School-Based Sexual Violence Prevention: An Analysis of the 2015 Ontario Curriculum in light of themes present in the literature and the social norm approach

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ABSTRACT

Sexual violence is experienced by a number of North American women who, after being victimized, can develop a series of physical, psychological and financial consequences. As such, it is necessary to develop policies and programs that can better prevent this type of violence. This study aims to determine if the contents of the 2015 Ontario Health and Physical Education Curriculum at the 9th grade level includes central themes and components that are detailed in the literature to be needed to deter sexual violence perpetration

Through the development and application of a theoretical framework of knowledge, this research project conducted a deductive qualitative content analysis on the 2015 Ontario Health and Physical Education Curriculum. Information used to evaluate the Curriculum includes central themes identified in the literature as being pertinent to the prevention of sexual violence and the use of the social norms theory.

Overall, it was determined that while the 2015 Ontario Curriculum addresses most literature themes associated with sexual violence perpetration and school-based programming, it contains certain limitations that will likely make it a less effective program.

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I would also like to thank myself, for I know that if it were not for my own dedication, determination, motivation and work ethic, this thesis project would not have been completed. There were certainly times of self-doubt, but I am pleased to say that I overcame this difficulty.

ACRONYMS

CSV: Child Sexual Victimization

DFIFRNS: Drug Facilitated Incapacitated and Forcible Rape National study

DFR: Drug Facilitated Rape

FR: Forcible Rape

GSS: General Social Survey

IPV: Intimate Partner Violence

IR: Incapacitated Rape

NIPSVS: National Intimate Partner and Sexual Violence Survey

OCDSB: Ottawa Carleton District School Board

ORCC: Ottawa Rape Crisis Centre

PDV: Physical Dating Violence

RDD: Random-Digit-Dial

SDG: Sustainable Development Goals

STD; Sexually Transmitted Diseases

SV: Sexual Violence

UCR: Uniform Crime Reporting Survey

VAWS: Violence against Women Survey

VAW: Violence against women

WHO: World Health Organization

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CHAPTER 1: INTRODUCTION

Sexual assault is only one type of violence among many experienced by women globally. The United Nations (UN) defines violence against women (VAW) as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (Department of Economic and Social Affairs, 2014, p. 11). Several key characteristics of VAW are identified in this definition. First, VAW is considered by some stakeholders as a gendered issue. Specifically, numerous academic sources examining the subject have maintained the position that women are the primary victims, while men are the primary perpetrators. It is important to note that not all forms of violence against women are gendered. Specifically, some incidents of intimate partner violence and sexual violence can include partners of the same sex or a perpetrator that is a woman. With that in mind, the objective of this thesis is to explore sexual violence through the primary conceptualization that VAW can be a gendered issue. The second characteristic noted in the UN's definition of VAW is that violence incorporates not only physical harm, but also sexual and psychological injuries. Third, VAW contextually can occur in variety of ways, whether it is in a public or private space. Additionally, VAW can be perpetrated by family, the community and by the State (Department of Economic and Social Affairs, 2004, p. 11).

The Prevalence of VAW varies between regions, yet globally it is estimated that 7 in 10 women experience some form of physical and/or sexual violence in their lifetime (UNiTEd to end violence against women, 2016). As such, several social actions have been taken to respond to this issue, one of which includes the UNiTEd to End Violence against women campaign. Established

in 2008 by the UN, this campaign aims to raise public awareness and increase political will and resources to end all forms of VAW around the world (UNiTED to end violence against women, 2016).

The World Health Organization's (WHO) 2010 action plan entitled “Preventing intimate partner violence and sexual violence against women: Taking action and generating evidence” is another important initiative to address VAW. Governments from across the world agreed to a framework on how to develop policies and programs that will prevent VAW, including sexual violence. Its prevention strategies are founded upon public health principles, including tackling risk factors for perpetrators and empirical evidence on what programs have been effective in preventing sexual violence.

The 2030 Agenda for Sustainable Development is a third and more recent example of a movement to reduce VAW. Developed by the UN Development program, world leaders adopted the Agenda at the Sustainable Development Summit on September 25th, 2015 (United Nations, 2015). The agenda focuses on 17 Sustainable Development Goals (SDGs), including SDG 5, which is to achieve gender equality and empower women and girls by 2030 (World Health Organization, 2015). Indicators to measure the achievement of SDG 5 are also included in the 2030 Agenda for Sustainable Development. Furthermore, SDG 17 affirms important ways through which governments will achieve the targets, including investment, knowledge and collaborative partnerships (United Nations, 2015).

1.1 Sexual Violence as an Issue of Concern

In Canada, sexual violence has received extensive attention within media headlines. For example, the sexual assault charges filed against Mr. Jian Ghomeshi, a popular CBC broadcaster, made headlines for over several months. Mr. Ghomeshi was charged with assaulting several former

sexual partners. Accusations included claims that Mr. Ghomeshi had both strangled and hit his victims during sexual encounters (Gollom, 2016). On March 14, 2016, Mr. Ghomeshi was acquitted of all charges as victim statements were deemed in court to be too inconsistent to prove guilt beyond a reasonable doubt (Gollom, 2016).

A second well-known Canadian example of sexual assault is the 2012 case of Amanda Todd. Sources suggest that the 15-year-old girl was tricked into sending a topless photo of herself to a man online who then distributed the photo to her peers through social media (The Canadian Press, 2012). After the photo's release, Miss Todd suffered an extensive amount of bullying from classmates which resulted in her committing suicide (The Canadian Press, 2012). A police investigation determined that the man who coerced Miss Todd and distributed the topless photo was from the Netherlands and was named Aydin Coban (Lloyd, 2017). The investigation also determined that Mr. Coban had persuaded several other victims to perform sexual acts in front of webcam and to post nude images online (Lloyd, 2017). He was convicted on the charges of fraud and blackmail and was sentenced to be imprisoned for 11 years (Lloyd, 2017).

A third example, which also involved the sexual assault of an adolescent female, is the 2013 case of Rehtaeh Parson. Gang raped by a number of her male peers at a party, the 17-year-old teenager had a video of the sexual assault sent to her classmates (Palisek, 2013). Similar to Miss Todd, Miss Parson experienced an extensive amount of bullying and eventually ended her own life (Palisek, 2013).

In addition to sexual assault cases coming to public attention, several online campaigns advocating against sexual violence have received global attention in recent years. One example is the twitter conversation with the hash tag #BeenRapedNeverReported (Gallant, 2014). In 2014, Toronto Star reporter Antonia Zerbisias had created the hashtag after her friend Sue Montgomery,

justice reporter at the Montreal Gazette, had suggested that they share their stories of never having reported their own experiences of rape to the police. The conversation between the two friends was sparked by the frustrations they experienced when learning that the victims of the Jian Ghomeshi case were being blamed for the sexual assaults they experienced (Gallant, 2014). Sources suggests that the victims in the Ghomeshi case were consistently challenged on their credibility in their allegations, with one victim being criticized for having contacted Mr. Ghomeshi after the assault had occurred despite claiming she never interacted with him post-incident (Gollom, 2016). The tag #BeenRapedNeverReported was created by Zerbisias to provide victims of sexual assault with a forum to express their experiences of rape (Gallant, 2014). Within 24 hours of its debut, the hash tag received global attention, with 8 million people taking part in the conversation to rid stigma surrounding victims of rape. Since the campaign's debut in 2014, countless victims of sexual assault have come forward to disclose their experiences (Gallant, 2014).

A second popular online campaign that is bringing awareness to the issue of sexual violence is the twitter hashtage #metoo. Originally created in 2006 by civil rights activist Tarana Burke, this movement sought to raise awareness on the pervasiveness of sexual assault (Garcia, 2017). Since October of 2017, the hashtag has turned into a viral movement following the case of Harvey Weinstein, a former film producer accused of sexual misconduct against several female celebrities (Chuck, 2017). The hashtag has since been posted online millions of time, with many online users describing their own personal stories of sexual harassment and assault (Chuck, 2017) The Premier of Ontario and the Minister of Women's Issues articulated that there is a need for change in Ontario's culture with regard to sexual violence and harassment. Specifically, former Premier of Ontario Kathleen Wynne had articulated a concern for the ongoing issue of sexual

violence and harassment. She stated that while there have been initiatives to eradicate this issue, more action is needed to both raise public awareness and change societal norms and beliefs regarding this issue in Ontario. Tracy MacCharles, Former Minister Responsible for Women's Issues who was a member of cabinet in the government of Kathleen Wynne, expressed similar sentiments to that of the Former Premier of Ontario.

To implement this need for more action, the Ontario government released a $41 million dollar Action Plan to stop sexual violence and harassment. The Action Plan, entitled It's Never Okay, outlines several commitments to end sexual violence and harassment, including changing societal norms and beliefs at a generational level. Specifically, the It's Never Okay action plan states that to create systematic and generational change, young people need to be taught to engage in respectful behaviour at an early age. Through this conceptualization, the Its Never Okay Action Plan initiated the updating and implementation of the Ontario Health and Physical Education Curriculum in September of 2015 to help students "understand the root causes of gender inequality, healthy relationships and consent" (It's Never Okay, 2015, p. 23). Additional topics of interest incorporated into the curriculum include healthy eating; personal safety and injury prevention; substance use, addiction and related behaviours; as well as human development and sexual health (Ministry of Education, 2015).

Interestingly, the approach taken by the It's Never Okay action plan, in using the education system to invoke intergenerational change, has received extensive criticism from both state officials and the public. Specifically, after winning the Ontario election, Doug Ford had decided to repeal the 2015 Ontario Curriculum due to its surrounding controversy as an inappropriate educational program. Subsequently, the 1998 Sex Education Curriculum was used to replace the 2015 program (The Globe and Mail, 2018). Sources note that opponents to the revised curriculum,

which included faith groups and socially conservative family organizations, argued that the curriculum covered several age inappropriate topics of discussion, including gender identity, same-sex marriage and masturbation (The Globe and Mail, 2018). Opponents to the Curriculum also argued that the topic of consent should not be discussed, as this subject material could insinuate that children should be engaging in sexual activity. It was further argued by these groups that parents should be the ones to discuss these topics of interest with their children (The Globe and Mail, 2018).

1.2 Objective and Main Research Question

In considering the above section, there appears to be a mixed level of consensus on the appropriateness of using an education curriculum to address sexual violence. As such, the purpose of the following research project is to determine if the contents of the 2015 Ontario Health and Physical Education Curriculum at the 9th grade level includes central themes and components that are detailed in the literature to be needed to deter sexual violence perpetration. Accordingly, the main research question is; "in conducting a critical analysis, are the core themes and components identified in the literature, which are essential to the prevention of sexual violence, present or absent in the 9th grade 2015 Ontario Health and Physical Education Curriculum and to what degree?". In addressing this main research question, the following thesis project will be the first study to examine and critique the revised 2015 Ontario Curriculum. Additionally, this research project will also provide insight into how future studies concerning this topic should proceed.

With regard to Doug Ford's repeal of the Ontario Curriculum, it has been determined that the relevance and significance of this thesis project is not impacted. While it is acknowledged that the revised curriculum will no longer be in use, it is possible that it could be reinstated in the future. Furthermore, the revised Curriculum presents a unique and innovative approach to addressing

sexual violence that is worthy of study and review as it could potentially impact future legislative action in the same domain. In completing this thesis project, future studies will have further direction and information on how to proceed in constructing and developing such programs.

1.3 Structure of Thesis

Chapter two will review five national studies examining sexual violence prevalence rates in Canada and the U.S.A and will also identify issues with measuring sexual violence. In addition, the victim consequences of physical, psychological and economic harms will also be discussed within this chapter. Chapter three will review pertinent findings from the literature review, including information on the variables associated with sexual violence perpetration; approaches school programs can use to effectively communicate program material; and implementation issues experienced with school-based programs. In addition, this chapter will identify two gaps within the literature.

Chapter four will review the social norm approach, which is the theory that will be used to analyze the Curriculum. Specifically, the social norm approach assisted in identifying which socially meaningful perpetrator variables were most pertinent to address within the Curriculum. The social norm approach will also address the two gaps in literature identified in chapter three. Chapter five is a synopsis of the methodological approach taken to analyze the 2015 Ontario Health and Physical Education Curriculum. A critical deductive-based content analysis was used to analyze the curriculum, with the key themes being retrieved from both the literature and social norm approach.

Chapter six analyzes the 2015 Ontario Curriculum to assess whether the program incorporates the core themes and components identified in the literature as being essential to the prevention of sexual violence. The chapter will also identify and discuss the degree to which

these central themes are incorporated into the 2015 Ontario Curriculum. Chapter seven will discuss the concluding thoughts and findings of this thesis project, and will address the main research question. In addition, broad recommendations for improvements to the Curriculum as well as suggestions for future research into the Ontario Curriculum is also included in this chapter.

CHAPTER 2: MEASURING SEXUAL VIOLENCE AND CONSIDERING VICTIM CONSEQUENCES

Introduction

Section one of this chapter will provide an overview on the prevalence of sexual violence in Ontario. Section two will examine literature on Canadian prevalence rates for sexual violence. Two victimization surveys, known as the 1993 Violence Against Women Survey and the General Social Survey, and one Canadian police recorded survey, referred to as the Uniform Crime Reporting Survey, will be reviewed. The third section will examine two surveys from the U.S.A entitled the Drug Facilitated Incapacitated and Forcible Rape National study and the National Intimate Partner and Sexual Violence survey. In reviewing these studies, information on what factors to consider when measuring the prevalence of sexual violence will be identified and discussed. The fourth subsection will review existing literature on victim consequences of sexual violence. Three types of consequences, identified as physical, psychological and economical, will be discussed in this section.

2.1 Sexual Violence Prevalence

Rates in Ontario

Review of the literature determined that there are studies measuring the prevalence of sexual violence in Ontario. However, upon further inspection, it appears that these studies only focused on measuring sexual violence within a specific part of the population or measuring a particular type of sexual violence. For example, Cripps & Stermac (2018) specialized their study to measure the prevalence of cyber sexual violence among female university students in Ontario. Comparatively, other sources seem to target the University population when measuring sexual

violence. For example, Stermac, Cripps, Badali & Amir (2018) conducted a study to measure sexually coercive experiences among disabled Ontario University students. Similarly, Newton-Taylor, Dewit & Gilksman (1998) measured the prevalence of sexual assault among female students in Ontario Universities. While these types of studies are interesting and important, such information cannot be extended to represent and understand how sexual violence operates amongst other populations. Specifically, information on the subject of teen sexual violence in Ontario appears to be non-existent within the literature. As a result, it is difficult to address this type of sexual violence in Ontario as information on how this type of violence operates amongst adolescents is neither identified nor explored in the literature.

In consideration of the above issues, the second section of this chapter will review studies measuring sexual violence prevalence rates at the national level. The studies chosen to represent national prevalence rates maintain the benefits of being well funded and resourced. Specifically, these studies include a strong set of data that represents a significant portion of the population. In addition, they utilize a methodology that, while more time consuming, ensures that data is collected and analyzed in an efficient manner. Accordingly, these sources maintain strong characteristics for successfully measuring violence. However, it is important to note that despite these advantages, these studies have encountered some challenges. Specifically, the second section of this chapter will not only review prevalence rates of sexual violence in North America, but also identify some of the challenges and difficulties experienced when attempting to measure this type of violence. In understanding these limitations, future studies can be constructed and improved to create an even better approach to measuring sexual violence.

Rates in Canada

Violence Against Women Survey 1993

The 1993 Violence against Women Survey (VAWS) was completed using telephone interviews, with a sample of 12,300 women aged 18 or over (Johnson & Sacco, 1995). Data was collected between February 1993 to June 1993 with a response rate of 63.7%. In defining and measuring sexual violence, the survey utilized the Canadian Criminal Code's concepts of sexual attack and unwanted sexual touching. The former term refers to when a perpetrator forces the victim to perform sexual activities through force or threats of physical violence (p. 290). Unwanted sexual touching refers to acts in which a perpetrator touched the victim in a sexual manner that was unwanted. Acts that fall within this category include grabbing, kissing and fondling (p. 290). Participants were not asked about their experiences with unwanted sexual touching when it came to dates or boyfriends as the concept was deemed confusing and ambiguous (Johnson & Sacco, 1995). A third form of sexual violence that was measured by the survey was sexual harassment which included acts such as being catcalled, receiving obscene phone calls, being followed by a perpetrator or having a perpetrator indecently expose themselves (Johnson & Sacco, 1995, p. 299).

The VAWS illustrated that 4 out of 10 participants have been victims of at least one sexual attack or unwanted sexual touching within their lifetime (Johnson & Sacco, 1995, p. 296). The survey also illustrated that sexual harassment is a pertinent and prevalent form of sexual violence. According to findings, 87% of participants experienced some form of sexual harassment within their lifetime, including having the perpetrator get too close to them, receiving inappropriate sexual comments, repeatedly being asked for a date and having a perpetrator refuse to accept no as a response to inquiries about sexual interactions (Johnson & Sacco, 1995, p.300).

General Social Survey

The General Social Survey (GSS) is a self-reported nationally conducted survey administrated in 5 year cycles to Canadian residents who are 15 years of age or older (Nault, 2014; Benoit et al., 2014). In 2004, the GSS defined sexual violence as unwanted sexual activity that is conducted through force or attempted forceful actions such as threatening, holding the victim down or physically hurting the victim. Unwanted touching was also identified as a form of sexual assault and can include unwanted kissing, fondling and grabbing (Perreault, 2015). In 2014, the definition had expanded to include sexual assaults that occurred due to an inability to consent, such as through incapacitation through drugs, alcohol or psychological manipulation (Perreault, 2015). GSS findings represent the estimated number of sexual assault incidents that occurred within Canada in the last year. The following table is a summary of this information for the years 1999, 2004, 2009 and 2014 as reported by participants (Benoit et al., 2014).

Table 2.1: Number of Estimated Sexual Assaults in Canada by the General Social Survey from 1999 to 2014

Year	**Rates per 1000**	**Total number of estimated sexual assaults**	**References**
1999	21	502,000	Benoit et al., 2014
2004	21	546,000	Benoit et al., 2014
2009	24	677, 000	Benoit et al., 2014
2014	22	770, 000	Benoit et al., 2014

As illustrated in the above table, incidents of sexual violence have remained steady in the past decade, with rates of victimization ranging from 21 to 24 per 1000 people. It should be noted that although the above information represents rates of sexual violence for both males and females, most of these incidents were against women who were aged 15 – 24 (Benoit et al., 2014). At a first glance, these rates may suggest that sexual violence is not that pervasive, as a significant

majority of people do not experience this type of violence. However, review of the total number of victims suggests that this type of violence does impact a significant portion of the population. For example, in 2014, it was estimated that for every 1000 people, 22 experienced sexual violence, which amounts to 770, 000 victims. Such numbers support the importance of strategies seeking to prevent this type of victimization.

The Uniform Crime Reporting Survey

The Uniform Crime Reporting (UCR) survey is conducted annually and defines sexual violence in accordance with the criminal code (Benoit et al., 2014; Sinha, 2013). Level 1 sexual assault, under s. 271 of the criminal code, refers to sexual assaults, in which the sexual integrity of the victim is violated. Minimal to no physical injuries are sustained by the victim. Level 2 sexual assault, under s. 272, refers to sexual assaults in which a weapon, threats of a weapon, or threats of bodily harm is utilized to force a victim or third person into compliance. Level 3 sexual assault, under s. 273, refers to seriously injured victims, in which disfigurement or life endangerment occurs during the assault. Additional sexual offences covered by the criminal code include sexual abuse directed at children, such as sexual interference, invitation to sexual touching, sexual exploitation, incest, anal intercourse and bestiality.

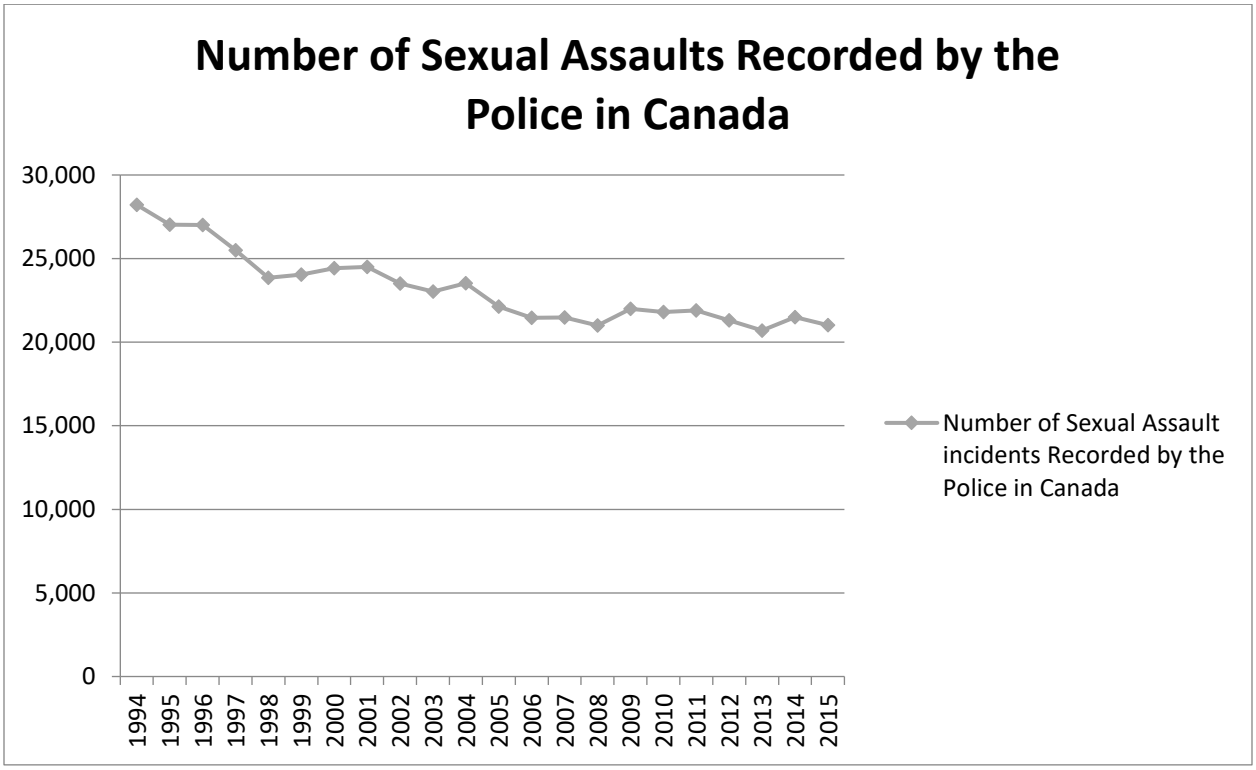
As discussed on the Statistics Canada (2017, para 2) website, "the Canadian Centre for Justice Statistics (CCJS), in co-operation with the policing community, collects police-reported crime statistics through the UCR. The survey was designed to measure the number of incidents of crime in Canadian society and its characteristics". Accordingly, crime related incidents that are not brought to the attention of the police are not recorded in this survey. In the case of sexual violence, victimization surveys, such as the GSS, indicate that very few women report incidents of sexual assault to the police (Johnson, 2012). For example, in 2004 only 8% of all women who had

experienced sexual assault formally reported the incident (Johnson, 2012). Reasons for underreporting include victims feeling that the incident is a personal matter; that they did not want to get the offender in trouble; that they feared retaliation from the offender; and that they did not want to bring shame to their family (Benoit et al., 2014). Of those 8% who do report, one in every five will have their allegations dismissed as baseless and unfounded by police (Doolittle, 2017). Because of these conditions, certain allegations of sexual assault are never recorded by the UCR which suggests that police reported data may not be a reliable source of information when attempting to represent sexual violence.

UCR and Prevalence rates

As an annual report, the UCR maintains an extensive amount of data on reported cases of sexual violence. Accordingly, the following line graph summarizes the combined number of sexual assaults (from level 1 to level 3) that occurred between 1994 to 2016. Sexual assaults involving children are excluded from the rates provided below.

Graph 2.1: Number of Sexual Assaults in Canada that came to the attention of the Police as illustrated the Uniform Crime Reporting Survey from 1994 to 2016



Annex C provides a summary of the data in Table 2.6.

A majority of the sexual assaults reported to police were recorded as Level 1(Statistics Canada, n,d,c). However, sources suggest that the police often miscategorise sexual violence. For example, Johnson (2012) argues that many police reported level 2 and level 3 sexual assaults as Level 1. Janice Du Mount, who conducted an independent research study of hospital, police and prosecution records, found that only 40% of charges laid by police were accurately labelled as either Level 1, 2 or 3 sexual assault (Johnson, 2012). Many cases charged under sexual assault Level 1 involved rape, the use of force, or injury to the victim (Johnson, 2012).

Benefits and Limitations of the VAWS, GSS and UCR

According to the literature, several specific benefits and limitations enhance and restrict the validity of the VAWS, GSS, and UCR findings. The 1993 VAWS is considered the most

accurate survey in representing rates of sexual violence as it used self-reported data and a methodology that focused on violence against women more exclusively. The use of self-reported data is considered optimal when measuring sexual violence as anonymity provides victims with the opportunity to disclose their experiences with minimal consequences. It also does not rely on victims reporting to police. Additionally, the survey's more exclusive focus on sexual violence resulted in the development of an expansive questionnaire that was delivered by trained interviewers who gathered information from victims in a sensitive and encouraging manner. Incorporation of these methods resulted in better capturing prevalence rates. The VAWS also maintains several limitations, the most significant of which is that it was only conducted once in Canada over 25 years ago. While some elements of the VAWS were incorporated into the GSS so as to better capture prevalence rates, the GSS still fails to measure sexual violence to the same extent that the VAWS did (Johnson & Sacco, 1995). More specifically, the GSS's questions are still somewhat limited, as inquiries into sexual harassment has been excluded despite being a prevalent form of sexual violence among women.

Similar to the VAWS, the GSS also utilizes self-reported data, resulting in a more accurate depiction of sexual violence when compared to the UCR. The GSS also maintains several limitations, including that it is only conducted in 5 year cycles (Sinha, 2013; Benoit et al., 2014). It is also a survey that does not exclusively focus on the subject of sexual violence, meaning that the collection of data is limited. Furthermore, the GSS is not a specialized survey, in that, it was not designed to make women feel comfortable in disclosing their experiences. Indeed, the VAWS developed its questions and trained its interviewers in order to encourage female participants to disclose their experiences (Johnson & Sacco, 1995). Unfortunately, the GSS does not maintain such characteristics.

The UCR maintains several advantages, including annual statistic, a standard measurement among several cities and provinces, a close to 100% response rate and data being based on physical and witness evidence as well as police investigations (Nault, 2014). However, as noted above, police recorded data is unreliable due to issues with victim reporting and police dismissing allegations (Sinha, 2013; Benoit et al.,2014; Doolittle, 2017).

Rates in the United States of America

Drug Facilitated Incapacitated and Forcible Rape National study

In 2006, Kilpatrick, Heidi, Kenneth, Conoscenti & McCauley (2007) conducted the Drug Facilitated Incapacitated and Forcible Rape National study (DFIFRNS), where 5001 American women were interviewed on the prevalence, consequences and nature of rape. This national study incorporated 3001 female participants from the general population and 2000 female participants from the post-secondary population. Participants were contacted using a random-digit-dialing (RDD) method and were aged 18 or over. A majority of the female participants were between the ages of 18 – 34. Upon concluding that their sample of participants was representative of the female population, estimations on the likely number of female victims in the USA based on findings were made. Prevalence rates were categorized into two subsections: life-time incidents and offences that occurred within the year of 2005.

The study measured three types of sexual violence, the first of which was forcible rape (FR), which refers to the use of physical force to compel a victim into engaging in an unwilling act of sex. The second is drug or alcohol facilitated rape (DFR), where a perpetrator deliberately intoxicates the victim to weaken her defences and make her easier to control for the purposes of rape. The third act is incapacitated rape (IR) in which the victim consumes drugs or alcohol of their own free will and a perpetrator takes advantage of their vulnerable and weakened state.

The following table summarizes the total number of women estimated to have been victims of sexual violence in relation to the applicable population size and sexual act (Kilpatrick et al., 2007).

Table 2.2: Number of Rape Incidents in a Lifetime Estimated by the Drug Facilitated, Incapacitated and Forcible Rape National Study for the General U.S.A Female population 2005

Type of Sexual Act	Rates of sexual assault per 100 people	Total estimated number of female victims
Drug or Alcohol Facilitated Rape	2.3	2.6 million
Incapacitated Rape	2.8	3.1 million
Forcible Rape	14.6	16.4 million
All rapes	18.0	20.2 million

Kilpatrick, Dean., Heidi, Resnick., Kenneth, Ruggiero J., Conoscenti, Laurent., & McCauley ,Jeana. Drug Facilitated, Incapacitated and Forcible Rape: A National Study. Washington, DC, 2003.

Table 2.3: Number of Rape Incidents in a Lifetime Estimated by the Drug Facilitated, Incapacitated and Forcible Rape National Study for the U.S.A Female College Population in 2005

Sexual Act	Rates of sexual assault per 100 people	Total estimated number of female victims
Drug or Alcohol Facilitated Rape	2.7	158 000
Incapacitated Rape	4.0	234 000
Forcible Rape	8.7	509 000
All rapes	11.5	673 000

Kilpatrick, Dean., Heidi, Resnick., Kenneth, Ruggiero J., Conoscenti, Laurent., & McCauley, Jeana. Drug Facilitated, Incapacitated and Forcible Rape: A National Study. Washington, DC, 2003.

Table 2.4: Number of Rape Incidents estimated by the Drug Facilitated, Incapacitated and Forcible Rape National Study for the General U.S.A. Female Population in 2005

Sexual act	Rates of sexual assault per 100 people	Total estimated number of female victims

Drug or Alcohol Facilitated Rape	0.16	179 000
Incapacitated Rape	0.27	303 000
Forcible Rape	0.52	583 000
All rapes	0.94	1.1 million

Kilpatrick, Dean., Heidi, Resnick., Kenneth, Ruggiero J., Conoscenti, Laurent., & McCauley, Jeana. Drug Facilitated, Incapacitated and Forcible Rape: A National Study. Washington, DC, 2003.

Table 2.5: Number of Rape Incidents Estimated by the Drug Facilitated, Incapacitated and Forcible Rape National Study for the U.S.A Female College Population in 2005

Sexual Act	**Rates of sexual assault per 100 people**	**Total estimated number of female victims**
Drug and Alcohol Facilitated Rape	1.48	87 000
Incapacitated Rape	2.10	123 000
Forcible Rape	1.67	92 000
All rapes	5.15	301 000

Kilpatrick, Dean., Heidi, Resnick., Kenneth, Ruggiero J., Conoscenti, Laurent., & McCauley, Jeana. Drug Facilitated, Incapacitated and Forcible Rape: A National Study. Washington, DC, 2003.

As illustrated above, rape that is drug facilitated or a consequence of victim incapacitation is prevalent. While lifetime prevalence rates are strikingly high, what is most notable is that 1.1 million women within the general public have experienced some form of rape in the year 2005.

National Intimate Partner Sexual Violence Survey in 2010

The National Intimate Partner and Sexual Violence Survey (NIPSVS) is an American survey that had been conducted in the year 2010 (Breiding et al., 2013). Through an RDD telephone method targeting participants that were 18 years or older, the survey exclusively collected information on the issues of intimate partner violence, stalking victimization and sexual violence. The survey measured both life-time experiences of victimization and incidents that occurred 12 months prior to taking the survey. Participants included 9,086 females and 7,421 males. Additionally, the survey defined sexual violence under several categories including rape,

sexual coercion, unwanted sexual contact and non-contact unwanted sexual experiences. Rape is conceptualized as the completed or attempted vaginal, oral or anal penetration through physical force. Sexual coercion refers to when a person is pressured or coerced into unwanted sexual penetration through nonphysical means. Unwanted sexual contact refers to sexual experiences that do not involved penetration, such as touching, kissing, fondling or grabbing sexual body parts. Non-contact unwanted sexual experiences refer to experiences where no touching or penetration occurs yet a sexual experience was sustained, such as someone exposing their sexual body parts to the victim.

According to Breiding et al., (2014), 19.3% (or 23 million) of American women are estimated to have experienced rape at some point in their lifetime. Roughly 78.5% of these women were under the age of 25 while 28.3% were between the ages of 11 to 17 when they experienced their first rape (Breiding et al., 2013 p. 13). Furthermore, 1.6% of women (or approximately 1.9 million women) were estimated to have been raped in the 12 months prior to taking the survey. Prevalence rates for sexual violence other than rape were much higher as roughly 43.9% of women experiencing this type of violence. 5.5% of women were victims of sexual violence other than rape in the 12 months prior to taking the survey.

Benefits and Limitations of DFIFRNS and NIPSVS surveys

Similar to Canadian surveys, the DFIFRNS and NIPSVS surveys maintain several benefits and limitations. One limitation to the DFIFRNS survey is that it fails to examine less serious forms of sexual violence, such as touching, groping and threatening to use violence. As a result, this survey does not represent sexual violence in all the acts it encumbers. Despite this limitation, the survey does provide insight into a common, yet underreported form of sexual assault, which is incapacitated sexual violence.

The NIPSVS can be categorized as the most representative survey on sexual violence, as it not only utilized self-reported data but also exclusively focused on the topic of sexual violence which consequently maximized data collection on the issue. Unfortunately, its major limitation is that it was only conducted once in the year of 2010, which makes the surveys' findings somewhat outdated.

2.2 Consequences of Sexual Violence

Review of the literature determined that there are a number of consequences that can develop as a result of sexual violence victimization. These consequences can be broken down into three areas: physical/reproductive, psychological, and economic. The following subsection is a summation of literature findings on the subject.

Physical Consequences

The consequence to physical health is highly dependent upon the type of sexual violence experienced. Literature sources suggest that victims who experience a more severe form of physical sexual violence, such as rape, can potentially sustain several physical health injuries. Examples include sexually transmitted infections (STIs), unwanted pregnancy, pelvic pain, vaginal bleeding or infection, urinary tract infections, gynaecological problems, gastrointestinal disorders, chronic pain disorders, as well as short-term and long-term sexual health problems (Jewkes, Sen & Garcia, 2002; Johnson & Dawson, 2012). Additionally, physical injuries can manifest from the psychological trauma sustained by victims and can include stress, substance use, risk taking and eating disorders (Benoit et al., 2014; Johnson & Dawson, 2012).

Psychological Consequences

Literature on psychological health focuses on both the emotional responses and mental illnesses victims develop after sexual violence victimization. Research consistently illustrates that a number of individuals experience a complex multitude of emotional responses upon sexual violence victimization, including anger, confusion, frustration, shock, disbelief and fear (Benoit et al., 2014; Johnson & Dawson, 2012; Waller, 2011). Some victims develop post-traumatic stress disorder (PTSD) symptoms and increased anxiety over their safety (Sinha, 2013; The Advocates for Human Rights, 2006; Waller, 2011). Others experience disturbed sleep, loss of self-esteem, sexual dysfunctions and eating disorders (The Advocates for Human Rights, 2006; Waller, 2011). Additionally, literature sources suggest that the context of the victimization can create variations in the psychological trauma sustained by victims. For example, Sinha (2013) discusses how daily stress levels were higher among victims who experience a particularly violent sexual assault or whose perpetrator was their spouse when compared to those who were violated by a non-partner. Furthermore, those who experienced a violent sexual assault, whether from a partner or non-partner, were likely to use medication in order to cope with depression or to resolve insomnia (Sinha, 2013, p. 9; Neilson, Norris, Bryan & Stappenbec, 2017).

Economic consequences

As discussed by Loya (2015) and McCollum & Callahan (2014), victims sustain several economic consequences as a result of their sexual victimization. Specifically, victims struggle to maintain employment as their traumatizing experiences affect their ability to adequately perform their economic duties. Examples include how victims often must book time off from work in order to meet court appearances and/or medical appointments. Additionally, mental health issues that incur post-victimization often results in victims needing time off work to personally cope and

address their trauma. In some cases, too much time off work may lead to employment termination. Some victims may also choose to end their employment, as they feel their mental health issues prevent them from adequately performing in their occupation. It is also often the case that sexual violence victims struggle to regain the income they had prior to their victimization. According to Waller (2011, p. 25), victims of rape, sexual assault or child abuse are likely to spend an estimated $7,500 in medical and other tangible costs.

As illustrated by the Hoddenbagh, Zhang & McDonald (2014), the amount of money lost as a consequence of sexual violence can be broken down into three subcategories; costs to the victims, costs to the criminal justice system (CJS) and costs to third parties. Victim costs can include medical expenses and loss of income. In 2009, the Canadian department of justice identified that female victims lost $3,415,498,849 as a result of needing to address their victimization. Costs to the criminal justice system include the prosecution of sexual assault cases and expenses for housing offenders within prisons. In 2009, the Department of Justice stated that Canada spent $137,693,965 to prosecute sexual assault cases in which a female was victimized. Costs to third parties include operating social services and losses to employers. In 2009, the Canadian department of justice estimated that $35,081,192 was spent or lost due to impact of sexual violence on third party employees.

During the literature review, very few studies could be found that measured the cost of sexual assault in America. Only one source was found referencing this subject and was by Miller, Taylor, &Sheppard (2007), who state that sexual violence cost the state of Minnesota $8 billion. Expenses included health care services, victim services, operating the criminal justice system, loss in quality of life as well as victim pain.

Discussion

Review of the literature determined that there is a lack of data on measuring the prevalence of sexual violence amongst adolescents in the Ontario Region. As a result, it is difficult to address this issue of concern as information on how this type of violence operates amongst adolescents is unknown. Accordingly, it would be beneficial for the province of Ontario to conduct a study measuring the prevalence of sexual violence amongst teenagers in its region.

Review of five national studies conducted in both Canada and the U.S.A determined that there are many challenges to consider when attempting to measure sexual violence. Examples of such characteristics include the use of self-reported versus police reported data; designing a study's survey questionnaire so as to exclusively focus on measuring sexual violence; and using trained interviewers to gather information from participants. Other factors of concern include measuring sexual violence annually to produce up-to-date information and deciding how to define the concept of sexual violence. With regard to the latter criteria, the five national studies presented in this chapter utilized various definitions of sexual violence. As a result, the findings of each study are difficult to compare, as use of different definitions influences the data collected. Specifically, broader definitions of sexual violence will likely result in higher rates of prevalence being recorded than narrower conceptualizations. Accordingly, this difference in defining sexual violence between the studies suggests that it is important to consider what definition of sexual violence is being used when attempting to measure prevalence rates.

In further examining the definitions utilized, it could be argued that a survey attempting to measure sexual violence among the general national population would benefit from incorporating all of the definitions used within the five national surveys. Specifically, sexual violence would conceptually include the legal definition of sexual assault, the concept of sexual harassment, sexual violence related to drug intoxication and other self-reported definitions of sexual violence. In

creating this broader definition, a survey is more likely to capture a more definitive number of prevalence rates when measuring for sexual violence, which could then be used to better measure success rates in preventing this type of violence from occurring.

Literature on the consequences of sexual violence alludes to how serious this type of violence can be as victims have been known to develop physical, psychological and/or economical hardships upon being victimized. It should be noted that while the literature review did determine that victims can suffer from certain social harms, such as withdrawing from social activities, this victim consequence was not strongly or consistently demonstrated throughout the literature. As such, further study into this subject matter may be required. The literature on victim consequences for sexual violence also does not illustrate which types of assault result in which types of consequences. For example, literature on physical consequences does not allude to the logical assumption that this type of injury is likely sustained by victims who were physically assaulted in a sexual context, such as through rape. This lack of distinction makes it seem that any type of sexual violence, whether verbal, physical and/or psychological, could lead to any type of consequence. Accordingly, future studies measuring victim consequences may want to incorporate this distinction into the analysis of their study.

Conclusion

The contents of this chapter illustrate that that sexual violence is a real problem with a wide range of impacts. Specifically, this chapter identified that very little is known about the prevalence rates of sexual violence amongst teenagers living in the province of Ontario. As such, a study measuring this subject area of concern is needed in order to better address this issue as a potential social problem. Review of five national studies illustrated that there are many challenges associated with measuring sexual violence. These characteristics need to be considered when

attempting to construct a study seeking to measure sexual violence prevalence rates. In so doing, a more definitive number of sexual violence prevalence rates for the general population will likely be captured. Furthermore, review of the literature determined that victims of sexual violence can suffer from a myriad number of issues including physical, psychological and economic hardships.

Chapter 3 of this thesis will move on to review the literature on contributors to sexual violence perpetration and prevention methods for sexual violence. In reviewing these subjects of interest, this chapter will identify the key themes and components needed to deter sexual violence perpetration. This information will then be used to review the 2015 Ontario Curriculum by determining which themes and components are absent or present in the content material of the program and to what degree they are integrated.

CHAPTER 3: LITERATURE THEMES

Introduction

The first section of this chapter will provide a definition for crime prevention. The second section of this chapter will review literature on themes associated with sexual violence perpetration. Specifically, this section will cite and define common concepts used within the literature to describe a variable's relationship with sexual violence perpetration, otherwise referred to as the outcome of interest. A review of the themes associated with the perpetration of sexual violence will also be provided in this section. The third section of this chapter will review school-based dating violence prevention programs and will also explain the themes school programs have been encouraged in the literature to use to potentially change targeted behaviours. Furthermore, a literature review on some of the implementation issues experienced with school-based programs will also be provided.

3.1 Terminology

Definition of Crime Prevention

Conceptually, crime prevention can be broken down into three categories; primary, secondary and tertiary prevention (Kirkner, Bowser & Ashby, 2014; Calkins, Colombino, Matsuura & Jeglic, 2015; Calkins, Jeglic, Beattey, Zeidman & Perillo, 2014). Primary prevention strategies aim to prevent the initial development of criminal behaviour by targeting known criminogenic conditions for physical and social environmental changes (Brantignham & Fraust, 1976). Primary prevention approaches can be categorized into three types of actions; targeting psychological conditions to deter certain behaviours; altering the physical environment to deter criminal activities; and promoting general deterrence through the encouragement of harsh punishment within the legal system. Secondary prevention is directed towards not only

individuals who exhibit risk factors for criminal activity but also areas in which crime and deviancy are prevalent (Brantignham & Faust, 1976). Indeed, this form of prevention assumes that by targeting specific risk factors associated with criminality, crime can be prevented. In addition, agencies are used to implement secondary prevention strategies, including police, parole, probation, courts, educational institutions and even private citizens. These mobilizers target various risk factors for intervention, such as poverty, lack of education and minority status. The tertiary prevention model targets and prevents recidivism among known offenders (Hanson, Ralston, Self-Brown, Ruggiero, Saunders, Love, Sosnowski & Williams, 2008; Andresen & Jenion, 2008; Calkins et al., 2015;Brantignham& Faust, 1976). Facilitators for this form of prevention are official government representatives, such as corrections, courts and police, who are required to monitor and rehabilitate offenders released into the community (Andresen & Jenion, 2008; Brantignham & Faust, 1976).

In analyzing these prevention types, I argue that my topic of interest, in examining a school-based prevention program for sexual violence, can best be described as a primary prevention method. In reviewing the literature on school-based programs and sexual violence prevention, my thesis seeks to determine if the 2015 Ontario Curriculum maintains central themes outlined within the literature to prevent sexual violence perpetration before its initial development. Accordingly, this initiative can be defined as a primary prevention approach. Furthermore, because the 2015 Ontario Curriculum targets 9th grade Ontario adolescents for intervention, it maintains a broad targeted approach that can reach adolescents who have either developed or are likely to develop variables associated with sexual violence perpetration.

Correlates, Causalities and Risk Factors

According to the literature, the association between a variable and an outcome of interest, which for the purposes of this thesis is sexual violence perpetration, can best be described using a variety of concepts and terminologies (Bauman, Sallis, Dzewaltowski & Owen, 2002; Offord & Kraemer, 2000). One such concept is correlates which is defined as "a variable that is associated, either positively or negatively, with an outcome" (Offord & Kramer, 2002, p. 70; Didelez, n.d.). While correlates can contribute to sexual violence perpetration, this connection is not guaranteed as individuals can maintain correlational characteristic while also not engaging in the predicted behaviours (Shader, 2004; Jewkes & Flood, 2015). Comparatively, the concept of causality refers to variables that have a more direct and stronger relationship with the outcome of interest. Vagi, Rothman, Latzman, Tharp, Hall, & Breiding, (2013, p. 633) list several criteria that need to be met in order to have a variable be considered causal. These standards include "the strength of an association, its consistency, specificity, plausibility, gradient (or dose–response relationship), coherence with existing evidence, and the temporal relationship with the outcome". Among this list of criteria, Vagi et al., (2013) argues that temporality, where the variable precedes the outcome, is the strongest criteria that needs to be established when arguing for the existence of a causal relationship. Unfortunately, establishing a causal relationship between a variable and outcome can be difficult as numerous long-term longitudinal studies, that are both long term and time consuming, need to be conducted for confirmation (Vagi et al., 2013).

A third term used within the literature to describe a variables relationship with an outcome of interest is risk factor, which refers to "those characteristics, variables, or hazards that, if present for a given individual, make it more likely that the individual, rather than someone selected from the general population, will develop a disorder" (Mrazek& Haggerty, 1994, p.

127). It is also "a characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes" (National Institute of Health, 2009, p. xxviii). In analyzing these two definitions, it can be argued that the term risk factor is referring to a correlational relationship. Specifically, the National Institute of Health's definition notes that the term "risk factor" could refer to variables that either precede or is associated with the outcome of interest. As such, it can be argued that this third term could be linked to a correlational relationship.

Additional review of the literature also determined that there are several types of risk factors needing to be distinguished from one another in order to plan a prevention initiative. For example, Cox (1996) identifies two broad definitions of risk factors; demographic and sociological. The former concept refers to fixed factors that are non-amendable individual characteristic such as race, sex and age. These fixed factors cannot be changed through intervention strategies and many are permanent characteristics. Sociological-risk factors refer to amendable individual and circumstantial characteristics and can be understood as cultural, psychological or situational (Armstrong, Hamilton, & Sweeney 2006). Cultural risk factors are cultural narratives that justify, excuse or accept sexual violence, such as rape myth narratives (Wade et al., 2014). Psychological risk factors refer to more individual determinants or characteristics such as gender role attitudes, personality, family background, or sexual history (Armstrong et al., 2006). Situational risk factors identify contextual circumstances that can increase a person's propensity to harm others (Wade, Sweeney, Derr, Messner & Burke, 2014).

According to sources, the ability to assess and mitigate sociological-risk factors is highly dependent on whether the factor is static or dynamic (Lofthouse, Totsika, Linday, Hogue, & Taylor, 2014; Offord & Kraemer, 2000). "Static variables are immutable items grounded in the

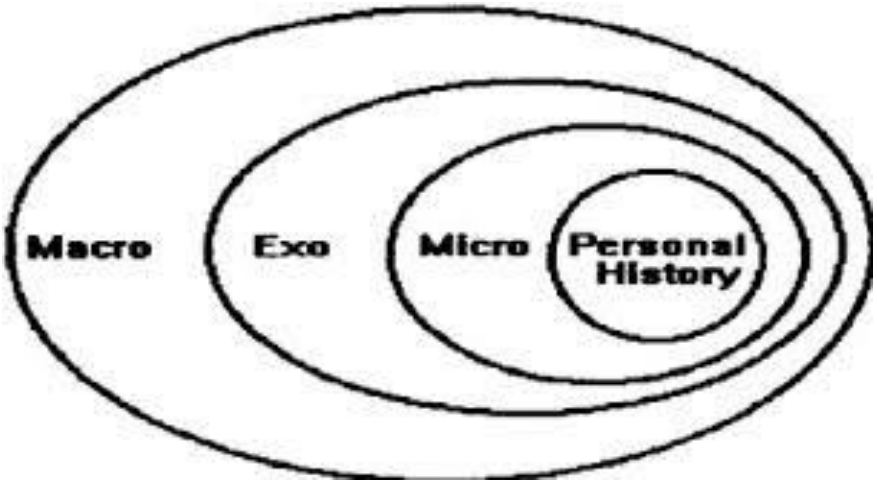
individual's history (i.e. family/care experiences during childhood" (Lofthouse et al., 2014, p. 2). These variables are permanent factors or experiences held by the individual, where interventions cannot alter or remove the risk factor. For example, exposure to violence as a child is a risk factor that can never be changed once experienced. Comparatively, dynamic variables require "an understanding of the individual's psychological and behavioural characteristics that are amenable to change over a short- to medium-term time frame" (Lofthouse et al., 2014, p. 2). For example, acceptance of rape narratives can be mitigated through appropriate intervention strategies that challenge and shift these types of beliefs.

Interestingly, there are authors that have challenged the conceptualization of static and dynamic factors. For example, Beech & Ward (2004) and Mann, Hanson & Thornton (2010) "propose that both static and dynamic risk factors are better understood as psychologically meaningful risk factors or propensities based on the notion that they are measuring enduring characteristics of the offender, similar in concept to traits. Following this model, Beech & Ward (2004) hypothesise that static risk factors are markers for underlying dispositions while dynamic risk factors are current psychological markers of the same disposition" (as cited by Lofthouse et al., 2014, p. 2). In other words, static and dynamic factors contribute to the development of a certain mentality, where an individual may be more susceptible to accepting certain beliefs or values. While static/historic risk factors cannot be mitigated directly, there indirect effect on the development of an individual can be addressed through intervention strategies through a focus on the beliefs and values a person subscribes to.

Heise's Ecological Model

Literature on sexual violence variables has been explained by two broad theoretical dispositions: individual theories and societal-level explanations (Heise, 1998; Johnson &

Dawson, 2011). The former makes a connection between psychological experiences (i.e. child sexual abuse or exposure to violence) and sexual violence perpetration, while the latter examines how structural influences (i.e. acceptance of rape myth narratives) encourages the perpetuation of this violence. Independently, these theoretical dispositions have been criticized as not illustrating the complexity of violence (Heise, 1998; Johnson & Dawson, 2011) as others have suggested that violence needs to conceptualized "as a multifaceted phenomenon grounded in an interplay among personal, situational and socio-cultural factors" (Heise, 1998, p. 263). Variables do not exist independently, but are reinforced and strengthened by other factors that exist at the personal, situational and socio-cultural level. Accordingly, individual and societal-level variables need to be understood in relation to one another (Johnson & Dawson, 2011). One theoretical disposition that incorporates this conceptualization is Heise's ecological model.



Heise's (1998) ecological model consists of four levels of analysis that, visually, are best represented in concentric circles. The innermost circle represents the personal history variables or individually developmental experiences that influences people's responses to relationships,

institutions and social structures. Beliefs and attitudes about sexual violence, specific personality traits, experiences of child sexual abuse and physical abuse are all examples of individual variables that may encourage sexual aggressions (Heise, 1998). The microsystem, which is the next circle, refers to the context in which violence can occur, such as through interpersonal relationships. Through personal interactions, people not only learn to engage with others but also assign subjective interpretations to the connections they have. Examples of factors that can influence our learning of interpersonal relationships include violence within families, patriarchal family structures and misinterpretation of social cues. Level three is known as the exosystem, which focuses on how specific social structures can create conditions within an environment that can either encourage aggressive behaviour or neutralize it. An example of an exosystem factor is peer groups and how they may encourage sexual violence perpetration through the perpetuation of specific attitudes and beliefs. The fourth level is referred to as the macro system which refers to the broad set of cultural values and beliefs that impact the other three layers of the ecological model. Examples of macro system factors include gender role beliefs, male entitlements and cultural attitudes.

Terminology for Research Project

As noted above, there are many different concepts and terms that can be used to identify and describe variables associated with sexual violence perpetration. Review of the literature determined that it is difficult to identify which factors are correlational and which are causal. As such, the following chapter will refer to all correlational, causal and risk factors as variables that, to some degree, have an association with sexual violence perpetration. In identifying these variables within the literature, this thesis will highlight the important themes that need to be considered and included when constructing a prevention initiative.

3.2 Variables associated with Sexual Violence Perpetration

Attitudes and Beliefs

According to sources, gender role stereotyping, which refers to learned social definitions of masculine or feminine values, expectations and behaviours (O'Neil, 1990), has been associated with sexual violence perpetration. For men, gender roles can include striving for power, status and control; being emotionally restrictive; and acting violently (Berkowitz, 1992). Sources suggest that this attitudinal construct creates a predisposition that permits the acceptance of other attitudes and behaviours supportive of sexual violence perpetration (Rando, Rogers & Brittan-Powell, 1998; Berkowtiz, 1992; Truman, Tokar & Fischer, 1996; David & Liddell, 2002; Good, Heppner, Hillenbrand-Gunn & Wang, 1995). For example, in a sample of 106 male college students, Truman., et al., (1996) assessed the predictability of sexual aggression using three masculine related constructs identified as masculine ideology, attitudes towards women and homophobia. It was determined that men who adhered to these more traditional constructs of masculinity were more likely to demonstrate attitudes supportive of date rape.

Interestingly, sources suggest that not all masculine gender role stereotypes can predict sexual aggression (Rando et al., 1998; Locke & Mahalik, 2005; Smith, Parrott, Swartout & Tharp, 2015). For example, in a sample of 191 men, Rando et al., (1992) sought to determine how specific gender role stereotypes (i.e. success, power, restrictive emotionality, and restrictive affectionate behaviour between men) would predict men's sexual aggression. It was determined that masculine dimensions of success and power did not predict sexual aggression. Comparatively, dimensions of emotional restrictiveness and affection between men did predict the outcome variable. Similar results were found in a study conducted by Locke & Mahalik (2005), who surveyed 254 male college students using 11 distinct masculinity dimensions.

Masculine characteristic that were evaluated included emotional control, risk taking, dominance, playboy, self-reliance, primacy of work, power over women, homophobia, status obtainment and winning. Findings from the study determined that dimensions reflecting power over women, dominance and homophobia were the strongest predictors for sexual aggression and rape myth acceptance. Other dimensions, such as emotional control and self reliance, were found to be non-significant in the predictability of sexual violence perpetration. These findings suggest that masculine gender role stereotypes, as a variable for sexual violence perpetration, must be evaluated as a multidimensional approach to understand which dimensions need to be targeted for change in the prevention of sexual violence perpetration (Locke & Mahalik, 2005).

A second type of attitude associated with sexual violence perpetration is hostile masculinity, which refers to the embracement of traditional notions of masculinity including dominance, control, hostility and distrust towards women (Malamuth et al., 1991; Murnen, Wright, & Kaluzny, 2002; Casey et al. 2016; Abbey, McAuslan, Zawacki, Clinton, & Buck, 2001; DeGue & DiLillo, 2004; DeGue et al., 2010; Farr, Brown, & Beckett, 2004). For example, in a meta-analysis of 39 studies, Murnen et al., (2002) found that hostile masculinity was the second highest predictor of self-reported sexual assault. Interestingly, other sources have suggested that not all forms of hostile masculinity can predict sexual violence perpetration (Lonsway & Fitzgerald, 1995; Koss & Dinero, 1988; Russel & King, 2016; Suarex & Gadalla, 2010). For example, in a sample 489 adult men, Russel & King (2016) found that general hostility towards women did not necessarily predict sexual violence perpetration. However, when examining hostility towards women and acceptance of rape myth narratives together, predictability of sexual violence perpetration became stronger. It was further noted that hostility

towards women has a strong association with rape myth narratives, suggesting that this particular trait creates a predisposition to accept sexually violent supportive narratives.

Acceptance of rape myth narratives is identified within the literature as another attitudinal construct that contributes to sexual violence perpetration. (Russel & King, 2016; Abrams, Viki, Masser, & Bohner, 2003; Yapp. & Quayle, 2018). Rape myths are defined as a "prejudicial, stereotyped, or false belief about rape, rape victims, and rapists," (Burt, 1980, p.217). These narrative beliefs provide an excuse or justification for the perpetration of rape, often at the expense of the victim. Examples include "only bad girls get raped; any healthy woman can resist a rapist if she really wants to; women ask for it; women 'cry rape' only when they've been jilted or have something to cover up; rapists are sex-starved, insane, or both"(DeGue & DiLillo, 2004, p. 217). Additional examples include "women are to blame for rape; most reports of rape are false; perpetrators should be exonerated" and "only certain types of women are raped" (Johnson & Dawson, 2011, p. 102).

Different explanations on the relationship between rape myth acceptance and sexual violence perpetration has been presented in the literature. Some studies have found that rape myth narratives have been used by sexual offenders to justify and normalize their behavior(Wegner, Abbey & Pierce, 2015; Beech, Ward, & Fisher, 2006). For example, in a sample of 183 men who reported that they had perpetrated some form of sexual aggression, Wegner et al., (2015) found that rape supportive attitudes were positively related to post-assault justifications. Comparatively, other studies have found that rape myth narratives can be used as motivators to engage in sexual violence perpetration. Specifically, Bohner et al. (1998) and Bohner, Jarvis, Eyssel & Siebler, (2005) both found support for the causal pathway of rape myth narratives proceeding sexual violence perpetration. For example, in their study examining 107

male participants from the UK, Bohner et al., (2005) found that the correlating relationship between rape myth narratives and propensity to commit rape were significantly higher when participants completed the rape myth acceptance scale before being measured for rape proclivity rather than after. The findings from both studies suggest that the causal pathway between rape myth acceptance and sexual violence perpetration is unclear, as there is evidence to support that this attitudinal construct can be used both before or after a sexual assault is committed.

Psychological conditions

Empathy is defined "the ability to understand and share in another person's emotional state or context" (Cohen & Strayer, 1996, p. 988). Studies examining the relationship between empathy and sexual violence perpetration have produced mixed results. For example, in a comparison study of sexual offenders (n=84) and non-offenders (n=113), Monto, Zgourides & Harrais (1998) found that general measures of empathy were no lower for the former group when compared to the latter. Similar results were also found in other studies, suggesting that general empathy levels tend to be the same among both offenders and non-offenders of sexual violence (Marshall, Hudson, Jones, & Yolanda, 1995; Brown, Harkins & Beech, 2012). Comparatively, other sources have found that sexual offenders tend to demonstrate less empathy towards their own victim(s) when compared to non-sex offenders (Fernandez & Marshall, 2003; McGrath, Cann, & Konopasky, 1998; Brown, Harkins & Beech, 2012). For example, in a study comparing 27 incarcerated rapists and 27 incarcerated nonsexual offenders, Fernandez & Marshall, (2003) found that rapists exhibited the same degree of empathy as nonsexual offenders towards women who had been victims of male perpetrated sexual assault. However, these same rapists demonstrated significant empathy deficits towards their own victims, suggesting that they may supress empathy towards their own victim as a form of cognitive distortion.

Studies have also found that empathy may act as a connecting variable between other high-risk personal characteristics and perpetration of sexual violence (Wheeler, George & Dahl, 2002; Abbey, Parkhill, BeShears, Clinton-Sherrod & Zawacki, 2006). In a model that predicted how empathy would regulate the relationship between impersonal sexual activity, hostility towards women and sexual violence perpetration, Wheeler et al., (2002) found that "males with high levels of hostile masculinity/rates of impersonal sex, and low levels of empathy reported higher rates of sexual aggression compared to males with high levels of hostile masculinity, high rates of impersonal sex, and high levels of empathy" (Wheeler et al., 2002, p. 769). Accordingly, empathy may act as a buffering effect between other high-risk variables and sexual aggression.

Dissociation is another personal characteristic linked to sexual aggression. Used by survivors of trauma, dissociation is a psychological condition that dismisses overwhelming information from conscious awareness (Zurbriggen, Gobin, & Freyd, 2010). While primarily a coping mechanism, this technique for information processing has been linked to sexually offending behaviour(Zurbriggen, Gobin, & Freyd, 2010; Leibowitz, Laser & Burton, 2009; Becker-Blease & Freyd, 2007). For example, in a study examining 502 sexually abused delinquent male adolescent, Leibowitz et al., (2009) found that disassociation predicted participants' association with sexually offending behaviours. Similar findings were produced by Becker-Blease & Freyd (2007), who studied 17 convicted sex offenders for experiences of dissociation during criminal offending.

Psychopathy, which was identified within the literature as a third personal characteristic, is defined as a "neuropsychiatric disorder marked by deficient emotional responses, lack of empathy, and poor behavioral controls, commonly resulting in persistent antisocial deviance and criminal behavior" (Anderson & Kiehl, 2014, p.103). Several studies suggested that

psychopathy is a strong psychological characteristic among incarcerated sex offenders (Porter, Fairweather, Drugge, Herve & Brit, 2000; Oliver & Wong, 2006; Greetton, Mcbride, & Hare, 2001; Gretton, Hare & Catchpole, 2004). For example, in sample of 329 incarcerated sex offenders Porter et al., (2000) found that 64% demonstrated psychopathic tendencies. Interestingly, review of the literature determined that little research has been done to examine psychopathy among non-incarcerated sexual offenders which is unfortunate as incarcerated sex offenders tend to represent the most extreme types of offending (i.e. rape). As such, it is unknown whether psychopathy is common among less severe sexual perpetrators who may use more coercive, rather than physical, methods to obtain sex.

Childhood adversities

Child sexual abuse (CSA), child physical abuse (CPA) and exposure to violence has been documented as predictors of future sexual offending (Burton, Miller & Shill, 2002; Veneziano, Veneziano, & Legrand, 2000; Fulu & Heise, 2015; Senn, Desmarais, Verber, & Wood, 2000; White & Smith, 2004). For example, in a comparative sample of 195 men, Sen et al., (2000) found that males who maintained experiences of CSA or CPA were more likely to demonstrate sexually coercive behaviour in adult relationships. White & Smith (2004) found similar results in a 5-year longitudinal study, where experiences of CSA, CPA and exposure to violence increased the probability of committing a sexual assault amongst adolescents. Interestingly, other sources suggest that CSA may not be a variable associated with sex offenders who victimize adults (Jespersen, Lalumière & Seto, 2009; Carr, & VanDeusen, 2004). For example, Jespersen et al., (2009) conducted a meta-analysis of 17 different studies, where 1,037 sex offenders and 1,762 non-sex offenders were evaluated. It was determined that out of 17 studies, 15 examined how CSA contributes to sexual violence perpetration. Of those 15 studies, 12 reported that CSA

prevalence was lower among sex offenders who victimized adults than among those who offended against children. These findings suggest that CSA may not be a significant variable for sexual perpetrators who victimize adults. It also suggests that individual experiences of childhood adversity, such as CSA or CPA, should be examined independently to ensure the variables are actually associated with this type of violence (Casey et al., 2016).

In comparison, CPA has been linked to the development of several psychological traits, including greater gender stereotyping and emotional constrictions that encourage the perpetration of future intimate partner violence, including sexual violence (Casey et al., 2016; Finkelhor, 1984; Koss & Dinero, 1989; Lisak, Hopper & Song, 1996; Jungmeen & Dante, 2010). In a sample of 595 men, Lisak et al., (1996) determined that 257 had reported some form of childhood abuse. Of those 257 men, 98 reported perpetrating sexual or physical violence themselves. In comparing all three groups, Liask et al., (1996) found that male perpetrators of violence who were victims of childhood adversity demonstrated greater gender stereotyping and emotional constrictions when compared non-perpetrators who were never abused. Other sources have suggested that CPA and witnessing interparental violence may result in the development of hostile masculinity and negative masculinity (Rosen & Martin, 1998; Casey et al., 2016; Abbey et al., 2006) and empathy deficits (Simons, Wurtele, Heil, 2002). Experiences of physical abuse and witnessing interparental violence has also been linked with increased substance abuse (Casey et al., 2009; Widom, Shuck, & White, Casey et al. 7 2006). For example, in a sample of 300 men, Shin, Chung, & Rosenberg, (2016) found that participants who experienced CPA reported higher levels of monthly drinking and were more likely to exhibit pathological drinking behaviors such as binge drinking.

While not as well researched as CSA or CPA, child emotional abuse (CEA) has also been identified as a contributor to adult sexual violence perpetration (DeGue and DiLillo, 2005; DeGue, DiLillo, & Scalora, 2010; Zakireh, Ronis, & Knight, 2008; Lee et al., 2002). According to Crawford & Write (2007, p. 93), CEA, also termed psychological maltreatment, refers to a pattern of emotional abuse or neglect that can include rejecting a child in a hostile manner, degrading comments being made towards the child, terrorizing, corrupting, denying emotional responsiveness, isolating, or failing to provide for the child's needs. Sources indicate that experiences of CEA can result in the development of several harmful interpersonal characteristics, including disassociation (BeckerBlease & Freyd, 2007; Hall, 2003) anger or irritability(Teicher, Samson, Polcari, & McGreenery, 2006), hostile masculinity (Vivolo-Kantor, Degue, Dillillo & Cuadra, 2013) and increased psychopathy (Mullen, Martin, Anderson, Romans, & Herbison, 1996).

In examining the above findings, it be can argued that experiences of CSA, CPA and CEA can result in the development of several psychological traits that can increase a male's propensity to commit sexual violence.

Situational Characteristics

"Sexual bargaining is a complicated, dynamic social process by which potential partners communicate interest or lack of interest in pursuing a sexual relationship with each other" through the use of verbal and non verbal social cues (Farris, Treat, Viken, & McFal, 2008, p. 49). Examples include smiling, standing close, giving a compliment or physically touching someone (Jacques-Tiura, Abbey, Parkhill & Zawacki, 2007, p. 1467). Ambiguous in nature, these social cues can result in a misinterpretation of the intentions and interests of a potential sexual partner (Jacques-Tiura et al., 2007; Koukounas & Letch, 2000). For example, in a sample of 356 male

students from a large urban university, Jacques-Tiura et al., (2007) found that 54% reported misperceiving a woman's sexual interest on at least one occasion. Similarly, Weigner & Abbey (2016) found that 93% of the men they sampled (n=470) had admitted to misperceiving a woman's friendly social cues as an interest in sexual activity. While misperception of social cues is a common experience amongst men, most do not go on to engage in sexually coercive or aggressive behaviour. However, several sources have endeavoured to argue that misperceptions and sexual violence perpetration do maintain an associative relationship of some degree. For example, some studies propose that misperceptions of sexual interest are used as an excuse amongst sexual offenders to normalize their behaviour (Wegner, Abbey, Pierce, Pegram & Woerner, 2015; Beech, Ward & Fisher, 2006). In a sample of 183 men who reported perpetrating some form of sexual aggression, Wegner et al., (2015, p. 1031) found that "misperceiving the woman's sexual intent was the strongest multivariate predictor of post-assault justifications". These offenders would often blame either the woman or situational factors to justify their actions (Weigner et al., 2015).

Other sources have suggested that high-risk males are more prone to misperceiving social cues when compared to low-risk males. For example, in a sample of 497 undergraduate men, Farris, Viken, Treat, & McFall, (2006) found that men who strongly endorsed rape myths were less capable of accurately identifying a woman interest in sex. In failing to properly decode social cues, high-risk males will engage in unwanted sexual behaviour for longer periods of time or until sexual gratification is achieved through coercive tactics (Farris et al., 2006). Similar results were also found when examining other variable characteristics, such as hostility towards women, engagement in impersonal sex and sex role stereotyping (Jacques-Tiura et al., 2007; Wegner, & Abbey, 2016; Fisher & Walters, 2003; Vrij & Kirby, 2002). These findings suggest

that men who are at high-risk to perpetrate sexual violence are also at an increased risk to misperceive social cues from women.

Studies also demonstrate that sexual violence perpetrators are more likely to engage in what is identified as impersonal sex, which can include frequent sexual activity, early age sexual engagement, one night stands, and failure to use protective measures when having sex (Abbey et al., 2001; DeGue, DiLillo & Scalora, 2010). For example, in a study comparing 113 perpetrators against 260 non-perpetrators, Abbey et al., (2001) found that perpetrators were more likely to have consensual sex at an earlier age and had more consensual sexual partners than did non-perpetrators. As a result of their behaviour, high-risk males place themselves in situations where they have an increased opportunity to perpetrate sexual violence. (DeGue, DiLillo &Scalora, 2010; Calhoun, Bernat, & Clum,1997; Abbey, 2006; Abbey et al., 2001; Zawacki, Abbey, Buck., McAuslan., & Clinton, 2003).

In assessing the relationship between impersonal sex and sexual violence perpetration, sources suggest that this variable often does not operate on its own, but rather works in conjunction with other variables to increase a male's propensity to engage in sexual violence (Jacques-Tiura et al., 2007; Wegner & Abbey, 2016; Abbey., 2011). In a study evaluating 470 single men in the Detroit Metropolitan area, Abbey & Jacques-Tiura, (2011) found that the combined hostile masculinity and impersonal sex variable had little impact on predicting sexual aggression for participants with low misperception scores. Comparatively, when participates scored high for misperception, a strong positive relationship between the combined variable and sexual aggression was found. These findings suggest that men can engage in impersonal sexual activity without perpetrating sexual aggression, so long as they do not misinterpret the social cues of a potential sexual partner.

Additional sources suggest that impersonal sex is a variable that is developed through the interpersonal variable of subscribing to hypermasculine gender norms. For example, the decision to use protective measures when engaging in sexual activity is strongly influenced by a male's subscription to masculine gender ideals (Leddy, Chakravarty, Dladla, de Bruyn, & Darbes, 2016; Jewkes & Morrell, 2010). In a sample of 163 sexually active heterosexual couples in South Africa, Leddy et al. (2010) found that male endorsement of masculine gender norms was negatively associated with consistent condom use amongst couples. These findings suggest that some masculine gender norms may encourage risky sexual behaviour, such as not using protection. Other sources suggested that subscription to sexual dominance ideologies can result in increased casual sexual relationships (Abbey et al., 2006; Prohaska & Gailey, 2008). In a qualitative study interviewing 163 men, Abbey et al., (2006, p. 61) found that "sexual dominance had indirect effects on sexual assault perpetration that were mediated through its links to attitudes about casual sexual relationships".

Several sources have also identified alcohol consumption as a factor that contributes to the perpetration of sexual violence (Fulu & Heise 2015; Borowsky et al., 1997; Maxwell et al., 2003; Carr & VanDeusen, 2004; Abbey, McAuslan, Zawaacki, Clinton & Buck, 2001; Steele & Josephs, 1990). For example, Muehlenhard and Linton (1987) found that 55% of the men in their survey who acknowledged raping their date also claimed to be under the influence of alcohol at the time of the assault. Alcohol's role in sexual violence can be explained under three broad conceptualizations; alcohol disinhibition hypothesis, alcohol myopia-based model and alcohol expectancy (Noel, Maisto, Johnson & Jackson, 2009; Abbey 2011; Norris, Davis, George & Martell, 2002). According to the alcohol disinhibitions hypothesis, alcohol consumption can compromise a person's ability to act in a prosocial manner, which can cause a man to engage in

sexually aggressive behaviour even when a woman is clear in her lack of interest (Noel et al., 2009; Abbey, 2011).

Several studies have attempted to identify how alcohol can compromise a man's ability to act in a prosocial manner. Some sources determined that interpersonal characteristics, such as hostility towards women, sexual dominance and acceptance of interpersonal violence, can impact the relationship between alcohol consumption and a disregard for pro social behaviour (Abbey, 2011; Noel et al., 2009; Hall, Sue, Narang, & Lilly, 2000). For example, Noel et al., (2009) conducted an experimental study that was intended to examine how high-risk characteristics, such as a need for sexual dominance and acceptance of interpersonal violence, might influence alcohol's effects among 334 men from the community (p. 387). The study utilized aggressive video scenarios to gauge intoxicated and non-intoxicated participants' reactions. Findings determined that men who scored high on a need for sexual dominance and acceptance of interpersonal violence were likely to give socially appropriate responses when sober. For instance, when viewing a video of a woman saying no to sexual engagement, these participants were less likely to approve of sexual aggression exhibited by the male actor and were more supportive of anti-force cues. However, when under the influence of alcohol at low doses, these same participants became significantly more accepting on the use of force to obtain sex. Accordingly, these finding suggest that interpersonal variables can influence the relationship between alcohol consumption and sexually aggressive behaviour.

Interestingly, other sources have suggested that certain intrapersonal variables can result in increased alcohol consumption (Seto and Barbaree 1997; White, Johnson & Buyske, 2000). For example, Seto and Barbaree (1997) determined that certain personality characteristics, such as impulsivity or antisocial behaviour, may increase a man's propensity to drink and

subsequently commit sexual assault. Such findings suggest intrapersonal variables can result in increased consumptions of alcohol, which could subsequently compromise a man's ability to engage in prosocial behaviour.

In considering these findings, where alcohol disinhibits engagement in prosocial behaviour, it is argued that prevention efforts should focus on reducing men's overall consumption of alcohol (Noel et al., 2009). However, this prevention approach should only be applied to those who exhibit high risk interpersonal characteristics for sexual violence perpetration. Indeed, the information illustrated within the literature suggests that men who are at high risk for sexual aggression are at an increased risk to perpetrate when consuming alcohol. However, this same concern is not applicable to low risk individuals. As such, discouraging the latter populations' engagement in alcohol consumption is unnecessary.

Alternatively, the Alcohol Myopia-based model articulates that "acute intoxication impairs information processing, restricting one's cognitive ability to process the large array of internal and external cues regulating social behavior"(Noel et al., 2009, p. 386). In other words, when a man consumes alcohol, his ability to read social cues that suggest interest or disinterest in sexual activity is compromised (Ito, Miller & Pollock, 1996). Review of the literature determined that the Alcohol Myopia-based models is not a well supported hypothesis. Specifically, one study that compared the alcohol disinhibition hypothesis and alcohol myopia-based model found that former model was supported over the latter. For example, in his study of 334 men, Noel et al., (2009, p. 393) found that "even when intoxicated participants were exposed to and aware of explicit anti-force cues, initial analyses indicate that they were more likely to ignore the cues in making decisions about the acceptability of sexual aggression. Instead, if a participant had consumed alcohol (Low or Moderate dose versus Placebo or Control), he was more likely to

accept sexual aggression for the man in the scenario". Preferred acceptance of sexual aggression would suggest that high risk men will intentionally ignore, rather than misinterpret, social cues and pursue sexually aggressive means to obtain sex. In consideration of these findings, the alcohol-myopia theory is not supported.

The alcohol expectancy model focuses on beliefs about the effects of alcohol rather than its ability to pharmacologically alter human behaviour. Specifically, it purports that people's beliefs about the effects of alcohol provide an excuse or reason to act in a sexually aggressive manner (Johnson, Noel & Sutter-Hernandez, 2000; Tryggvesson, 2004; Kanin, 1984). For example, Kanin (1984), who surveys 71 date rapists, found that 62% felt they had committed rape because of their alcohol consumption. Stormo, Lang & Stritzke, (1997) found that the their participants perceived sexual aggressors as less responsible for their actions in a date-rape scenario if they had consumed alcohol. These findings suggest that alcohol consumption can often be used to dismiss culpability of a sexual aggressor.

Another belief associated with alcohol is that it increases sexual desire once ingested. As a perceived aphrodisiac, women who consume alcohol are viewed as sexually interested by potential male dating partners (Abbey et al., 2001; Abby, 2011; George & Stone, 2000). Studies supporting this theoretical assumption includes those that evaluated college students and their perception of women who drank alcoholic beverages while on a date. These studies found that sober college students often perceived drinking women as being more sexually interested in their date (i.e. through touching, smiling and laughing) when compared to women who consumed non-alcoholic beverages (George, Cue, Lopez, Crowe & Norris, 1995; Payne, Lonsway & Fitzgerald, 1999). Interestingly, research on the physiologically effects of alcohol suggest that

this substance maintains the opposite effect on sexual desire. Indeed, George & Stone (2000), found that alcohol consumption can reduce sexual desire and interest in both men and women.

3.3 Primary Prevention and School-based Programming

In addition to the above, there are several sexual violence prevention programs implemented within secondary and post-secondary schools. One such program is safe dates, which is a dating violence prevention program for adolescents. The program utilizes two approaches to discourage dating violence; school-based activities and community activities (Foshee, Bauman, Greene, Koch, Linder & MacDougall, 2000; Foshee, Bauman, Arriaga, Helms, Koch, Linder, 1998). The former involves producing peer-performed theatre; ten 45-minute curriculum-based sessions facilitated by teachers; and poster content (Foshee et al., 2000). The latter option provides services to students who are in abusive relationships (Foshee et al., 2000; Foshee, 1998).

Several studies evaluating the effectiveness of the safe dates program have been completed. One study examined the effects of the program one month and one year after students completed safe dates (Foshee et al., 2000; Foshee et al., 1998). Results for the one-month follow-up confirmed that students from the safe dates program reported significantly less perpetration of psychological abuse and violence against a dating partner when compared to the control group (Foshee et al., 1998). Safe dates students were also more supportive of pro-social dating violence norms; perceived fewer positive consequences from using dating violence; used more constructive communication skills and responses to anger; were less likely to engage in gender stereotyping; and were more aware of victim and perpetrator services (Foshee et al., 1998).

Comparatively, the one-year follow-up confirmed that there were no significant differences between the treatment and control group for changes in behaviour. However, safe

date students did demonstrate more positive attitude and knowledge acquisition in the prevention of sexual violence when compared to non-safe date students. Examples include safe date student being less supportive of prescribed dating violence norms; being more supportive of pro-social dating violence norms; perceived fewer positive consequences from using dating violence; used more constructive communication skills and responses to anger; were less likely to engage in gender stereotyping; and were more aware of victim and perpetrator services when compared to the control group (Foshee et al., 2000).

A second school-based sexual assault prevention program is Real Consent. The program consists of several online training sessions and is aimed to educate college-aged men in order to deter perpetration and increase bystander intervention (Salazar, Berkowitz, Kantor & Hardin, 2014; Salazar, Kaufman & Berkowitz, n.d.). In achieving these goals, Real Consent educates participants by discussing how to safely intervene in circumstances where a sexual assault may occur; correcting misperceptions on normative beliefs supporting sexual assault; changing attitudes towards date rape; and increasing empathy for victims of sexual assault. Several teaching approaches are used within the program, including but not limited to illustrating survivor stories through actors; providing theoretical scenarios and having participants engage in interactive quizzes and games (Salazar et al., 2014; Salazar et al., n.d.).

Several studies have been conducted to test the effectiveness of the Real Consent program with one study using an RCT method (Salazar et al.,2014). More specifically, 743 male university students between the ages of 18 to 24 were recruited to participate in either the online Real Consent program or a Web-based general health promotion program. Changes in participants' behaviours regarding sexual violence perpetration was evaluated prior to taking the program, immediately after taking the program and 6 months' post intervention. Comparisons to

a control group determined that Real Consent participants engaged in less sexual violence perpetration; greater knowledge of effective consent; less rape myth acceptance; greater empathy for rape victims; less negative date rape attitudes; less hostility towards women; greater intentions to intervene and less comfort with men's inappropriate behaviours (Salazar et al., 2014).

A third prevention program for adolescent dating violence is Bringing in the Bystander. Instead of targeting potential victims and perpetrators of sexual violence, this program addresses witnesses, otherwise referred to as bystanders, to this type of violence (Cares, Banyard, Moynihan, Williams, Potter & Stapleton, 2014; Peterson, Sharps, Banyard, Powers, Kaukinen, Gross, Decker, Baatz, Campbell, 2016). Indeed, the program is premised on the notion that targeting bystanders and encouraging them to act and intervene in situations where sexual violence is likely to occur will prevent sexual assault. Through a curriculum-based community responsibility approach, participants are shown how to safely intervene in instances where sexual violence, relationship violence or stalking occurs. The program is usually administered in three 90-minute sessions (Cares et al., 2014; Peterson et al., 2016).

There have been a few studies conducted to test the effectiveness of Bringing in the Bystander. One utilized an RCT method on first year university students (Cares et al., 2014). A second study used a quasi-experimental pre and post test design to measure the effects of the program (Peterson et al., 2016). Results showed that the bystander education program was more effective at changing attitudes, beliefs, efficacy, intentions, and self-reported behaviors when compared to control groups that participated in a traditional awareness education program (Peterson et al., 2016).

A fourth prevention program is Expect Respect Support Group (ERSG), which addresses teen dating violence among those identified as having previous experiences with violence exposure (Reidy, Holland, Cortina, Ball & Rosenbluth, 2017; Ball, Kerig & Rosenbluth, 2009). The program is facilitated through 24 to 25 group support sessions and aims to develop participant knowledge on healthy relationship skills as well as modify maladaptive dating behaviour norms (Reidy et al., 2017; Ball et al., 2009). To achieve its objectives, program facilitators teach students about good communication skills, the definition of abuse and respect, gender stereotypes, recognizing the impact of violence, the warning signs of dating abuse, asking for consent and resolving conflict (Reidy et al., 2017; Ball et al., 2009). In addition to having a well-structured curriculum, the ERSG also ensures that teachers are properly trained to facilitate the program (Reidy et al., 2017).

Several studies evaluating the effectiveness of ERSG have been completed. One study examined the effects of the program through a longitudinal (7 years) approach that monitored and evaluated changed behaviour in boys and girls from 36 Texas schools (Reidy et al., 2017). A second study on the ERSG examined the program's effects through a qualitative approach (Ball, et al., 2009). Findings for the first study suggests that the results are mixed as rates of sexual violence victimization for adolescent girls increased since their participation in the ERSG program (Reidy et al., 2017). Hypothetical explanations for this phenomena include that the finding may be a statistical artefact and that the program’s increased awareness of sexual violence victimization subsequently encouraged further reporting (Reidy et al., 2017). Findings for the second study suggested that participants experience a variety of positive learning experiences through the ERSG programming, including an increase in healthy relationship skills; acquiring knowledge on abusive behaviours; and changes in relationship norms.

A fifth prevention program is the 4th R. As summarized by Wolfe, Crooks, Jaffe, Chiodo, Hughes, Ellis, Stitt & Donner (2009), Crooks, Wolfe, Hughes, Jaffe &Chiodo (2008), Crooks, Chiodo, Zwarych, Hughes & Wolfe (2013), the 4th R program aims to reduce physical dating violence (PDV), peer violence and drug/alcohol misuse among adolescents through a Curriculum based method similar to the Ontario Health and Physical Education Curriculum. It is comprised of 3 units; personal safety and injury prevention, healthy growth and sexuality as well as substance use and abuse. Each unit is discussed within seven classes, resulting in a total of 21 lessons being taught. Teachers of the 4th R received specialized training on skill-building exercises to assist with engaging youth on Curriculum's content.

Several studies were conducted to evaluate the effectiveness of the program which included three studies implemented in 2004 that used an RCT methodology. (Wolf et al., 2009; Crooks, 2009; and Wolfe et al., 2011). The first study measured changes in student attitudes and knowledge on the topics of relationship violence, sexual health and substance use/abuse (Wolfe et al.,2009; Crooks, 2009; Wolfe et al., 2011). The second study determined if students of the 4th R program engaged in less physical dating violence and risk behaviours, such as peer violence, substance use and unsafe sex, 2.5 years after having started the program (Wolfe et al., 2009; Wolfe et al., 2011; Crooks, 2009). The third study attempted to determine if children who experienced abuse were more likely to benefit from the 4th R two years after having completed the program (Crooks et al., 2011).

In the first study, 4th R students retained a greater level of knowledge and maintained a notably improved attitude towards healthy relationships when compared to those in the control group (Crooks et al., 2008; Crooks et al., 2013). Intervention participants were also more likely to make safer and more appropriate decisions in real life situations concerning violence,

substance use and sexual activity when compared to the control group (Crooks et al., 2008; Wolfe et al., 2012). For the second study, there were some mixed findings when examining reductions in PDV. When comparisons between baseline and the 2.5 year follow up were made, it was determined that PDV had increased from 1.1 % to 8.5% for the entire student population. Furthermore, PDV was significantly higher for students in the control groups (9.4%) when compared to those at follow up (7.4%). Results did identify that boys within the intervention group (2.7%) were less likely to engage in PDV than those in the control group (7.1%). However, girls within intervention groups had similar PDV perpetration rates as those in the control groups (11.9% v.s. 12.0%) (Wolfe et al., 2009; Crooks et al., 2013).

For the third study, Crooks et al., (2011) determined that students who experience some form of maltreatment during their formative years were more likely to benefit from the 4th R intervention than those that did not participate in the program. It was concluded that 4th R participants experienced a buffering effect, in which they were less likely to engage in violent delinquency when compared to maltreated students in the control group.

3.4 School-based Programs and Central Themes

In addition to evaluating the 2015 Ontario Curriculum's content material, this study will also review and analyze the teaching practices and implementation strategies used to ensure program success. Indeed, the former concept refers to the methods used to effectively disseminate program content material and to achieve the objectives of the program. Effectiveness is determined by participants retention of program information and changes to targeted behaviour. Comparatively, implementation strategies refer to methods addressing the dilemmas or complications that often impact the ability of facilitators to successfully implement a program. The following subsections will review literature on these two subjects.

Social norm theorists have identified several practical approaches that could improve the success rate of a VAW prevention programs. One method is to primarily target men for intervention; an approach that is supported by three central arguments. The first is that men are the main perpetrators of VAW (Floods, in press). Indeed, it is often the male sex that chooses to engage in most forms of violence. As such, men need to be targeted for intervention to deter their use of violent methods. In so doing, prevention programs will essentially be eradicating the main cause and contributor to VAW. The second argument is that the construction of masculinity, as a gender identity, largely attributed to the male sex, plays a critical role in the shaping of VAW. It is not inherently men that are the contributors to VAW, but rather their subscription to masculine gender norms that encourage this type of violence. As such, changing masculine decision-making processes to deter engagement in violence can have a huge impact on reducing the number of VAW incidents. The third argument is that men can gain positive experiences in helping to end VAW. Indeed, Flood (2011) articulates that violence is an issue of concern for both men and women as both groups would benefit from its prevention. For example, the elimination of VAW can help improve men's' personal wellbeing by freeing them from the costs of conforming to dominant definitions of masculinity (Flood in press). It can also help men protect the women they care for and meet their political, ethical and spiritual interests (Flood in press).

Several suggestions on how to encourage male participation in the VAW movement were outlined in the literature. For example, Crooks (2007) suggests that intervention strategies should portray men as the solution to VAW. Indeed, this approach could help men feel less attacked when asked to discuss the issue of violence perpetration (Flood 2005 – 2006). Crooks (2009) also argues that men may avoid active participation in the prevention of violence as it challenges

traditional notions of masculinity. Indeed, involvement in anti violence against women initiatives may be viewed as suspicious, “gay” and controversial to masculinity (Crooks, 2007). In order to overcome these thoughts and attitudes, Crooks (2007) proposes that men should be encouraged to take specific action-focused initiatives that will help raise awareness on gender issues and challenge their beliefs without compromising their masculine identities (Crooks, 2007). In addition, prevention programs should give men reasons as to why they should prioritize their participation in this initiative (Crooks, 2007). Indeed, men need to be provided with an incentive to participate such as improving their self-efficacy and overall well-being.

Review of the literature also suggests that are other empirically supported methods to improving school-based program effectiveness. For example, one practice to include within school-based intervention strategies is role playing. Role-play allows participants to practice active listening and new behaviors in a controlled environment before executing it in real life situations (Sperber & Lowenkamp, 2017; Regan, 2009). It also has the benefit of allowing participants to see others successfully complete a behavioural response and develop confidence in their own ability to execute mirrored behaviour (Crooks, 2007). Good role-playing exercises consists of having “program facilitators identify the skill to be practiced, allowing participants to practice the skill, and providing feedback and reinforcement to further shape the behavior” (Sperber & Lowenkamp, 2017, p. 437). Studies examining the effectiveness of role play determined that programs which frequently used this practice experienced greater success in changing targeted behaviour when compared to those that did not use the method (Sperber & Lowenkamp, 2017; Lowenkamp & Latessa, 2002).

A second practice to consider implementing is same sex discussion groups. Indeed, the literature suggests that program participants tend to experience less attitudinal change in mixed-

gender groups than those in single-gender groups (Brecklin & Forde, 2001; Clinton-Sherrod, Mogan-Lopez, Gibbs, Hawkins, S. Hart, Ball, Irvin, & Littler, 2009). As such, it appears that participants feel more comfortable discussing program content material within same-sex discussion groups.

A third practice of successful intervention programs is the length of the program (Flood, 2005-2006; Bond, & Hauf, 2004). "This principle refers to the need for participants to be exposed to enough of the intervention for it to have an effect. Dosage, or program intensity, may be measured in quantity and quality of contact hours. Aspects of dosage include the session length, number of sessions, spacing of sessions, and the duration of the total program" (Nation, Crusto, Wandersman, Kumpfer, Seybold, Morrissey-Kane, & Davino, 2003, p. 452).

It is recommended that the duration or dosage of any prevention program be estimated based on key developmental stages of participants. More specifically, the introduction of specific program material should be determined through the characteristics of targeted participants (Bond, & Hauf, 2004). Literature also suggests that programs should offer booster sessions to support program durability and impact (Bond, & Hauf, 2004; Nation, et al., 2003). Indeed, research demonstrates that the effects of many preventive interventions tend to gradually decay over time (Zigler, Taussig, & Black, 1992; Nation et al., 2003). As such, booster sessions focusing on prior skills learned and new developmentally appropriate skills are needed to maintain positive outcomes.

A fourth practice is to provide culturally sensitive program material. Indeed, attitudes, beliefs and behaviours that justify sexual violence vary between cultures and locations. For example, masculinity and sexuality are social concepts that are enacted differently between social groups and communities (Floods, 2005-2006; Jewkes & Flood, 2015). As such, prevention

programs must consider and incorporate these differences in its content material, so that participants can feel that the program is relatable to their own attitudes, beliefs and behaviours that encourage this type of violence (Floods, 2005-2006; Jewkes & Flood, 2015). In establishing this practice, participants' interests and relationship with the program will be strengthened, which could subsequently result in better reception of program content material (Nation et al., 2003). There are some techniques that can be implemented to ensure that culturally sensitive material is included in a prevention program. For example, Dryfoos (1990) and Janz et al. (1996) suggested that the participants in the intervention be included in the program planning and implementation to ensure that their needs are recognized.

3.5 School-based Programs and Implementation

According to the literature, program and school compatibility can significantly impact the success of a program's implementation. More specifically, some programs may not be compatible with the needs and requirements of the school utilizing the intervention strategy (Crooks et al., 2013; Caria; 2013; Payne 2009; Payne, 2010;Gottfredson&Gottfredson, 2002; Jaycox et al., 2006; Mihalic et al.,2008; Rohrbach et al. 2006). As such, a program should be constructed with consideration on the characteristics of the individual school, including daily routines, school size and organizational capacity, (Gottfredson & Gottfredson, 2002; Jaycox et al. 2006; Mihalic et al. 2008; Payne et al. 2006; Payne 2009; Caria, 2013). It is also important to ensure that teachers are supportive of the program being implemented in their school. Indeed, the attitudes of teachers can determine their ability and desire to deliver a program to students (Crooks et al., 2013; Caria, 2013; Payne, 2010;Lochman, 2009; Payne, 2010; Gottfredsom, et al, 2002; Mihalic et al. 2008; Rohrbach et al. 2006; Wang et al., 2017; Hunter, 2001). If teachers do not believe in the program, they are unlikely to teach it.

Results from self-reported surveys also determined that teachers sometimes struggle to review all program content material (Crooks et al., 2013; Caria, 2013; Mihalic et al., 2008; Ennet et al., 2003). Cited explanations include issues with their school being too large and having insufficient class time to address the full program (Caria et al, 2013; Mihalic et al., 2008). Problems with time constraints resulted in teachers modifying the program by shortening it or dropping sessions (Crooks et al., 2013; Ennet et al., 2003; Payne, 2009).

Not having enough or appropriate material was noted as a fourth implementation issue of concern. More specifically, programs that did not outline enough content material often resulted in teachers struggling to disseminate information (Payne, 2010; Payne, 2009; Gottfredson & Gottfredson, 2002). Lack of structured material resulted in facilitators teaching the program's content material differently, which is another form of modifying the program.

While there are several potential implementation issues that can arise through school-based programming, there are also approaches that can assist in mitigating these problems. For example, to mitigate the implementation issue of teacher attitudes, measurements on their attitudes and concerns needs to be conducted. Indeed, through these measurements, data on their issues and concerns, with facilitating the program, will be collected. The information can then be used by program developers to alter their program and overcome teacher identified problems. It can also be used to convince teachers that the program's material is relevant. Indeed, this information can provide program developers with insight on how to convey the merits and purpose of their program to facilitators. In so doing, teachers will be both motivated and committed to implementing the program (Crooks et al., 2013; Lochman, 2002; Payne, 2010).

To address the program modification issues noted above, sources suggest that teachers should be provided with training to help them learn how to facilitate program content material

(Crooks et al., 2013). As noted by Crooks et al., (2008), it is important to provide teachers with ongoing training opportunities that ensure they know the material adequately. Training should be of good quality as anything less can worsen implementation issues. For example, research has shown that teachers who received little training tend to feel insecure in applying a program under their direction, which can consequently result in further implementation issues developing (Caria, 2013; Lochman, 2009; Payne 2010;Mihalic et al. 2008; Ennet, 2003; Wang et al., 2017; Payne, 2009).

Another method that can be used to reduce teacher's modification of program material, is to provide them with standardized material and well-developed program manuals (Savignac & Dunbar, 2014). These resources can provide additional guidance on how to teach program content material correctly, which will reduce deviation. Certain researchers have also recommended that teachers be initially supervised in their implementation of a program, in order to direct, coach and correct teaching practices (Payne, 2010; Gottfredson et al., 2002).

A fifth approach to mitigating implementation issues is to evaluate students' retention of program information. Indeed, through this method teachers will be encouraged to use program practices and material as they will be held accountable for properly facilitating the program(s) they are assigned. (Crooks et al., 2013; Caria, 2013; Lochman, 2009; Payne, 2010; Gottfredson et al., 2002). Performance standard evaluations also demonstrate that both the school and district board value successful implementation, which can further encourage teachers to better facilitate program content (Lochman, 2009).

Discussion

In reviewing the above literature, it can be argued that some school-based programs have demonstrated success in mitigating variables associated with sexual violence perpetration. For example, studies examining the effectiveness of the Real Consent program determined that participants were less likely to engage in sexual violence perpetration; maintained greater knowledge of effective consent; were less likely to support rape myth acceptance; maintained greater empathy for rape victims; were less likely to maintain negative date rape attitudes; were less hostile towards women; had greater intentions to engage in bystander intervention; and were less comfortable with men's inappropriate behaviours (Salazar et al., 2014). Similar results were found with the Bringing in the Bystander.

While some school-based programs have found success in altering students' beliefs and attitudes, behavioural changes were less likely to be observed. For example, the first study evaluating the 4th R program determined that students retained a greater level of knowledge and maintained a notably improved attitude towards healthy relationships when compared to those in the control group (Crooks et al., 2008; Crooks et al., 2013). Intervention participants were also more likely to make safer and more appropriate decisions in real life situations concerning violence, substance use and sexual activity when compared to the control group (Crooks et al., 2008; Wolfe et al., 2012). For the second study, there were some mixed findings when examining reductions in PDV. When comparisons between baseline and the 2.5 year follow up were made, it was determined that PDV had increased from 1.1 % to 8.5% for the entire student population. Furthermore, while PDV was higher for students in the control groups (9.4%) when compared to those at follow up (7.4%), the difference in perpetration rates were minimal. Results did identify that boys within the intervention group (2.7%) were less likely to engage in PDV than those in the control group (7.1%). However, girls within intervention groups had similar

PDV perpetration rates as those in the control groups (11.9% v.s. 12.0%) (Wolfe et al., 2009; Crooks et al., 2013). Similar results were also found with Safe Dates and the Expect Respect Support Group.

In examining the above results, it could be argued that school-based programs may not be very effective in deterring adolescent engagement in sexual violence perpetration. Specifically, while programs have produced encouraging results (i.e. the 4th R reducing or altering certain attitudes), these gains do not appear to materialize into changed behaviour (i.e. 4th R participants not experiencing a significant reduction in PDV engagement). Within the literature there are some explanations towards the ineffectiveness of school-based programs. However, most of these justifications' focus on identifying and addressing practical implementation concerns that can develop while a program is in progress. Examples include but are not limited to teachers not having enough program content material, school compatibility and teacher attitudes. While these sources explain the ineffectiveness of school-based programs through a practical position, critical theoretical information on why this program might not work does not appear within the literature. Specifically, there appears to be no critical examination on why a school-based program, as a solo intervention strategy, may be ineffective in preventing sexual violence perpetration. I believe this gap within the literature can be explained using Heise's ecological model.

According to her model, variables that encourage sexual violence perpetration exist and are reinforced through not one, but four different socialization processes. These processes are referred to as the individualistic, microsystems, exosystems and macro systems. In examining the school-based programs that were presented in the literature, it can be argued that this type of program represents one among many methods of socialization. Specifically, in presenting

content material that is intended to shift participant attitudes and beliefs, school-based programs represent a socialization process that is attempting to discourage sexual violence perpetration. In reviewing Heise's ecological model, I argue that the effectiveness of school-based programs, and its endeavour to change participant behaviour, is challenged by other socialization processes. For example, according to Heise's ecological model, large cultural values within communities concerning gendered roles can influence an individual into accepting attitudes and beliefs that encourage sexual violence perpetration. If a participant were to be reintroduced to this type of large cultural value after having left the program, then the effects of the intervention strategy may be nullified. Accordingly, through Heise's ecological model, it can be understood that individuals are influenced by multiple socialization processes, not just that related to schools. As such, sexual violence perpetration, and its supporting attitudes and beliefs, must be challenged through a multifaceted intervention approach that targets all socialization processes for change.

A second issue within the literature is with the regard the variables associated with sexual violence perpetration. Specifically, review of the literature determined that there are numerous variables that may encourage an individual to perpetrate sexual violence. Most of these variables could be categorized as either situational characteristics (i.e. intoxication during a sexual encounter) or individual characteristics (i.e. individuals who experience CPA, CEA or psychopathic issues). In further reviewing the literature on variables associated with sexual violence, it appears that the importance of social meaning is not well emphasized. Specifically, the social meanings attached to specific variables and how they contribute to sexual violence perpetration is not discussed in-depth within the literature. For example, while the literature does articulate that acceptance of certain social values can encourage sexual violence perpetration (i.e. rape myth narratives, gendered stereotyping etc), research on how these values are linked to the

behavioural outcome of sexual violence appears to be lacking. Indeed, social acceptability on the appropriateness of certain behaviours can be a significant contributor to behavioural engagement. As such, the underdeveloped research into these variables represents a gap within the literature.

In considering these two gaps within the literature, it can be argued that the theory to be used for this thesis should be structured with these issues in mind. Specifically, the theory of interest should embody a similar theoretical position to that of Heise's ecological model, while also acknowledging the importance of social meaning. Upon reviewing various types of theories, it was determined that the social norm approach was the most suitable for meeting these requirements. More information on this theory is provided in chapter 4.

Conclusion

The above noted chapter provided a literature review on the subjects of sexual violence and school-based programming. As illustrated in this chapter, there are several variables associated with sexual violence perpetration. In addition, several primary school-based prevention programs have been implemented and evaluated. There are also several practical approaches that can be included in prevention programs to improve program effectiveness. Indeed, retention of program information and changes to targeted behaviour can be vastly enhanced by implementing practices that improve program facilitation and retention. This chapter also noted issues that can develop when implementing a school-based program. It is important to be mindful of these problems.

In reviewing the above information, two gaps within literature were identified. The first is that there appears to be no critical examination on why a school-based program may be ineffective in preventing sexual violence perpetration as an individual intervention strategy. Indeed, while studies demonstrate that school-based programs may not always be effective in

deterring this type of behaviour, explanations from a critical position on why a school-based program may be limited in its ability to change behaviour appears to be lacking within the literature. Interestingly, Heise's ecological model suggests that different socialization processes may be impacting the effectiveness of this type of programming. Accordingly, the social norm approach, which is the theory being used for this thesis project, was primarily selected because it incorporates a theoretical position that suggests socially meaningful variables associated with sexual violence perpetration are developed through individual, familial/relationship and community connections.

The second gap presented within the literature is that it failed to emphasize the significance of addressing socially meaningful themes. Specifically, review determined that sources examining perpetrator variables failed to articulate how socially meaningful variables, such a rape myth narratives or gender role stereotyping, can have a significant impact in guiding human behaviour. Accordingly, the social norm approach was selected because it addressed this particular gap within the literature. Specifically, the theory noted that cultural norms represented in individual attitudes and beliefs have significant influence on behavioural engagement. As such, it is important to address and mitigate these themes through intervention strategies.

CHAPTER 4: THE SOCIAL NORM APPROACH

Introduction

This chapter provides an overview of the history, theory and weaknesses/limitations of the social norm approach. The discussion portion of this chapter will review how this theory maintains a similar position to that of Heise's ecological model. The theory will also be used to identify which perpetrator variables carry significant social meaning. It should also be noted that the social norm approach was chosen because it addresses the two gaps within the literature identified in chapter three.

4.1 History of Social Norm Theory

The social norm approach was initially developed during the mid to late 1980s by Alan Berkowitz and Wesley Perkins (Berkowitz, 2004; Lederman et al., n.d; Berkowitz, 2010). Premised on a study depicting patterns in alcohol consumption, Berkowitz and Perkins hypothesized that problematic drinking behaviour developed as a result of college students overestimating how much their peers accepted and supported unhealthy drinking practices. As such, Berkowitz and Perkins argued that prevention strategies seeking to address drinking behaviours should be structured to provide students with accurate information on what their peers really think with regards to drinking. Such an approach was unique for its time, as more popular prevention strategies included providing students with information on abuse, the negative consequences of alcohol consumption, and identifying as well as treating alcoholics.

The first social norm intervention was initiated in 1989 by Haines at Northern Illinois University (Lederman et al., n.d.; Berkowitz, 2004; Berkowitz, 2010). It consisted of a standard social marketing technique in which healthy drinking norms were presented to students in a

public campus advertisement. Studies examining the impact of this technique determined that it produced significant results in reducing the consumption of alcohol. More specifically, the number of students who began abstaining from alcohol and/or moderately drinking alcohol increased by 10% between 1989 and 1998. Furthermore, a decrease in the number of students who over consumed alcohol was also found, with a 20% reduction (Haines & Barker, 2003; Haines & Spear, 1996). In time, other intervention strategies at different universities developed and found similar results.

4.2 Social Norm Theory

Social and cultural norms are the rules or expectations of behaviour within a specific culture or social group (WHO, 2009; Katz, 1995). They provide social standards that people use to evaluate the appropriateness or inappropriateness of their own or others behaviour (Katz, 1995). Accordingly, social norms have a strong influence on individual behaviour. Alan Berkowitz argues that misperceptions on what is and is not normal can influence people's ability to accurately perceive norms related to behaviours. As a result, unhealthy behaviours can be promoted, while healthy behaviours are downplayed or suppressed. A more detailed review of Berkowitz explanation as to how perceptions of social norms influence decisions to engage in different types of behaviour is provided below.

The social norm approach is informed by several basic concepts. **Perception** refers to an individual's understanding of their environment through the organization, identification and interpretation of sensory information gathered through sight, sound and touch (Schacter, 2011). **Reality** refers to the state of things as they actually exist, regardless of whether or not it is observable or comprehensible (Oxford Dictionary. 2005). Conceptually, reality differs from perception as the former does not reflect the subjective interpretations of the individual.

Misperceptions refers to the gap between perception and reality, wherein perception is not representative of reality (Berkowitz, 2010; Berkowitz, 2005; Wechsler, Nelson, Lee, Seibring, Lewis, & Keeling, 2003; Berkowitz, 2004; Flynn & Carter, 2016).

The social norm approach proposes that perception is not always reflective of reality **(**Lederman, Goodhart, Laitman, n.d.; Berkowitz , 2010; Berkowitz, 2005; Berkowitz, 2004; Hillebrand-Gun, Heppner, Mauch, & Park, 2010). Individual and circumstantial elements often operate to create conditions in which a representative gap between perception and reality develops. One circumstantial element that is considered strongly influential is the observation of highly visible behaviour. Indeed, this condition has the effect of making certain actions or behaviours appear perceptively normal to individual observers, even in circumstances where a majority of the population do not engage in the behaviour on display. Consequently, social norm theorists argue that observers are likely to engage in visible behaviour, as they perceptively believe it to be normal. More importantly, individual observers may abandon their own healthy behaviours in order to engage in what appears to be salient visible normative behaviour. It is through this process that misperceptions are created.

Misperceptions can begin to influence entire communities through the spreading of misinformation via public conversations. As misperceptions become more widespread, individuals will begin to enact the problematic behaviours they observe, and suppress the healthier practices they initially engaged in. This results in healthy behaviours becoming less visible and subsequently deemed as less normative. According to social norm theorists, this widespread process of misperceiving unhealthy behaviour as normative is referred to as **pluralistic ignorance (**Berkowitz, 2005; Berkowitz, 2004). As discussed by Berkowitz (2005), Berkowitz (2004), Hillebrand-Gun et al., (2010), Bell, Crosby, Edlin, Keenan, Marshall & Savva

(2013), Scholly, Katz, Gascoigne & Holck (2005) and Perkins (2002), correcting pluralistic ignorance involves social norm interventions that are constructed to inform the majority, including those that do not engage in the problematic behaviour, that their original healthy perceptions are more normative and healthy than they think. Through this strategy, people are given permission to act on their original values. For example, with alcohol consumption, a targeted population would be encouraged to engage in moderate or abstinent based drinking practices.

Salient or popular behaviour is not the only prominent circumstantial element that can influence the development of misperceptions. Berkowitz (2004) and Lewis, Litt, Cronce, Blayney & Gilmore (2014), discuss how social proximity can also be a contributor. Indeed, individuals are more likely to develop a misperception if they are observing people who are socially distant from them, such as strangers. However, people are unlikely to engage in behaviours performed by people they do not know very well. This is because social distance creates an inability to determine the logic or rationale behind observed behaviours. As such, if a person examines a group of individuals who they are socially close to, such as friends or relatives, then the individual is more likely to engage in whatever behaviour is on display. Overall, peer associations have a strong influence on people's decision to engage in certain types of behaviour.

According to Berkowtiz (2004; 2005), misperceptions can influence people in two ways. The first is through **false consensus,** which refers to the misguided belief that others are similar to oneself when in reality they are not. In the case of criminal activity, those who engage in deviant behaviour sometimes develop the misperception that others engage in similar actions to their own even when they do not (Hillebrand-Gun et al., 2010; Perkins, 2002). The second is

through **false uniqueness,** which is similar to false consensus in that it refers to the mistaken idea that others are different to oneself when in reality they are similar (Hillebrand-Gun et al., 2010; Perkins, 2002). Sometimes the normalization of healthy behaviours can be forted through false uniqueness. Indeed, those who engage in healthy practices can sometimes develop the misperception that others are not engaging in the same healthy behaviours. Individuals who experience false uniqueness are much more likely to misperceive norms, as they assume that they are more unique in their engagement with healthy behaviour then they are. Overtime, those who experience this phenomenon begin to socially withdraw from society, as they see themselves as abnormal. Consequently, healthy behaviour becomes less visible, leaving deviant behaviour to be more exposed and prominently memorable in society.

4.3 The Social Norm Approach and Sexual Violence

As illustrated above, the social norm approach is a theory that seeks to identify and understand the misperceptions that influences people to engage in certain unhealthy behaviours. In reviewing this earlier form of social norm theory, other theorists have expanded upon and related the theory to sexual violence and its perpetration. One such theorist is Michael Floods who is an Associate Professor at the Queensland University of Technology School of Justice (Stark & Buzawa, 2009). As a researcher of violence against women, Dr. Floods has utilized the social norm approach to better understand how and why women are targets of sexual violence. He theorizes that misperceptions not only impact people's ability to discern normal and abnormal behaviour, but also people's ability to accurately perceive normative attitudes and beliefs. The concept of **attitude** is generally understood as positive or negative feelings people develop towards an object or idea (Flood & Pease, 2008). **Beliefs** refers to the perceptions that determine the validity of certain premises (Flood & Pease, 2008).

Flood (2010; Flood & Pease, 2008; Jewkes & Flood, 2015) hypothesizes that the nuances of violence, such as violence being perpetrated largely by men against other men and women, suggests that it operates within the context of gender, gender relations and gender inequality. Indeed, as a norm, violence against women does not exist independently, but is rather supported by attitudes, beliefs and behaviours towards "appropriate" gender roles for men and women. For example, if a man believes that a woman should not make as much money as him despite occupying the same employment position, then that same man is more susceptible to supporting acts of violence against women. Beliefs and attitudes about masculinity, women and sexual relationships have also been used as justifications and reasoning for sexual assault. Accordingly, Flood (2010) argues that to prevent sexual violence, cultural norms at the individual, familial/relationship and community level on both sexual assault and gendered notions must be targeted for intervention to reflect healthy and respectful attitudes and beliefs.

In acknowledging Flood's position, several types of attitudes, beliefs and behaviours concerning gendered notions and sexual violence need to be changed. Examples with regard to the former include men having to be dominant, tough, entitled to power, using violence as a form of settling disputes, negative attitudes about women, sexist, patriarchal, and/or sexually hostile values (Flood 2005-06; Katz, 1995;Flood, in press). Additional examples include using sexual aggression as a means to feeling like a real man and subscribing to attitudes and beliefs that view sex as a conquest or as a battle between the sexes (Abbey, McAuslan, Zawaacki, Clinton & Buck, 2001). Examples of attitudes, beliefs and behaviours in need of change and that reflect sexual violence include assumptions that women are interested in sex based on clothing, level of eye contact and interpersonal distance. Bragging about sexual exploits, commenting on women's bodies, and accepting rape myth narratives, such as those outlined in chapter three, are also in

need of replacing (Berkowitz, 1992; Katz, 1995). In altering these social norms, male perpetrators will no longer have the supportive attitudes, beliefs and behaviours they need to justify their violent actions.

Changing these social norms can be difficult, as men who perpetrate violence often engage in a form of false consensus, wherein they believe that their behaviour is accepted and supported by the majority of the population. As such, a successful intervention strategy would need to correct this misperception by informing perpetrators that the social norms they subscribe to are not accurate. Accordingly, Flood (2010;2011) states that the first step to successfully prevent violence against women is to target the appropriate population who harbour the problematic misperceptions. In the case of sexual violence, men should be the targets for intervention in the prevention of violence against women. Indeed, while Flood acknowledges that not all men are perpetrators of violence, support for violent behaviour and attitudes from male perpetrators and non-perpetrators alike contribute to its overall perpetuation.

In consideration of the above, the second element that should be incorporated into a prevention strategy that will correct misperceptions is to mobilize other non-perpetrating men into challenging the social norms perpetrators of violence subscribe to (Flood, 2010; Flood, 2011). Indeed, Flood (2011) argues that other men need to be encouraged to voice their concerns and disapproval when encountering violent supportive attitudes, beliefs and behaviours. By incorporating this second element, social norms at the relationship/familial level will be targeted for change. Indeed, Flood (2011; Flood & Pease, 2008) argues that social relations need to be targeted for intervention as they help men learn what is and is not appropriate behaviour. For example, peer social groups that support or legitimate women's abuse/sexual violence are likely to also encourage its perpetration (Flood 2005-06). Accordingly, to deter this type of violence,

intervention strategies must change the social norms of peer groups that legitimate it. In so doing, individual male perpetrators will no longer receive the support that justifies or normalizes their violent beliefs and narratives.

Unfortunately, research has demonstrated that while most men do not approve of violent supportive behaviours, they also do not challenge them. Indeed, many men demonstrate a tolerance when encountering harmful behaviours (Flood, 2010). This is because they are engaging in a form of false uniqueness, where they mistakenly misperceive that they are in the minority for opposing or disagreeing with those men who engage in violent supportive behaviours (Flood, 2011). Examples of non-perpetrator misperceptions that discourage the challenging of violent supportive perceptions include men believing that their peers would accept and adhere to rape myth narratives; that their peers do not consider or care about the risk women face in sexual situations; and that their peers are unwilling to intervene in circumstances where a sexual assault is likely to occur (Berkowitz, 2003; Fabiano et al., 2003; Berkowitz, 2010).

Additional misperceptions identified in both high-school and college students include over estimations on how frequently peers engage in sexual activity; the number of sexual partners' peers maintain; how many peers adhere to rape myth narratives; and assumptions among college men that their peers are accepting of offensive language towards women (Hillebrand-Gunn et. al. 2010). It should also be noted that both men and women tend to overestimate the prevalence of how often peers engage in risky sexual behaviour, which can include their comfort levels with such behaviours. As a result of these misperceptions, men fail to challenge the attitudes, beliefs and behaviours of those most likely to perpetrate violence against women, which ultimately results in a seeming approval of their violent behaviour.

In conjunction with having peers challenge outright violent-supportive behaviours, the social norm approach advocates that gender inequality purported within families and relationships needs to be addressed. For example, Flood (2010) articulates that male economic and decision-making dominance in families and relationships is one of the strongest predictors of high levels of violence against women. Indeed, these fundamental inequalities purported within relationships set the ground work for accepting and perpetuating acts of violence against women, including sexual violence. As such, these relations need to be targeted for intervention as well.

In addition to addressing the above, social norms at the community and society level must also be changed to prevent violence against women (Flood, 2011). Indeed, Flood (2011) argues that if society's norms do not sanction violent behaviour, then it inadvertently supports and encourages its continuance within communities. Furthermore, if communities begin to embrace healthy respectful behaviour, individual attitudes will be that much easier to change. Examples of community norms in need of changing include those found in public policies and practices.

4.4 Criticisms of the Social Norms Theory

Several criticisms concerning social norm theory and the interventions it proposes have been identified within the research literature. For example, Berkowitz (2005) identifies that while the social norm approach resonates well with prevention specialists, its implementation requires extensive preparatory work. It was noted that in order for it to be successfully implemented several characteristics need to be established including "training key stakeholders and staff in the model; creating support and discussion in the larger community; revising policies that may foster misperceptions; collecting and analyzing data, and training and supporting project staff to

implement the model properly" (Berkowitz, 2005, p. 15). Establishing these factors can be very time consuming and difficult.

A second criticism is that social norm approaches are very difficult to replicate between different communities (Lederman et al., n.d., Berkowitz, 2002,Scholly et al., 2005; Wechsler et al., 2003). More specifically, it was argued that many social norm approaches adopt a format that includes slogans of unity, such as "most of us" or "students at our university" (Berkowitz, 2005, p. 15). While such phrases may work in a more homogenous community, heterogeneous populations may be less persuaded by such broad messages. Accordingly, a solution to this problem would be to construct social normative interventions that address group local normative values. In other words, narrow down the intervention strategy to address the individual groups present in a heterogeneous community (Wechsler et al., 2003).

A third criticism is that students may not take social norm messages seriously and subsequently dismiss the messages presented (Berkowitz, 2002). However, social norm theorists argue that initial scepticism is a part of the human cognitive function and overcoming the scepticism is one of the tasks a social normative intervention is expected to do (Berkowitz, 2002). Overcoming the scepticism can involve adequately addressing and responding to students concerns and providing explanations as to how the data was obtained.

A fourth criticism, that is directed towards Flood's use of the social norm approach, is the use of men to end violence against women. Indeed, it has been argued that Flood's approach is somewhat controversial, as it gives additional power to men, who are often the perpetrators of violence against women (Katz, 1995). It also devalues the work of the feminist movement, who were the original advocators to end violence against women (Katz, 1995). While it is acknowledged that the feminist movement, and women in general, are the original advocators to

end violence against women, Flood's social norm approach is premised on the notion that changing normative attitudes, beliefs and behaviours has to occur at the familial/relationship level. Indeed, much of people's acceptance of norms is founded upon the opinions and dispositions of their social support systems. Accordingly, to change the norms of sexual violence perpetrators, their peers, which largely consists of males, need to be mobilized to challenge their problematic attitudes, beliefs and behaviours. Only then will the normative values and behaviours of sexual perpetrators change.

A fifth criticism cited in the literature referenced how social norm conformity could lead to other problematic behaviour. As noted in this chapter, social norms provide social standards that people use to evaluate the appropriateness or inappropriateness of their own or others behaviour (Katz, 1995; Philippe & Durand, 2011). In so doing, individuals are influenced to engage in what is deemed as socially acceptable behaviour. Comparatively, those that diverge from accepted norms are often sanctioned by being labelled or addressed as deviants (Philippe & Durand, 2011). As such, social conformity to normative values, and their subsequent effects on behaviour, is encouraged and rewarded (DiMaggio and Powell, 1983; Kimberly, 1967; Meyer and Rowan, 1977). However, sources have suggested that conformity to certain social standards or norms can be detrimental to the overall well being of an individual (Bell & Cox, 2015). For example, conformity to female norms surrounding weight and beauty have been documented to produce several negative consequences, including conditions such as anorexia and bulimia (Baker, Little, & Brownell, 2003; Story, Neumark-Sztainer, & French, 2002). Such issues suggest that promotion of social norm conformity, as suggested by the social norm approach, does have its negative implications and should be examined critically when implemented.

Discussion

In reviewing Flood's social norm approach, his theory highlights which socially meaningful cultural norms should be addressed within an intervention strategy. Specifically, he noted that normative attitudes and beliefs on sexual assault and gendered relations carry a great deal of social meaning that influences individuals into engaging in specific types of behaviour. Indeed, through these attitudes and beliefs, individuals are informed on what is and is not acceptable behaviour, which then encourages engagement in behaviours that adhere to those original values. Accordingly, Flood's social norm approach addresses the gap in the literature wherein social meaning and context is underplayed as a significant contributor to sexual violence perpetration.

Flood's social norm approach also provides direction on identifying which perpetrator variables carry the most social meaning for sexual violence. Specifically, he articulates that sexual assault and gendered attitudes and beliefs must be altered to assist in the ongoing initiative to prevent sexual violence. Accordingly, socially meaningful variables that represent these types of attitudes and beliefs should addressed by the Curriculum. In reviewing the literature on the correlates and causalities associated with sexual violence perpetration and considering Flood's social norm approach, it can be argued that the variables of hostile masculinity, gender role stereotyping, and rape myth narratives are the critical subject themes that should be addressed within a school-based program.

In the case of hostile masculinity, this attitudinal construct is defined as the embracement of traditional notions of masculinity including dominance, control, hostility and distrust towards women (Malamuth et al., 1991; Murnen, Wright, & Kaluzny, 2002). In considering this definition, it can be argued that men who embody a form of hostile masculinity are engaging in a type of traditional masculinity. Similar points can be made with regards to the variable of

gendered role stereotyping, which refers to learned social definitions of masculine or feminine values, expectations and behaviours (O'Neil, 1990). In analyzing these two variables, it can be argued that they support gender relations which, according to Floods, indirectly supports attitudes and beliefs advocating for sexual assault. Comparatively, the variable of rape myth narratives can be considered a socially meaningful belief system that directly supports sexually offending behaviour. Specifically, narratives that are considered rape supportive often provide a justification for engaging in sexually offending behaviour. As such, rape myth narratives directly support norms associated with sexual assault and should be addressed accordingly.

In addition to the above, it can be argued that Flood's social norm approach strongly resembles that of Heise's ecological model. Specifically, he argues that to successfully prevent sexual violence, cultural norms on both sexual assault and gendered notions at the individual, familial/relationship and community level need to be mitigated. Comparatively, Heise's ecological model argues that variables encouraging sexual violence perpetration exist and are reinforced through not one, but four different socialization processes that exist at the individual, relationship and community level. These socialization processes are also referred to as the personal/history, microsystem, exosystem and macrosystem. In comparing these two theoretical models, it can be argued that both theorists contend that variables encouraging sexual violence perpetration, whether it be related to cultural norms or other types of factors, exist at multiple levels of the socialization process.

Expanding on his position to change cultural norms on both sexual assault and gendered notions at the individual, familial/relationship and community level, Flood articulates that a program seeking to change attitudes and beliefs should not only challenge those individuals directly, but also encourage others that do not adhere to such beliefs to challenge those that do.

Indeed, the social norm approach argues that to change specific attitudes and beliefs, one must encourage bystanders to also contest those values that support this type of violence when they encounter them.

In consideration of the above, the following thesis is premised on the theoretical assumption that the themes of hostile masculinity, gender role stereotyping and rape myth narratives should be addressed and challenged by the 2015 Ontario Health and Physical Education Curriculum. Furthermore, the Curriculum should also instruct non-perpetrating males to challenge those individuals that embody and demonstrate these socially meaningful attitudes and beliefs. In so doing, potential sexual violence perpetrators will be corrected in their misperceptions on sexually violent supportive norms.

In addition to addressing these central themes, the Ontario Curriculum should also utilize supported learning practices when executing its teaching program. Specifically, literature in chapter three highlighted several learning practices that should be incorporated into a school-based teaching program in order facilitate learning and encourage student retention of information. These practices include targeting men for intervention, using role play, same sex courses and booster sessions, providing enough dosage and incorporating culturally sensitivity content material.

Conclusion

As noted in this chapter, there are several central themes that need to be addressed by the Ontario Curriculum to deter sexual violence perpetration. These themes include pertinent perpetrator variables, a bystander intervention effect and teaching practices. It should also be noted that these central themes also address the gaps in the literature identified in chapter three. Specifically, the perpetrator variables identified as pertinent within this chapter represent the

socially meaningful characteristics that were underplayed as significant within the literature. By arguing that these variables should be addressed by the Ontario Curriculum, this thesis emphasizes the importance of considering and incorporating, within intervention strategies ,socially meaningful attitudes and beliefs that guide, support and encourage engagement in specific types of behaviour, including sexual violence perpetration. In addition, the bystander intervention effect also recognizes that individuals, and their decision to engage in specific behaviours, is influenced by the approval or disapproval of other social connections at the relationship/familial and community level.

In consideration of the above, the main research question for this thesis was developed to determine whether or not these central themes were appropriately addressed in the Curriculum. As such, the main research question is as follows, “in conducting a critical analysis, are the core themes and components identified in the literature, which are essential to the prevention of sexual violence, present or absent in the 9th grade 2015 Ontario Health and Physical Education Curriculum and to what degree”? Chapter five of this thesis will further expand on the main research question by not only providing an overview on what methods will be used to answer this question, but also expanding on how the presence or absence of these themes will be measured.

CHAPTER 5: METHODS FOR A DEDUCTIVE QUALITATIVE ANALYSIS OF THE 2015 ONTARIO CURRICULUM

Introduction

This chapter presents a summary of the methods used to collect and analyze data for this thesis project. Points of discussion include an overview of the conceptual issues, a literature review on various types of content analysis, a review of the literature selected for this thesis and the plan of analysis for the 2015 Ontario Curriculum. It also highlights the strengths and limitations of this thesis project.

5.1 Conceptual Issues

This section of the chapter will define various key concepts that will be used throughout the thesis. In defining these terms, the focus and direction of this thesis will be illustrated. Concepts that will be defined include sexual violence and crime prevention.

Sexual Violence

The type of sexual violence that will be examined in this research project is defined by the province of Ontario. The following definition was directly retrieved from their website https://www.ontario.ca/page/lets-stop-sexual-harassment-and-violence;

"Sexual violence is any sexual act or attempt to obtain a sexual act by violence or force. This includes unwanted sexual comments or advances; selling or attempting to sell someone for sex; and acts of violence directed against an individual because of their sexuality, regardless of the relationship to the victim". Additional conceptualizations of sexual violence provided by the province of Ontario includes the following;

- "Rape is about power and control, not sex

- There are no grey areas it’s never okay
- Clothes are not a risk factor. What someone is wearing is never an indication of anything other than their fashion choice.
- Uninvited touching and/or comments are never acceptable
- Comments directed against a person’s sexuality can be a form of sexual harassment and violence and can have a negative impact on self-esteem and well-being. This is against the law
- Just because someone buys you dinner or a drink, doesn't mean you owe them sex in return”

The province of Ontario also provides a definition for the meaning of consent through their website;

“When it comes to sexual assault, consent is defined as the voluntary agreement to engage in sexual activity. In other words, you must actively and willingly give consent to sexual activity. Any type of sexual activity without consent is sexual assault”. Additional conceptualizations provided by the Ontario province on consent includes the following;

- consent should never be assumed or implied;
- consent is not silence or the absence of “no”;
- consent cannot be given if you are impaired by alcohol or drugs, or unconscious;
- consent can never be obtained through threats or coercion;
- consent can be withdrawn at any time;

- consent cannot be given if the perpetrator abuses a position of trust, power or authority;
- consent cannot be given by anyone other than the person participating in the sexual activity (e.g. your parent, brother or sister, girlfriend or boyfriend, spouse, friend etc., cannot consent for you or on your behalf)".

Crime Prevention

Conceptually, crime prevention can be broken down into three categories; primary, secondary and tertiary prevention (Kirkner, Bowser & Ashby, 2014; Calkins, Colombino, Matsuura & Jeglic, 2015; Calkins, Jeglic, Beattey, Zeidman & Perillo, 2014). Primary prevention strategies aim to prevent the initial development of criminal behaviour by targeting known criminogenic conditions for physical and social environmental changes (Brantignham & Fraust, 1976). Primary prevention approaches can be categorized into three types of actions; targeting psychological conditions to deter certain behaviours; altering the physical environment to deter criminal activities; and promoting general deterrence through the encouragement of harsh punishment within the legal system. Secondary prevention is directed towards not only individuals who exhibit risk factors for criminal activity but also areas in which crime and deviancy are prevalent (Brantignham & Faust, 1976). Indeed, this form of prevention assumes that by targeting specific risk factors associated with criminality, crime can be prevented. In addition, agencies are used to implement secondary prevention strategies, including police, parole, probation, courts, educational institutions and even private citizens. These mobilizers target various risk factors for intervention, such as poverty, lack of education and minority status. The tertiary prevention model targets and prevents recidivism among known offenders (Hanson, Ralston, Self-Brown, Ruggiero, Saunders, Love, Sosnowski & Williams, 2008; Andresen & Jenion, 2008; Calkins et al., 2015;Brantignham& Faust, 1976). Facilitators for this form of

prevention are official government representatives, such as corrections, courts and police, who are required to monitor and rehabilitate offenders released into the community (Andresen & Jenion, 2008; Brantignham & Faust, 1976).

In analyzing these prevention types, I argue that my topic of interest, in examining a school-based prevention program for sexual violence, can best be described as a primary prevention method. In reviewing the literature on school-based programs and sexual violence prevention, my thesis seeks to determine if the 2015 Ontario Curriculum maintains central themes outlined within the literature to prevent sexual violence perpetration before its initial development. Accordingly, this initiative can be defined as a primary prevention approach. Furthermore, because the 2015 Ontario Curriculum targets 9th grade Ontario adolescents for intervention, it maintains a broad targeted approach that can reach adolescents who have either developed or are likely to develop variables associated with sexual violence perpetration.

5.2 Literature Review on types of Content Analysis

The objective of this thesis is to conduct a review of the 2015 Ontario Health and Physical Education Curriculum to determine if it maintains pertinent themes needed to prevent sexual violence perpetration. It should be noted that this thesis only reviewed the written version of the 2015 Ontario Curriculum. Data collection from specific schools in Ontario was not gathered for this thesis project. In conducting a literature review on various methods that can be taken to analyze a written document, it has been determined that a critical deductive content analysis is most suitable for this thesis. Prior to discussing why this approach is most appropriate, an overview on some of the literature pertaining to this method will be provided in the following section. In reviewing this information, knowledge on both why this method is most suitable as well as how to execute this method will be gained.

According to Eto & Kyngas (2008) and Mayring (2000), a qualitative content analysis is an approach taken when seeking to analyze written, verbal or visual communication messages. Through this approach, a systematic review of the text is conducted where inferences from the data that are both replicable and valid are made to produce knowledge and insights into the phenomenon being reviewed. There are two types of qualitative content analysis; the inductive or deductive approach. According to Eto & Kyngas (2008), an inductive approach is usually used when little to no research on the phenomenon has been conducted. When analyzing the data through an inductive approach, patterns, generalizations and theories are inferred from the reviewed texts.

Additional review of the literature also determined that there are some researchers that have used an inductive content analysis to assess a curriculum-based program. For example, Temko (2019) had conducted an inductive based qualitative content analysis on an anti-bullying program named Olweus Bullying Prevention Program (OBPP). Specifically, upon conducting a literature review, Temko (2019) had noted that very little research was available on evaluating the specific contents of anti-bullying programs, such as information on what these programs attempt to do or whether or not the theories and practices purported by these programs align. Accordingly, when Temko had wanted to "evaluate the extent to which the OBPP's design incorporates the dominant individualistic model of bullying, the structural model of bullying or some hybrid combination of the two" he had to use an inductive content analysis approach. Specifically, he reviewed the content materials of the OBPP and recorded relevant passages that either corresponded with or deviated from the two types of models identified in the literature as being relevant to understanding bullying.

Comparatively, a deductive-based content analysis is used when an extensive amount of information is already known about the subject of interest (Keto & Kyngas, 2008). Using the literature, a researcher will develop a set of themes, theories or concepts to categorize and understand the data of interest (Etp & Kyngas, 2008). For example, Walsh, Berthelsen, Nicholson, Brandon, Stevens & Rachele (2013) conducted a study measuring the inclusion of child sexual abuse prevention education in Australian elementary schools. Specifically, the objectives of this study included measuring the extent to which child sexual abuse prevention education was included in the curriculums of Australian elementary schools, comparing different curriculums utilized among the various states within Australia and identifying the strengths and limitations of these initiatives. To assist in the categorization of the data, Walsh et al., (2013) designed a framework for analysis that utilized three primary prevention frameworks: Cohen and Swift's *Spectrum of prevention*; the Australian *National framework for health promoting schools 2000–2003* and *National Safe Schools Framework*. Through these frameworks, Walsh et Al., (2013 , p. 651) developed an "evaluation matrix using ten key criteria that was represented through sharply defined guiding research questions". These questions were then used to categorize the data.

In addition to taking on an inductive or deductive approach, a content analysis can also take on a critical position. Indeed, review of the literature determined that the term critical has various meanings attached to it. For example, in describing a critical discourse analysis, Fairclough argues that this type of analysis investigates how societal power relations are established and reinforced through language use in discourse (Fairclough, 1995). Comparatively, Johnson et al. (2017, p. 7) argued that a critical content analysis is, "embedded in a tension, a compelling interest in exploring texts around a focus that matters to the researcher". Beach et al.

(2009), claims that a critical content analysis must "focus on locating power in social practices by understanding, uncovering, and transforming conditions of inequality" (p. 129). In reviewing these conceptualizations, two characteristics of critical analysis are noted. First is that critical analysis seeks to identify and understand power and inequality in social practices. The second characteristic is that the focus of a critical analysis is largely dependent upon the position of the researcher. Specifically, the type of critical analysis being utilized, whether it is race relations, gender relations, or another type of power relation, is to be chosen by the researcher.

5.3 Method Used for Content Analysis of the 2015 Ontario Curriculum

Approach

To complete the objective of my thesis, I have conducted an extensive amount of research on variables associated with sexual violence perpetration. In reviewing this literature, it was noted that variables of social meaning, which guide and encourage human behaviour by demonstrating what is and is not acceptable, were underdeveloped within the literature. Accordingly, I used the social norm approach to understand and identify which perpetrator variables contained socially meaningful characteristics that should be addressed within a school-based program. The social norm approach also highlighted the importance of addressing these socially meaningful variables among different social connections. Specifically, non-perpetrating males should be encouraged to embrace a bystander intervention approach, where they challenge these socially meaningful variables when encountered in the real world. I also conducted an extensive literature review on the key approaches school programs can use to effectively communicate program material. Taking this information on pertinent themes into consideration, I created my main research question which is; "in conducting a critical analysis, are the core themes and components identified in the literature, which are essential to the prevention of

sexual violence, present or absent in the 9th grade 2015 Ontario Health and Physical Education Curriculum and to what degree?".

In reviewing the above, the approach taken to analyze the 2015 Ontario Curriculum can be identified as a critical deductive-based qualitative content analysis. Specifically, in identifying and determining that socially meaningful variables need to be adequately addressed when attempting to prevent sexual violence perpetration, my thesis takes on a critical position that advocates for mitigating sexual assault and gender related norms that support violence against women. In addition, I utilized the literature on sexual violence perpetration and school-based programming to create themes that assisted in the categorization and analysis of data. Accordingly, this approach can be classified as deductive-based.

Data Sources

The text that will be examined for this thesis project is the 2015 Ontario Health and Physical Education Curriculum, which is a written document. In addition, several parental guides will also be examined within the thesis. It should be noted that these guides are extensions of the Curriculum and are intended to assist parents in understanding and complementing what their children are learning in school.

The Ontario Curriculum can be found online at the following location;

http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwjX-5qqkZbVAhUk9YMKHSfvCboQFggyMAI&url=http%3A%2F%2Fwww.edu.gov.on.ca%2Feng%2Fcurriculum%2Fsecondary%2Fhealth9to12.pdf&usg=AFQjCNFsPcKtyEUS9KOyPflo9lHMGj9jOQ

Parental guides can be found at this location;

http://www.edu.gov.on.ca/eng/curriculum/elementary/health.html

Data Collection Instrument

In accordance with a deductive based content analysis, perpetrator variables identified through the social norm approach as well as key themes and approaches school-based programs can use to effectively communicate program material will be used as themes to categorize the data presented in the Curriculum. Annex A and B of this document illustrate the collection instrument grid for these two measurement tools. A collection grid for implementation issues was not created as there were limitations to measuring this particular characteristic. Indeed, information available in the 2015 Ontario Curriculum only pertained to the content material of the program and some of its teaching practices. In-depth information regarding how the Curriculum was implemented could not be gathered. As such, implementation concerns with regard to the Curriculum will not be addressed in this thesis.

Analysis

Two frameworks of knowledge are used to analyze the data concerning the 2015 Ontario Curriculum. The first is perpetrator variables. Specifically, using the social norm approach, I identified three socially meaningful variables that support sexual violence perpetration through social acceptability. These three variables are hostile masculinity, gender role stereotyping and rape myth narratives. In addressing these three variables through the 2015 Ontario Curriculum, I argue that sexual violence perpetration will be better prevented. The second framework of knowledge is approaches that can be used to better facilitate a school-based program. As noted in chapter three, there are certain strategies that should be used to effectively teach a school-based

program seeking to prevent sexual violence. Accordingly, it is important to incorporate these elements into the 2015 Ontario Curriculum.

In the main research question, it was noted that themes were not only going to be evaluated based on their presence or absence from the Curriculum, but also based on the degree to which they were incorporated in the program. The concept of degree refers to several criteria. Firstly, for a theme to be considered present, the Curriculum would have to provide specific content material to facilitate a meaningful discussion with students. In other words, it is not enough to simply note that a subject of interest (i.e. homophobia) should be discussed by teachers. Instead, detailed content material expanding on a specific topic needs to be provided in order to conclude that a theme is being addressed by the Curriculum.

In addition to the above, when content material on a specific subject is provided, the quality of that content, and its ability to mitigate the theme of concern, will also be evaluated. Specifically, information provided in the Curriculum will be compared and evaluated against information provided by the literature. As such, while several points of discussion on a theme may be provided in the curriculum, the quality of that information will be evaluated based on what information is garnered from the literature. Missing information from the Curriculum will be identified using material presented in the literature. For example, if the Curriculum identifies that masculinity needs to be discussed as a subject of interest but does not link the topic to negative masculine characteristics (i.e. hostility towards women), then the theme of hostile masculine will not be considered fully integrated.

Strengths and Limitations

An advantage to using a content analysis is that it allows the researcher to explore the data of interest in detail. Indeed, it gives the researcher an opportunity to identify and explore information in great depth. As such, this method is most suitable as this research project seeks to examine the specific contents of the 2015 Ontario Curriculum to determine if it can prevent sexual violence.

An apparent limitation for this study is that it only examines the contents of the 2015 Ontario Curriculum as this was the only data available for assessment. Information concerning how teachers are executing the Curriculum, the types of training teachers are receiving and/or information pertaining to how students are reacting to the contents of the Curriculum was not available. It should be noted that attempts were made at collecting data to assess teacher implementation of the 2015 Ontario Curriculum. Unfortunately, ethical approval from the Ottawa Carleton District School Board (OCDSB) was not given. As such, the thesis proceeded without input from teachers being included.

Despite this limitation, understanding the foundation of the 2015 Ontario Curriculum is still essential, as the strength of a program's content material can significantly impact its success rate. While implementation is an important factor to consider when determining the effectiveness of a program, successful facilitation is worthless if the contents of the program are inaccurate or ineffective in changing targeted attitudes, beliefs and behaviours. As such, this study still provides a significant contribution to knowledge despite existing limitations.

Conclusion

The method used for this research project is an appropriate approach to answering the main research question. The literature reviews provide information that both addresses the research question and creates a framework of knowledge that will assist in determining whether

the 2015 Ontario Curriculum contains the requisite components needed to prevent sexual violence.

CHAPTER 6: THE 2015 ONTARIO CURRICULUM

Introduction

This chapter will answer the following main research question; "in conducting a critical analysis, are the core themes and components identified in the literature, which are essential to the prevention of sexual violence, present or absent in the 9th grade 2015 Ontario Health and Physical Education Curriculum and to what degree?" The analysis of the 2015 Ontario Curriculum will include categorizing the data into central themes and determining the degree to which these themes are present or absent within the Curriculum.

6.1 The 2015 Ontario Health and Physical Education Curriculum

The 2015 Ontario Curriculum is part of a three-year action plan entitled "It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment." Released in March of 2015 with a $41 million-dollar investment, this action plan is an attempt at ending sexual violence and harassment within Ontario. The plan's objectives include changing attitudes, providing additional support to sexual assault survivors and modifying campuses and workplaces to make them safer and more responsive to this type of violence (Ontario government, 2016).

The goals of this action plan are to be accomplished through 13 key commitments, one of which was to update the Ontario Health and Physical Education curriculum. Indeed, changes to this program include helping students learn more about gender-based violence, homophobia, sexual harassment, online safety, sexting, and exploitive behaviour (Ontario government, 2016). The curriculum was also modified to be more relevant for today's students. In particular, it focuses on helping students navigate a fast-paced technological world that provides a constant flow of information.

The Curriculum was implemented within schools in September 2015. Consultations with parents, students, teachers, researchers, educational institutions and public health groups as well as input from police, Children's Aid Societies, faculties of education, universities, colleges and over 70 health related organizations was considered when developing the contents of the 2015 Ontario Curriculum (Ontario government, 2016). The Sex Information and Educational Council of Canada also provided an evidence-based guideline on how to structure the curriculum. In addition to an updated curriculum, the Ontario government also developed an extensive series of parent resources to support learning at home (Ontario government, 2016).

Curriculum and Course Structure

As indicated within the Curriculum, four Healthy Active Living Education (HALE) courses are offered at each grade level (9-12). Courses are structured to help students build a stronger sense of self, to interact positively with others and to develop their critical and creative thinking skills.

HALE courses are also considered open courses which is defined as:

> "A course designed to broaden students' knowledge and skills in subjects that reflect their interests and prepare them for active and rewarding participation in society. They are not designed with the specific requirement of universities, colleges, or the workplace in mind. Students choose open courses on the basis of their interests, achievement, and postsecondary goals" (2015 Health and Physical Education Curriculum, p. 19).

Despite being open courses, the Curriculum does indicate that students are expected to retain certain knowledge and skill sets. Two types of expectations, identified as overall and specific, are listed for each area of the curriculum. Overall expectations broadly describe the knowledge and skills students are expected to demonstrate by the end of each course while the specific expectations identify the same material in greater detail. Together, these sets of expectations represent the mandated curriculum.

The curriculum can be broken down into three categories; Active Living, Movement Competence and the Healthy Living Strand. The first two subjects focus exclusively on healthy eating and exercise. The third topic focuses on helping students acquire knowledge and skills on healthy living, problem solving, decision making and personal well-being. It is within this subject material that the topic of human development and sexual health is discussed.

6.2 Perpetrator Themes

Hostile Masculinity/ Gender Role stereotyping

With students, teachers of the 2015 Ontario Curriculum are instructed to review and define factors that can influence a persons' understanding of their gender identity and sexual orientation (Annex A, D1). Influential factors identified in the Curriculum include "acceptance, stigma, culture, religion, media, stereotypes, homophobia, self-image and self-awareness" (The Ontario Curriculum Grades 9 to 12: Health and Physical Education, 2015, p. 104). The Curriculum also provides definitions and examples for the concepts of gender identity and sexual orientation. For the former, the Curriculum states that "gender identity refers to a person's sense of self, with respect to being male or female, both, or neither, and may be different from biological or birth-assigned sex" (The Ontario Curriculum Grades 9 to 12: Health and Physical Education, 2015, p. 104). Examples of gender identities provided in the Curriculum include being "male, female, two-spirited, transgender, transsexual and intersex" (The Ontario Curriculum Grades 9 to 12: Health and Physical Education, 2015, p. 104). In reference to sexual orientation, the Curriculum states that this concept refers to "how people think of themselves in terms of their sexual and romantic attraction to others" (The Ontario Curriculum Grades 9 to 12: Health and Physical Education, 2015, p. 104). Examples of sexual orientations provided in the Curriculum includes being

"heterosexual, gay, lesbian and bisexual" (The Ontario Curriculum Grades 9 to 12: Health and Physical Education, 2015, p. 104).

Teachers are also required to instruct students to think critically about influential factors that can influence a persons' understanding of their gender identity and sexual orientation, as these variables can set socially meaningful expectations on gender performance. For example, a question that teachers are prompted to ask students is "how do social expectations and stereotypes about gender and sexuality influence how a person may feel about their gender identity or sexual orientation?" (The Ontario Curriculum Grades 9 to 12: Health and Physical Education, 2015, p. 104). In response to this question, students are expected to be able to identify that a person's sense of self is impacted by many factors, including their culture, background and family. Students must also indicate an understanding that "expectations or assumptions about masculinity and femininity and about heterosexuality as the norm can affect the self-image of those who do not fit those expectations or assumptions" (The Ontario Curriculum Grades 9 to 12: Health and Physical Education, 2015, p. 104).

Teachers are also encouraged to talk to students about support systems that they can use when questioning their gender identity or sexual orientation. For example, a question that teachers are prompted to ask students is "what are some sources of support for students who may be questioning their gender identity or sexual orientation?" (The Ontario Curriculum Grades 9 to 12: Health and Physical Education, 2015, p. 104). It is anticipated that students will learn that sources of support include but are not limited to their peers, community organizations and health professionals.

For hostile masculinity, the literature suggests that masculine gender norms of dominance, control, hostility and distrust towards women are strong predictors of sexual violence perpetration.

For gender role stereotyping, the literature noted that dimensions of emotional restrictiveness and affection, power over women, dominance and homophobia were all predictors for sexual aggression.

In reviewing the content material provided by the Curriculum, it can be argued that it is beneficial that students are being taught to think critically about the factors that may influence their understanding of gender identity and sexual orientation. Specifically, the Curriculum's content material teaches students that outside factors (i.e. media, religion, self-image etc) and expectations about masculinity, femininity and heterosexuality may influence individuals into believing that their sense of gender identity or sexual orientation is abnormal. Accordingly, to become more accepting of one's self, the Curriculum encourages students to contact support systems that can assist them in coming to terms with who they self-identify as being. In acquiring this critical thinking skill, students could arguably become more accepting of different types of gender identities and sexual orientations. Specifically, by encouraging the acceptance of alternative gender identities and sexual orientations that deviate from social expectations, the program addresses homophobia as a variable contributing to sexual aggression. Furthermore, the Curriculum indirectly challenges the normalcy of gender role stereotypes, by encouraging the acceptance of alternative identities.

While the 2015 Ontario Curriculum does encourage students to think critically about gender norms, additional review on the content material concerning gender identity determined that the Curriculum does not fully addresses this topic of interest. Specifically, the definition of gender identity provided in the program is defined as a sense of self that may differentiate from biological or birth-assigned sex. In critically analyzing this conceptualization, it can be argued that the Curriculum fails to articulate how one can embrace a certain gender identity without meeting

all of the social expectations purported by influential factors. For example, an individual can identify as male but not embrace certain traditional male characteristics, such dominance, control and hostility towards women. In not making this connection, students of the Curriculum are less likely to challenge and reject gender norms that have been linked to sexual aggression, as they may see these characteristics as necessary in order to fit the identity they assigned themselves.

In addition to the above, the Curriculum does not directly challenge gendered attitudes and beliefs that have been linked to sexual aggression. Specifically, while the 2015 Ontario Curriculum does identify that certain expectations concerning masculinity and femininity do exist, it does not provide information on these assumptions. Accordingly, the program does not provide any content material that identifies the masculine gender traits of dominance, control and homophobia. The Curriculum also does not discuss why these traits may be harmful or negative when embraced. As such, students who already embody these values may not be discouraged from their continued acceptance of them.

The 2015 Ontario Curriculum also does not encourage non-perpetrating men to challenge beliefs and attitudes associated with gender role stereotyping or hostile masculinity. Specifically, male students are not provided with the knowledge and skills needed to successfully contest gender norms that can be purported by potential sexual violence perpetrators. As such, perpetrator false consensus on gender norms are less likely to be changed to reflect healthier normative values.

In consideration of the above, it can be argued that the 2015 Ontario Curriculum does not fully address the themes of hostile masculinity and gender role stereotyping. Specifically, because the program fails to directly discuss negative masculine gender traits, it does not directly discourage potential perpetrators from embracing these attitudes and beliefs. In addition, the program fails to encourage a bystander intervention approach for non-perpetrating men, where they are encouraged

to challenge those who embody these problematic attitudes and beliefs in the real world. Overall, it has been determined that the Curriculum is missing essential content material to mitigate the perpetrator variables of hostile masculinity and gender role stereotyping.

Rape Myth Narratives

Teachers of the 2015 Ontario Curriculum are expected to teach students decision making skills about engaging in sexual activity. Examples of factors that should be considered when deciding to engage in sexual activities includes values that the student and their family respect, considering ones own personal health and clearly understanding when consent is being given. With regard to the third factor, teachers of Curriculum are instructed to review the concept of consent with students while emphasizing that consent is something that is given enthusiastically and with a verbal yes (Annex A, D3). For example, when discussing healthy sexual activity, students are expected to know that "having a clear understanding of consent is important. When making decisions about sexual activity, both people need to say yes. Silence does not mean yes; only yes means yes. Consent needs to be ongoing throughout the sexual activity" (The Ontario Curriculum Grades 9 to 12: Health and Physical Education, 2015, p. 105).

The 2015 Ontario Curriculum does attempt to correct misperceptions regarding the meaning of consent. Furthermore, the program's content does challenge attitudes, beliefs and behaviours that subscribe to rape myth narratives by making reference to the meaning of consent and how it involves an enthusiastic and verbal yes. However, the depth and breadth of the information provided in the program is very much lacking as specific examples and narratives on rape myths is not outlined. To change social norms on sexual violence, prevention programs, such as the 2015 Ontario Curriculum, need to review the complexity and breadth of information that constructs these norms. It is not as simple as just informing students that silence or lack of

resistance is a sign that consent is not being given. Instead, students need to learn not only how to critically identify when a rape myth narrative is being used or given, but also need to be taught to not accept it. To do this, the Curriculum should have provided both a definition for the meaning of rape myth and more concrete examples of such narratives. For instance, in the literature review outlined in chapter 3, rape myths are defined as a "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists," (Burt, 1980, p.217). Chapter 3 also provides examples of rape myths, including but not limited to "only bad girls get raped; any healthy woman can resist a rapist if she really wants to; and women ask for it"(DeGue & DiLillo, 2004, p. 217).

In addition to not presenting enough material to adequately address perpetrators misperceptions on rape myths, the 2015 Ontario Curriculum also does not encourage non-perpetrating men to challenge the rape myth narratives they encounter in their social circles. More specifically, male students are not provided with the knowledge and skills needed to successfully challenge rape myth narratives purported by potential sexual violence perpetrators. As such, perpetrator false consensus on non-consensual sexual narratives are less likely to be changed to reflect healthier normative values.

In conjunction with the above concerns, the 2015 Ontario Curriculum does not make a connection between rape myth narratives and gendered notions of femininity. Indeed, social norm theorist Michael Floods articulates that sexual violence norms are embedded with underlying gendered norms that also need to be targeted for intervention. For example, one rape myth that was articulated in the literature suggests that women who wear particular types of clothing are asking to be sexually assaulted. In deconstructing this narrative, it is noted that this rape myth is founded upon both an encouragement to engage in sexual assault and female gendered norms concerning hyper sexualization of clothing and bodies. As such, changing rape myth narratives,

among other norms supporting sexual violence, requires the targeting of both sexual violence norms and gendered norm.

In consideration of the above, it can be argued that the 2015 Ontario Curriculum only partially addresses the theme of rape myth narratives. Specifically, while the program does provide some content material that would address certain rape myths, including those involving the concept of consent, not enough detailed examples are provided to address the plethora of narratives used to justify sexual assault. In addition, the program fails to encourage a bystander intervention approach for non-perpetrating men, where they are encouraged to challenge those who embody rape myth narratives. Furthermore, a link between rape myth narratives and gendered notions of femininity was also not outlined in the Curriculum. Overall, it has been determined that the Curriculum is missing essential content material needed to fully mitigate the perpetrator variable of rape myth narratives.

6.3 Parental Involvement and Changing Social Norms

The 2015 Ontario Curriculum does articulate that parents play a key role in their children's learning of values, appropriate behaviours and personal beliefs. As such, the program attempts to get parents involved in student learning by offering parent-teacher interviews, parent workshops, opportunities to join council activities and opportunities to become a school council member. The 2015 Ontario Curriculum also offers several guidelines for parents to help them better understand what their children are learning in school.

In the first guide, which is entitled A Parent's Guide: Human Development and Sexual Health in the Health and Physical Education Curriculum, Grades 7-12, a summary of what 7th to 12th grade students are learning in the revised curriculum is provided. Several research facts are also presented in the guide, including a note regarding how "teaching about sexual health and

development does not increase sexual behaviour, and can actually prevent risky sexual activity; that 87 % of Ontario parents support sexual health education for their children; and that about 11% of grade 10 students with cell phones and 14 % of grade 11 students with cell phones say they have sent a sext" (A Parent's Guide: Human Development and Sexual Health in the Health and Physical Education Curriculum, Grades 7-12, 2015, p. 2). Parents are also provided with a deconstructed sample of how their children will be taught in the classroom and suggestions on how to support their child's learning at home.

A more expansive breakdown on the curriculum's content material for parents is provided in a second information sheet entitled 9th to 12th grade overview for Parents of the Health and Physical Education Curriculum. This pamphlet outlines several key subjects that will be taught in schools including "methods for preventing STDs (including HIV/AIDS) and unintended pregnancy (e.g., delaying first intercourse, using protection); skills and strategies for healthy relationships; consent and sexual limits; the benefits and risks of electronic communications; and strategies for staying safe and responding to bullying or sexual harassment, both online and in person" (p. 2). In being provided with this information, parents can assist in facilitating student learning at home. Parents are also provided with several quick fact sheets, two of which talk about Healthy relationships, consent, online safety and the risks of sexting.

The social norm approach argues that an individual's relationships with others can help reinforce or discourage the development of normative attitudes, beliefs and behaviours. Accordingly, to discourage sexual violence perpetration, the attitude and belief norms that exist at the relationship/familial level would ideally be non-supportive of this type of violence. In reviewing the guidelines, it can theoretically be argued that these information sheets provided to parents could potentially have a positive effect on shifting social norms within familial

relationships. More specifically, these guidelines, if providing the correct information, can arguably have one of two effects The first is that it can challenge existing problematic norms subscribed to by families. Indeed, some parents may subscribe to attitudes, beliefs and behaviours that support sexual violence, such as rape myth narratives or masculine ideologies. By presenting the contents of the curriculum to parents, attitudes, beliefs and behaviours that support sexual violence are challenged and may lead to a correction of misperceptions.

These information sheets can also potentially remind those parents that are anti sexual violence to talk to their children, especially their sons, about their attitudes, beliefs and behaviours when engaging in sexual activity. Indeed, through these information sheets, parents will be reminded to take a more active role in educating their children on respectful sexual activity. In so doing, parents can reinforce learned school material at home, which can better correct misperceptions and change social norms.

In reviewing the above, it can theoretically be argued that parent guidelines have a great deal of potential in changing attitudes and beliefs about sexual violence at the familial and relationship level. However, further review determined that the noted information sheets do suffer from the same issue outlined in the 2015 Ontario Curriculum. Specifically, it fails to discuss the themes of hostile masculinity, gender role stereotyping and rape myth narratives fully. It also does not encourage a bystander intervention approach in addressing attitudes, beliefs and behaviours that support sexual violence. As such, the full breadth of norms that need to be changed are not being targeted, which would limit the impact these guidelines could have in changing familial attitudes and beliefs supporting sexual violence.

In considering the above, it can be argued that the 2015 Ontario Curriculum is only partially addressing the theme of targeting attitudes and beliefs that exist within different socialization

process . Specifically, while the program does make an attempt at addressing outside social connections, it does not provide the correct information needed to mitigate attitudes and beliefs that support sexual violence perpetration. Accordingly, this theme is not fully addressed.

6.4 Use of Learning Practices

Targeting men for intervention

The 2015 Ontario Curriculum targets 9th grade male and female adolescents between the ages of 13-15 in public schools (Annex B, D1). Accordingly, it is confirmed that this program targets men for intervention.

Men are the solution to VAW

Unfortunately, the 2015 Ontario Curriculum does not advocate that men are the solution to VAW (Annex B, D2). Accordingly, male students of the Curriculum are less likely to become effective bystanders that will challenge and subsequently correct misperceptions on normative attitudes, beliefs and behaviours that support sexual violence. As such, the program does not address this theme.

Men taking action-focused initiatives on VAW

Unfortunately, the 2015 Ontario Curriculum does not encourage men to take specific action-focused initiatives concerning VAW (Annex B, D3). As a result, male students are unlikely to become effective bystanders that will challenge and subsequently correct misperceptions on normative attitudes, beliefs and behaviours that support sexual violence. Accordingly, this theme was not fully incorporated into the 2015 Ontario Curriculum.

Role Play

The 2015 Ontario Curriculum states that students are best taught using a participatory exploration process, where they get to learn skills through hands-on activities and opportunities to

practice and apply what they learn (Annex B, D4). Group activities are also emphasized, as the 2015 Ontario Curriculum states that this teaching approach can enable students to develop personal and interpersonal skills (Annex B, D4). Through these approach, the 2015 Ontario Curriculum anticipates that students will develop better personal and interpersonal skills that will provide a foundation for healthy living (Annex B, D4).

While promoting a hands-on learning approach, the 2015 Ontario Curriculum does not suggest the use of role playing as a possible education technique. As a result, it cannot be determined whether teachers are implementing this practice within the classroom. Failure to use this educational approach is unfortunate, as research has shown that role playing can greatly assist students in learning how to utilize skills that will help navigate their interpersonal relationships, including those linked to sex and sexual experiences. Accordingly, the theme of role playing is not being used in the 2015 Ontario Curriculum.

Dosage and Booster Sessions

Under the 2015 Ontario Curriculum, students are required to take one semester course (4 to 5 months) in Health and Physical Education with additional courses being made optional. As such, student participation in further programing is difficult to assess as participants must individually decide whether they want to take additional courses in Health and Physical Education past the 9th grade level (Annex B, D5). The 2015 Ontario Curriculum also highlights that health and physical education must be developmentally appropriate (Annex B, D6). It was noted that much of the content material within the program was similar between grades so as to provide student with an opportunity to explore different subjects between varying ages and developmental stages (Annex B, D6). Unfortunately, the subject of how sexual activity and sexual assault will be addressed between different age groups was not provided in the 2015 Ontario Curriculum.

In examining the above information, it can be argued that the duration of the 2015 Ontario Curriculum is not enough. More specifically, because students can opt out of future courses, it is possible that knowledge and skills acquired through the 2015 Ontario Curriculum will deteriorate over time. As such, the impact of the 2015 Ontario Curriculum will be minimal at best. Accordingly, the theme of dosage and booster sessions is not being fully incorporated in the 2015 Ontario Curriculum.

Same sex courses

The 2015 Ontario Curriculum offers both co-educational and same-sex classes (Annex B, D7). The program highlights that some aspects of the 2015 Ontario Curriculum would be better learned by students if they were delivered within either a same sex or a co-educational class (Annex B, D7). The program also articulates that teachers maintain the discretion to decide which sections of the program are delivered in same-sex or co-education classes. In choosing which type of course to construct, the 2015 Ontario Curriculum encourages teachers to think about the needs of students including how some participants may not identify as “male” or “female”, by being transgendered, or may be gender-non-conforming. It is also emphasized within the 2015 Ontario Curriculum that the gender coordination of courses may assist students in feeling more comfortable within the classroom. Through an increased sense of security, students will likely ask more questions and can develop as well as practice some physical skills.

Implementation of same sex classes can be a huge benefit in the facilitation of learning. As such, the 2015 Ontario curriculum offering this type of class dynamic can greatly improve student acquisition of knowledge and skills. However, teachers need to be trained to know when it is appropriate to use a same sex course and when it is not. Unfortunately, additional information concerning teacher training could not be acquired for this research project. Accordingly, this

particular practice cannot be evaluated fully within this study. However, there does appear to be some promise in utilizing this teaching method. As such, the theme of same sex courses is considered almost fully incorporated into the 2015 Ontario Curriculum.

Culturally sensitive material

The 2015 Ontario Curriculum articulates that an "understanding of students strengths and needs, as well as of their backgrounds, life experiences, and possible emotional vulnerabilities, can help teachers plan effective instruction and assessment" (Physical and Health Education Curriculum, 2015, p. 55). It also argues that teachers should be aware of students' readiness to learn, their interests and their learning styles and preferences. In acquiring this knowledge, facilitators can execute their instructional approaches to maximize student learning. The 2015 Ontario Curriculum also emphasizes that "unless students have an Individual Education Plan with modified curriculum expectations, what they learn continues to be guided by the curriculum expectations and remains the same for all students" (Physical and Health Education Curriculum, 2015, p. 55).

In reviewing the above material, it can be argued that the 2015 Ontario Curriculum does not taken into consideration cultural differences. Indeed, while the program does address different learning styles, it does not articulate how students may differ in their beliefs, values or cultures. Accordingly, the theme of culturally sensitive material is not incorporated in the 2015 Ontario Curriculum.

Conclusion

The question being addressed in the above chapter is as follows "in conducting a critical analysis, are the core themes and components identified in the literature, which are essential to the prevention of sexual violence, present or absent in the 9th grade 2015 Ontario Health and Physical

Education Curriculum and to what degree?" In reviewing the 2015 Ontario Curriculum, it was noted that the perpetrator variables of hostile masculinity, gender role stereotyping and rape myth narratives were addressed within the program. However, the Curriculum did not provide content material that would directly challenge and discourage acceptance of negative characteristic associated with hostile masculinity or gender role stereotyping, such as dominance, control or homophobia. Furthermore, while the variable of rape myth narratives was addressed by the program, a limited amount of content material was provided. The 2015 Ontario Curriculum also fails to promote a bystander intervention effect, leaving many non-perpetrating men incapable of challenging harmful attitudes and beliefs that contribute to sexual violence perpetration. In addition, the 2015 Ontario Curriculum's design maintains several flaws including failure to encourage men to join the movement in ending VAW; failure to provide adequate program dosage; and failure to incorporate culturally sensitive content material.

CHAPTER 7: CONCLUSION

Introduction

The primary objective of this research project was to determine if the contents of the 2015 Ontario Health and Physical Education Curriculum at the 9th grade level includes central themes and components needed to prevent sexual violence perpetration as outlined by the literature. The method chosen to complete this objective included a critical deductive-based qualitative content analysis that analyzed both the 2015 Ontario Curriculum and its subsequent parental guidelines. The themes noted as pertinent within the literature included three perpetrator variables, information provided by the social norm approach and program learning practices.

7.1 Overview of Conclusions

Review determined that all three perpetrator variables identified as socially meaningful by the literature and social norm approach were addressed by the Curriculum. However, additional review determined that these themes were not fully addressed within the program. For example, while the 2015 Ontario Curriculum did present content material that addressed the variable of rape myth narratives, a review determined that the information presented was limited and did not address the breadth of narratives used to justify sexual violence. Specifically, the program did not provide a definition for rape myths or concrete examples of such narratives. As a result, students are unlikely to develop the critical thinking skills needed to identify and dismiss such narratives when encountered.

Further review of the Curriculum also determined that the themes of hostile masculinity and gender role stereotyping were not fully addressed within the program. Specifically, while the program presents content material that would discourage homophobic attitudes and beliefs, it ultimately does not provide any content material that explicitly identifies and discourages

acceptance of negative masculine traits known to support sexual aggression. These characteristics include dominance, control and hostility towards women. As a result, potential perpetrator misperceptions on masculinity are less likely to be corrected.

In addition to the above, the 2015 Ontario Curriculum also does not encourage non-perpetrating males to challenge and counteract attitudes and beliefs that support sexual violence. Indeed, the social norm approach articulates that in order to correct perpetrator misperceptions on the acceptability of their violent supportive attitudes and beliefs, non-perpetrating men need to challenge and constructively dismiss these values as being abnormal, inappropriate and unhealthy. Examples of attitudes and beliefs that need to be challenged include those that represent a form of hostile masculinity, gender role stereotyping and rape myth narratives. As the Ontario Curriculum provides no content material on this subject matter, this theme is considered absent from the program.

In addition to reviewing the 2015 Ontario Curriculum, an examination on information guidelines provided to parents was also conducted. Review determined that the provision of this information could be largely beneficial, as parents who support sexually violent attitudes and beliefs, such as rape myths or masculine ideologies, could be corrected on their misperceptions. In addition, parents who already articulate non-supportive sexually violent attitudes and beliefs are reminded to reinforce these healthy normative values within their children through the information guidelines. Unfortunately, additional review of these guidelines determined that they do suffer from the same issues outlined in the 2015 Ontario Curriculum. Specifically, they do not fully address the themes of hostile masculinity, gender role stereotyping or rape myth narrative. Accordingly, while there is potential in using these guidelines, lack of appropriate content material renders them a less than useful approach.

Further analysis of the 2015 Ontario Curriculum also determined that several themes related to teaching practices were not properly incorporated into the Curriculum. For example, while the theme of targeting men for intervention was fully addressed by the program, encouraging men to join the movement to end VAW and promoting men to take action focused initiatives regarding VAW were excluded from the Curriculum. In addition, the Ontario Curriculum does not provide enough dosage or booster sessions through its program, as future courses are not made mandatory between grades 10 to 12. Furthermore, while the Curriculum does encourage teachers to utilize same sex courses when teaching the contents of the program, it is unclear on whether or not teachers will be properly trained on when and how to use this approach. Role playing and culturally sensitive content material were also evidently absent from program.

Overall, while there does appear to be an attempt at addressing several of the themes identified in the literature as pertinent to preventing sexual violence perpetration, the 2015 Ontario Health and Physical Education Curriculum maintains several deficits that would be need to altered and fixed to improve the program.

7.2 Recommendations

1. Include specific content material that would better address the perpetrator variables of hostile masculinity, gender role stereotyping and rape myth narratives

As noted in chapter 6, content material that would challenge the socially meaningful conceptualizations of hostile masculinity and gender role stereotyping was largely absent within the Ontario Health and Physical Education Curriculum. While the program did address the issue of homophobia, it failed to identify and discuss the negative traits associated with masculinity. As a result, potential perpetrator misperceptions on masculinity are less likely to be corrected. In addition, the theme of rape myth narratives was also not fully addressed within the program. While

the Curriculum does present some material that would mitigate this theme, such as information on the meaning of consent, more in-depth and varying content is required to address the plethora of narratives used to justify sexual violence. The 2015 Ontario Curriculum also need to encourage non-perpetrating men into challenging attitudes and beliefs linked to hostile masculinity, gender role stereotyping and rape myth narratives. Indeed, by encouraging this bystander intervention effect among non-perpetrating men, perpetrator false consensus will be less likely to develop. Accordingly, content material that addresses these gaps within the Curriculum is needed to better improve the program overall.

2. Improving parental guidelines

As noted in chapter 6, the guidelines provided to parents have a great deal of potential in helping to prevent sexual violence. However, the guidelines need to be adjusted, in accordance with the 2015 Ontario Curriculum, to better address the themes of hostile masculinity, gender role stereotyping and rape myth narratives. Once the original Curriculum is modified to better address these themes, the parental guidelines should also be adjusted to reflect the same content material.

3. Improve program learning practices

As noted in chapter 6, the duration of the 2015 Ontario Curriculum is limited and will likely result in students losing their retention of the program's content material. As such, it is recommended that health education courses be made mandatory throughout high school so that students can continue to be educated on the subject matter of healthy sexual relationships. In addition, research and consideration on the inclusion of several teaching practices identified in the literature, which includes role-playing, same sex courses, culturally sensitive content material and men being encouraged to participate in the VAW movement and to take action focus initiative for this cause, is also needed. Specifically, educators should conduct a through review on which of

these practices are most suitable and practical to use within their own school when educating students on the subject of sexual health.

7.3 Future Research

As noted in the introduction chapter of this thesis, the 2015 Ontario Health and Physical Education Curriculum has been repealed as an educational program. While this is an unfortunate decision made by the Ford government, it is the belief of this writer that the 2015 Ontario Curriculum could be reinstated in the future. As such, the below noted future research suggestions are to be applied should the Curriculum be reinstated.

The findings from this exploratory study represent a starting point for the development of an Ontario Health and Physical Education Curriculum that can successfully mitigate themes associated with sexual violence perpetration. Future research should continue to monitor the development of this program by focusing on identifying and mitigating potential issues that may impact the overall effectiveness of this program.

One recommended research endeavour is to construct a study that measures sexual violence prevalence rates amongst adolescents in Ontario. As noted in chapter 2, a study measuring sexual violence among Ontario adolescents is needed to better address this issue as a potential social problem. Should a study be initiated, it should consider and incorporated the characteristics noted in chapter 2 as being essential to fully measuring sexual violence prevalence. These characteristics include the use of self-reported versus police reported data; designing a study's survey questionnaire so as to exclusively focus on measuring sexual violence; and using trained interviewers to gather information from participants. Other factors of concern include measuring sexual violence annually to produce up-to-date information and deciding how to define the concept of sexual violence.

A second recommended research endeavour is to further examine what theme can be addressed through a school-based program. Specifically, additional research could examine and analyze what non-socially meaningful perpetrators themes, such as alcohol consumption or misperceptions of social cues, should be included in the program, if any at all.

REFERENCES

Abbey, A. (2011). Alcohol's Role in Sexual Violence Perpetration: Theoretical Explanations, Existing Evidence, and Future Directions. *Drug Alcohol Review, 30* (5), 481-489.

Abbey., A, & Harnish., R.J. (1995). Perception of sexual intent: The role of gender, alcohol consumption, and rape supportive attitudes. *Sex Roles, 32,* 297–313.

Abbey, A., McAuslan, P., Zawacki, T., Clinton, A. M., & Buck, P. O. (2001).Attitudinal, experiential, and situational predictors of sexual assault perpetration. *Journal of Interpersonal Violence, 16,* 784-807

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 African American and Caucasian men. *Aggressive Behaviour, 32* (1), 54 – 67.

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

Abrams, D., Viki, G. T. N., Masser, B., & Bohner, G. (2003). Perceptions of stranger and acquaintance rape: The role of benevolent and hostile sexism in victim blame and rape proclivity. *Journal of Personality and Social Psychology, 84,* 111–125.

Alriksson-Schmidt, A. I., Armous, B. S., &Thibadeau, J. K. (2010). Are adolescent girls with a physical disability at increased risk for sexual violence? *Journal of School Health, 80* (7), 361 – 367.

Andresen, M. A., & Jenion, G. W. (2008). Crime prevention and the science of where people are.*Criminal Justice Policy, 19* (2), 164 -180.

Anderson, N. E., & Kiehl, K. A. (2014). Psychopathy: Developmental Perspectives and their Implications for Treatment. *Restor Neurol Neuroscience, 32*(1), 103-117.

Armstrong, E., Hamilton, L., and Sweeney, B. (2006). Sexual Assault on Campus: A Multilevel, Integrative Approach to Party Rape. *Social Problems, 53* (4), 483-499.

Basile, K. C., Breiding, M. J., & Smith, S. G. (2016). Disability and risk of recent sexual violence in the United States. American *Journal of Public Health*,106 (5), 928-933.

Basile, K., Chen, J., Black, M. C., & Saltzman, L. E. (2007). Prevalence and characteristics of sexual violence victimization among U.S. Adults, 2001-2003. *Violence & Victims, 22* (3), 437 – 448. Retrieved from http://search.proquest.com.proxy.bib.uottawa.ca/docview/208557771?accountid=14701.

Baker, C.W., Little. T.D., & Brownell, K. D. (2003). Predicting adolescent eating and activity behaviors: the role of social norms and personal agency. *Healthy Psychology, 22*(2), 189-198.

Ball, B., Kerig, P. K., & Rosenbluth, B. (2009). Like a Family but Better Because You Can Actually Trust Each Other": The Expect Respect Dating Violence Prevention Program for At-Risk Youth. *Health Promotion Practice, 10*, pp. 45 - 58.

Ball, S., Maguire, M., Braun, A., Perryman, J., &Hoskins,K.(2012). Assessment technologies in schools: 'deliverology' and the 'play of dominations.' *Research Papers in Education, 27* (5), 513-533.

Beach, R., Enciso, P., Harste, J., Jenkins, C., Raina, S. A., Rogers, R., & Yenika-Agbaw, V. (2009). Exploring the "critical" in critical content analysis of children's literature. In K. M. Leander, D. W. Rowe, D. K. Dickinson, M. K. Hundley, R. T. Jimenez, & V. J. Risko (Eds.), 58th yearbook of the National Reading Conference (pp. 129–143). Oak Creek, WI: National Reading Conference.

Becker-Blease, K. A., & Freyd, J. J. (2007). Dissociation and memory for perpetration among convicted sex offenders. *Journal of Trauma and Dissociation, 8*(2), 69–80.

Beech, A. R., Ward, T., & Fisher, D. (2006). The identification of sexual and violent motivations in men who assault women: Implication for treatment. *Journal of Interpersonal Violence, 21*, 1635-1653

Bell, D.C. & Cox, M. L. (2015). Social Norms: Do we love norms too much? *Family Theory Review, 7*(1), 28-46.

Benoit, C., Shumka, L., Phillips, R., Kennedy, M. K., & Belle-Isle, L. (2014).*Sexual violence against women in Canada* (Issue Brieft#1). Retrieved from http://www.swc-cfc.gc.ca/svawc-vcsfc/issue-brief-en.pdf

Berg, B. (2007). *Qualitative Research Methods for the Social Sciences*. (6th Ed.). Boston: Pearson Education.

Berkowitz, A.D. (2010). Fostering healthy norms to prevent violence and abuse: The Social Norms Approach. In K. Kaufman (Ed.), *A grassroots' guide to fostering healthy norms to reduce violence in our communities: Social norms toolkit* (147-163). Fitchburg, MA: NEARI Press.

Berkowitz, A. D. (2005). An overview of the social norms approach. In L. Lederman & L. Stewart (Eds.), *Changing the culture of college drinking: A socially situated health communication campaign* (193-214). Creskill, New Jersey: Hampton Press.

Berkowitz, A., D.(2004). *The Social Norms Approach: Theory, Research and Annotated Bibliography*. Retrieved from http://www.alanberkowitz.com/articles/social_norms.pdf

Berkowitz, A., D. (2002). *Responding to the Critics: Answers to Common Questions and Concerns About the Social Norms Approach. The Report on Social Norms*(Working Paper #7*)*. Little Falls, NJ: Paper Clip Communications.

Berkowitz, A. D. (1992). College men as perpetrators of acquaintance rape and sexual assault: A review of recent research. *Journal of American College Health, 40,* 175-181.

Bewick, B.M., Bell, D., Crosby, S., Edlin, B., Keenan, S., Marshall, K., & Savva, G. (2013). Promoting improvements in public health: Using a Social Norms Approach to reduce use of alcohol, tobacco and other drugs. *Drugs: Education, Prevention & Policy, 20* (4), 322-330.

Bohner, G., Jarvis, C. I., Eyssel, F., & Siebler, F. (2005). The causal impact of rape myth acceptance on men's rape proclivity: comparing sexually coercive and noncoercive men. *European Journal of Social Psychology, 35* (6), p819-828.

Bohner, G., Reinhard, M.-A., Rutz, S., Sturm, S., Kerschbaum, B., & Effler, D. (1998). Rape myths as neutralizing cognitions: Evidence for a causal impact of anti-victim attitudes on men's self-reported likelihood of raping. *European Journal of Social Psychology, 28,* 257–268.

Bond, L. A., & Hauf, C. M. (2004). Taking Stock and Putting Stock in Primary Prevention: Characteristics of Effective Programs. *Source Information, 24* (3), 199-221.

Borowsky, L. M., Hogan, M., & Ireland, M. (1997). Adolescent sexual aggression: Risk and protective factors. *Paediatrics, 100,* 1-8.

Branstetter, S. A., Bower, E. H., Kamien, J., & Amass, L. (2008). A history of sexual, emotional, or physical abuse predicts adjustment during opioid maintenance treatment. *Journal of Substance Abuse Treatment,* 34, 208–214.

Brantignham, P., & Faust, P. (1976).A conceptual model of crime prevention. *Crime and Delinquency, 22* (3), 284 – 296.

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

Breiding, M. J., Basile, K.C., Smith, S.G, Black, M.C, Mahendra, R.R. (2015).*Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0*. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf

Breiding, M. J., Chen, J., & Walters, M. L. (2013).*National Intimate Partner and Sexual Violence Survey (NIPSVS); 2010 findings on victimization by sexual orientation*. Retrieved from: http://stacks.cdc.gov/view/cdc/12362.

Brennan, S. (2011). *Violent victimization of Aboriginal women in the Canadian provinces, 2009*. Juristat. Statistics Canada Catalogue no. 85-002. (accessed September 12, 2012).

Brennan, S., & Dauvergne, M. (2011, July 21). *Police-reported crime statistics in Canada, 2010*. Retrieved from http://www.statcan.gc.ca/pub/85-002-x/2011001/article/11523-eng.pdf

Briere, J., & Elliott, D. M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect*, 27, 1205–1222.

Brownile, E. B., Jabbar, A., Beitchman, J., Vida, R., & Atkinson, L. (2007). Language Impairment and Sexual Assault of Girls and Women: Findings from community sample. *Journal of Abnormal Child Psychology, 35*(4) p.618 - 626.

Brown, S., Harkins, L., & Beech, A. R. (2012). General and Victim-Specific Empathy: Associations With Actuarial Risk, Treatment Outcome, and Sexual Recidivism. Sexual Abuse: *A Journal of Research & Treatment, 24*(5), 411 – 430.

Burt, M.R. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology, 38*, 217-230

Burton, D. L., Miller, D. L., & Shill, C. T. (2002). A social learning theory comparison of the sexual victimization of adolescent sexual offenders and nonsexual offending male delinquents. *Child Abuse & Neglect, 26*, 893-907. Retrieved from http://journals2.scholarsportal.info.proxy.bib.uottawa.ca/pdf/01452134/v26i0009/893_asltcooanomd.xml.

Caria, M. P., Faggiano, F., Bellocco, R., &Galanti, M. R. (2013). Classroom characteristics and implementation of a substance use prevention curriculum in European Countries. *European Journal of Public Health, 23* (6), 1088-1093.

Calhoun, K. S., Bernat, J. A., &Clum, G. A. (1997). Sexual coercion and attraction to sexual aggression in a community sample of young men. *Journal of Interpersonal Violence, 12*. 392 – 406.

Cantor, D., Fisher, B., Chibnall, S., Townsend, R., Lee, H., Brue, C., & Thomas, G. (2015, September 3rd). *Report on the AAU campus climate survey on sexual assault and sexual misconduct.* Retrieved from https://www.aau.edu/uploadedFiles/AAU_Publications/AAU_Reports/Sexual_Assault_Campus_Survey/Report%20on%20the%20AAU%20Campus%20Climate%20Survey%20on%20Sexual%20Assault%20and%20Sexual%20Misconduct.pdf.

Calkins, C., Colombino, N., Matsuura, T., &Jeglic, E. (2015). Where do sex crimes occur? How an examination of sex offense location can inform policy and prevention. *International Journal of Comparative & Applied Criminal Justice, 39* (2), 99 – 112.

Calkins, C., Jeglic, E., Beattey, R. A., Zeidman, S., &Perillo, A. (2014). Sexual violence legislation: A review of case law and empirical research. *Psychology, Public Policy, and Law, 20*, 443–462.doi:10.1037/law0000027

Cares, A. C., Banyard, V. L., Moynihan, M. M., Williams, L. M., Potter, S. J., & Stapleton, J. G. (2014). Changing Attitudes about Being a Bystander to Violence: Translating an In-person Education Program to a New Campus. *Violence Against Women An International Journal*. Online first. doi:10.1177/1077801214564681

Carlson, C. (2014). This bitch got drunk and did this to herself: Proposed evidentiary reforms to limit victim blaming and perpetrator pardoning in rape by intoxication trials in California. *Wisconsin Journal of Law, Gender & Society*, 29 (2), 285 - 315.

Carr, J., &VanDeusen, K. (2004). Risk factors for male sexual aggression on college campuses. Journal of Family Violence, 19, 279-289.

Casey, E. A., Beadnell, B., & Lindhorst, T. P. (2009). Predictors of sexually coercive behavior in a nationally representative sample of adolescent males. *Journal of Interpersonal Violence, 24*, 1129-1147. doi:10.1177/0886260508322198

Casey, E.A., Masters, T., & Beadness, Bl. (2016). Predicting Sexual Assault Perpetration Among Heterosexually Active Young Men. *Violence against women, 23* (2), 3-27.

Catalano, S., M. (2006, September 10). Criminal Victimization 2005, Retrieved from Bureau of Justice Statistics at: https://www.bjs.gov/index.cfm?ty=pbdetail&iid=766

CBC. (1991). *Men wearing white ribbons*. Retrieved from https://web.archive.org/web/20110629023429/http://archives.cbc.ca/society/crime_justice/topics/398-2240/

Cissner, A. B., &Ayoub, L. H..U.S. Department of Justice. (2014). *Building healthy teen relationships: An evaluation of the fourth R curriculum with middle school students in the Bronx* (Report No. 248486.

Clinton-Sherrod, M. A., Mogan-Lopez, A., Gibbs, D., Hawkins, S. R., Hart, L., Ball, B., Irvin, N., & Littler, N. (2009). Factors Contributing to the Effectiveness of Four School-Based Sexual Violence Interventions. *Health Promotion Practice, 10*, 19-28.

Cohen, M. & Maclean, H. (2004).Impact on women who experience violence. *BMC Women's Health, 4*, 22-24.

Cohen, D., & Strayer, J. (1996). Empathy in conduct-disordered and comparison youth. *Developmental Psychology, 32*, 988-998.

Conant, J.B. (n.d.) Merriam Webster online. *In Merriam-Webster*. Retrieved May 5th, 2018, from https://www.merriam-webster.com/dictionary/correlation.

Corprew, C. S., III, & Mitchell, A. D. (2014). Keeping it frat: Exploring the interaction among fraternity membership, disinhibition, and hypermasculinity on sexually aggressive attitudes in college-aged males. *Journal of College Student Development, 55*(6), 548–562. http://dx.doi.org/10.1353/csd.2014.0062.

Cox, R. P. (1996). An Exploration of the demographic and social correlates of criminal behaviour among adolescent males. *Journal of Adolescent Health, 19* (1), 17-24.

Crawford, E., & Wright, M. O. (2007). The impact of childhood psychological maltreatment on interpersonal schemas and subsequent experiences of relationship aggression. *Journal of Emotional Abuse, 7*(2), 93-116.

Crepelle, A. (2017). Concealed carry to reduce sexual violence against American Indian women. *Kansas Journal of Law & Public Policy, 26*(2), pp. 236-261.

Crime Prevention Ottawa (n.d.). *Who we are*. Retrieved from http://www.crimepreventionottawa.ca/en/who-we-are/

Cripps, J., & Stermac, L. (2018). Cyber-sexual violence and negative emotional states among women in Canadian University. *Internal Journal of Cyber Criminology*, 171-186.

Crooks, C. V., Wolfe, D. A., Hughes, R., Jaffe, P. G., &Chiodo, D. (2008).Development, evaluation and national implementation of a school-based program to reduce violence and related risk behaviours. *Institute for the Prevention of Crime Review, 2*, 109-135.

Crooks, C.V., Chiodo, D., Zwarych, S., Hughes, R., & Wolfe, D.A. (2013). Predicting implementation success of an evidence-based program to promote healthy relationships among students two to eight years after teacher training. *Canadian Journal of Community Mental Health, 32*, 125-138.

Crooks, C.V., Scott, K., Ellis, W., & Wolfe, D.A. (2011). Impact of a universal school-based violence prevention program on violent delinquency: Distinctive benefits for youth with maltreatment histories. *Child Abuse & Neglect, 35*, 393-400.

Crooks, C.V., Scott, K.L., Broll, R., Zwarych, S., Hughes, R., & Wolfe, D.A. (2015). Does an evidence-based healthy relationships program for 9th graders show similar effects for 7th and 8th graders? Results from 57 schools randomized to intervention. *Health Education Research, 30*(3), 513-519.

Crooks, C. (2009*).4th R Curriculum*. Retrieved 2015 from https://www.crimesolutions.gov/ProgramDetails.aspx?ID=109

Dauvergne, M. (2008). *Crime Statistics in Canada, 2007*. Retrieved from www.statcan.gc.ca/pub/85-002-x/85-002-x2008007-eng.pdf

Davis, T. L., & Liddell, D. L. (2002). Getting inside the house: The effectiveness of a rape prevention program for college fraternity men. *Journal of College Student Development, 43*, 35–50.

Davis, J. L., Petretic-Jackson, P. A., & Ting, L. (2001). Intimacy dysfunction and trauma symptomatology: Long-term correlates of different types of child abuse. *Journal of Traumatic Stress, 14*, 63–79.

Department of Economic and Social Affairs. (2014). *Guidelines for Producing Statistics on Violence against Women - Statistical Survey.* Retrieved from http://unstats.un.org/unsd/gender/docs/Guidelines_Statistics_VAW.pdf

Department of Justice (n.d.).*An estimation on the economic impact of violence victimization in Canada, 2009*. Retrieved from http://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rr14_01/p10.html

DeGue, S., & DiLillo, D. (2004). Understanding perpetrators of sexual coercion: Characteristics of those who cross the line. *Violence and Victims, 19,* 673-688

DeGue, S., & DiLillo, D. (2005). "You would if you loved me": Toward an improved conceptual and etiological understanding of male sexual coercion. *Aggression and Violent Behavior, 10,* 513–532.

DeGue, S., DiLillo, D., &Scalora, M. (2010). Are All Perpetrators Alike? Comparing Risk Factors for Sexual Coercion and Aggression. Sexual Abuse: *A Journal of Research & Treatment (Sage), 22* (4), 402 – 426.

DeJong, W. (2010). Social norms marketing campaigns to reduce campus alcohol problems. *Health Communications, 25* (6), 615-616.

DeKeseredy, W., & Kelly, K. (1995). Sexual abuse in Canadian universities and college dating relationships: The contribution of male peer support. *Journal of Family Violence, 10,* 41-53.

Dekeseredy, W. & Schwartz, M. (2008). Interpersonal Violence Against Women: The Role of Men. *Journal of Contemporary Criminal Justice,* 24(2), 178-185.

Didelez, V. (n.d.). *Statistical causality*. Retrieved on May 5th, 2018 fromhttps://people.maths.bris.ac.uk/~maxvd/Consilience_Did.pdf

DiMaggio P.J, & Powell W. W. (1983). The iron cage revisited: institutional isomorphism and collective rationality in organizational fields. *American Sociological Review, 48*(2), 147–160.

Dhaliwal, G. K., Gauzas, L., Antonowicz, D. H., & Ross, R. R. (1996). Adult male survivors of childhood sexual abuse: Prevalence, sexual abuse characteristics, and long-term effects. *Clinical Psychology Review, 16*(7), 619–639.

Dryfoos, J. G. (1990). *Adolescents at risk: Prevalence and prevention*. New York: Oxford University Press.

Dube, S. R., Anda, R. F., Whitfield, C. L., Brown, D. W., Felitti, V. J., Dong, M., &Giles, W. H. (2005). Long-term consequences of child sexual abuse by gender of victim. American *Journal of Preventive Medicine,* 28, 430–438.

East, P., &Hokoda, A. (2015). Risk and Protective Factors for Sexual and Dating Violence Victimization: A Longitudinal, Prospective Study of Latino and African American Adolescents. *Journal of Youth & Adolescent, 44* (5). 1288 – 1300.

Eastgate G. (2008) Sexual health for people with intellectual disability. *SaludPublica de Mexico 50,* 255–259.

Edwards, K. E., Shea, H. D., & Barboza, A. B. (2018). Comprehensive Sexual Violence Prevention Education. *New Directions for Student Services, 161,* 47-58.

Ennett, S.T., Ringwalt, C.L., Thorne, J., Rohrbach, L.A., Vincus, A., & Simons-Rudolph, A. (2003). A comparison of current practice in school-based substance use prevention programs with meta-analysis findings. *Prevention Science, 4,* 1–14.

Eto, S., & Kyngas, H. (2008). The qualitative content analysis process. Journal of Advanced Nursing (Wiley-Blackwell), 62(1), 107-115.

Fabiano, P. M., Perkins, W. H., & Berkowitz, A. (2003). Engaging men as social justice allies in ending violence against women: Evidence for a social norms approach. *Journal of American College Health, 52* (3), 105-112.

Fairclough, Norman (1995). *Critical Discourse Analysis: The Critical Study of Language.* Longman. ISBN 978-0582219847.

Farr, C., Brown, J., & Beckett, R. (2004). Ability to empathize and masculinity levels: Comparing male adolescent sex offenders with a normative sample of non-offending adolescents. *Psychology, Crime & Law, 10,* 155–167

Farris, C., Treat, T. A., Viken, R. J., & McFall, R. M. (2008). Sexual coercion and the misperception of sexual intent. *Clinical Psychology Review, 28*(1), 48-66.

Finkelhor, D. (1984). *Child Sexual Abuse: New Theory and Research*, Free Press, New York.

Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. *Professional Psychology: Research & Practice, 21*, 325-330.

Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health,* 55, 329–333. doi:10.1016/j.jadohealth.2013.12.026 Fisher, T. D., & Walters, A. S. (2003). Variables in addition to gender that help explain differences in perceived sexual interest. *Psychology of Men & Masculinity, 4*, 154-162

Flood, M. (2010). Where Men Stand: Men's Roles in Ending Violence against Women. *White Ribbon Prevention Research Series, No. 2*. Sydney: White Ribbon Foundation.

Flood, M. (2011). Involving men in efforts to end violence against women. *Men and Masculinities, 14*(3), 358-377.

Flood, M. (2011). Building men's commitment to ending sexual violence against women. *Feminism & Psychology, 21* (2), 262-267.

Flood, M. & Pease, B. (2008). *Rethinking the significance of attitudes in preventing men's violence against women*. Australian Journal of Social Issues, 43 (4), 547 - 561.

Flynn, M. A., & Carter, E. (2016). Curriculum infusion of the social norms approach: information only vs. service learning. *Communication Education, 65* (3), 322-337.

Foshee, V., Bauman, K.,.E., Arriaga, X.,B., Helms, R.,W,, Koch, G.,G., Linder, G.,F. (1998). An evaluation of Safe Dates, an adolescent dating violence prevention program. *American Journal of Public Health, 1*, pp. 45-50,

Foshee, V. A., Bauman, K. E., Ennett, S. T., Linder, F. G., Benefield, T., & Suchindran, C. (2004). Assessing the long-term effects of the safe dates program and a booster in preventing and reducing adolescent dating violence victimization and perpetration. *American Journal of Public Health, 94* (4), 619-624.

Foshee, V. A., Bauman, K. E., Greene, W. F., Koch, G. G., Linder, G. F., & MacDougall, J. E. (2000). The Safe Dates Program: 1-Year Follow-Up Results. *American Journal of Public Health, 90* (10), 1619-1622.

Fulu, E., &Heise, L. (2015). *What works to prevent violence against women and girls evidence reviews: State of the field of research on violence against women and girls*. Retrieved from http://www.whatworks.co.za/documents/publications/16-global-evidence-reviews-paper-1-state-of-the-field-of-research-on-violence-against-women-and-girls/file

Gallant, J. (2014, October 31st). *Twitter conversation about unreported rape goes global.* https://www.thestar.com/news/crime/2014/10/31/twitter_conversation_about_unreported_rape_goes_global.html

Gartner, R., &Doob, A. N. (1994). *Trends in Criminal Victimization, 1988-1993*. Retrieved from Canadian Centre for Justice Statistic

George W.H., Cue K.L., Lopez P.A., Crowe L.C., & Norris J. (1995). Self-reported alcohol expectancies and post-drinking sexual inferences about women. *J Appl Soc Psychol, 25*,164– 86.

George, W. H., & Stoner, S. A. (2000). Understanding acute alcohol effects on sexual behaviour. *Annual Review of Sex Research, 11* (1).

Gidycz, C. A., Lynn, S. J., Rich, C. L., Marioni, N. L., Loh, C., &Marmelstein, L.(2001). The evaluation of a sexual assault risk reduction program: A multisite investigation. *Journal of Consulting & Clinical Psychology, 69*, 1073-1078.

Gilmore, A. K., Lewis, M. A., George, W. H. (2015). A randomized controlled trial targeting alcohol use and sexual assault risk among college women at high risk for victimization. *Behaviour Research & Therapy, 74*, 38 – 49.

Goodchilds, J.D, & Zellman G.L. (1984) Sexual signaling and sexual aggression in adolescent relationships. In: Malamuth NM, Donnerstein E, editors. *Pornography and sexual aggression*. Orlando, FL: Academic Press.

Good, G. E., Heppner, M. J., Hillenbrand-Gunn, T. L., & Wang, L. F. (1995). Sexual and psychological violence: An exploratory study of predictors in college men. *Journal of Men's Studies, 4*, 59 –71.

Gollom, M. (2016, February 2nd). Jian Ghomeshi received emails from woman after alleged attack, court hears. https://www.cbc.ca/news/canada/toronto/jian-ghomeshi-trial-sexual-assault-1.3429429

Gollom, M. (2016, March, 24). *Jian Ghomeshi found not guilty on choking and all sex assault charges.* Retrieved from CBC News at http://www.cbc.ca/news/canada/toronto/jian-ghomeshi-sexual-assault-trial-ruling-1.3505446

Gover, A. R. (2004). Risky lifestyles and dating violence: A theoretical test of violent victimization. *Journal of Criminal Justice, 32*, 171–180

Gottfredson, D.C., & Gottfredson, G.D. (2002). Quality of school-based prevention programs: Results from a national survey. *Journal of Research in Crime and Delinquency, 39*, 3–36.

Gretton, H. M., Hare, R. D., & Catchpole, R. E. H. (2004). Psychopathy and Offending From Adolescence to Adulthood: A 10-Year Follow-Up. *Journal of Consulting and Clinical Psychology, 72*(4), 636-645.

Greetton, H. M., Mcbride, M., & Hare, R. D. (2001). Psychopathy and Recidivism in Adolescent Sex Offenders. *Criminal Justice and Behaviour, 28* (4).

Grieve A., MaClaren S. & Lindsay W. R. (2006) An evaluation of research and training resources for the sex education of people with moderate and severe learning disability. *British Journal of Learning Disability 35,* 30 –37.

Groce N. & Trasi R. (2004) Rape of individuals with disability: aids and the folk belief of virgin cleansing. *The Lancet 363,* 1663–1664.

Haines, M., P. (1996). *A Social Norms Approach to Preventing Binge Drinking at Colleges and Universities*, Newton, MA: The Higher Education Center for Alcohol and Other Drug Prevention.

Haines, M. P.,& Barker, G.P. (2003). The NIU Experiment: A Case Study of the Social Norms Approach. Chapter 2 in HW Perkins (Ed). *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, Clinicians*, San Francisco, Jossey-Bass

Haines, M.P.,& Spear, S.F., (1996). Changing the Perception of the Norm: A Strategy to Decrease Binge Drinking Among College Students. *Journal of American College Health, 45*: 134-140.

Hall, J. M. (2003). Dissociative experiences of women child abuse survivors: A selective constructivist review. *Trauma, Violence, and Abuse, 4,* 283–308.

Hall, G. C. N., Sue, S., Narang, D. S., & Lilly, R. S. (2000). Culture-specific models of men's sexual aggression: Intra- and interpersonal determinants. *Cultural Diversity and Ethnic Minority Psychology, 6*(3), 252-267.

Hamby, S. (2008). The Path of Helpseeking: Perceptions of Law Enforcement Among American Indian Victims of Sexual Assault. *Journal of Prevention & Intervention in the Community,* 36, 89-104.

Hanson, R., Ralston, E., Self-Brown, S., Ruggiero, K. J., Saunders, B. E., Love, A. G., Sosnowski, P., & Williams, R. (2008). Description and preliminary evaluation of the child abuse school liaison program: A secondary prevention program for school personnel. *Journal of Psychological Trauma, 7* (2), 91 – 103.

Haysom, L. (2015). Interventions to address sexual violence: Transforming violent cultures for and with girls and young women. *Agenda: Empowering Women for Gender Equity, 29* (3).

Hendrick, D. (1996). *Canadian Crime Statics, 1995*. Retrieved from http://www.publications.gc.ca/Collection-R/Statcan/85-002-XIE/0109685-002-XIE.pdf

Henry, M., & Powell, A. (2018). Technology-Facilitated Sexual Violence: A Literature Review of Empirical Research. *Trauma, Violence & Abuse. 19* (2), pp. 195-208.

Hershkowitz, I., Lamb, M. E., & Horowitz, D. (2007). Victimization of children with disabilities. *American Journal of Orthopsychiatry, 77*(4), 629–635.

Hillebrand-Gun, T, Heppner, MJ, Mauch, PA, & Park, HJ. (2010). Men as allies: The efficacy of a high school rape prevention intervention. *Journal of Counselling and Development. 88*:43-51.

Hoddenbagh, J., Zhang, T., & McDonald, S. (2014). *An estimation of the economic impact of violent victimization in Canada, 2009*. Research and Statistics Division Department of Justice Government of Canada. Retrieved from https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rr14_01/rr14_01.pdf

Holmes, W. C., & Slap, G. B. (1998). Sexual abuse of boys: Definition, prevalence, correlates, sequelae, and management. *Journal of the American Medical Association, 290,* 1855-1862

Horwitz, A. V., Widom, C. S., McLaughlin, J., & White, H. R. (2001). The impact of childhood abuse and neglect on adult mental health: A prospective study. *Journal of Health & Social Behaviour, 42*(2), 184-201.

Howard, D., Qiu, Y., &Boekeloo, B. (2003).Personal and social contextual correlates of adolescent dating violence. *Journal of Adolescent Health, 33,* 9 - 17.

Human Rights Watch. (2013). *Those who take us away: Abusive Policing and Failures in Protection of Indigenous Women and Girls in Norther British Columbia, Canada*. Retrieved from https://www.hrw.org/sites/default/files/reports/canada0213webwcover_0.pdf

Hunter, L., Elias, M.J., & Norris, J. (2001). School-based violence prevention: Challenges and lessons learned from an action research project. *Journal of School Psychology, 39,* 161–175.

Hyde, K., F. (2000). Recognising deductive processes in qualitative research. Qualitative Market Research: *An International Journal, 3*(2), 82 -90.

Ito, T.A., Miller., N., & Pollock, V.E. (1996). Alcohol and aggression: A meta-analysis on the moderating effects of inhibitory cues, triggering events, and self-focused attention. *Psychological Bulletin, 120* (60).

Jacobs, J., S. (2006). *Pretty Good Years: A Biography of Tori Amos*. Hal Leonard Corporation. pp. 56. ISBN 1-4234-0022-4.

Jacques-Tiura, A. J., Abbeey, A., Parkhill, M. R., & Zawacki, T. (2007). Why Do Some Men Misperceive Women's Sexual Intentions More Frequently Than Others Do? An Application of the Confluence Model. *Personality and Social Psychology Bulletin, 33*(11).

Janz, N. K., Zimmerman, M. A., Wren, P. A., & Israel, B. A. (1996). Evaluation of 37 AIDS prevention projects: Successful approaches and barriers to program effectiveness. *Health Education Quarterly, 23*, 80–97.

Jaycox, L.H., McCaffrey, D.F., Weidmer, B., Shelley, G.A., Blake, S.M., & Peterson, D.J. (2006). Challenges in the evaluation and implementation of school-based prevention and intervention programs on sensitive topics. *American Journal of Evaluation, 27*, 320–336.

Jespersen, A. F., Lalumière, M., Seto, M. C. (2009).Sexual abuse history among adult sex offenders and non-sex offenders: A meta-analysis. *Child Abuse & Neglect, 33* (3), 179 – 192. Retrieved from http://web.b.ebscohost.com.proxy.bib.uottawa.ca/ehost/detail/detail?vid=15&sid=cd8db79a-d778-4cec-b49c-3c37fe49c679%40sessionmgr112&hid=123&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#AN=37348474&db=cja

Jewkes, R. (2017, October). *Scalable evidence-based interventions to prevent VAWG presented at the 8th Milestone Global Campaign for Violence Prevention*, Ottawa, Canada.

Jewkes, R. & Flood, M. (2015). From work with men and boys to changes of social norms and reduction of inequities in gender relations: a conceptual shift in prevention of violence against women and girls. *Lancet, 385* (9977), 1580-1589. Retrieved from the University of Ottawa website.

Jewkes, R. & Morrell, R. (2010). Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *Journal of International AIDS Society, 13* (6).

Jewkes, R., Sen, P., & Garcia, C. M. (2002).Sexual Violence In E. G. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi and R. Lozano (Eds.).*World report on violence and health* (pp. 147 - 183. World Health Organization: Geneva, Switzerland

Johnson, J. D., Noel, N. E., & Sutter-Hernandez, J. (2000). Alcohol and Male acceptance of sexual aggressions: the role of perceptual ambiguity. *Journal of Applied Social Psychology, 30*(6), 1186-1200.

Johnson, H., Mathis, J., & Short, K. G. (2017). *Critical content analysis of children's and young adult literature: Reframing perspective*. New York, NY: Routledge.

Johnson, H., & Sacco, V. (1995).Researching violence against women: Statistics Canada's national survey. *Canadian Journal of Criminology, 37* (3), p. 281.

Jungmeen, K., & Dante, C. (2010). Longitudinal pathways linking child maltreatment, emotion regulation, peer relations, and psychopathology. *Journal of child psychiatry and psychology, 51* (6).

Kam, C.M., Greenberg, M.T., & Walls, C.T. (2003). Examining the role of implementation quality in school-based prevention using the PATHS curriculum. *Prevention Science, 4*, 55–63.

Kanin, E. J. (1984). Date rape: Unofficial criminals and victims. *Victimology, 9*,95-108.

Katz, J. (1995). Reconstructing Masculinity in the Locker Room: The Mentors in Violence Prevention Project. *Harvard Educational Review, 65*(2), 163-174.

Kaufman, M. (2018). *White Ribbon Campaign: 20 Years Working to End Violence Against Women.* Retrieved from http://michaelkaufman.com/2011/11/white-ribbon-campaign-20-years-working-to-end-violence-against-women/

Kilpatrick, D. Heidi, R., Kenneth, R. J., Conoscenti, L., & McCauley, J. (2007). *Drug Facilitated, Incapacitated and Forcible Rape: A National Study*. Washington, DC.

Kimberly JC. (1967). Status inconsistency: a reformulation of a theoretical problem. *Human Relations, 20*(2), 171–179.

Kirkner, A., Bowser, M., & Ashby, K. (2014). Speak up: Engaging youth in school-based primary prevention of sexual violence. *Children, Youth & Environments, 24* (1), 173 – 182.

Klaus, P. A., &Maston, C. T. (2000). Criminal Victimization in the United States, 1995, Retrieved from Bureau of Justice Statistics at: https://www.bjs.gov/index.cfm?ty=pbdetail&iid=1161

Koss, M.P., & Dinero, T.E. (1988). Predictors of sexual aggression among a national sample of male college students. *Annals of New York Academy of Sciences, 528,* 133-147.

Koss, M. P., and Dinero, T. E. (1989). Discriminant analysis of risk factors for sexual victimization among a national sample of college women. *Consult. Clin. Psychol, 57*, 42–250.

Koukounas, E., & Letch, N. M. (2000). Psychological Correlates of Perception of Sexual Intent in Women. *The Journal of Social Psychology, 141* (1).

Kramer, H. C., Stice, E., Kazdin, A., Offord, D., & Kupfer, D. (2001). How do risk factors work together? Mediators, moderators, and independent, overlapping, and proxy risk factors. *Am J Psychiatry, 158*(6), 848-856.

Krebs, C. P., Lindquist, C. H., Warner, T. D., Fisher, B. & Martin, S. L. (2009). The differential risk factors of physically forced and alcohol- or other drug-enabled sexual assault

among university women. *Violence & Victims, 24* (3), 302 – 321.

Leddy, A., Chakravarty, D., Dladla, S., de Bruyn, G., & Darbes, L. (2016). Sexual communication self-efficacy, hegemonic masculine norms and condom use among heterosexual couples in South Africa. *AIDS Care, 28*(2), 228–233. http://dx.doi.org/10.1080/09540121.2015.1080792

Lederman, L., Stewart, L., Goodhar, F., and Laitman., L. (n.d.). Changing *the Culture of College Drinking: A Socially Situated Prevention Campaign*, Hampton Press. http://www.alanberkowitz.com/articles/social%20norms%20approach-short.pdf

Lee, J., Jackson, H., Pattison, P., & Ward, T. (2002). Developmental risk factors for sexual offending. *Child Abuse & Neglect, 26*, 73–92

Leibowitz, G. S., Laser, J. A., & Burton, D. L. (2008). Exploring the Relationships Between Dissociation, Victimization, and Juvenile Sexual Offending. *Journal of Trauma & Dissociation, 12* (1).

Letendre, J., Ostrander, J.A., & Mickens, A. (2016). Teacher and staff voice: Implementation of a Positive Behaviour Bullying Prevention Program in an Urban School. *Children & Schools*, *38* (4), 237-245.

Lewis, M. A., Litt, D. M., Cronce, J. M., Blayney, J. A. & Gilmore, A. K. (2014). Underestimating Protection and Overestimating Risk: Examining Descriptive Normative Perceptions and Their Association with Drinking and Sexual Behaviours. *Journal of Sex Research, 51* (1), 86-96.

Lisak, D., Hopper, J., and Song, P. (1996). Factors in the cycle of violence: Gender rigidity and emotional constriction. *Journal of Trauma. Stress, 9,* 721–743.

Lindberg, T., Campeau, P., & Campbell, M. (2012). Indigenous women and sexual

assault in Canada. In E. Sheehy (Ed.). *Sexual Assault in Canada: Law, Legal Practice and Women's Activism*. Ottawa: University of Ottawa Press.

Lochman, J. E., Powell, N. P., Boxmeyer, C. L., Lixin, Q., Wells, K. C. &Windle, M. (2009). Implementation of a School-BasedPreventionProgram: Effects of Counselor and School Characteristics. *Professional Psychology: Research & Practice, 40* (5), 476-482.

Locke, B. D., & Mahalik, J. R. (2005). Examining Masculinity Norms, Problem Drinking, and Athletic Involvement as Predictors of Sexual Aggression in College Men. *Journal of Counseling Psychology, 52*(3), 279-283.

Lofthouse, R. E., Totsika, V., W, R. P., Linday, W. R., Hogue, T. E., & Taylor, J. L. (2014). How do static and dynamic risk factors work together to predict violent behaviour among offenders with an intellectual disability? *Journal of Intellectual Disability Research, 58* (2), 125-133.

Logan, R. (2001). *Crime Statistics in Canada, 2000*. Retrieved from www.statcan.gc.ca/pub/85-002-x/85-002-x2001008-eng.pdf

Lonsway, K.A., & Fitzgerald, L.F. (1995). Attitudinal antecedents of rape myth acceptance: A theoretical and empirical reexamination. *Journal of Personality and Social Psychology, 68*, 704-711.

Lowenkamp, C. T., & Latessa, E. J. (2002). *Evaluation of Ohio's community based correctional facilities and halfway house programs*: Final report. Cincinnati: University of Cincinnati.

Loya, R. (2015). Rape as an economic crime. *Journal of Interpersonal Violence, 30* (16), 2793 -2813.

Maas, C. D., Fleming, C. B., Herrenkohl, T. I., & Catalano, R. F. (2010).Childhood predictors of teen dating violence victimization. *Violence and Victims, 25,* 131–149.

Malamuth, N.M., Sockloskie, R.J., Koss, M.P., & Tanaka, J.S. (1991). Characteristics of aggressors against women: Testing a model using a national sample of college students. *Journal of Consulting and Clinical Psychology, 59,* 670-681.

Marshall, L., Hudson, S. M., Jones, R., & Fernandez, Y. M. (1995). Empathy in Sex Offenders. *Clinical Psychology Review,* 15 (2), 99–113.

Martiniuk, A. L. C., Secco, M., Yake, L., Speechley, K. N. (2010). Evaluating the effect of a television public service announcement about epilepsy. *Health Education Research, 25* (6), 1050-1060.

Maxwell, C., Robinson, A., & Post, L. (2003). The nature and predictors of sexual victimization and offending among adolescents. *Journal of Youth and Adolescence, 32*, 465-477.

Mayring, P. (2000). Qualitative Content Analysis. *Qualitative Social Research, 1* (2), 105 – 114.

Meyer JW, Rowan B. (1977). Institutionalized organizations: formal structure as myth and ceremony. *American Journal of Sociology, 83*(2), 340–363.

McAuslan, P., Abbey, A., Zawacki, T. (1998). Acceptance of pressure and threats to obtain sex and sexual assault. Paper presented at the SPSSI Convention; Ann Arbor, MI.

McCollum, D., & Callahan, M. (2014). *Hidden costs to health care: The economic impact of violence abuse*. Retrieved from :http://www.ccasa.org/wp-content/uploads/2014/01/economic-cost-of-vaw.pdf

McGrath, M, Cann, S., & Konopasky, R. (1998). New Measures of Defensiveness, Empathy, and Cognitive Distortions for Sexual Offenders Against Children. *Sexual Abuse: A Journal of Research and Treatment,10* (1), 25–36.

Mellins, C. A., Walsh, K., Sarvet, A. L., Wall, M., Gibert, L., Santelli, J.S., Thompson, M., Wilson, P. A., Khan, S., Benson, S., Bah, K., Kaufman, K. A., Reardon, L., & Hirsh, J. S. (2017). Sexual assault incidents among college undergraduates: Prevalence and factors associated with risk. *PLoS ONE, 12*(11). 1-23.

Mendel, M. P. (1995). *The male survivor: The impact of sexual abuse.* Thousand Oaks, California: Sage

Messman-Moore, T. L., Long, P. J., & Siegfried, N. J. (2000). The re-victimization of child sexual abuse survivors: An examination of the adjustment of college women with child sexual abuse, adult sexual abuse and adult physical abuse. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children, 5*, 18-27.

Meyer, D., Cohn, A., Robinson, B., Muse, F., & Hughes, R. (2017). Persistent Complications of Child Sexual Abuse: Sexually Compulsive Behaviors, Attachment, and Emotions. *Journal of Child Sexual Abuse,* 26 (2). 140-157.

Meyer J.,W, & Rowan B. (1977). Institutionalized organizations: formal structure as myth and ceremony. *American Journal of Sociology, 83*(2), 340–363.

Mihalic, S.F., Fagan, A.A., & Argamaso, S. (2008). Implementing the life skills training drug prevention programs: Factors related to implementation fidelity. *Implementation Science, 3*, 1–16.

Miller, T. R., Taylor, D. M., & Sheppard, M. A. (2007). *Costs of sexual violence in Minnesota*. St. Paul: Minnesota Department of Public Health.

Ministry of Education (2015, February 23). *Support for the Updated Health and Physical Education Curriculum*. Retrieved from http://news.ontario.ca/edu/en/2015/02/support-for-the-updated-health-and-physical-education-curriculum.html

Ministry of Education. (2015, February 15). *Ontario Releases Updated Health & Physical Education Curriculum, Parent Resources: Promoting the Health and Well-Being of Students.*https://news.ontario.ca/edu/en/2015/02/ontario-releases-updated-health-physical-education-curriculum-parent-resources.html

Mitra, M., Mouradian, V., & McKenna, M. (2013). Dating violence and associated health risks among high school students with disabilities. *Maternal & Child Health Journal, 17* (6).

Mrazek, P.J., and Haggerty, R.J., eds. 1994. *Reducing Risks for Mental Disorders: Frontiers for Preventative Intervention Research*. Washington, DC: National Academy Press.

Mullen, P. E., Martin, J., Anderson, J., Romans, S., & Herbison, G. P. (1996). The long-term impact of the physical, emotional, and sexual abuse of children: A community study. *Child Abuse & Neglect, 20*, 7–21.

Murnen, S.K., 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*, 359-375.

National Institute of Health. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People*. M. E. O'Connell, T. Boat & K. E. Warner, Eds.). Washington (DC): National Academies Press (US).

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybold, D., Morrissey-Kane, E., & Davino, K. (2003). What Works in Prevention: Principles of Effective Prevention Programs. *Source Information, 58* (6), 449-456.

Nault, F. (2014).*Measuring gender-based violence in Canada*. Retrieved from Statistics Canada website: http://unstats.un.org/unsd/gender/Mexico_Nov2014/Session%203%20Canada%20ppt.pdf

Nelson,E. C.,Heath,A. C.,Madden,P. A. F.,Cooper,L.,Dinwiddie,S. H.,& Bucholz, K. K. (2002). Association between self-reported childhood sexual abuse and adverse psychosocial outcomes: Results from a twin study. *Archives of General Psychiatry, 59*(2), 139-145

Neilson, E. C., Norris, J., Bryan, A. E., &Stappenbec, C. A. (2017). Sexual assault severity and depressive symptoms of longitudinal predictors of the quality of women's sexual experiences. *Journal of Sex & Marital Therapy, 43* (5), 463-478.

Neumann, D. A., Houskamp, B. M., Pollack,V. E., &Briere, J. (1996). The long-term sequel of childhood sexual abuse in women: A meta-analytic review. Child Maltreatment: *Journal of the American Professional Society on the Abuse of Children, 1*, 6-16.

Noel, N. E., Maisto, S. A., Johnson, J. D., & Jackson, L. A. (2009). The effects of alcohol and cue salience on young men's acceptance of sexual aggression. *Addictive Behaviour, 34*(4), 386-394.

O'Callaghan, A. C., Murphy, G., & Clare, I. C. H. (2003). The impact of abuse on men and women with severe learning disabilities and their families. *British Journal of Learning Disabilities, 31*(4),175– 180.

O'Donnell, V. and S. Wallace. 2011. *"First Nations, Métis, and Inuit women." in Women in Canada. Statistics Canada Catalogue no. 89-503*. (accessed July 30, 2012).

O'Leary, P. L. (2009). Men who were sexually abused in childhood: Coping strategies and comparisons in psychological functioning. *Child Abuse & Neglect, 33* (7), 471 – 479.

O'Neil, J. M. (1990). *Assessing men's gender role conflict*. In D. Moore & F. Leafgren (Eds.), Men in conflict (pp. 23-38). Alexandria VA: American Association for Counseling and Development.

Oliver, M. E., Wong, S., & Wong, S. C. P. (2006). Psychopathy, sexual deviance, and recidivism among sex offenders. Sexual Abuse: *A Journal of Research & Treatment, 18*(1), 65-82.

Ontario government. (2015). *Sex education in Ontario*. Retrieved from https://www.ontario.ca/page/sex-education-ontario

Ontario government (2016). *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment Program Report 2015-2016*. Retrieved from https://files.ontario.ca/mi-2005_svhap_progress_report_en.pdf

Ontario government. (2018). *Let's stop sexual harassment and violence*. Retrieved from https://www.ontario.ca/page/lets-stop-sexual-harassment-and-violence

Oxford English Dictionary of Current English, Oxford University Press, 2005. (Full entry For reality: "reality • noun (pl. realities)

Palisek, C. (2013, April 27). *Rehtaeh Parsons's Best Friend Speaks Out. The Daily Beast*. Retrieved from http://www.thedailybeast.com/articles/2013/04/27/rehtaeh-parsons-s-best-friend-speaks-out.html

Payne, A., A. (2009). Do predictors of the implementation quality of school-based prevention programs differ by program type? *Prevention Science, 10* (2), 151-167.

Payne, A. & Eckert, R. (2010). The relative importance of provider, program, school and community predictors of the implementation quality of school-based prevention programs. *Prevention Science, 11* (2), 126-141.

Payne, A.A., Gottfredson, D.C., &Gottfredson, G.D. (2006). School predictors of the intensity of implementation of school-based prevention programs: Results from a national study. *Prevention Science, 7*, 225–237.

Payne, D.,L, Lonsway, K.,A, Fitzgerald, L.,F. (1999). Rape myth acceptance: exploration of its structure and its measurement using the Illinois Rape Myth Acceptance Scale. *Journal of Res Pers,33,* 27–68.

Perkins, W. H. (2002).Social norms and the prevention of alcohol misuse in collegiate contexts. *Journal of Studies on Alcohol Supplement, 63*, 162-174.

Perkins, E. & Warner, J. (2017). Sexual Violence Response and Prevention: Studies of Campus Polices and Practices. *Journal of School Violence, 3*, 237-242

Perreault, S. (2015). *Criminal Victimization in Canada, 2014*. Retrieved from the Statistics Canada website at http://www.statcan.gc.ca/pub/85-002-x/2015001/article/14241-eng.htm

Perreault, S. and Hotton-Mahony, T. (2012). "*Criminal victimization in the territories, 2009*." Juristat. Statistics Canada Catalogue no. 85-002. (accessed September 14, 2012).

Perry, A. R., DiLillo, D., & Peugh, J. (2007). Childhood psychological maltreatment and quality of marriage: The mediating role of psychological distress. *Journal of Emotional Abuse, 7*, 117–142.

Peterson, K., Sharps, P., Banyard, V., Powers, R. A., Kaukinen, C., Gross, D., Decker, M. R., Baatz, C., Campbell, C. (2016). An Evaluation of Two Dating Violence Prevention Programs on a College Campus. *Journal of Interpersonal Violence Online*, 1-26. doi:10.1177/0886260516636069

Philippe, D., & Durand, R. (2011). The impact of norm-conforming behaviours on firm reputation. *Strategic Management Journal, 32* (9), 696-993.

Porter, S., Fairweather, D., Drugge, J., Herve, H., Birt, A., & Boer, D.P. (2000). Profiles of Psychopathy in Incarcerated Sexual Offenders. *Criminal Justice & Behavior, 27*(2).

Potter, S., & Stapleton, J. (2012). Translating Sexual Assault Prevention from a College Campus to a United States Military Installation: Piloting the Know-Your-Power Bystander Social Marketing Campaign. *Journal of Interpersonal Violence, 27* (8), 1593 – 1621.

Potter, S. J., Stapleton, J. G., & Moynihan, M. M. (2008). Designing, implementing, and evaluating a media campaign illustrating the bystander role. *Journal of Prevention & Intervention in the Community, 36* (1), 39-55.

Prohaska, A. & Gailey, J. A. (2008). Achieving masculinity through sexual predation: the case of hogging. *Journal of Gender Studies, 1*, 13-25.

RAINN. (2016). *About Rainn*. Retrieved from https://www.rainn.org/about-rainn

RAINN. (n.d.). *What consent looks like*. Retrieved from https://www.rainn.org/articles/what-is-consent

Rajacich, D., Fawdry, K. M., & Berry, M. L. (1992). An Institutional Response to Date Rape. *The Canadian Journal of Higher Education, 2*, pp. 41-59. Retrieved from https://files.eric.ed.gov/fulltext/EJ456107.pdf

Rand, M. R. (2008). *Criminal Victimization, 2007*. Retrieved from the Bureau of Justice Statistics website at :https://www.bjs.gov/index.cfm?ty=pbdetail&iid=764

Rand, M. R., & Catalano, S. (2007). *Criminal Victimization, 2006*. Retrieved from the Bureau of Justice Statistics website at: https://www.bjs.gov/index.cfm?ty=pbdetail&iid=765

Rau., T. J., Merrill, L. L., McWhorter, S. K., Stander, V. A., Thomsen, C. J., Dyslin, C. W., Crouch, J. L., Rabenhorst, M. M., & Milner, J. S. (2010). Evaluation of a Sexual Assault Education/Prevention Program for Male U.S. Navy Personnel. *Military Medicine, 175* (6), 429-434.

Reidy, D. E., Holland, K. M., Cortina, K., Ball, B., & Rosenbluth, B. (2017). Evaluation of the expect respect support group program: A violence prevention strategy for youth exposed to violence. *Preventive Medicine, 100*, pp. 235-242

Rennison, C.M., & Rand, M. R. (2003). *Criminal Victimization, 2002*. Retrieved from Bureau of Justice Statistics Website at: https://www.bjs.gov/index.cfm?ty=pbdetail&iid=1056

Regan, M., E. (2009). Implementation and evaluation of youth violence prevention program for adolescents. *Journal of School Nursing, 25* (1), 27-33.

Reyes, H., & Foshee, V. (2013). Sexual Dating Aggression Across Grades 8 Through 12: Timing and Predictors of Onset. *Journal of Youth & Adolescence, 42* (4), 581 – 595.

Rohrbach, L.A., Grana, R., Sussman, S., & Valente, T.W. (2006). Type II translation: Transporting prevention interventions from research to real-world settings. *Evaluation and the Health Professions*, *29*, 302–333.

Rosen, L. N., & Martin, L. (1998). Long-term effects of childhood maltreatment history on gender-related personality characteristics. *Child Abuse & Neglect, 22*, 197-211

Russel., T. D., & King, A. R. (2016). Anxious, hostile, and sadistic: Maternal attachment and everyday sadism predict hostile masculine beliefs and male sexual violence. *Personality & Individual Differences, 99*, 340-345.

Salazar, L F., Berkowitz, A., & Kaufman, J. (n.d). *Culture of Respec*t. Retrieved from https://cultureofrespect.org/program/realconsent/

Salazar, L F., Kantor, A. V., Hardin, J., & Berkowitz, A. (2014). A web-based sexual violence bystander intervention for male college students: randomized controlled trial. *Journal of Medical Internet Research, 16* (9), p. 1. Retrieved from http://www.jmir.org/2014/9/e203/

Savignac, J., & Dunbar, L. (2014). *Guide on the Implementation of Evidence-Based Programs*. Department of Public Safety. Retrieved from: https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/gd-mplmnttn-vdnc-prgrms/gd-mplmnttn-vdnc-prgrms-en.pdf

Savoie, J. (2002). *Crime Statistics in Canada, 2001*. Retrieved from: http://www5.statcan.gc.ca/access_acces/alternative_alternatif.action?loc=http://www.statcan.gc.ca/pub/85-002-x/85-002-x2002006-eng.pdf&l=eng&teng=Crime+statistics+in+Canada%2C+2001&tfra=Statistiques+de+la+criminalit%C3%A9+au+Canada%2C+2001

Sare Center. (2018). *About the Enhanced Assess, Acknowledge, Act (EAAA) Sexual Assault Resistance Education Program*. Retrieved from http://sarecentre.org/.

Schacter, D. (2011). *Psychology*. Worth Publishers.

Schewe PA, O'Donohue W. 1996. Rape prevention with high-risk males: Short-term outcomes of two interventions. *Arch Sex Behaviour 25*:455–471.

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

Sears, H., Byers, S., & Price, L. (2007). The co-occurrence of adolescent boys' and girls' use of psychologically, physically, and sexually abusive behaviours in their dating relationships. *Journal of Adolescence, 30*, 487-504.

Senn, C.Y., Desmarais, S., Verber, N., & Wood, E. (2000). Predicting coercive sexual behavior across the lifespan in a random sample of Canadian men. *Journal of Social and Personal Relationships, 17*, 95-113.

Sex Information and Education Council of Canada. (2015). *Sexual health issue brief*. Retrieved from http://sieccan.org/wp/wp-content/uploads/2015/01/SIECCAN-Sexual-Health-Issue-Brief_Sexual-Assault.pdf

Scobey, A. H. (2013). Putting Beet Goggles on the Jury: Rape, intoxication and the reasonable man in commonwealth v. mountry. *New England Law Review*, 48(1), 203-227.

Shader, M. (2004). *Risk Factors for delinquency: an overview*. Department of Justice. Retrieved from https://www.ncjrs.gov/pdffiles1/ojjdp/frd030127.pdf

Shannon, K., Leiter, K., Phaladze, N., Hlanze, Z., Tsai, A. C., Heisler, M., ... Weiser, S. D. (2012). Gender inequity norms are associated with increased male-perpetrated rape and sexual risks for HIV infection in Botswana and Swaziland. *PLoS One, 7*(1). http://dx.doi.org/10.1371/journal.pone.0028739

Shin, S. H., Chung, Y., & Rosenberg, R. D. (2016). Identifying sensitive periods for alcohol use: The roles of timing and chronicity of child physical abuse. *Alcoholism: Clinical & Experimental Research, 40* (5), 1020- 1029.

Simons, D., Wurtele, S. K., Heil, P. (2002). Childhood Victimization and Lack of Empathy as Predictors of Sexual Offending Against Women and Children. *Journal of Interpersonal Violence, 17* (12).

Sinha, M. (2013). *Measuring violence against women: Statistical trends. Component of Statistics Canada catalogue no. 85-002-X Juristat*. Retrieved from: http://www.statcan.gc.ca/pub/85-002-x/2013001/article/11766-eng.pdf

Silver, W. (2007). *Crimes Statistics in Canada*. Retrieved from http://www.statcan.gc.ca/access_acces/alternative_alternatif.action?l=eng&loc=/pub/85-002-x/85-002-x2007005-eng.pdf

Smith, R. M., Parrott, D. J., Swartout, K. M., & Tharp, A. T. (2015). Deconstructing hegemonic masculinity: The roles of antifemininity, subordination to women, and sexual dominance in men's perpetration of sexual aggression. *Psychology of Men & Masculinity, 16*(2), 160-169.

Sobsey, D., & Doe, T. (1991). Patterns of sexual abuse and assault. *Sexuality and Disability*, 9, 243–259.

Sobsey, D. (2002). Exceptionality, education, and maltreatment. *Exceptionality*, 10, 29–46.

Spataro, J., Moss, S. A., & Wells, D. L. (2001). Child sexual abuse: A reality for both sexes. *Australian Psychologist, 26*(3), 177–183.

Sperber, K. G., & Lowenkamp, C. T. (2017). Dosage is more than just counting program hours: The importance of role-playing in treatment outcomes. *Journal of Offender Rehabilitation, 56* (7), 433-451.

Stark, E. &Buzawa, E., S. (2009). Violence Against Women in Families and Relationships. Santa Barbara, California: Praeger Publishers. p. 166. *ISBN 0275998487*.

Statistics Canada. (2017, July 24). *Uniform Crime Reporting Survey (UCR).* Retrieved from http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3302#a1

Statistics Canada. (n,d,a). *Selected violations, Canada and the provinces and territories, 2008*. (Juristat). Last updated November 30th, 2015. https://www.statcan.gc.ca/pub/85-002-x/2009003/article/10902/tbl/t5-eng.htm (accessed December 4th, 2017).

Statistics Canada. (n,d,b). *Police-reported crime statistics in Canada, 2009*. (Juristat). Last updated November 30th, 2015. https://www.statcan.gc.ca/pub/85-002-x/2010002/article/11292-eng.htm#a8 (accessed December 4th, 2017).

Statistics Canada. (n,d,c). *Police-reported crime statistics in Canada, 2011*. (Juristat). Last updated November 30th, 2015. https://www.statcan.gc.ca/pub/85-002-x/2012001/article/11692-eng.htm#a8 (accessed December 4th, 2017).

Statistics Canada. (n,d,d). *Police-reported crime statistics in Canada, 2014*. (Juristat). Last updated November 30th, 2015. http://www.statcan.gc.ca/pub/85-002-x/2016001/article/14642-eng.htm (accessed December 4th, 2017).

Statistics Canada. (n,d,e). *Police-reported crime statistics in Canada, 2015*. (Juristat). Last updated November 30th, 2015. Retrieved from http://www.statcan.gc.ca/pub/85-002-x/2016001/article/14642-eng.htm (accessed December 4th, 2017).

Statistics Canada. (n,d,f). *Crimes, by type of violation, and by province and territory (Quebec, Ontario).* (Juristat). Last updated July 24th, 2017. http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/legal50b-eng.htm (accessed December 4th, 2017).

Statistics Canada. (n.d.g). *Police-reported crime statistics in Canada, 2008*. Last updated November 20th, 2015. Retrieved from https://www.statcan.gc.ca/pub/85-002-x/2009003/article/10902-eng.htm

Stermac, L., Cripps, J., Badali, V., & Amiri, T. (2018). Sexual coercion experiences among Canadian university students with disabilities. *Journal of Postsecondary Education and Disability*, *31*(4), 321 -333.

Stevenson, J. (1999). The treatment of the long term sequel of child abuse. *Journal of Child Psychology & Psychiatry, 40*, 89-111.

Stop Abuse for Everyone (2005). *RAINN: Rape, Abuse and Incest National Network.* Retrieved from https://web.archive.org/web/20100705171116/http://www.safe4all.org/resource-list/view/36322

Story, M., Neumark-Sztainer, D. & French, S. Individual and environmental influences on adolescent eating behaviours. *Diet Association, 102* (3).

Swango-Wilson A. (2011) Meaning of sex education programs for individuals with intellectual/developmental disability. *Sexuality and Disability 29*, 113–118.

Suarex, E., & Gadalla, T. M. (2010). Stop Blaming the Victim: A Meta-Analysis on Rape Myths. *Journal of Interpersonal Violence, 25*, 11.

Teicher, M. H., Samson, J. A., Polcari, A., & McGreenery, C. E. (2006). Sticks, stones, and hurtful words: Relative effects of various forms of childhood maltreatment. *American Journal of Psychiatry, 163*, 993–1000.

Temko, E. (2019). Missing structure: A critical content analysis of the oleweu bullying prevention program. *Children & Society, 33*(1), 1-12.

The Advocates for Human Rights. (2006). *Health consequences of sexual assault.* Retrieved from The Advocates for Human Rights website: http://www.stopvaw.org/health_consequences_of_sexual_assault.

The Canadian Press. (2012, October 12). *Weeks after posting haunting Youtube video on her years of torment at classmates' hands, 15-year-old B.C. girl commits suicide.* National Post. Retrieved from http://news.nationalpost.com/news/canada/amanda-todd-suicide-2012.

The Daily. (2017). *Self-reported sexual assault in Canada, 2014*. Retrieved on May, 7th, 2018 from https://www.statcan.gc.ca/daily-quotidien/170711/dq170711a-eng.pdf

The Globe and Mail. (2018, July 11). *Ford government scraps controversial Ontario sex-ed curriculum.* Retrieved from https://www.theglobeandmail.com/canada/article-doug-ford-government-scraps-controversial-ontario-sex-ed-curriculum/

The Source for Women's Health.(2013). *Sexual violence*. Retrieved from: http://www.womenshealthdata.ca/category.aspx?catid=35&rt=2.

Thomas, D., & Dyches, J. (2019). The hidden curriculum of reading intervention: a critical content analysis of Fountas & Pinnell's leveled literacy intervention. *Journal of Curriculum Studies, 51*(5), 601 – 618.

Thommasen, H. V., Hanlon, N., Thomassen, C., & Zhang, W. (2006). Alcohol drinking habits and community perspectives on alcohol abuse in the Bella Coola Valley. *Canadian Journal of Rural Medicine, 11* (1).

Tjaden, P., &Thoennes, N. (n.d.). *Extent, nature and consequences of rape victimization: Findings from the national violence against women survey*. Retrieved from Centre for Disease Control and Prevention website: http://www.cdc.gov/violenceprevention/sexualviolence/datasources.html

Tremblay, S. (1999). *Crime Statics in Canada, 1998*. Retrieved from www.statcan.gc.ca/pub/85-002-x/85-002-x1999009-eng.pdf

Truman, J. L., & Langton, L. (2013). *Criminal Victimization, 2012*. Retrieved from Bureau of Justice Statistics at: https://www.bjs.gov/index.cfm?ty=pbdetail&iid=4781

Truman, J. L., & Langton, L. (2016). *National Crime Victimization Survey*. Retrieved from the U.S. Department of Justice website: http://www.bjs.gov/content/pub/pdf/cv14.pdf

Truman, J.L., & Morgan, R. E. (2016). *Criminal Victimization, 2015*. Retrieved from the Bureau of Justice Statistics at https://www.bjs.gov/index.cfm?ty=pbdetail&iid=5804

Truman, J. L., &Planty, M. (2012). *Criminal Victimization, 2011*. Retrieved from the Bureau of Justice Statistics at https://www.bjs.gov/index.cfm?ty=pbdetail&iid=4494

Truman, J. L., & Rand, M.R. (2010). *Criminal Victimization, 2009*. Retrieved from the Bureau of Justice Statistics athttps://www.bjs.gov/index.cfm?ty=pbdetail&iid=2217

Tryggversson, K. (2004). The ambiguous excuse: attributing violence to intoxication--young Swedes about the excuse value of alcohol. *Contemporary Drug Problems, 31*(2), 231-261.

Tyler, K. A. (2002). Social and emotional outcomes of childhood sexual abuse: A review of recent research. *Aggression & Violent Behaviour, 7*(6), 567-589.

United Nations.*General Assembly, Open working group proposal for Sustainable Development Goals, A/RES/70/1*(25 September 2015), available from http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E

United Nations. General Assembly, *Situation of human rights in the Democratic People's Republic of Korea: report of the Secretary-General*, A/63/332 (26 August 2008), available from undocs.org/A/63/332.

United Nations (n.d.). *Sustainable development goal 5: Achieving gender equality and empower all women and girls*. Retrieved from https://sustainabledevelopment.un.org/sdg17

United Nations. (n.d.a). *Sustainable development goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development.* Retrieved from: https://sustainabledevelopment.un.org/sdg17

UNiTED to end violence against women (2016).*About UNiTED*. Retrieved from

http://www.un.org/en/women/endviolence/situation.shtml on March 15th, 2016.

University of Windsor. (2015). *Uwindsor sexual-assault study reaches new England journal medicine*. Retrieved from http://www.uwindsor.ca/dailynews/2015-06-10/uwindsor-sexual-assault-study-reaches-new-england-journal-medicine

U.S. Department of Justice. (1997). *Criminal Victimization in the United States, 1994.* Retrieved from https://www.bjs.gov/content/pub/pdf/cvius94.pdf

U.S. Department of Justice. (2000). *Criminal Victimization in the United States: Statistical Tables, 1996*. Retrieved from Bureau of Justice Statistics at: https://www.bjs.gov/index.cfm?ty=pbdetail&iid=1160

U.S. Department of Justice. (2000a). *Criminal Victimization in the United States -- Statistical Tables, 1997.* Retrieved from Bureau of Justice Statistics at:https://www.bjs.gov/index.cfm?ty=pbdetail&iid=1159

U.S. Department of Justice. (2000b). *Criminal Victimization in the United States -- Statistical Tables, 1998*. Retrieved from Bureau of Justice Statistics at: https://www.bjs.gov/index.cfm?ty=pbdetail&iid=1158

U.S. Department of Justice. (2000c). *Criminal Victimization in the United States -- Statistical Tables, 1999*. Retrieved from Bureau of Justice Statistics at: https://www.bjs.gov/index.cfm?ty=pbdetail&iid=1157

U.S. Department of Justice. (2002). *Criminal Victimization in the United States -- Statistical Tables, 2000*. Retrieved from Bureau of Justice Statistics at: https://www.bjs.gov/index.cfm?ty=pbdetail&iid=1156

U.S. National Intimate Partner and Sexual Violence Survey. (2011). *Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization* [report].

Veneziano, C., Veneziano, L., &Legrand, S. (2000). The relationship between adolescent sex offender behaviours and victim characteristics with prior victimization. *Journal of Interpersonal Violence, 15* (4), 363 – 374.

http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6308a1.htm?s_cid=ss6308a1_e

Vivolo-Kantor, A. M., Degue, S., Dillillo, D., & Cuadra, L. E. (2013). The Mediating Effect of Hostility toward women on the Relationship between childhood emotional abuse and sexual violence perpetration. Violence Victim, 28(1), 178-91.

Vrij, A., & Kirby, E. (2002). Sex differences in interpreting male female dyad interactions: Males' predominance in perceiving sexual intent. *International Review of Victimology, 9*, 289-297.

Wade, L., Sweeney, B., Derr, A. S., Messner, M. A., & Burke, C. (2014). Ruling out rape. *Contexts, 13*, 16–25.

Walsh, K., Berthelsen, D., Nicholson, J., Brandon, L., Stevens, J., & Rachele, J. (2013). Child sexual abuse prevention education: A review of school policy and curriculum provision in Australia. *Oxford Review of Education, 39* (5), 649 – 680.

Wang, B., Stanton, B., Deveaux, L., Lunn., S., Rolle, G., Adderley, R., Poitier, M., Koci, V., Marshall., S., & Gomez, P. (2017). Multi-year school-based implementation and student outcomes of an evidence-based risk reduction intervention. *Implementation Science, 12*, 1-13.

Waller, I. (2011). *Rights for Victims of Crime: Rebalancing Justice*. Lanham, MD: Rowman& Littlefield

Wechsler, H., Nelson, T. F., Lee, J. E., Seibring, M., Lewis, C. & Keeling, R. P. (2003). "Perception and reality: A national evaluation of social norms marketing interventions to reduce college students' heavy alcohol use". *Journal of Studies on Alcohol, 64*, 484-494.

Wegner, R., Abbey, A., Pierce, J., Pegram, S. E., & Woerner, J. (2015). Sexual assault perpetrators justification for their actions. *Violence against women, 21* (8), 1018-1037.

Wells, P. (2016). Doing what you said you'd do. *MacLean's, 129 (8),* 28-28.

Westcott, H. L., & Jones, D. P. H. (1999). Annotation: The abuse of disabled children. *Journal of Child Psychology and Psychiatry*, 40, 497–506.

Wheeler, J. G., George, W. H., & Dahl, B. (2002). Sexually aggressive college males: empathy as a moderator in the "Confluence Model" of sexual aggression. *Personality and Individual Differences, 33*(5), 759-775.

White, H. R., & Widom, C. S. (2003). Intimate partner violence among abused and neglected children in young adulthood: The mediating effects of early aggression, antisocial personality, hostility and alcohol problems. *Aggressive Behavior, 29,* 332-345.

White, J.W., & Smith, P.H. (2004). Sexual assault perpetration and reperpetration: From adolescence to young adulthood. *Criminal Justice and Behavior, 31*, 182-202.

White Ribbon. (2015). *Who we are*. Retrieved from https://www.whiteribbon.ca/who-we-are/

Widom, C. S., Shuck, A. M., & White, H. R. (2006). An examination of pathways from childhood victimization to violence: The role of early aggression and problematic alcohol use. *Violence and Victims, 21*, 675-690. doi:10.1891/vv-v21i6a001

Wolfe, D. A., Crooks, C. V., Chiodo, D., Hughes, R., & Ellis, W. (2012). Observations of adolescent peer resistance skills following a classroom-based healthy relationship program: A post-intervention comparison. *Prevention Science, 13,* 196-205.

Wolfe, D.A., Crooks, C.V., Jaffe, P.G., Chiodo, D., Hughes, R., Ellis, W., Stitt, L., & Donner, A. (2009). A universal school-based program to prevent adolescent dating violence: A cluster randomized trial. *Archives of Pediatric and Adolescent Medicine, 163,* 693-699.

World Health Organization (2010).*Preventing intimate partner violence and sexual violence against women: Taking action and generating evidence*. (ISBN 978 92 4 156400 7). Geneva, Switzerland: WHO Press. Retrieved from http://apps.who.int/iris/bitstream/10665/44350/1/9789241564007_eng.pdf?ua=1

World Health Organization. (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence.* Retrieved from http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf?ua=1&ua=1

World Health Organization.(2015). "*Open working group proposal for Sustainable Development Goals*." Retrieved from https://sustainabledevelopment.un.org/focussdgs.html

Yang, K. & Miller, G.J. (2008). *Handbook of research methods in public administration* (2nd edition). New York: M. Dekker.

Yapp., E., J. & Quayle, E. (2018). A systematic review of the association between rape myth acceptance and male-on-female sexual violence. Aggression & Violence Behavior, 41, 1-19.

Zakireh, B., Ronis, S. T., & Knight, R. A. (2008). Individual beliefs, attitudes, and victimization histories of male juvenile sexual offenders. Sexual Abuse: A Journal of Research and Treatment, 20, 323–351.

Zawacki T, Abbey A, Buck PO, McAuslan P, ClintonSherrod AM. Perpetrators of alcohol-involved sexual assaults: how do they differ from other sexual assault perpetrators and nonperpetrators? *Aggress Behav 2003*, 29, 366–80.

Zigler, E., Taussig, C., & Black, K. (1992). Early childhood intervention: A promising preventative for juvenile delinquency. *American Psychologist, 8*, 997–1006.

Zurbriggen, E. L., Gobin, R,. L., & Freyd, J. J. (2010). Childhood Emotional Abuse Predicts Late Adolescent Sexual Aggression Perpetration and Victimization. *Journal of Aggression, Maltreatment & Trauma, 19*, 204-223.

ANNEX A: PERPETRATOR THEMES

Themes 1-2	**Hostile Masculinity/ Gender Role stereotyping**
D1	C1.5 demonstrate an understanding of factors (e.g., acceptance, stigma, culture, religion, media, stereotypes, homophobia, self-image, self-awareness) that can influence a person's understanding of their gender identity (e.g., male, female, two-spirited, transgender, transsexual, intersex) and sexual orientation (e.g., heterosexual, gay, lesbian, bisexual), and identify sources of support for all students [PS] Teacher prompt: "Gender identity refers to a person's sense of self, with respect to being male or female, both, or neither, and may be different from biological or birth-assigned sex. Sexual orientation refers to how people think of themselves in terms of their sexual and romantic attraction to others. What determines a person's sense of self? How do social expectations and stereotypes about gender and sexuality influence how a person may feel about their gender identity or sexual orientation?" Students: "A person's sense of self is affected by the person's cultural and family background, religion, and what they have come to value. Media images, role models, support systems, and acceptance or lack of acceptance by others could influence how different people feel about their gender identity or sexual orientation." "Expectations or assumptions about masculinity and femininity and

	about heterosexuality as the norm can affect the self-image of those who do not fit those expectations or assumptions. This can make it difficult for a person to feel accepted by others."
D2	Teacher: "What are some sources of support for students who may be questioning their gender identity or sexual orientation?" Students: "Talking to other young people dealing with the same issues can be a great start. It's important to know that you are not alone. Many communities have organizations that provide services for gay, lesbian, bisexual, and transgender youth, as well as for those who are questioning their gender identity or sexual orientation and for allies who support them. School guidance counsellors, health professionals, and trusted adults and friends can also help." "Student-led clubs, such as gay-straight alliances, can make a big difference. As individuals, we can help by always treating each other fairly and with respect. In our society it is important to respect and accept the rights of all."
Theme 3	**Rape Myth Narratives**
D3	C2.3 apply their knowledge of sexual health and safety, including a strong understanding of the concept of consent and sexual limits, and their decision-making skills to think in advance about their sexual health and sexuality [PS, CT]

	Teacher prompt: "As their bodies continue to grow and change and their understanding of themselves and their bodies continues to develop, some teenagers are thinking about becoming sexually active. What should you keep in mind when making decisions about sexual activity?" Students: "There are a lot of different things to think about. You can start with considering how having sex fits in with the values that you and your family respect." "As a Métis woman, I was taught by my aunties about my ability to create life and how important it is to respect that gift. The decisions I make about sex depend greatly on how much I respect myself and respect being a woman. It's important to take the time to find a partner who respects me as well, and my body." "Having a clear understanding of consent is important. When making decisions about sexual activity, both people need to say yes. Silence does not mean yes; only yes means yes. Consent needs to be ongoing throughout the sexual activity." "For some teens the most important question is whether they feel comfortable, ready, and mature enough to have sex. It helps to know yourself well, to know your body, and to know what makes you feel good – and safe – and what doesn't. You also need to think about your health and whether you are in a relationship where both partners trust and care for each other. If you are not ready to take responsibility to protect yourself and your partner from STIs or an unintended pregnancy, you're not ready to have sex." "People should remember that everyone needs information, and different people may need different

	information. As a teen with a physical disability, I have had difficulty finding information about sexual health that meets my needs. People think that because I'm in a wheelchair, I don't need this kind of information, but that's not true!"

ANNEX B: THEMES ON BEST PRACTICES

Teaching Practice 1	**Target Men for Intervention**
D1	The 2015 Ontario Health and Physical Education Curriculum is structured to address both male and female students attending a secondary educational institutional in Ontario. The age range, for students in the 9th grade, are between 13-15 years of age.
Teaching Practice 2	**Advocate that men are the solution to VAW**
D2	The 2015 Ontario Curriculum does not suggest that men are the solution to VAW.
Teaching Practice 3	**Encourage men to take specific action-focused initiatives**
D3	The 2015 Ontario Curriculum does not suggest that men should take specific action-focused initiatives.
Teaching Practice 4	**Role Play**
D4	Students learn best by doing. Many of the skills emphasized in this curriculum are best taught and learned through participatory exploration experiences and hands-on activities, with numerous opportunities to practise and apply new learning. Learning by doing and group activities also enable students to develop personal and interpersonal skills as they acquire the knowledge, skills, and habits that will lay the foundation for lifelong healthy, active living. Through regular and varied assessments, teachers can give students the detailed feedback they need to further develop and refine their skills

Teaching Practice 4	**Dosage and Booster Sessions**
D5	Under the 2015 Ontario Curriculum, students are required to take at least one course in Health and Physical Education, which an last up to a semester. Additional dosage could only be evaluated based on the individual student.
D6	To be effective, instruction in health and physical education must be developmentally appropriate. Many of the expectations in the health and physical education curriculum are similar from grade to grade, to provide students with the numerous opportunities they need to explore the basic concepts and skills underlying these expectations in a wide variety of age- and developmentally appropriate ways. Although all students go through predictable stages of motor development, differences in rates of maturation and in the kinds of opportunities they have had to practise motor skills contribute to significant variability in their skills and abilities. As noted earlier, development of motor skills is age-related, not age-dependent. This is a subtle but important distinction that underscores the need for differentiated instruction and assessment. As they develop, students also pass through a number of cognitive and social/emotional developmental stages. To meet the needs of all students at different stages of development, effective teachers provide exposure to a wide range of activities, instruction on skill progressions, opportunities for focused practice, and detailed and supportive feedback and encouragement.

Teaching Practice 5	**Same Sex Discussion groups**
D7	Co-educational and Same-Sex Classes for the Healthy Active Living Education Courses Although all the curriculum expectations can be achieved in either co-educational or same-sex classes, addressing parts of the curriculum in same-sex settings may allow students to learn and ask questions with greater comfort. Same-sex settings may be of benefit to some students not only for the discussion of some health topics, but also for developing and practising some physical skills. Such considerations are particularly relevant in the case of adolescent learners. It is also important to have time for co-educational learning, which can encourage learning about others, and about differences and commonalities among people, and allows for the development of relationship skills. Teachers should base their decisions about teaching in co-educational or same-sex settings on students' needs. Different strategies may be required at different times, so that students have opportunities to learn in a variety of different groupings. When planning instruction and considering class groupings, teachers should be aware of and consider the needs of students who may not identify as "male" or "female", who are transgender, or who are gender-non-conforming. For more information about gender identity, gender expression, and human rights, see the website of the Ontario

	Human Rights Commission at www.ohrc.on.ca/en/code_grounds/gender_identity. Acknowledgement of and respect for individual differences regardless of sex or gender identity will encourage student participation and help students learn to collaborate with and respect others. Strategies for encouraging understanding and mutual respect among students include: • creating an inclusive and welcoming atmosphere in the class and supporting all students to be active participants; • fostering authentic opportunities for students to provide input into learning activities and approaches; • providing opportunities for all students to assume leadership roles; • encouraging and respecting the interests and abilities of all students; • ensuring that responsibilities are shared equally by all students.
Teaching Practice 6	**Culturally sensitive material**
	A Differentiated Approach to Teaching and Learning An understanding of students' strengths and needs, as well as of their backgrounds, life experiences, and possible emotional vulnerabilities, can help teachers plan effective instruction and assessment. Teachers continually build their awareness of students' learning strengths and needs by observing and assessing their readiness to learn, their

	interests, and their learning styles and preferences. As teachers develop and deepen their understanding of individual students, they can respond more effectively to the students' needs by differentiating instructional approaches – adjusting the method or pace of instruction, using different types of resources, allowing a wider choice of topics, even adjusting the learning environment, if appropriate, to suit the way their students learn and how they are best able to demonstrate their learning. Unless students have an Individual Education Plan with modified curriculum expectations, what they learn continues to be guided by the curriculum expectations and remains the same for all students.

ANNEX C: DATA ON PREVALANCE

Table 2.6: Number of Sexual Assaults in Canada that came to the attention of the Police as illustrated the Uniform Crime Reporting Survey from 1994 to 2016

Year	Total number of Sexual assault incidents Recorded by the police for all of Canada	References from the Statistics Canada website
1994	31,706	Hendrick, 1996
1995	28,216	Hendrick, 1996
1996	27,026	Tremblay, 1999
1997	27,013	Tremblay, 1999
1998	25,493	Tremblay, 1999
1999	23,859	Logan, 2001
2000	24,049	Logan, 2001
2001	24,419	Savoie, 2002
2002	24,499	Silver, 2007
2003	23,514	Silver, 2007
2004	23,036	Silver, 2007
2005	23,521	Silver, 2007
2006	22,136	Silver, 2007
2007	21,449	Dauvergne, 2008
2008	21,483	Statistics Canada. (n,d,a)
2009	21,000	Statistics Canada. (n,d,b)
2010	22,000	Brennan &Dauvergne, 2011
2011	21,800	Statistics Canada. (n,d,c)
2012	21,900	Benoit et al., 2014
2013	21,300	Benoit et al., 2014
2014	20,700	Statistics Canada. (n,d,d)
2015	21,500	StatisticsCanada. (n,d,e)
2016	21,014	Statistics Canada. (n,d,f)