Systematic Review of Current Intimate Partner Violence Prevention Programs and Applicability to Homeless Youth

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ABSTRACT

This systematic review explores empirical research published between 2002 and 2012 regarding the effectiveness of prevention programs for intimate partner violence. To assess whether and to what extent programs might be applicable to implementation with a homeless youth population, we categorize studies as being tested with the general youth population or with at-risk youth populations. Quality of the research is assessed by comparing participant selection, study design, assessment instruments, and program outcomes. Applicability to homeless youth is assessed by examining setting, participants, curriculum, duration of intervention, target outcomes, measures and instruments, and results. After retrieving abstracts from various databases using search words that reflected our research questions, we identified 14 studies that met the review inclusion criteria. Of the 14 programs reviewed, 7 were implemented with the general youth population and 7 programs were implemented with "at-risk" youth. Although some programs show sufficient promise to warrant further research (e.g., efficacy and effectiveness trials), whether these programs can be adapted to fit the needs of homeless youth remains unclear. Therefore, preventing intimate partner violence among homeless youth might require efforts to develop a new intervention that not only meets the needs of homeless youth but also meets the needs of those providing services for homeless youth.

KEY WORDS: prevention, intimate partner violence, homeless youth, at-risk youth
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Approximately 1.6 million homeless youth live in the United States (Ringwalt, Greene, & Robertson, 1998; Toro, Dworsky, & Fowler, 2007). Youth who are homeless face multiple health risks as a result of risky behaviors, limited access to resources, and increased exposure to endangerment (Haber & Toro,
2004; Toro et al., 2007). Intimate partner violence (IPV) among homeless youth is a prevalent health risk, yet it has been understudied in this population.

The Centers for Disease Control and Prevention (CDC; 2012) has defined youth IPV as physical, sexual, or psychological harm that is inflicted by a current or former intimate partner. Homeless youth experience high rates of intimate partner violence when living on the streets or in a shelter (Slesnick, Erdem, Collins, Patton, & Buettner, 2010; Tyler, Melander, & Noel, 2009). Approximately 25% of homeless youth report experiencing violence perpetrated by an intimate partner during the previous year (Tyler, Whitbeck, Hoyt, & Cauce, 2004; Whitbeck & Hoyt, 1999) and up to 73% of homeless youth have experienced violence inflicted by an intimate partner in their lifetimes (Slesnick et al., 2010; Tyler & Beal, 2010). Although consistently estimating prevalence rates of IPV has been a challenge within the research community, the Youth Risk Behavior Surveillance System Survey reported that each year 10% of high school students nationwide experience violence in dating relationships (CDC, 2011). Other cross-sectional studies of the adolescent population have estimated annual rates of IPV between 5% and 28% with both male and female youth involved as victims and/or perpetrators (Glass et al., 2003; Hickman, Jaycox & Aronoff, 2004).

Exposure to IPV not only has serious direct consequences including injury or death, but IPV is also related to a range of long-term negative health and behavioral consequences (Hickman et al., 2004; Melander & Tyler, 2010). In a review by Silverman, Raj, and Clements (2004), known consequences of youth IPV included unhealthy weight control methods; early sexual onset; increased HIV-risk behaviors (e.g., multiple sexual partners, nonuse of condoms, exchange sex); increased risk for posttraumatic stress disorder (PTSD), depression, and anxiety; youth pregnancy; cigarette smoking; suicide ideation and suicide attempts; alcohol and substance abuse; and antisocial behavior. Although IPV among homeless youth has been less researched, the known long-term negative consequences include increased levels of PTSD and severe substance use (Tyler & Beal, 2010). In addition, homeless youth experiencing IPV have been found to participate in more HIV-risk behaviors including trading sex and injecting drugs (Melander & Tyler, 2010).

Youth Intimate Partner Violence Prevention

Typically in the United States, youth IPV is considered to be in the domain of health behaviors. Therefore, interventions that have been developed to address IPV in adolescence and young adulthood follow the public health model of prevention (Cornelius & Ressegue, 2007). In this model, an unhealthy behavior is identified and positive messages and education are used to promote change and encourage the use of a more healthful behavior.
The public health model recognizes three levels of prevention: primary, secondary, and tertiary (Wolfe & Jaffe, 1999). Primary prevention is designed to reduce incidence by preventing the first occurrence of an event. Secondary prevention is designed to decrease the prevalence of a problem after its onset and often includes interventions targeting populations at greatest risk of harm. Tertiary prevention occurs once a problem is clearly evident and causing harm (Levine & Perkins, 2005; Limbos et al., 2007; Wolfe & Jaffe, 1999). Current efforts to intervene in youth IPV largely focus on primary prevention in the form of curriculum-based programs, which are commonly implemented in high-school settings. Such programs are designed to increase awareness of violence and promote healthful behaviors such as relationship and conflict resolution skills. However, a significant gap remains between research and practice in the area of youth IPV prevention. Although many prevention programs have been developed, most programs are being implemented with minimal evidence supporting their effectiveness (Murray & Graybeal, 2007). Among the programs that have been tested, the research is limited and methodological flaws are common (Guterman, 2004).

Several methodological reviews have been published on research related to youth IPV prevention programs (Cornelius & Resseguie, 2007; Murray & Graybeal, 2007; Ting, 2009; Whitaker et al., 2006). Each review identified between 10 and 12 programs from 1990 to 2006 that have been tested for efficacy or effectiveness. Comparisons are difficult because of the range of existing programs and their accompanying research. However, Murray and Graybeal (2007) concluded that research evaluating youth IPV prevention programs has been marked by consistent methodological limitations. Many of the research studies measured different outcome variables, used different instruments, and varied in participant characteristics and treatment length. Research also has included varying definitions in key constructs as well as validity issues.

**Current Study**

To our knowledge, no research has evaluated the implementation or effectiveness of IPV prevention programming among homeless youth. Given this gap, the first step in identifying a potential prevention program is reviewing the most recent research on youth IPV prevention. In addition, selected IPV prevention programs have been tested in populations considered at risk for IPV, such as urban minority youth or youth with histories of maltreatment. It is likely that these populations have more similarities with homeless youth than the general youth population; therefore, highlighting these programs is important in understanding program applicability. Unfortunately, even considering similarities (i.e., low socioeconomic status, trauma exposure), specific characteristics of the homeless youth population will likely be relevant to the effectiveness of IPV prevention.
In determining the feasibility of program implementation, specific criteria regarding the challenges of IPV prevention with homeless youth should also be considered. Homeless youth are considered an at-risk population with histories of past trauma and maltreatment, unmet subsistence needs, and a unique sub-culture (Toro et al., 2007; Whitbeck & Hoyt, 1999). Studies involving homeless youth (Slesnick et al., 2010; Tyler et al., 2009) have suggested numerous issues that should be considered when seeking to prevent IPV in this population, including bidirectional violence, sexual orientation and same-sex relationships, histories of mental illness and substance abuse, and criminal justice involvement. The current study aims to (a) identify the most recent research on youth IPV prevention; (b) compare programming and results between IPV prevention in the general population and at-risk populations; and (c) determine the applicability of an IPV prevention program for homeless youth. In addition to these aims, the current study answer the following research questions: How does IPV prevention programming implemented in at-risk youth populations compare with programming implemented in the general youth population? Synthesizing results from the most recent IPV prevention research, what is the most appropriate type of programming to apply to a homeless youth population?

**Method**

**Article Search**

The authors conducted a systematic literature search according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Liberati et al., 2009). The selection process for articles, including reasons for exclusion, is illustrated in Figure 1. To be included articles needed to (a) review a primary IPV prevention program, (b) report on a sample of youth between the ages of 12 and 26 years, (c) be published in English, (d) be published between January 2002 and September 2012, (e) be published in a peer-reviewed article, book chapter, or government report, (f) use a pretest–posttest design or a comparison group (i.e., quasi-experimental, random assignment to intervention vs. control, or random assignment to two or more interventions) or both, and (g) include at least one measurement related to knowledge, attitudes, and/or behavior regarding IPV, or IPV perpetration and victimization.

The systematic search was performed with a combination of the following search terms: youth, adolescent, homeless youth, at-risk, dating violence, intimate partner violence, interpersonal violence, prevention, and program evaluation. The selected terms were combined in ways to find all abstracts in youth populations and used interchangeable terms reflecting IPV prevention programming; the complete list of search terms appears in Appendix A. It should be noted that in IPV research and practice, the term *dating violence* is almost exclusively used to reflect preven-
tion programming within adolescent to young adult populations. Despite the fact that this phrase was one of the primary search terms, we chose not to use the term in the body of the current research but instead use the term youth IPV. We believe the term dating violence does not capture the variability in the types of intimate relationships in which youth may be involved. This is particularly true for youth who are not in the general population, such as homeless youth.

We determined the inclusionary criteria prior to the initial database search for various reasons. First, this set of criteria was aimed to be consistent with previous reviews, including Murray and Graybeal (2007), Ting (2009), and Whitaker et al. (2006) to add to existing research of IPV prevention programs. Second, we decided that searching the previous 10 years would be a large enough time span to return sufficient articles to give an accurate assessment of the current state of literature. Although the earlier years may overlap with previous reviews, we determined that including previously reviewed studies would still be beneficial because previous reviews yielded mixed results and were inconclusive. Finally, a broad nonadult age range of 12 to 26 years was selected to encompass early adolescence through emerging adulthood (ACT for Youth, 2004), and reflects the potential for emerging adulthood to occur at later ages for homeless youth (due to

Figure 1. The process of selection of articles, including reasons for exclusion to the PRISMA guidelines
the stressors of homelessness) than for nonhomeless youth (Hagan & McCarthy, 2005; Wenzel et al., 2012).

Procedure
Relevant data were extracted, with cross-checking performed by two unblinded reviewers. The relevance of an article was assessed through examination of each article abstract. For the majority of abstracts reviewed, it was not clear whether the articles met all six inclusionary criteria. The full-text articles of all abstracts that appeared to test a violence-related intervention or prevention program were further reviewed. The majority of the search results were either obviously not relevant or were review studies, proposals for future research directions, and other publications not meeting the inclusionary criteria. Although related to IPV prevention, those results could be clearly omitted based on a review of the abstract.

Articles that met eligibility criteria were reviewed in a systematic manner to assess for the effectiveness of the intervention and the quality of the research (Murray & Graybeal, 2007; Ting, 2009; Whitaker et al., 2005). A data extraction sheet was created to collect data on all the study variables. Variables regarding quality of research included the sampling procedures used to select participants, the study design, the presence of a control group and random assignment, assessment instruments, and outcome measures. Variables to assess potential applicability to homeless youth were also considered and included the setting, participants, curriculum, duration of intervention, and results. One author of this review extracted the data as well as compiled notes for every article during the initial reading. Then each article was further reviewed by both authors as results were entered and separated into two categories for “general” youth and “at-risk” youth populations. Articles were placed in the at-risk category based on whether the article presented the population in the study as at-risk youth. Conclusions were made by comparing articles in each category.

Results
After reviewing the abstracts, 49 articles were examined in depth to determine if they met the review inclusion criteria. Thirty-six of the 49 articles did not meet one or more of the criteria and were omitted. (A list of excluded studies and reasons for exclusion is available from the first author.)

Thirteen studies published between 2002 and 2012 met the established inclusionary criteria. Seven programs were categorized as implemented within the general youth population and are presented in Table 1. Six programs were categorized as programs implemented within an at-risk population of youth and are presented in Table 2. Each included study represented findings from a unique youth IPV prevention program. In two cases (four studies), the program creators and research teams overlapped, although the evaluated programs were different.
General Population

**Intervention content and format.** Interventions focused primarily on changing attitudes toward dating violence, increasing awareness of IPV, and increasing knowledge of the consequences of IPV, which was one of the inclusion criteria. Two programs incorporated additional target outcomes such as sexual harassment (Taylor, Stein, & Burden, 2010), substance use, and condom use (Wolfe et al., 2009). Gender-related norms and attitudes were included in the Safe Dates program (Foshee et al., 2005) and Coaching Boys into Men (Miller et al., 2012). Safe Dates also included content regarding conflict management skills and belief in the need for help. The program presented by Taylor et al. (2010) included a curriculum that addressed knowledge of law and justice related to teen dating violence. This curriculum was then compared to more standard curricula that focused on interpersonal interaction styles. Miller et al.’s (2012) Coaching Boys into Men was the only program included in this review that also incorporated content related to the bystander approach, which teaches individuals to intervene in IPV-related behaviors among peers rather than respond with apathy or tolerance. Overall, the commonality among all of the programs included in the general population category was that the content targeted various domains of youth behavior. No program focused strictly on one domain.

The program formats varied across the included studies. Interventions ranged from one 40-minute session (Regan, 2009) to an extensive 21-lesson curriculum of approximately 28 total hours (Wolfe et al., 2009). Two of the four studies had six or fewer classroom sessions (Taylor et al., 2010; Taylor, Stein, Woods, & Mumford, 2011). All studies with a classroom curriculum had classroom sessions that were less than one hour in length (Foshee et al., 2005; Miller et al., 2012; Regan, 2009; Taylor et al., 2010; Taylor et al., 2011; Wolfe et al., 2009). Two studies included additional content at the school level such as a poster contest (Foshee et al., 2005) and students working together to establish IPV “hot spots” (areas where students felt unsafe) that would require higher security (Taylor et al., 2011). Foshee et al. (2012) was the only program that did not include a classroom-based curriculum. Instead, this program used a format of six mailed activity booklets that were to be completed by the family.

**Settings, implementation, and target populations.** Six of the seven programs were implemented in public schools (Foshee et al., 2005; Miller et al., 2012, Regan, 2009; Taylor et al., 2010; Taylor et al., 2011; Wolfe et al., 2009). Foshee et al.’s (2012) Families for Safe Dates, a family-based program, was the only intervention included in this category that was not implemented in the school setting. The primary target population was parents of adolescents, and although not explicitly stated, the implementation setting was presumed to be in the home. Although Foshee et al.’s study appears to be inconsistent with the other six in the general youth population group, it was included because the desired secondary
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<td>1 Foshee et al., 2005</td>
<td>Rural North Carolina county public school health and physical education classes</td>
<td>14 public schools; 1,566 students; Grades 8 and 9</td>
<td>Ten 45-minute classroom sessions; school poster contest; play performed by students</td>
<td>Schools stratified by matched pair, then randomly assigned to treatment or control with four yearly follow-ups</td>
<td>Psychological abuse; physical abuse; sexual violence; dating violence norms; gender role norms; conflict management skills; belief in need for help</td>
<td>Adolescents exposed to intervention reported less severe physical perpetration at all four follow-up periods. Program effects were mediated primarily by dating violence norms, gender role norms, and awareness of community services. Program effects were not moderated by gender or race but moderated by prior involvement in dating violence.</td>
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<td>2 Foshee et al., 2012</td>
<td>English-speaking family households nationwide</td>
<td>324 families with at least one teenager between ages 13–15</td>
<td>Six mailed activity booklets followed-up by health educator phone calls</td>
<td>Randomized control trial with 3-month follow-up</td>
<td>Caregiver behavior (primary); youth psychological abuse (secondary); youth physical abuse (secondary)</td>
<td>Treatment condition was significantly associated with a decrease in teen acceptance of dating abuse. There were no treatment effects on teens’ perceived negative consequences of dating abuse, teen conflict resolution skills, or caregiver date rule setting and monitoring. The effect of the program on the onset of physical dating abuse victimization was also...</td>
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<td>Miller et al., 2012</td>
<td>Sacramento County high school male athletic programs</td>
<td>14 schools; 1,500 male athletes in Grades 9–12</td>
<td>12 weeks of curriculum implemented by trained male athletic coaches</td>
<td>Cluster randomized trial, pre-/posttest, no follow-up</td>
<td>Recognition of abusive behavior; gender-equitable attitudes; intentions to intervene; positive and negative bystander intervention (secondary); abuse perpetration (Revised Conflict Tactics Scale; secondary)</td>
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<td>Intervention athletes’ changes in intentions to intervene were positive. Intervention athletes also reported higher levels of positive bystander intervention behavior than control subjects. Changes in gender-equitable attitudes, recognition of abusive behaviors, and intimate partner violence perpetration were not significant. Secondary analyses estimated intervention impacts according to intensity of program implementation. Compared with control subjects, athletes exposed to full-intensity implementation of the intervention demonstrated improvements in intentions to intervene, recognition of abusive behaviors, and positive bystander intervention.</td>
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<td>Regan, 2009</td>
<td>Philadelphia urban charter schools</td>
<td>28 students in Grades 9 and 10</td>
<td>Four 40-minute class sessions (only one specifically covered)</td>
<td>Non-experimental pre/posttest, no follow-up</td>
<td>Knowledge of intimate partner violence behaviors; conflict resolution; There was a significant increase in students reporting they knew how to prevent...</td>
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<td>5 Taylor, Stein, &amp; Burden, 2010</td>
<td>Cleveland area schools</td>
<td>123 classrooms; 1,639 students; Grades 6 and 7</td>
<td>Two curricula were tested: (1) an interaction-based curriculum and (2) a law and justice curriculum; Five lessons (compressed intervention)</td>
<td>Randomized controlled trial with 6-month follow-up; 3 groups tested (interaction-based; law and justice; control)</td>
<td>Sexual violence; nonsexual violence; sexual harassment; attitudes; knowledge</td>
<td>Students in the law and justice curriculum had improved outcomes in awareness of their abusive behaviors, attitudes toward gender violence/sexual harassment, personal space, and knowledge. Students in the interaction curriculum experienced lower rates of victimization, increased awareness of abusive behaviors, and improved attitudes toward personal space. Neither curriculum affected perpetration or victimization of sexual harassment.</td>
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<td>6 Taylor, Stein, Woods, &amp; Mumford, 2011</td>
<td>New York City middle schools</td>
<td>30 public middle schools; 117 Grades 6 and 7 classrooms; 2,654 students</td>
<td>Six classroom sessions; development of school-based restraining orders; higher security</td>
<td>Randomized controlled trial with 6-month follow-up</td>
<td>Knowledge of content; attitudes towards domestic violence; behavioral</td>
<td>The combination of the classroom and building interventions, and the building-only intervention</td>
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<td>Wolfe et al., 2009</td>
<td>Southwestern Ontario health and physical education classes</td>
<td>20 public schools; 1,722 students; Grade 9; ages 14–15</td>
<td>21-lesson curriculum; approximately 28 hours total</td>
<td>Cluster randomized trial with 2.5-year follow-up</td>
<td>Conflict in Adolescent Dating Relationship Inventory; peer violence; substance use; condom use</td>
<td>The intervention reduced peer dating violence and increased condom use 2.5 years later at a low per-student cost. Overall rates of substance use and peer violence were unaffected by the intervention. Exploratory analyses indicated that boys in the intervention schools reported safer sexual practices (indicated by always using condoms).</td>
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Note. All measures of violence-related behaviors assessed for victimization and perpetration unless otherwise noted.

a Unless noted, the age range of participants or average age was not reported.
b All control intervention curriculum were class as usual.
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<tr>
<td>1 Antle et al., 2011</td>
<td>Specialized program of Louisville public schools</td>
<td>233 high-risk youth involved in the program</td>
<td>Eight modules, approximately 1 hour each, over 2 days</td>
<td>Non-experimental, pre/posttest, no follow-up</td>
<td>Knowledge of content; attitudes; communication patterns; conflict resolution styles inventory</td>
<td>There was an increase in participant knowledge and a significant difference in learning based on race. Black students retained more information regarding the content compared with White students. There was also a decrease in demand-withdraw pattern of communication and mutual avoidance pattern. In terms of conflict resolution skills there was a decrease in the withdraw dynamic. There was a significant improvement in attitudes toward couple violence.</td>
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<td>2 Ball et al., 2012</td>
<td>Seven middle schools and nine high schools in south central United States</td>
<td>144 youth; Grades 6–12; identified as at-risk based on previous violence at home and/or in peer and dating relationships; referred by school counselors, teachers or self; 26 unique support groups</td>
<td>Expect Respect program school-based weekly same-sex support groups integrated into 24-session curriculum</td>
<td>Non-experimental, pre/posttest, no follow-up</td>
<td>Violence in peer and dating relationships; Healthy conflict resolution in peer and dating relationships</td>
<td>Paired t-test results showed significant increases in healthy conflict resolution but not violence victimization or perpetration among all participants. High-risk participants were identified as those who had reported violence at pretest with at least 1 standard deviation above the mean (n = 24). T-test results within the high-risk group showed significant reductions in victimization and perpetration but no</td>
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<td>Enriquez et al., 2012</td>
<td>Midwestern Hispanic-serving charter high school</td>
<td>50 low-income Hispanic American students; Grades 9 and 10; mean age 15</td>
<td>14 sessions, 45 minutes each</td>
<td>Non-experimental pre/posttest, no follow-up</td>
<td>Ethnic pride; perception of self-control; self-efficacy for self-control; level of acculturation; attitudes about couple violence; acceptance of couple violence; attitudes about gender; incidence of physical fighting and fighting behavior; incidence of dating violence and victimization</td>
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<td>All variables of interest changed in the desired direction. Increase in ethnic pride, self-efficacy, and attitudes about couple violence and gender attitudes. Physical fighting and dating violence decreased. Qualitative field notes indicated high receptivity to the intervention and high levels of trust and respect for teacher facilitators.</td>
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<td>Jaycox et al., 2006</td>
<td>Los Angeles Unified School District high schools</td>
<td>10 schools; 40 tracks; 1,110 classes; 2,540 Latino students; Grade 9; mean age 14.1</td>
<td>Three-class session focused on legal issues of partner violence</td>
<td>Randomized experimental design with 6-month follow-up</td>
<td>Knowledge of content; help seeking; approval of retaliation; gender norms; previous negative dating experience; dating violence (CTS2 condensed)</td>
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<td>Students in intervention classrooms showed improved knowledge of laws related to violence, less acceptance of female-on-male aggression, and enhanced perception of the helpfulness and likelihood of seeking assistance from a number of sources immediately after the program. Although most results dissipated at 6-month follow-up, improved knowledge and perceived change in conflict resolution. Linear regressions showed that reporting a behavior at pretest predicted use of the same behavior 14 sessions later. Females were more likely to report healthy conflict skills at pretest and posttest.</td>
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helpfulness of an attorney were maintained. The program did not change proclivity to seek help from parents, friends, other family members, doctors, and clergy. There were no differences in recent abusive/fearful dating experiences or violence victimization or perpetration.

5 Langhinrichsen-Rohling & Turner, 2012
A teen center that provides Health Department assistance for teen pregnancy
72 African American inner-city female youth; mean age 17.2
Four sessions, 1.5 hours each, administered over the course of 1 month
Non-experimental pre-/posttest, no follow-up
Psychological and physical abuse (CTS2): experiences in close relationships

72% of the treatment group completed the prevention program by attending 50% or more of the sessions. Only 18 girls completed three or more sessions. Significant tendency for girls who did not complete the program to have older men fathering their babies. Girls who completed the program reported perpetrating less psychological aggression towards baby’s father; control group perpetration increased. Significant correlations were obtained between preprogram reports of avoidant attachment and changes in psychological abuse perpetration. Higher levels of avoidant attachment to romantic partner

Table 2 (Continued)

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<td>Wolfe et al., 2003</td>
<td>Seven Canadian CPS agencies from urban, rural, and semirural jurisdictions</td>
<td>158 at-risk youth with histories of maltreatment; aged 14–16 years old; receiving services from child protective services</td>
<td>18-session program in small, co-ed group format with two facilitators</td>
<td>Random two-group design with average 16-month follow-up and an average of 4.7 assessment time points.</td>
<td>Childhood Trauma; Short Michigan Alcoholism; Conflict in Adolescent Dating Relationships; Trauma Symptoms; Interpersonal Competence</td>
<td>Conditional growth model indicated that intervention status was significant predictor of the magnitude of change in physical perpetration. In both conditions, girls reported higher initial levels of physical perpetration and showed steeper declines in physical abuse over time. Girls showed greater reductions in their threatening behavior over time than boys. Youth who were rated as listening more showed steeper reductions in physical abuse with lower ratings. There was a significant reduction in all forms of victimization over time. Intervention participants showed greater declines than controls in experiencing abuse. There was a greater treatment effect for boys than girls. Girls reported higher levels of emotional abuse initially and had steeper declines over time.</td>
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Note. All measures of violence-related behaviors assessed for victimization and perpetration unless otherwise noted. a Unless noted, the age range of participants or average age was not reported.
outcomes were related to youth dating violence behavior. Five programs were based in the middle-school or high-school setting, targeting Grades 6 through 10 (Foshee et al., 2005; Regan, 2009; Taylor et al., 2010; Taylor et al., 2011; Wolfe et al., 2009). School-based programs were commonly implemented in health classes and facilitated by health teachers. The Coaching Boys into Men program was implemented in the school setting but targeted only male athletes (Miller et al., 2012). Ages were not explicitly stated but male athletes in Grades 9 thru 12 were included. The program used male coaches as role-model facilitators and was implemented across a 12-week athletic program.

**IPV measures and instruments.** A variety of measures were used across the seven included studies. All studies, except for one (Regan, 2009), assessed for physical abuse (although Miller et al., 2012, included only a perpetration scale). Foshee et al. (2005) assessed psychological and physical violence (both victimization and perpetration) by asking a participant how many times he or she had experienced 32 different acts of violence (14 psychological, 18 physical). Although not explicitly stated, items appeared to be derived from the Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Foshee et al. (2005) did not discuss the development of the scale but rather referenced earlier works assessing the same IPV prevention program—Safe Dates. In the Safe Dates adaptation for families, Foshee et al. (2012) shortened the previously used measure into a four-item scale assessing for psychological abuse, psychological perpetration, psychological victimization, and physical abuse victimization. In Taylor et al. (2011) and Taylor et al. (2010), the authors indicated the measures for assessing various forms of violence were adapted from Foshee et al.’s (1998) Safe Dates assessment. Miller et al. (2012) included the abuse perpetration scale from the CTS2. Wolfe et al. (2009) strayed from a CTS2-derived instrument and instead included the authors’ previously developed scale—Conflict in Adolescent Dating Relationship Inventory (CADRI) (Wolfe et al., 2001). Regan (2009) had the least sophisticated assessment of IPV, most likely because IPV was only one part of a broad violence prevention program. Knowledge of IPV behaviors and preventing IPV was assessed with a simple yes/no question. Overall, authors reported Cronbach’s alpha scores and cited instrument developers when appropriate to indicate previous tests and use of scale reliability and validity.

**Study design.** The majority of studies implemented in the general youth population had large sample sizes and longitudinal randomized control trial designs. Five of the seven studies had sample sizes exceeding 1,500 participants (Foshee et al., 2005; Miller et al., 2012; Taylor et al., 2010; Taylor et al., 2011; Wolfe et al., 2009). Two studies were limited by a lack of long-term follow-up after the intervention (Miller et al., 2012; Regan, 2009). Follow-up assessments ranged from 3 months (Foshee et al., 2012) to 4 years post-intervention (Foshee et al., 2005).
Studies most limited by design featured interventions that appeared to be in the earlier stages of development (Miller et al., 2012; Regan, 2009). Multiple interventions included in the general youth population category had been previously tested and widely implemented; for example, Safe Dates Project (Foshee et al., 2005) and the Fourth R (Crooks, Wolfe, Hughes, Jaffe, & Chinido, 2008). It should also be noted that although Foshee et al. (2005) was published recently, the data were from a study conducted in 1994. The analysis strategy was new in Foshee et al. (2005) but the data had been previously tested and reviewed. Thus, comparing the results reported in Foshee et al. (2005) with those of other included studies is questionable because the Foshee et al. (2005) data were collected approximately 10 years prior to publication of the article. In the almost 20 years since Foshee et al.’s (2005) data collection, key changes may have occurred in youth dating norms, school policies, and social structures that could affect the relevance of their results.

**Outcomes and findings.** Taylor et al. (2010) tested two types of interventions: one focused on interaction styles, and the second focused on law and justice. Although both interventions appeared to positively affect student awareness, attitudes, and knowledge, only the students engaged in the interaction curriculum showed decreases in rates of victimization. Taylor et al. (2011) found a 32% to 47% decrease in peer sexual violence victimization and perpetration 6 months after the intervention. Wolfe et al. (2009) also found a decrease in peer dating violence 2.5 years after the intervention. Regan (2009) reported an increase in knowledge of IPV-related behaviors after one 30-minute class session. Foshee et al.’s (2012) family intervention led to a decrease in acceptance of dating abuse and a delayed onset of physical dating abuse victimization. The athletic coach intervention resulted in positive bystander intervention and intention to intervene, but no significant effect was found regarding perpetration and recognition of abusive behaviors (Miller et al., 2012). Several mediators were also tested. Foshee et al. (2005) found the effects of Safe Dates were mediated by changes in knowledge regarding dating violence norms, gender role norms, and awareness of community services. Miller et al. (2012) found that intensity of program implementation increased the likelihood of participant improvement.

At-Risk Youth

**Intervention content and format.** The content and format of the interventions included in the at-risk category varied more than interventions for the general youth population. The interventions ranged from a brief three-session class (Jaycox et al., 2006) to 24 sessions implemented over a 6-month period (Ball et al., 2012). Most interventions included short weekly sessions (45 to 90 minutes) except for one 8-hour intervention that was implemented over a 2-day period.
(Antle, Sullivan, Dryden, Karam, & Barbee, 2011). Similar to interventions used in the general population, most interventions were designed to change behavior in multiple domains including knowledge, attitudes, perpetration and victimization behaviors, conflict resolution skills, and communication patterns. Two interventions included unique content. Jaycox et al.’s (2006) Break the Cycle intervention focused solely on increasing knowledge and attitudes toward legal issues and help-seeking. Enriquez, Kelly, Cheng, Hunter, and Mendez (2012) sought an increase in ethnic pride in a sample of low-income Midwestern Hispanic American teens in an effort to affect attitudes toward dating violence.

Settings, implementation, and target populations. The settings and target populations varied for the at-risk youth interventions. Three interventions were implemented in school settings that were either specialized for high-risk youth (Antle et al., 2011) or in schools serving low-income minority youth (Enriquez et al., 2012; Jaycox et al., 2006). One program was implemented in public middle schools but youth with previous experience with violence were selected to participate in the program based on referrals by school counselors, teachers, or the student self referrals (Ball et al., 2012). Two programs were implemented in community agencies. Wolfe et al.’s (2003) program was implemented in the Canadian child protective services system and Langhinrichsen-Rohling and Turner’s (2012) program was implemented in a community teen center that provided health department-sponsored assistance for teen pregnancy. These target populations included low-income Latino/Hispanic American youth, youth in a high-risk school program, youth with maltreatment histories, and female youth receiving teen pregnancy assistance.

Study design. Study designs for the at-risk youth category varied more than the designs in the general youth population category. Wolfe et al. (2003) and Jaycox et al. (2006) were the only studies that could be considered experimental because they included control groups, random assignment, and a minimum of a 6-month follow-up. The four remaining studies consisted of pretest-posttest, nonexperimental designs (Antle et al., 2011, Ball et al., 2012; Enriquez et al., 2012; Langhinrichsen-Rohling & Turner, 2012). Sample sizes were relatively small with the exception of Jaycox et al. (2006), which had more than 2,500 participants. The other samples ranged from 10 to 233 participants. Langhinrichsen-Rohling and Turner (2012) had a notably low retention rate: Although 72% of the treatment group completed the prevention program by attending 50% or more of the sessions, only 18 of 72 participants completed at least three of the four sessions.

IPV measures and instruments. Four of the six studies assessed various types of abuse in the youth’s current or most recent relationships (Ball et al., 2012; Jaycox 2006; Langhinrichsen-Rohling, 2012; Wolfe et al., 2003). Wolfe et al. (2003) included the CADRI (Wolfe et al., 2001). Langhinrichsen-Rohling and Turner (2012) included the full CTS2 subscales for perpetration/victimization of psychological abuse and two items derived from the physical violence subscale. Jaycox et al.
(2006) used a version of the CTS2 that was condensed at the request of the participating schools. Ball et al. (2012) developed an instrument based on the CADRI and the instrument used in Foshee et al. (1998), which the authors believed matched the participants’ reading level and could be completed in 20 minutes. The authors reported that factor analyses were performed to confirm that chosen measures were appropriate for the population. Antle et al. (2011) assessed attitudes toward relationship violence using the Acceptance of Couple Violence Scale (Foshee et al., 1998). Enriquez et al. (2012) included a measure that assesses acceptance of couple violence, but there were no reports on scale development, validity, or reliability, and the actual items used were not provided.

**Outcomes and findings.** Many of the interventions saw significant change in the desired direction. Antle et al. (2011) did not directly test levels of IPV perpetration or victimization but reported positive changes in knowledge, attitudes, and certain communication patterns (demand-withdraw and mutual avoidance) and conflict resolution skills (withdraw dynamic). Jaycox et al.’s (2006) law-focused intervention improved knowledge of laws related to violence as well as the perception and likelihood of seeking assistance regarding IPV; no change was reported in recent IPV victimization or perpetration. Enriquez et al. (2012) found decreases in incidence of dating violence post-intervention as well as increases in hypothesized mediators of ethnic pride, self-efficacy, and attitudes about gender and couple violence. Langhinrichsen-Rohling and Turner (2012) reported a decrease in perpetration of psychological aggression for participants who completed the program, but with attrition, the final treatment sample included only 18 girls. Wolfe et al. (2003) found the most substantial changes following the intervention. Intervention participants showed greater declines than those in the control group in terms of victimization and certain perpetration behaviors. Gender appeared to have an effect on outcomes because girls reported a greater level of initial abuse and perpetration but experienced a greater magnitude of change compared with boys.

**Discussion**

Recent IPV prevention research with the general youth population has produced mixed results. This review found many intervention programs that resulted in significant change in the desired direction but measures were inconsistent, positive trends seemed to dissipate at long-term follow-up, and studies were limited by either small sample sizes or nonexperimental designs. Overall, there are still very few prevention programs that are implemented widely and have shown strong positive results directly related to IPV victimization and perpetration (Foshee et al., 2005; Taylor et al., 2011; Wolfe et al., 2009). Unfortunately, these programs are limited by their generalizability (suburban, school-based high school youth), the settings where they are implemented (school), age range (14 to 18 years), and length (intensive). Fortunately, the developers of these programs are beginning to adapt...
the interventions to new populations (Wolfe et al., 2003) and new settings (Foshee et al., 2012) but the results are mixed and still emerging.

Overall, this review found great variation in the programs implemented within the general youth population as well as with at-risk populations. Some programs showed promise, warranting further research and efficacy and effectiveness trials, but the adaptability of these programs to fit the needs of homeless youth remains unclear. Efforts to develop a new IPV intervention that meets the needs of homeless youth are needed.

No previous reviews of IPV prevention have specifically examined programs for at-risk youth. This review found that most IPV prevention programs among at-risk youth appear to be in a developmental stage. Four of the six at-risk studies had nonexperimental designs (Antle et al., 2011; Ball et al., 2012; Enriquez et al., 2012; Langhinrichsen-Rohling & Turner, 2012), and only one study had a sample size greater than 250 youth (Jaycox et al., 2006). The study by Antle et al. (2011) was the only one that explicitly defined the term at-risk. Five out of the six studies focused on at-risk populations based on either having a low socioeconomic status or being a racial minority, or both (Antle et al., 2011; Ball et al., 2012; Enriquez et al., 2012; Jaycox et al., 2006; Langhinrichsen-Rohling & Turner, 2012). Wolfe et al. (2009) sought youth who had previous maltreatment experiences. Like the general youth population programs, the at-risk youth programs were predominately implemented in school settings.

Similar to results found in previous reviews (Cornelius & Resseguie, 2007; Murray & Graybeal, 2007; Ting, 2009; Whitaker et al., 2006), measures and instruments were inconsistent across the at-risk youth studies included in this review. Although theoretical models varied, each program was designed to decrease youth IPV victimization and perpetration. The primary outcomes measured included attitudes toward IPV and gender norms, conflict resolution skills, healthy relationship skills, help-seeking behaviors, knowledge of the criminal justice system related to IPV, bystander efficacy, emotional distress, increased knowledge and awareness of IPV, and victimization and perpetration across various domains (physical, sexual, psychological, and emotional). One study lacked any measure of youth violence-related behaviors (Antle et al., 2011). The remaining studies used a variety of instruments to assess youth violence behaviors, including one study that used an instrument created by the developer of the program (Wolfe et al., 2003). Many authors used measures or instruments adapted from previous instruments to better suit the study or sample needs. Variation in measurements and instruments across these studies made it difficult to compare results and reach conclusions about program effectiveness.

Five of the six programs for at-risk youth were in developmental or feasibility stages of implementation. The two programs that were in the effectiveness stage of implementation were created by two researchers who had previously devel-
oped, tested, and implemented programs. Jaycox et al.’s (2006) program is a direct adaptation of a previously tested and implemented program, Break the Cycle. Wolfe and colleagues are the developers of The Fourth R program, which is one of the most widely implemented and tested IPV prevention programs (Wolfe et al., 2003). Their previous experience, capability to adapt existing interventions, and access to resources most likely contributed to their programs for at-risk youth being at a further implementation stage than others. These research teams and interventionists have advantages that enable them to undertake a large-scale randomized control trial with long-term follow-up.

The strongest studies across both groups showed changes in IPV-related behavior over long periods (Foshee et al., 2005; Wolfe et al., 2003), but these results were from programs that have been implemented for more than 20 years, which raises concern about the possibility of key changes in youth dating norms, school policies, and social structures that may affect the relevance of their results. These studies also had the strongest design with randomization, large sample sizes, and multiple follow-up periods. Both programs were highly intensive because they were implemented schoolwide over 10 (Foshee et al., 2005) and 21 sessions (Wolfe et al., 2003). Intensity appeared to be important in overall program success. Very few programs were shorter than 10 hours, and the shorter programs showed little to no results. Effective reduction in IPV perpetration and victimization requires behavioral change, which may not be feasible in a brief format.

Applicability to Homeless Youth

One purpose of this review was to determine the applicability of tested IPV prevention programs to the homeless youth population. Our results suggest that IPV prevention among homeless youth is challenging for various reasons. With general and at-risk youth populations, successful long-term behavioral change was infrequent in the studies that were reviewed. Primary and secondary prevention programming targets a behavior before it begins or during its initial stages. It is possible that many prevention efforts are not effective because of an overestimation of the age of a youth’s initial victimization experience; that is, many of the youthful participants might have already experienced some sort of violent victimization at the time of the intervention. Homeless youth in particular experience high rates of childhood violent victimization (Tyler & Johnson, 2006; Tyler et al., 2004; Whitbeck & Hoyt, 1999; Wolfe, Toro, & McCaskill, 1999), and consequently, this history might present challenges in later life prevention efforts related to IPV.

Several recommendations should be considered when adapting an IPV program for homeless youth. Given the high rates of childhood maltreatment (Tyler & Johnson, 2006; Tyler et al., 2004; Whitbeck & Hoyt, 1999; Wolfe et al., 1999), it is possible that homeless youth enter intimate relationships at early ages (Ferguson, Horwood, & Lynskey, 1997; Tyler & Johnson, 2006). The focus should
be on increasing knowledge and awareness of IPV as well as knowledge of healthy relationship patterns at a younger age. There should be a strong focus on help-seeking; empowerment; access to resources such as law enforcement, lawyers, and housing; increased bystander efficacy; and immediate and long-term safety because the likelihood of being exposed to victimization is also high.

One of the biggest challenges when considering adapting an IPV program for homeless youth is that the majority of programs reviewed were implemented in school settings, but many homeless youth are not enrolled in school. In fact, over one third of homeless youth do not regularly attend school or have dropped out before the age of 18 years (Thompson, Safyer, & Pollio, 2001; Thompson, Pollio, Constantine, Reid, & Nebbitt, 2002). IPV programming for homeless youth will probably be most successful when integrated with other services for homeless youth. Many potential programs will need substantial adaptation to be taken from the school setting into agencies accessed by homeless youth. Therefore, considering the potentially limited resources of homeless youth service providers is necessary. Finding ways to use homeless youth peers as leaders has been shown to be effective in HIV-prevention behaviors (Rice, Tulbert, Cederbaum, Barman-Adhikari, & Milburn, 2012), and incorporating a similar network-based peer-leader model for IPV should be considered (see Rice & Rhoades, 2013). In addition, taking advantage of new technologies such as the Internet, smartphones, and social networking applications may be a creative strategy for adapting an intervention that features low costs and long-term implementation. Recent research has found that 62% of homeless youth have cell phones that they use to connect to case managers, employers, and peers from home and family (Rice, Lee, & Taitt, 2011) and more than 95% access the Internet regularly (Rice, Monro, Barman-Adhikari, & Young, 2010).

Adapting a previously developed IPV program appears to be the best option in addressing IPV among homeless youth because more research would be required to develop a new IPV-prevention program specifically for homeless youth. Temple and Freeman (2011) argued that insufficient empirical evaluation of the efficacy of IPV prevention programs is the result of an insufficient understanding of the factors that cause or contribute to IPV among youth. This can certainly be argued in terms of IPV among homeless youth. The few studies on IPV among homeless youth have focused on prevalence and correlated behaviors. There is some understanding of consequences (Melander & Tyler, 2010), but the lack of longitudinal design has prevented conclusions regarding antecedents. It cannot be assumed that confirmed antecedents in the general youth population are applicable to a homeless youth population, especially considering the previous trauma and victimization backgrounds of homeless adolescents.

After reviewing the related research, we believe that Wolfe et al.’s (2003) program implemented with Canadian youth with histories of maltreatment shows
promise for being adapted for homeless youth, for several reasons. First, homeless youth have high rates of childhood maltreatment (Melander & Tyler, 2010), making them similar to Wolfe et al.’s (2003) population. Second, this was one of the few programs not implemented in a school or classroom setting. This program used small support groups for facilitation, which is a common approach in homeless youth programing. Finally, this program had significant results in terms of decreasing victimization over time.

Some important points should be considered when adapting Wolfe et al.’s (2003) program for homeless youth. The length of the program will probably not be appropriate for homeless youth (i.e., implemented over 18 weeks). Homeless youth comprise a transient population whose primary concern is meeting subsistence needs (Bender, Thompson, McManus, Lantry & Flynn, 2007); therefore, brevity in programming is important. Because the Wolfe et al. (2003) program was designed and primarily implemented in Canada, it will also be important to consider geographic, social service, and jurisdictional differences when being implemented in other countries such as the United States.

**Limitations**

The current review and the interpretation of its findings have several limitations. The review was not preregistered. The inclusionary criteria were conservative in that all studies had to include a measure directly related to individual IPV behaviors or attitudes. This restriction means that we excluded studies reviewing prevention programs addressing levels beyond the individual (e.g., at the agency, school, or community level). In addition, we excluded recent programs that address IPV via the bystander approach. Qualitative studies with no quantitative measures of IPV were omitted. Moreover, the literature review excluded grey literature (i.e., not formally published) and dissertations examining IPV prevention.

It is important that future research on IPV prevention focus on consistency with target outcomes and measures. A consistent measure of IPV perpetration and victimization is necessary to make comparisons to previous results and accurate conclusions regarding the efficacy and effectiveness of the programs. The development of a measure that accurately captures IPV youth would improve the state of future IPV prevention research. The CTS2 was used in two of the studies (Jaycox et al., 2006; Langhinrichsen-Rohling & Turner, 2012). Many other studies used subscales (Miller et al., 2012) or appeared to include items similar to those on the CTS2 (Ball et al., 2012; Foshee et al., 2005; Taylor et al., 2010; Taylor et al., 2011). The CTS2 instrument appears to be increasingly common in IPV-related research. However, the CTS2 is criticized for not providing a full and accurate overall understanding of IPV because of its lack in assessment of context, severity, and process goals related to violence (Colarossi, 2005). Despite criticism, one of the strengths of the CTS2 is the assessment of the behavior in “value free” or
nonlabeling terms, which might encourage more accurate responses in terms of behaviors that occur. Continued use of the CTS2 in future studies would ensure consistency across IPV prevention literature and strengthen related findings.

Future IPV prevention research should also be consistent in design and include a long-term follow-up after the initial posttest assessment. This review found that in the few studies with a 6-month follow-up, many results that were positive at posttest had dissipated. Therefore sufficient follow-up seems necessary to develop conclusions regarding the intervention’s long-term effectiveness. As with measures, consistency is necessary in accurate comparison of program effectiveness research. Additionally, incorporating booster sessions into future programming may contribute to long-term effectiveness of IPV prevention programs.

In conclusion, our review found there are few programs that could be adapted to be implemented among homeless youth. Adapting Wolfe’s program with the considerations presented in this discussion may be a necessary step to address the current needs for IPV prevention among homeless youth. With adaptation and rigorous evaluation, it will also add to the base of knowledge of IPV prevention with similar high-risk youth populations. Although necessary, it is unclear at this point whether adaptation of the program will be sufficient to reduce IPV among homeless youth. Future development of a program to meet the unique needs of homeless youth should also be considered. It will be important to address the long-term pursuit of IPV prevention through future research, as well as to provide the most efficient and effective services to individuals currently in need.

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Appendix A. Search Terms

Search terms and combinations:

Youth, dating violence, program evaluation
Youth, dating violence, prevention
Homeless Youth, dating violence, prevention
Homeless Youth, dating violence program evaluation
Adolescent, dating violence, prevention
Adolescent, dating violence, program evaluation
At-risk, dating violence, prevention
At-risk, dating violence, program evaluation

Youth, intimate partner violence, prevention
Youth, intimate partner violence program evaluation
Homeless Youth, intimate partner violence, prevention
Homeless Youth, dating violence program evaluation
Adolescent, intimate partner violence, prevention
Adolescent, intimate partner violence, program evaluation
At-risk, intimate partner violence, prevention
At-risk, intimate partner violence, program evaluation

Youth, interpersonal violence, prevention
Youth, interpersonal violence program evaluation
Homeless Youth, interpersonal violence, prevention
Homeless Youth, interpersonal program evaluation
Adolescent, interpersonal violence, prevention
Adolescent, interpersonal violence, program evaluation
At-risk, interpersonal violence, prevention
At-risk, interpersonal violence, program evaluation

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* denotes literature included in the review


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