ecological framework, participants believed that prevention initiatives should incorporate a "multi-pronged" approach. Given that multiple sectors represent different expertise and pieces of the puzzle, service providers recommended prevention efforts utilize a team effort. Such a team may include: school boards, public health, hospitals, police, as well as crisis and non-crisis community-based organizations. Participants had numerous insights on prevention focuses and messaging, which are described below. Involving youth in the design of prevention initiatives was described by both youth and service providers as ensuring prevention efforts use relevant language and are aware of contemporary cultural and social norms for youth.

ELEMENTARY AND HIGH SCHOOLS

Sexual education

Overall youth and service providers consistently expressed the view that sexual education is inadequate. As one youth aptly stated, "We learn about sexual health, not how to have responsible sex". Youth felt that there should be a mandatory high school sexual education curriculum that addresses sexual assault and other related issues, such as consent. Many youth also felt that this education should be presented in elementary school. Service providers also recognized that high school was too late for prevention education to begin, especially as there is a large gap between when students first learn about the topic (grade 2) and then later receive sexual education (grade 8). Service providers felt that concepts such as consent could be incorporated into the general concept of sharing and asking to borrow (in terms of sharing your body), which is taught in grade school. Currently an Ontario curriculum exists for sexual assault, as well as alcohol and drugs. Service providers felt that school boards should be proactive rather than reactive and review the curriculum to identify and fill gaps, and develop links between alcohol and drug education and sexual education. However, one service provider cautioned that although these links are important, they should not eclipse the need to prevent sexual violence that occurs in the absence of alcohol.

In describing what appropriate sexual education would look like youth described:

- An explicit definition of sexual assault that places violence on a continuum

- Defining violence as being possibly perpetrated by people you know, including boyfriends

- An explicit definition of consent and the limits of consent

- Clarifying sexual coercion

- Discussing the relationship between alcohol use, sex, and sexual assault

- Teaching youth the risk factors associated with sexual assault and precautionary measures

Related to the last recommendation, high school students and service providers recommended a "harm reduction" approach to education. For instance, although sex among youth is a taboo topic and drinking is illegal, education should work from a harm reduction approach, which recognizes that sex and drinking are possibilities or even realities for most students. A harm reduction approach would teach youth how to make informed decisions and how to participate in these behaviours in a healthier way that reduces the harm should they decide to engage in sex or drinking. University students and some service providers spoke about wanting to learn about "party planning" which supports this harm reduction recommendation. Party planning would include: watching your drink, drinking responsibly, having a designated sober friend, and being with and leaving with a group of reliable friends.

Service providers also echoed other educational recommendations by youth, emphasizing the education of sexual assault risks and outcomes, explicitly defining sexual assault, teaching youth how to negotiate consent, and drawing links between alcohol education and sexual education. In discussing consent, one service provider recommended the "consent is sexy" campaign, which teaches youth that asking for sexual encounters and negotiating them is sexy. Another provider talked about teaching consent by utilizing simpler language. For instance working, with youth to understand what it would look like to "get their way" and how two people together can "both have their ways." She suggested asking youth, "How could you make it happen so you both get your way? What words would you use? How would you talk about it?" However, she noted that these conversations need to be practiced sober.

Youth participants disagreed about who the primary recipients of sexual assault education should be. Although participants agreed that males and females should both receive the same education, some participants felt it was primarily the education of young women that could reduce sexual violence.

> *I think we should teach everyone what sexual assault is, but we should*
> *provide young girls and women with ways they can avoid it…Just*
> *providing precautions about how to avoid it because that's what we can*
> *do. We can't take away those predators; predators will always exist,*
> *whether they're preying on women or children.*

> *Male university student*

However, other youth and service providers disagreed and emphasized the importance of including and educating men.

> *I don't know what's done at the level of high schools with young men,*
> *but I think there's something missing there still. If we really want to*
> *have a change or a shift, as you say, it's one thing to help girls to sort*
> *out, it's part of growing up, right, to know what your limits are, what*
> *your boundaries are and whether somebody's crossed them or not,*
> *that's part of growing up, but on the flip side, how many times do*
> *parents have conversations with their sons about all these things?*
> *…[Parents]don't know how to have the conversation because in their*
> *generation they didn't learn how to do that so in some ways it's*
> *incumbent on us, on high schools to have those conversations and that it*
> *should come from, I think, men to men…*

> *Female service provider*

With respect to who should facilitate sexual assault education, one service provider noted that there is a school resource police office in each Ottawa school that is able to discuss sexual assault; however, she did not feel that police officers were the most effective or knowledgeable individuals to deliver this education. Specifically she felt that scare tactics did not work, although police may be useful talking

about the criminal repercussions as part of an education team. Both youth and service providers felt that youth-to-youth peer education was an important future direction. One service provider felt that the school board is continuously dealing with issues related to sexuality and was optimistic about school board collaboration in future prevention efforts. One service provider noted the importance of involving youth in creating their own scenarios in educational workshops and discussions. As she found, "You actually get to see what's going on in their heads and in their heart. You have a lot more to work with."

Media literacy

Although participants did not describe media literacy as a prevention strategy, youth were interested in describing the role of popular media in perpetuating traditional gender roles and sexist attitudes and beliefs about women. Participants felt frustrated by the power and consistency of these media messages and felt that the influence of media imagery was so powerful that change seemed impossible. One service provider felt that the media may be the driving force behind individualized, stereotypical definitions of sexual assault.

Given that youth had strong feelings about the media are immersed in media images in their daily lives, media literacy may provide a means of empowerment and a sense of agency in the consumption of popular culture. Service providers were concerned that any anti-violence campaign must counteract the sexualized campaigns of alcohol companies, such as flavoured Smirnoff Vodka which is popular among some young women. It may be beneficial to encourage teachers to incorporate issues of violence against women into the media literacy curriculum in Ontario high school social studies. Media literacy would allow students to learn to analyze and respond to sexist media. Media literacy education also has the capacity to assist youth in becoming anti-violence leaders by providing them with the tools to speak out in various formats (e.g., lobbying, social media, school based campaigns, peer-to-peer workshops, etc.).

Service providers were also concerned about the role that popular social media and technologies play in today's sexual assaults. For instance, some assaults are video recorded and distributed online, photographs are sent via text, and some young people who flirt via text feel as though they have to follow through on a flirtation. There appears to be an important role for prevention in teaching youth how to use social media and technologies responsibly and to ensure that prevention efforts are up to date with current trends. Youth also emphasized the role that various technologies can play in future prevention campaigns (e.g., twitter, Facebook, podcasts).

Self-defence

Youth participants had divergent views on the topic of self-defence. Students in the mixed-gender high school group were critical of self-defence programs because they are taught in a static environment and assume that women will be able to physically defend themselves from attack. Students felt that this may place responsibility or blame onto women who are not able to fend off an attacker. A focus on self-

defence as a prevention strategy also does not account for sexual assault that is more coercive in nature and not an overt physical attack or assaults that are perpetrated by known men, dates, and partners.

On the other hand, university students recommended self-defence courses. Three female participants had undertaken self-defence courses and reported that they felt "strong", "powerful", and "empowered". They described the course as beneficial and did not interpret it as placing responsibility on the female victims. The differences in these views may be due to the fact that the high school group was recruited from a community organization and had undergone training on the topic of sexual assault.

POST-SECONDARY INSTITUTIONS

Campus campaigns

On the basis of the normative student culture that involves sexual experimentation and pub nights, students felt that university campuses are an important site for alcohol education (i.e., how to drink responsibly) and sex education (i.e., how to engage in responsible sex, what is sexual assault, etc.). Youth noted that "sex sells" and that if an event or campaign was framed as "sex" rather than "sexual assault" more interest would be generated.

> *We need to frame it in a sex positive way. Sex is good and fun and if*
> *you're with someone you want to do it with not good when you're*
> *being forced to do it.*
>
> *Female service provider*

Thus, rather than focusing on sexual assault, a possible campaign or event could address healthy sex and relationships as a context for teaching about consent and coercion.

At the time of the study, Carleton University had posters from the "no means no" campaign developed by the Canadian Federation of Students in both female and male bathrooms. Students felt that bathroom stalls were an effective advertisement space for campaigns on sexual assault. Participants interpreted "no means no" as a gender neutral campaign. While a number of participants supported "no means no", some were critical that it projected responsibility onto victims and perpetuated the belief that women have to say "no" to indicate lack of consent. These youth wondered how people might interpret the actions of a victim who did not or could not say no. Furthermore one student described an undergraduate lecture discussing the "no means no" campaign where the male professor did not understand the intent behind the slogan. Some students in the class also did not understand the intent of the message, not realizing it was an anti-sexual violence campaign. Thus, "no means no" may not represent as clear of a message regarding sexual assault as assumed or intended.

Campus-based organizations

Students were interested in and supportive of student-driven organizations that focus on awareness and prevention of violence against women. These organizations were thought to be important spaces to

connect victims to resources and raise awareness on campus through educational outreach and events. There is currently a group of students who are dedicated to creating such an organization at Carleton University, although students felt there has been resistance from the administration. Some youth also noted that psychological services exist on campus and students need education to increase their awareness of their rights on campus and the possible resources available to respond to issues such as sexual assault.

BARS AND NIGHTCLUBS

Bathroom stall posters

Similar to the discussion above, students were supportive of advertisements in bathroom stalls in bars and nightclubs. These were seen as an important place to raise awareness about alcohol-related sexual assault. One service provider had visited bars and clubs to distribute "don't blink" campaign coasters and posters, which educate about date-rape drugs. She noted that a gay bar in Ottawa she visited was proactive and had a poster at the entrance acknowledging that the establishment was known for drug-facilitated sexual assault and warned patrons to monitor their drinks.

Bartender guidelines and bystander responsibility

Several youth and service providers highlighted a concern that people in bars are often served when they are visibly intoxicated. A particular concern was women who are intoxicated in public or in bars or clubs. They felt that bartenders should exercise their responsibility to cut off individuals who are intoxicated. Guidelines exist and should be enforced. Bystander education is needed so that people feel a sense of duty to assist in creating a safe environment for young women.

YOUNG MEN

When asked how to engage men in prevention efforts, participants felt that it was important to make the message relevant to young men, and specifically to privileged white men who cannot relate to oppression.

> *A white male doesn't really have to deal with any of these problems.*
> *Nobody has ever attacked me because of my race, nobody has attacked*
> *me because of my gender. I have never been sexually assaulted or*
> *harassed. Because I'm white and male. I enjoy a really nice foundation*
> *to build my life on and I have a lot of protection. So I don't really see*
> *these problems as affecting me, and if the people running the show are*
> *like me [white, males], they don't care.*
>
> *Male university student*

One suggestion was to personalize the message so that it relates to the possibility of a known woman being sexually assaulted (such as girlfriends, mother, sisters, and female friends.). Some participants

suggested that men's interest and commitment to anti-violence initiatives can be developed by increasing their empathy toward victims and learning about the short-term and long-term consequences of sexual violence. Others recommended emphasizing the possible arrest and jail sentences to educate young men that sexual assault is a serious crime.

When asked to suggest messaging that would be effective for young men, participants were clear that "angry" messages were not effective. Similarly, participants did not feel that guilt-producing messages were beneficial. Participants also recommended reaching young men in traditionally masculine spaces (such as gyms, sporting events, and sports bars) and through groups they are involved in such as sports teams. A related suggestion was to begin anti-violence educational workshops by introducing the concept of violence against women through the analogy of aggression in sports.

Youth and service providers felt that prevention efforts directed at young men should involve young men in the creation and dissemination. Some youth suggesting to include in a campaign men speaking about their personal regret for assaulting a woman.

> *I think having groups like this, having discussions like this, involving guys,*
> *having fundraisers involving guys, involving men would really start to*
> *change the way that guys even joke about it.*
>
> *Male university student*
>
> *I think the most influential feminist would be a guy, not because he's got*
> *the most influence, but he'd be able to influence the people who*
> *disagree with [the sexual assault movement]. He's from the*
> *demographic of people opposed to some of those ideas. I think having*
> *men preach this and having guys preach to other guys would help stop it*
> *or help educate men what's acceptable and what isn't.*
>
> *Male university student*

Male involvement was identified as key. Similarly, participants felt that male-to-male peer education would be an important tool for prevention.

PARENTS

Youth and service providers also acknowledged that parents play an important role in educating and socializing their children. Youth had no specific recommendations and noted that parents are often busy, navigating many responsibilities. Service providers felt that many parents do not know how to communicate with their children about taboo subjects such as sex because they did not receive this education themselves. Service providers felt that a prevention campaign that aims to increase parents' confidence around taboo topics would be beneficial. Such a campaign would teach parents how to talk to their children about alcohol use, sex, and sexual assault, and would take cultural factors into account.

It was also noted that parents are important advocates for enhancements to school-based curricula on the topic of sexual violence and alcohol use.

GENERAL PUBLIC CAMPAIGNS

Although not discussed in great detail, participants described campaigns that would reach a larger audience. Youth felt that bus stop ads would be effective locations for advertisements. Youth also recommended conveying messages in multiple languages, using very clear and simple wording, providing contact information for further information or support, and utilizing various dissemination strategies (such as social media, comedy, videos, buttons, theatre, and messages on beer bottles and cigarette packages). Service providers felt that a health promotion organization such as public health would be an important agency that could reach the largest audience. Participants were of the view that public health officials will provide information on sexual assault if they are invited; however, sexual assault prevention requires a more proactive approach.

CRIMINAL JUSTICE SYSTEM

Both youth and service providers were concerned about the inadequate response to sexual violence by the criminal justice system. As one service provider stated:

> *We say that sexual assault occurs a lot, but how often are these cases reported and investigated? How often are these cases prosecuted? And how often do these cases, end up with a prison sentence, or any kind of punishment? And if those are not happening then, when we see a scene like [sexual assault] we have to think that maybe there was no crime committed because there will be no punishment.*
>
> *Female service provider*

Both service providers and youth felt that stronger criminal justice response against sexual assault would act as a deterrent and encourage individuals to treat it seriously.

GOVERNMENT RESPONSIBILITY AND ORGANIZATIONAL PARTNERSHIPS

Youth and service providers felt that the provincial and federal governments have a responsibility to provide greater financial support to community-based anti-violence initiatives. Service providers felt that no one agency was capable or responsible for preventing sexual assault and one participant pointed out that an investment in prevention would save money on social spending. They stressed the importance of building networks, sharing information, and collaborating. As each organization and institution has its own unique expertise, prevention efforts need to be a multi-layered and developed in partnership across stakeholders. Such a partnership could ensure that prevention messages and information are consistent. This was felt to be important to address the "blurry lines" described above.

PROFILE OF OTTAWA-BASED PROGRAMS

To provide context to future discussions about the prevention of sexual violence in the context of alcohol, this section profiles some of programs in place in the Ottawa community. This list is illustrative only and in no way encapsulates the breadth of initiatives that are underway. It is included here to stimulate discussion concerning gaps and effective ways to address them.

The Fourth R

Over 100 teachers have been trained to deliver *The Fourth R*, covering all 50 English language high schools in Ottawa through the financial assistance and support of Crime Prevention Ottawa (CPO). The program meets the curriculum requirements of the Ontario Ministry of Education and is taught as part of the regular health and physical education curriculum without the requirement of additional class time. CPO is working in partnership with the two French school boards to implement *The Fourth R* for the 2011-2012 academic year.

The Fourth R program is a comprehensive school-based program designed to include students, teachers, parents, and the community in reducing violence and risk behaviours. The program is delivered in a multi-session format (21 sessions), structured on three major units which include sexual violence prevention and the linkage between alcohol and drug use and sexual violence. The target audience for this program is students in grades 8 and 9 (13-14 years old), of both genders. The classes are gender-segregated and the content of the lectures is slightly different for each audience. Evaluations of The *Fourth R* have been positive (see *Findings* section of the literature review for details of evaluations).

In Love and In Danger

This is a student-led sexual violence prevention program that was developed in collaboration with Family Services Ottawa à la famille, the Ottawa-Carleton District School Board, and the Ottawa Catholic School Board to raise awareness and prevent dating violence among young people. It is a highly interactive program that challenges students to get involved by developing their own anti-violence projects and becoming agents of change in their schools. Teams of students and a teacher from high schools across the city come together at a conference in the fall to learn about the warning signs of abuse and ways to create and maintain healthy relationships. Students develop action plans then return to their schools with ideas and strategies to educate their peers. At the end of the school year, the teen trainers return for a second conference to share their projects and activities.

Sexual Abuse Support Program at Amethyst Women's Addiction Centre

This program offers group support to women as they heal from the trauma of sexual abuse while resisting the use of alcohol or drugs as a coping mechanism. The program is unique in that it addresses the issues of sexual abuse and substance abuse simultaneously.

Prevent Alcohol and Risk-Related Trauma in Youth (P.A.R.T.Y.)

The purpose of the one-day program at the Ottawa Hospital is to provide relevant information to young people that will enable them to recognize potential injury-producing situations, to make informed choices, and to adopt behaviours and actions that minimize risk. Young people hear from an injury survivor, and others who have witnesses the impact of risky behaviour such as police, paramedics, and physicians from emergency departments. There is a particular focus on alcohol misuse and alcohol-related injuries and information about preventing drug-facilitated sexual assault, but no direct messages about preventing sexual violence in the context of alcohol use.

Ottawa Rape Crisis Centre (OCRR)

Under its public education program, ORCC conducts workshops, presentations and discussion groups and provides resource material to youth in high schools, universities and colleges. The objective is to raise awareness and change attitudes about sexual violence among young men and women. The program provides opportunities for thoughtful discussion and self-reflection, and opportunities to apply new information. A primary component of the public education work of ORCC is to identify and challenge rape myths and stereotypes that contribute to a culture that condones and tolerates sexual violence. The work of ORCC is guided by feminist principles which emphasize that sexual violence is a social issue and a reflection of the status of women and children in society.

Sexual Assault Support Centre of Ottawa (SASC)

SASC provides public awareness and education information and workshops in high schools, universities and colleges, places of business, and other community locations.

CALACS francophone d'Ottawa

Centre d'aide et de lute contre les agressions à caractère sexuel (CALACS) is an Ottawa agency that offers diverse services to survivors. CALACS works to end sexual violence against women by offering prevention and public education resources to the community as an integral part of their mandate.

Right to Respect Campaign, University of Ottawa

This campaign was developed through the collaborative efforts of the Student Federation of the University of Ottawa, the Graduate Students' Association, Protection Services, a faculty member, and the University of Ottawa administration. The goals of the campaign are to bring about lasting change in behaviour on campus through positive messaging presented on posters and short video clips, to educate the University community on harassment, discrimination and sexual violence, to encourage individuals to speak out against these acts, and to inform the university community about the resources available on campus and off. The tag line "I am making a difference when…/Je change les choses quand…" encourages everyone to see that they have a part to play. The campaign message specifically related to prevention of sexual violence is "I am making a difference when I ask her how far she wants to go". The

posters and videos are shown at specific campus events and specific times throughout the academic year.

Carleton University

Carleton University employs a Coordinator for Sexual Assault Support Services who offers sexual assault education and training, individual short-term counseling, information and referrals, and safety planning to anyone in the Carleton community who has experienced sexual violence. Practicing from a feminist perspective, the Coordinator offers training on the issue of sexual harassment and sexual assault to staff, faculty and students, including frosh facilitators, residence fellows, athletics staff, and new student safety constables. She works closely with Health and Counseling Services, as well as with campus and community based organizations, such as Carleton's Womyn's Centre, student governments, the Ottawa Coalition to End Violence Against Women, and the Coalition for a Carleton University Sexual Assault Centre. Education and awareness activities include Sexual Assault Awareness Week on campus and co-host of the 2009 "Man Talk" Youth Conference with the Ottawa Coalition to End Violence Against Women and the Sexual Assault Network.

Equity Services and the Coalition for a Carleton University Sexual Assault Centre submitted a joint proposal for shared space to provide enhanced sexual assault support services and educational resources when suitable space becomes available on campus.

CONCLUSIONS AND RECOMMENDATIONS

On the basis of the research literature that highlights the risk of sexual violence posed by situations involving drinking, many researchers and practitioners recommend the integration of alcohol misuse and sexual violence prevention programs for young people (Abbey, 2002). Since alcohol causes perpetrators to focus on the most prominent cues (such as his interpretation of the victim's behaviour rather than her resistance or long-term harm to her), increasing the salience of the costs or undesirable consequences of sexual violence should be part of a prevention strategy. Young people need to receive strong consistent messages that sexual activity without consent, including times when the perpetrator's judgement or victim's ability to consent is affected by alcohol, is a crime and has damaging consequences for victims and for young women in the wider community. Prevention strategies should therefore also target pre-existing beliefs about how alcohol can be used to excuse aggressive behaviour. Expectations about the effects of alcohol can be countered by emphasizing negative consequences of behaviour committed while under the influence of alcohol and the fact that alcohol does not excuse illegal or harmful behaviour.

Recommendations for preventing alcohol-related sexual violence that emerged from focus group discussions with young people and service providers in Ottawa are consistent with the research literature and with many evaluations identifying what works to prevent sexual violence. The most salient recommendations emerging from this study are as follows.

COLLABORATION AMONG MULTIPLE PARTNERS

1. Prevention of sexual violence is the responsibility of a wide range of stakeholders including school boards, universities, colleges, community agencies, bar and club owners, youth-serving organizations, and others. A multi-pronged approach is needed, with partnerships among all stakeholders.

SEXUAL AND ALCOHOL-RELATED EDUCATION FOR YOUTH

2. Youth should receive education that examines gender role expectations, dating scripts, sexual scripts, and explicit information concerning consent.

3. Prevention efforts must take account of the reality of young people's lives which includes drinking and sexual behaviours. Alcohol and drug prevention education should be linked with sexual education in school curricula and should employ a harm reduction approach.

4. Youth recommend that the "no means no" campaign, developed by the Canadian Federation of Students, be continued. They also state that the concept of "no" needs to be clarified so that youth understand that "no" does not need to be verbal, explicit, or the responsibility of the woman to communicate.

5. Youth should receive alcohol education on how to drink responsibly and universities and colleges should work to challenge the cultural norms of student life that include binge drinking.

6. The stigma of being a victim of sexual assault should be reduced through educational initiatives.

BARS AND NIGHTCLUBS

7. Bartenders should follow guidelines stipulating that intoxicated individuals are not served.

8. Bars and clubs should take some responsibility for intoxicated female patrons to ensure their safety.

CRIMINAL JUSTICE SYSTEM

9. There continues to be barriers to reporting sexual assault to police which should be addressed.

10. The criminal justice system should treat sexual assault more seriously, resulting in harsher outcomes to help shift public perceptions about the seriousness of this crime.

11. Legal reform is needed as the court process continues to perpetuate myths and re-traumatizes victims.

PREVENTION MESSAGES

12. Prevention initiatives should continue to debunk rape myths and stereotypes that place the blame and responsibility on women and prevent victims from coming forward.

13. Poster campaigns should engage both men and women yet be clear on the gendered nature of sexual violence.

14. Promote an accurate definition of sexual assault which incorporates the concept of a continuum from unwanted sexual touching to rape.

15. Define consent and coercion within and outside the context of relationships.

16. Educate young women to take precautions to avoid sexual assault alongside the message that despite a woman's actions or inactions she is never responsible for sexual assault. The responsibility of perpetrators needs to be a visible component of sexual assault prevention.

17. Promote the message that sexual assault is not just a woman's issue, it is a community issue.

18. Produce anti-violence initiatives that men can relate to and encourage young men to become leaders in anti-violence initiatives. Male-focused initiatives should be male-driven and include male-to-male and peer-to-peer education.

19. Involve youth in the development and implementation of prevention initiatives.

20. Use contemporary social media and technologies to disseminate prevention messages.

21. Prevention efforts need to be culturally competent so that all young people can relate to them.

DIRECTIONS FOR FURTHER RESEARCH

In addition to recommendations for strategies to prevent sexual violence in the context of alcohol use, this research project points to a number of potentially fruitful areas for further research and exploration. For example, there is widespread agreement that harmful attitudes and beliefs are important impediments to the prevention of sexual violence yet very little is known about how prevalent they are among Canadians, how they are learned, and how they can be challenged. Research from the United Kingdom indicates that half of men between 18 and 25 years of age do not consider it rape if the woman was too drunk to know what was happening (Opinion Matters, n.d.). One-third of Australian adults either believe or are unsure whether women make up false claims of rape, and more than one-third believe that rape results from men not being able to control their sexual urges (Taylor & Mouzos, 2006). Knowledge about which groups of Canadians hold similar beliefs is essential information for targeting efforts to challenge and eliminate these beliefs.

In-depth research with young people is needed to better understand the grey areas and blurry lines identified in this Ottawa-based research and how to help clarify them in education and prevention strategies. Little is known about how youth understand and negotiate consent in sexual interactions. Most importantly, an in-depth understanding of what types of sexual violence prevention messages will work with young men is needed, along with rigorous evaluations to monitor the effectiveness of these programs.

REFERENCES

Abbey, A. (2002). Alcohol-related sexual assault: A common problem among college students. *Journal of Studies on Alcohol.* 14: 118-128.

Abbey, A., McAuslan, P. & Ross, L.T. (1998). Sexual assault perpetration by college men: The role of alcohol, misperception of sexual intent, and sexual beliefs and experiences. *Journal of Social and Clinical Psychology.* 17**: 167-195.

Abbey, A., McAuslan, P., Ross, L.T. & Zawacki, T. (1999). Alcohol expectancies regarding sex, aggression, and sexual vulnerability: Reliability and validity assessment. *Psychology of Addictive Behaviors*, 13(3): 174-182.

Abbey, A., Parkhill, M.R., BeShears, R., Clinton-Sherrod, A.M. & Zawacki, T. (2006). Cross-sectional predictors of sexual assault perpetration in a community sample of single men. *Aggressive Behavior.* 32: 54-67.

Abbey, A., Zawacki T., Buck P.O., Clinton A.M. & McAuslan P. (2004). Sexual assault and alcohol consumption: What do we know about their relationship and what types of research are still needed? *Aggression and Violent Behavior.* 9: 271–303.

Abbey, A., Zawacki, T. & McAuslan, P. (2000). Alcohol's effects on sexual perception. *Journal of Studies on Alcohol.* 61: 688–697.

Adlaf, E., Demers, A. & Gliksman, L. (2005) *Canadian Campus Survey, 2004*. Toronto: Centre for Addiction and Mental Health.

Anderson, L. A., & Whiston, S.C. (2005). Sexual assault education programs: A meta-analytic examination of their effectiveness. *Psychology of Women Quarterly*. 29: 374–388.

Avery-Leaf, S. & Cascardi, M. (2002). Dating violence education: Prevention and early intervention strategies. In Schewe, P. (ed.), *Preventing Violence in Relationships: Interventions Across the Life Span.* (pp. 79-106). Washington D.C.: American Psychological Association.

Bagley, C., Bolithos, F. & Bertrand, L. (1997). Sexual assault in school, mental health and suicidal behavior in adolescent women in Canada. *Adolescence.* 32: 361–6.

Banyard, V., Plante, E. & Moynihan, M. (2005) *Rape Prevention through Bystander Education: Bringing a Broader Community Perspective to Sexual Violence Prevention*. NIJ Document no. 208701. Washington, DC: US Department of Justice.

Banyard, V., Moynihan, M. & Crossman, M. (2009). Reducing sexual violence on campus: The role of student leaders as empowered bystanders. *Journal of College Student Development.* 50: 446-457.

Barth, R.P., Derezotes, D.S. & Danforth, H.E. (1991). Preventing adolescent abuse. *Journal of Primary Prevention.* 11: 193-205.

Berg, D.R., Lonsway, K.A., & Fitzgerald, L.F. (1999). Rape prevention education for men: The effectiveness of empathy-induction techniques. *Journal of College Student Development*. 40: 219-234.

Berkowitz, A.D. (2010). Fostering healthy norms to prevent violence and abuse: The social norms approach. In Kaufman, K. (ed.), *The Prevention of Sexual Violence: A Practitioner's Sourcebook.* (pp. 147-172). NEARI Press.

Berkowitz, A.D. (2004). *Working with Men to Prevent Violence Against Women: An Overview (Part One).* Harrisburg, PA: VAWnet.

Bohner, G., Eyssel, F., Pina, A., Siebler, G. & Tendayi V.G. (2009). Rape myth acceptance: Cognitive, affective and behavioural effects of beliefs that blame the victim and exonerate the perpetrator. In Horvath, M. & Brown, J. (eds.) R*ape: Challenging Contemporary Thinking.* (pp. 17-45). Portland, OR: Willan Publishing.

Brecklin, L. (2007). Evaluation outcomes of self-defense training for women: A review. *Aggression and Violent Behavior.* 13: 60-76.

Brecklin, L. & Forde, D. (2001) A meta-analysis of rape education programs. *Violence and Victims*. 16(3): 303-321.

Breitenbecher, K. H. (2000). Sexual assault on college campuses: Is an ounce of prevention enough? *Applied and Preventive Psychology*. 9: 23-52.

Brennan, S. & Taylor-Butts, A. (2008). *Sexual assault in Canada, 2004*. Catalogue no. 85F0033M, No. 19. Ottawa: Statistics Canada.

Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Cambridge, MA: Harvard University Press.

Carr, J.L. & Van Deusen, K.M. (2004). Risk factors for male sexual aggression on college campuses. *Journal of Family Violence.* 19: 279-289.

Casey, E.A. & Lindhorst, T.P. (2009). Toward a multi-level, ecological approach to the primary prevention of sexual assault: Prevention in peer and community contexts. *Trauma, Violence, & Abuse.* 10(2): 91-114.

Centers for Disease Control and Prevention. (2004). *Sexual Violence Prevention: Beginning the Dialogue*. Atlanta, GA: CDC.

Cissner, A.B. (2009). *Evaluating the Mentors in Violence Prevention Program*. New York: Center for Court Innovation.

Clinton-Sherrod, M., Gibbs, G., Hardison Walters, J., Hawkins, S. & Williams, C. (2008). *Report Describing Projects Designed to Prevent First-Time Male Perpetration of Sexual Violence.* RTI International. Retrieved from http://www.oregonsatf.org/prevention/docs/Prevent_First-Time_Male_Perpetration.pdf

Clinton-Sherrod, M., Morgan-Lopez, A., Brown, J., McMillen, B. & Cowells, A. (2011). Incapacitated sexual violence involving alcohol among college women: The impact of a brief drinking intervention. *Violence Against Women*. 17(1): 135-154.

Coker, A., Cook-Craig, P.G., Williams, C., Fisher, B., Clear, E.R., Garcia, L.S. & Hegge, L.M. (2011). Evaluation of Green Dot: An active bystanding intervention to reduce sexual violence on college campuses. *Violence Against Women.* 17(6) (in press).

Crooks, C.V., Chiodo, D., Thomas, D. & Hughes, R. (2010). Strengths-based programming for First Nations youth in schools: Building engagement through healthy relationships and leadership skills. *International Journal of Mental Health & Addiction.* 8:160–173.

Crooks, C.V., Wolfe, D.A., Hughes, R., Jaffe, P. & Chiodo, D. (2008). Development, evaluation and national implementation of a school-based program to reduce violence and related risk behaviours: Lessons from the Fourth R project. *IPC Review.* 2: 109-135.

Daigle, L.E.; Fisher, B.S. & Stewart, M. (2009). The effectiveness of sexual victimization prevention among college students: A summary of "what works". *Victims & Offenders.* 4(4): 398-404.

Dekeseredy, W. & Kelly, K. (1993). The incidence and prevalence of woman abuse in Canadian university and college dating relationships. *Canadian Journal of Sociology.* 18 (2): 137–59.

Du Mont, J., Macdonald, S., Rotbard, N., Bainbridge, D., Asllani, E., Smith, N. & Cohen, M. (2010). Drug-facilitated sexual assault in Ontario, Canada: Toxicological and DNA findings. *Journal of Forensic and Legal Medicine.* 17(6): 333-338.

Du Mont, J., Macdonald, S., Rotbard, N., Asllani, E., Bainbridge, D. & Cohen, M. (2009) Factors associated with suspected drug-facilitated sexual assault. *Canadian Medical Association Journal.* 180(5): 513-519.

Ellis, A.L., O'Sullivan, C.S., & Sowards, B.A. (1992). The impact of contemplated exposure to a survivor of rape on attitudes toward rape. *Journal of Applied Social Psychology.* 22: 889-895.

Falconer, J. (2008). *The Road to Health: A Final Report on School Safety.* School Community Safety Advisory Panel, Toronto District School Board.

Feltey, K.M., Ainslie, J.J. & Geib, A. (1991). Sexual coercion attitudes among high school students: The influence of gender and rape education. *Youth and Society.* 23(2): 229-250.

Finch, E. & Munro, V. (2007). The demon drink and the demonized woman: Sociosexual stereotypes and responsibility attribution in rape trails involving intoxicants. *Social and Legal Studies.* 16 (4): 591–614.

Finch, E. & Munro, V. (2005). Juror stereotypes and blame attribution in rape cases involving intoxicants. *British Journal of Criminology.* 45: 25–38.

Fisher, B.S., Daigle, L.E. & Cullen, F.T. (2010). *Unsafe in the Ivory Tower: The Sexual Victimization of College Women.* Thousand Oaks, CA: Sage.

Fisher, B.S., Daigle, L.E. & Cullen, F.T. (2008), Rape against women: What can research offer to guide the development of prevention programs and risk reduction interventions? *Journal of Contemporary Criminal Justice.* 24(2): 163-177.

Fisher, B.S., Cullen, F.T. & Turner, M. (2000). *The Sexual Victimization of College Women.* NCJ 182369. Washington: National Institute of Justice, Bureau of Justice Statistics.

Flood, M, & Pease, B. (2006). *The Factors Influencing Community Attitudes in Relation to Violence Against Women: A Critical Review of the Literature.* Melbourne: Victorian Health Promotion Foundation.

Foubert, J.D. (2000). The longitudinal effects of a rape-prevention program on fraternity men's attitudes, behavioural intent, and behavior. *Journal of American College Health.* 48: 158-163.

Foubert, J.D., & Cowell, E.A. (2004). Perceptions of a rape prevention program by fraternity men and male student athletes: Powerful effects and implications for changing behavior. *NASPA Journal*, 42: 1-20.

Foubert, J.D., Garner, D.G. & Thaxter, P.J. (2006). An exploration of fraternity culture: Implications for decreasing alcohol-related sexual assault. *College Student Journal.* 40(2): 361-373.

Foubert, J.D. & Newberry, J.T. (2006). Effects of two versions of an empathy-based rape prevention program on fraternity men's survivor empathy, attitudes, and behavioural intent to commit rape or sexual assault. *Journal of College Student Development.* 47(2): 133-148.

Foubert, J.D. & Perry, B.C. (2007). Creating lasting attitude and behaviour change in fraternity members and male student athletes. *Violence Against Women.* 13(1): 70-86.

Garrity, S. (2011). Sexual assault prevention programs for college-aged men: A critical evaluation. *Journal of Forensic Nursing.* 7: 40-48.

George W.H., Lehman G.L., Cue K.L., Martinez L.J., Lopez P.A. & Norris J. (1997). Postdrinking sexual inferences: Evidence for linear rather than curvilinear dosage effects. *Journal of Applied Social Psychology.* 27: 629–648.

Gidycz, C.A., Rich, C.L. & Marioni, N.L. (2002). Interventions to prevent rape and sexual assault. In Petrak, J. & Hedge, (eds.), *The Trauma of Adult Sexual Assault: Treatment, Prevention, and Policy.* (pp. 235–259), Somerset, NJ: John Wiley & Sons.

Heise, L.L. 1998. Violence against women: An integrated, ecological framework. *Violence Against Women* 4 (3): 262–90.

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

Horvath, M. & Brown, J. (2007). Alcohol as drug of choice: Is drug-assisted rape a misnomer? *Psychology, Crime and Law.* 13 (5): 417–29.

Jewkes, R., Sen, P. & Garcia-Moreno, C. (2002). Sexual violence. In Krug, E., Dahlberg, L., Mercy, J., Zwi, A. & Lozano, R., (eds.), *World Report on Violence and Health.* (pp. 147–81). Geneva: World Health Organization.

Katz, J. (1995). Reconstructing masculinity in the locker room: The Mentors in Violence Prevention project. *Harvard Educational Review.* 65 (2): 163–74.

Koss, M.P. & Gaines, J.A. (1993). The prediction of sexual aggression by alcohol use, athletic participation, and fraternity affiliation. *Journal of Interpersonal Violence.* 8: 94-108.

Krebs, C. P., Lindquist, C. H., Warner, T., Fisher, B. S., & Martin, S. L. (2009). College women's experiences with physically forced, alcohol- or other drug-enabled, and drug-facilitated sexual assault before and since entering college. *Journal of American College Health*. 57: 639-649.

Kuo, M., Adlaf, E., Lee, H., Gliksman, L., Demers, A. & Wechsler, H. (2002). More Canadian students drink but American students drink more: Comparing college alcohol use in two countries. *Addiction.* 97: 1583-1592.

Lab, S. (2010). *Crime Prevention: Approaches, Practices and Evaluations.* New Providence, NJ: Anderson.

Lee, D.S., Guy, L., Perry B., Sniffen, C.K. & Mixson, S.A. (2007). Sexual violence prevention. *The Prevention Researcher*. 14(2): 15-20.

Lonsway, K.A. (1996). Preventing acquaintance rape through education: What do we know? *Psychology of Women Quarterly.* 20: 229–265.

Lonsway, K., Banyard, V., Berkowitz, A., Gidycz, C., Katz, J., Koss, M., Schewe, P. & Ullman, S. (2009). *Rape Prevention and Risk Reduction: Review of the Research Literature for Practitioners*. Harrisburg, PA: VAWnet. Retrieved from http://new.vawnet.org/Assoc_Files_VAWnet/AR_RapePrevention.pdf

Lynch, J., Mowrey, R., Nesbitt, G. & O'Neil, D. (2004). Risky business: Misperceived norms of sexual behavior among college students. *Journal of Student Affairs Research and Practice.* 42(1): 21-35.

Martens, M., Page, J., Mowry, E., Damann, K., Taylor, K. & Cimini, D. (2006) Differences between actual and perceived student norms: An examination of alcohol use, drug use, and sexual behavior. *Journal of American College Health.* 54(5):295-300.

Mohler-Kuo, M., Dowdall, G., Koss, M.. & Wechsler, H. (2004). Correlates of rape while intoxicated in a national sample of college women. *Journal of Studies on Alcohol.* 9: 37-43.

Morrison, S., Hardison, J., Mathew, A. & O'Neil, J. (2004) *An Evidence-based Review of Sexual Assault Preventive Intervention Programs*. Washington, DC: National Institute of Justice.

Moynihan, M. & Banyard, V. (2008). Community responsibility for preventing sexual violence: A pilot with campus Greeks and intercollegiate athletes. *Journal of Prevention and Intervention in the Community.* 36: 23-38.

Muraskin, L.D. (1993). *Understanding Evaluation: The Way to Better Prevention Programs.* Westat Inc with funds from US Department of Education.

Murnen, S., Wright, C. & Kaluzny, G. (2002). If 'boys will be boys,' then girls will be victims? A meta-analytic review of the research that relates masculine ideology to sexual aggression. *Sex Roles*. 46 (11–12): 359–75.

MVP (2002). Mentors in Violence Program, 2002 Evaluation report, retrieved on 09 July 2010 from http://www.sportinsociety.org/files/completeformat.doc

Noonan, R.K. & Gibbs, D. (2009). Empowerment evaluation with programs designed to prevent first-time male perpetration of sexual violence. *Health Promotion Practice.* 10(1 supplement): 5S-10S.

Norris, J. (2008) *The Relationship between Alcohol Consumption and Sexual Victimization*. Harrisburg, PA: VAWnet.

Norris, J., George, W.H., Davis, K.C., Martel, J. & Leonesio, R.J. (1999). Alcohol and hypermasculinity as determinants of men's empathic responses to violent pornography. *Journal of Interpersonal Violence.* 14(7): 683-700.

Opinion Matters (n.d.) *"Where is Your Line?" Survey Summary Report*. Prepared for The Havens – Sexual Assault Referral Centres. London: Opinion Matters.

Ouimette, P.C. (1997). Psychopathology and sexual aggression in nonincarcerated men. *Violence and Victims.*12: 389-395.

Paglia-Boak, A., Mann, R.E., Adlaf, E.M., & Rehm, J. (2009). *Drug use among Ontario students: 1977-2009*. CAMH Research Document Series No. 28. Toronto: Centre for Addiction and Mental Health.

Parkhill, M. & Abbey, A. (2008). Does alcohol contribute to the confluence model of sexual assault perpetration? *Journal of Social and Clinical Psychology.* 27(6): 529-554.

Perreault, S. & Brennan, S. (2010). Criminal victimization in Canada, 2009. *Juristat*. Vol. 30, no. 2, Catalogue no. 85-002-X. Ottawa: Statistics Canada.

Potter, S., Moynihan, M., Stapleton, J. & Banyard, V. (2009). Empowering bystanders to prevent campus violence against women. *Violence Against Women.* 15: 106-121.

Potter, S., Stapleton, J., & Moynihan, M. (2008). Designing, implementing, and evaluating a media campaign illustrating the bystander role. *Journal of Prevention and Intervention in the Community.* 36: 39-56.

Rozee, P. & Koss, M. (2001). Rape: A century of resistance. *Psychology of Women Quarterly*. 25: 295–311.

Schewe, P., & O'Donohue, W. (1993). Rape prevention: methodological problems and new directions. *Clinical Psychology Review*. 13: 667-682.

Schewe, P. (2002). Guidelines for developing rape prevention and risk reduction interventions. In Schewe, P. (ed.), Preventing violence in relationships: Interventions across the life span (pp. 107-136). Washington, DC: American Psychological Association.

Scholly, K., Katz, A., Gascoigne, J., & Holk, P. (2005). Using social norms theory to explain perceptions and sexual health behaviors of undergraduate college students: An exploratory study. *Journal of American College Health*. 53(4):159-166

Sherman, L.W., Gottfrdson, D., MacKenzie, D., Eck, J., Reuter, P., Bushway, S. (1998). Preventing Crime: What Works, What Doesn't, What's Promising, A Report to the United States Congress. Retrieved from http://www.ncjrs.gov/works/

Stewart, S.H. & Conrod, P.J. (2003). Psychosocial models of functional associations between posttraumatic stress disorder and substance use disorder, In Ouimette, P.C. & Brown, P.J. (eds.) *Trauma and Substance Abuse: Causes, Consequences, and Treatment of Comorbid Disorders.* (pp. 29-55.). Washington, DC: American Psychological Association.

Schwartz, M. & DeKeseredy, W. (1997). *Sexual Assault on the College Campus: The Role of Male Peer Support*. Thousand Oaks, CA: Sage.

Taylor, N., & Mouzos, J.(2006). *Community Attitudes to Violence Against Women: A Full Technical Report*. Canberra: Australian Institute of Criminology.

Testa, M. & Livingston, J.A. (2009). Alcohol consumption and women's vulnerability to sexual victimization: Can reducing women's drinking prevent rape? *Substance Use & Misuse*. 44(9-10): 1349-1373.

Testa, M., VanZile-Tamsen, C. & Livingston, J.A. (2007). Prospective prediction of women's sexual victimization by intimate and nonintimate male perpetrators. *Journal of Consulting and Clinical Psychology.* 75: 52-60.

Testa, M., Vanzile-Tamsen, C. & Livingston, J.A. (2004). The role of victim and perpetrator intoxication on sexual assault outcomes. *Journal of Studies on Alcohol*. 65(3): 320-329.

Tjaden, P. & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male partner violence as measured by the National Violence Against Women Survey. *Violence Against Women* 6 (2): 142–61.

Tremblay, P., Harris, R., Berman, H., MacQuarrie, B., Hutchinson, G., Smith, M.A., Braley, S., Jelley, J. & Dearlove, K. (2008) Negative social experiences of university and college students. *Canadian Journal of Higher Education.* 38(3): 57-75.

Ullman, S.E. (2007). A 10-year Update of "Review and Critique of Empirical Studies of Rape Avoidance". *Criminal Justice and Behavior.* 34: 411–429.

Ullman, S.E., Karabatsos, G. & Koss, M.P. (1999) Alcohol and sexual assault in a national sample of college women. *Journal of Interpersonal Violence*. 14**:** 603-625.

Wechsler, H., Lee, J.E., Kuo, M. & Lee, H. (2000). College binge drinking in the 1990s: A continuing problem. *Journal of American College Health.* 48: 199-210.

Wechsler, H., Dowdall, G., Davenport, A. & Rimm, E. (1995a). A gender-specific measure of binge drinking among college students. *American Journal of Public Health.* 85(7): 982-985.

Wechsler, H., Dowdall, G., Davenport, A. & Castillo, S. (1995b). Correlates of college student binge drinking. *American Journal of Public Health.* 85(7): 921-926.

Whatley, M., & Trudell, B. (1989). Sexual abuse prevention and sexuality education: Interconnecting issues. *Theory into Practice.* 28(3): 177-182.

Wheeler, J.G., George, W.H. & Dahl, B.J. (2002). Sexually aggressive college males: Empathy as a moderator in the "Confluence Model" of sexual aggression. *Personality and Individual Differences.* 33: 959-975.

World Health Organization. (2010). *Preventing Intimate Partner and Sexual Violence Against Women: Taking Action and Generating Evidence*. Geneva: World Health Organization.

Wolfe, D.A. (2006), Preventing violence in relationships: Psychological science addressing complex social issues. *Canadian Psychology*. 47(1): 44-50.

Wolfe, D.A., Crooks, C., Jaffe, P., Chiodo, D., Hughes, R., Ellis, W., Stitt, L. & Donner, A. (2009). A school-based program to prevent adolescent dating violence: A cluster randomized trial. *Archives of Pediatric and Adolescent Medicine*. 163(8): 692-699.

Yanagida-Ishii, D. Y. (2009). Program content in a men-only sexual assault prevention program: The relationship between factual knowledge, familiarity with a victim, and self-reported behavior, Ph.D. Thesis, Retrieved from http://digitallibrary.usc.edu/assetserver/controller/item/etd-Ishii-3167.pdf

Zanna M.P., Olson, J.M. & Fazio, R.H. (1980). Attitude behavior consistency: An individual difference perspective. *Journal of Personality and Social Psychology*. 38: 432-440.

APPENDIX I: INTERVIEWING GUIDES FOR FOCUS GROUPS

FOCUS GROUP QUESTIONS FOR YOUTH

Part I: Perceptions, risk and responsibility for sexual assault

1. When you hear 'sexual assault' what comes to mind? Probes:

    a. a woman is wearing a miniskirt to a bar and a guy walks her home and forces her to have sex

    b. what about if he buys her drinks, he takes her home and forces her to have sex

    c. what about if the woman is dancing with a guy most of the night and they leave together and forces her to have sex

    d. what about if she's dancing in a flirtatious manner with a guy and they leave together and forces her to have sex

    e. what about if she's visibly drunk, dancing in a flirtatious manner and he helps her home and forces her to have sex

2. In which of these situations do you think the man is responsible for the sexual assault?

3. In which of these situations do you think the young woman is responsible for the sexual assault?

Part II: Messaging for prevention

4. How do you think we can prevent sexual assault in the context of alcohol misuse among young people?

5. What kind prevention messages do you think young men would respond to? Probes:

    a. What would they listen to, what would they hear?

    b. What would likely turn them off?

    c. What kind of language should be used?

6. What media would be most effective for reaching young men?

FOCUS GROUP QUESTIONS FOR YOUTH WORKERS AND SERVICE PROVIDERS

Part I: Perceptions, risk and responsibility for sexual assault

1. When you hear 'sexual assault' what comes to mind? Only use probes if necessary:

    a. a woman is wearing a miniskirt to a bar and a guy walks her home and forces her to have sex

    b. what about if he buys her drinks, he takes her home and forces her to have sex

    c. what about if the woman is dancing with a guy most of the night and they leave together and forces her to have sex

    d. what about if she's dancing in a flirtatious manner with a guy and they leave together and forces her to have sex

    e. what about if she's visibly drunk, dancing in a flirtatious manner and he helps her home and forces her to have sex

2. In which of these situations do you think the man is responsible for the sexual assault?

3. In which of these situations do you think the young woman is responsible or partly responsible for the sexual assault?

Part II: Gaps in current programs and interventions

4. Do you think sexual assault in the context of alcohol misuse is an issue for the youth you work with?

5. What do you identify as the gaps in current prevention programming around alcohol misuse and sexual violence?

6. How can we better make the links as service providers between alcohol misuse and sexual violence prevention amongst youth?

Part III: Future efforts to address these gaps

7. What ideas do you have around alcohol and sexual violence programming for youth?