



# Building a Culture of Intimate Partner Violence Prevention in Alberta, Canada Through the Promotion of Healthy Youth Relationships

Deinera Exner-Cortens<sup>1</sup> · Lana Wells<sup>2</sup> · Lianne Lee<sup>2</sup> · Vanja Spiric<sup>2,3</sup>

© Society for Prevention Research 2019

## Abstract

This article explores the design and implementation of the Alberta Healthy Youth Relationships (AHYR) Strategy. The AHYR is a province-wide practice and policy change initiative in Alberta, Canada, that aims to prevent intimate partner violence by promoting service provider and systems capacity to support healthy relationships in adolescence and beyond. Developed in 2012 within a broader initiative called Shift: The Project to End Domestic Violence, the design of the AHYR began with work with provincial policy-makers, in order to create a policy climate that championed primary prevention practice. This policy climate subsequently supported the province-wide implementation of three evidence-based/evidence-informed programs that focus on building the skills and capacities required for healthy youth relationships. Through these programs, the AHYR has reached over 62,000 youth in grades 7–9, 900 teachers, 850 parents, and 1300 adults that work with youth across the province. In addition to these three programs, the AHYR also works with larger systems (e.g., policymakers, local funders, post-secondary institutions) to advance primary prevention practice. In this paper, we describe how the AHYR contributed to a culture of intimate partner violence prevention practice in the province by improving the readiness of funders and system leaders, community organizations, and practitioners to support healthy relationships best practices. We also describe how we used process evaluation to explore the potential for practice change and to inform the design of the next iteration of the AHYR. The article concludes with implications for other researchers and practitioners aiming to build a culture of intimate partner violence prevention practice within their province or state.

**Keywords** Healthy relationships · Adolescent · Intimate partner violence · Primary prevention · Implementation

---

**Electronic supplementary material** The online version of this article (<https://doi.org/10.1007/s11121-019-01011-7>) contains supplementary material, which is available to authorized users.

---

✉ Lana Wells  
lmwells@ucalgary.ca

<sup>1</sup> Faculty of Social Work, University of Calgary, Calgary, Canada

<sup>2</sup> Shift: The Project to End Domestic Violence, Faculty of Social Work, University of Calgary, 2500 University Drive NW, Calgary, AB T2N 1N4, Canada

<sup>3</sup> NorQuest College, Edmonton, AB, Canada

## Introduction

Intimate partner violence (IPV)<sup>1</sup> is a major global public health problem (Devries et al. 2013), with the potential for deleterious impacts on the health and well-being of victims (Coker et al. 2002), as well as children who are exposed to this violence (Kitzmann et al. 2003). IPV also has large economic impacts, both in terms of increased healthcare utilization (Bonomi et al. 2009), and through increased costs to employment, legal, and social service sectors (Greaves et al. 1995). In

---

<sup>1</sup> In this article, we define intimate partner violence (IPV) as physically, psychologically, and/or sexually abusive actions perpetrated by a current or former intimate partner, including stalking (Centers for Disease Control and Prevention n.d.).

Canada, costs related to IPV are estimated to exceed \$7 billion annually (Zhang et al. 2009).

Given the impacts and costs of IPV, determining optimal ways to prevent partner violence is a pressing task for prevention science. In particular, a primary prevention approach, which advocates for stopping the violence before it starts, is necessary, in order to prevent these adverse sequelae from occurring. Literature examining predictors of partner violence identifies a number of risk and protective factors (Capaldi et al. 2012; Fulu et al. 2013), suggesting that a variety of factors could be considered when designing prevention strategies. However, research with adolescents over the past decade has indicated that the experience of violent and aggressive behaviors in first romantic relationships (known as adolescent dating violence) is a particularly strong predictor of future IPV victimization (e.g., Exner-Cortens et al. 2017; Smith et al. 2003; Williams et al. 2008). Thus, the prevention of adolescent dating violence appears to be a promising primary prevention strategy for IPV victimization.

Recent literature on dating violence prevention focuses on the importance of building the skills and capacities required for early and mid-adolescents to engage in healthy relationships (e.g., Levesque et al. 2016; Niolon et al. 2016; Wolfe et al. 2009), an approach which draws on strengths-based understandings of adolescence. A focus on healthy relationships also expands prevention to include other risk factors associated with adolescent dating violence perpetration and victimization—including bullying, poor sexual health, substance use, and peer aggression—as healthy relationships skills and capacities are relevant to the etiology of these behaviors, as well (Wolfe et al. 2006). To build the skills and capacities required for healthy relationships, programs often focus on promoting youths' social-emotional learning (SEL) competencies (CASEL 2016a), as these competencies include those required for healthy relationships (Greenberg et al. 2003; Exner-Cortens 2016), and thus, SEL competencies appear to be an important foundation for the ability to engage in healthy relationships in adolescence and beyond.

## The Alberta Healthy Youth Relationships Strategy

The Alberta Healthy Youth Relationships Strategy (AHYR) was designed to promote preventive practice by drawing on this body of evidence. The AHYR sits within Shift: The Project to End Domestic Violence, an IPV primary prevention initiative founded by the second author in 2010. Shift is located in the Faculty of Social Work at the University of Calgary (Alberta, Canada), and is grounded in a strengths-based, ecological perspective. The main purpose of Shift is to develop and support the implementation of science-based IPV primary prevention strategies in partnership with researchers, government, community, and non-profit organizations (for more information, see [www.preventdomesticviolence.ca](http://www.preventdomesticviolence.ca)). Started in 2012, the AHYR is one of Shift's signature initiatives. The AHYR team is primarily composed of a full-

time director, a part-time research coordinator, a part-time project manager, and a part-time financial administrator. The second author (director of Shift) also supports AHYR work, particularly through strategic planning, engagement with funders and policy-makers, and partnership with other academics. The AHYR costs approximately \$300,000 a year to run, and is primarily funded by a provincial ministry (see below) and private donors.

This article describes how the AHYR has worked towards building a culture of preventive practice that came to be shared by policy-makers, educators, and community-based practitioners through its multi-sectoral and multi-tier strategies (Online Supplement 1). We also explore how these multi-sectoral strategies responded to the needs of different stakeholders to advance primary prevention practice in the province of Alberta. Building upon empirical evidence that the development of healthy relationship skills is associated with decreases in adolescent dating violence (e.g., Levesque et al. 2016; Wolfe et al. 2009), the main focus of the AHYR is to create the social conditions necessary to support youth in developing the capacities required for healthy relationships.<sup>2</sup>

## Theoretical Overview

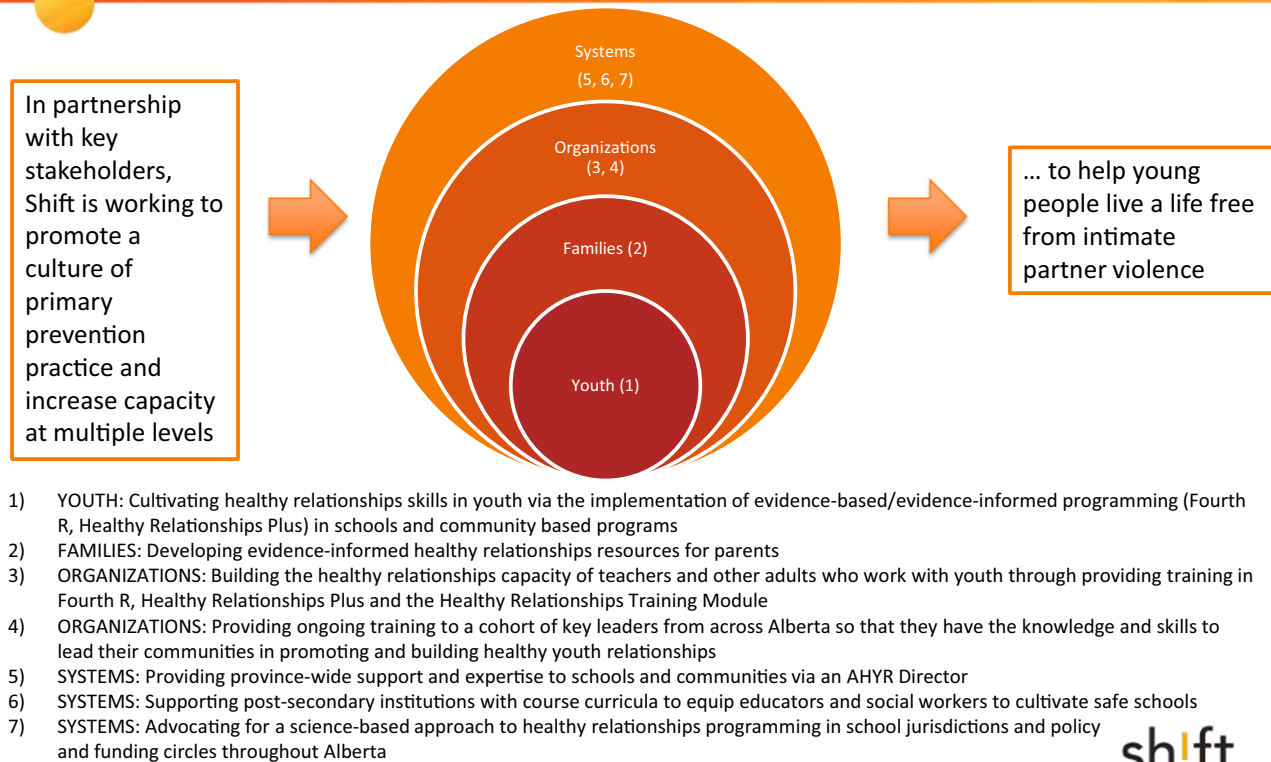
Based on a review of promising IPV and sexual violence primary prevention initiatives in five Western countries (Wells et al. 2012b), Shift identified two primary theoretical frameworks to shape the AHYR (Fig. 1): Bronfenbrenner's (1977) ecological systems theory and Cohen and Swift's (1999) Spectrum of Prevention. In short, Bronfenbrenner's (1977) ecological systems theory acknowledges that complex problems cannot be solved by focusing solely on interventions at the individual level. Rather, the social environments within which individuals are embedded (families, communities, organizations, and institutions) must also be involved in prevention practice initiatives, in order to support changes in individual attitudes, beliefs, knowledge, and behavior. Cohen and Swift's (1999) Spectrum of Prevention also takes an ecological approach, but is more specifically focused on what needs to happen within each system in order to create social change that supports prevention. Drawing on these two models, the AHYR focuses on seven key activities, as shown in Fig. 1.

## Design Phase

Early in the project, the Shift team conducted several literature reviews to determine how to effectively build healthy relationship capacities in children and youth as part of the primary prevention of IPV (Wells et al. 2012b, 2013; Wells and Claussen 2012). At that time, our reviews indicated that the

<sup>2</sup> We define healthy relationships as respectful, autonomous relationships where decision-making is shared and conflict is negotiated in effective, non-violent ways (Centers for Disease Control and Prevention n.d.).

# Alberta Healthy Youth Relationships Strategy



**Fig. 1** Overview of the seven key activities of the AHYR

Fourth R: Strategies for Healthy Youth Relationships was an effective prevention program for adolescent dating violence that was specifically designed for Canadian adolescents (Wolfe et al. 2009). It was also being implemented within a large school division in Alberta. Because of this, Shift consulted with other school divisions across the province to gauge interest in Fourth R implementation, and found that there was a large degree of interest in implementing this resource along with other evidence-informed programs like the Healthy Relationships Plus (HRP) program and the Healthy Relationships Training Module (HRTM), described below. At the same time, Shift was also working closely with the Government of Alberta to integrate primary prevention science into key provincial policy documents, as the government's investment in primary prevention activities was deemed critical to creating the social conditions necessary to support practice change that promoted healthy youth relationships. As a result of this policy work, in 2013, Shift received funding from the Government of Alberta Ministry of Human Services (Family Violence Branch) to develop and implement the AHYR, with a focus on scaling the Fourth R, HRP, and HRTM, as well as to promote the capacity to support healthy

youth relationships among adults and larger systems that work with youth (Fig. 1).

## Core Features of the AHYR

Because many of Shift's partners and collaborators in the academy, community, and government have a common focus on improving youth well-being (and identifying areas of common focus is key to engaging individuals in collaborative social change work; Kania and Kramer 2011), the foundation of our AHYR prevention work has been the province-wide scale-up of three evidence-based/evidence-informed programs: Fourth R, HRP, and HRTM (Fig. 1). The Fourth R is an evidence-based, universal dating violence prevention resource for students in grades 7–9 that is implemented by teachers as part of regular health/physical education curriculum (i.e., youth receive the intervention in the classroom). The Fourth R includes four units, covering the topics of personal safety/injury prevention, substance use, sexual health, and healthy eating.<sup>3</sup> Skills practice is

<sup>3</sup> For more details on the program, including content and training, please see <https://youthrelationships.org/>

an active focus in each unit, with students using role plays to practice assertive communication, delay/refusal/negotiation, and active listening skills. A large-scale randomized controlled trial demonstrated impacts on adolescent dating violence perpetration at 2.5 year follow-up (Wolfe et al. 2009), and subsequent evaluation with 7th and 8th grade students found changes to knowledge, critical thinking, and identification of coping strategies (Crooks et al. 2015a). The Fourth R is currently being evaluated in Texas, is on the Public Health Agency of Canada's Canadian Best Practices Portal as a promising practice for violence prevention, and is listed as a complementary program for promoting SEL competencies among secondary students by CASEL (2016b). The evidence-informed HRP is a small-groups program for adolescents aged 12–18, and delivered to youth in school and community settings. The HRP is based on the principles of the Fourth R, but is designed to allow opportunities for more extensive skills practice and development.<sup>3</sup> The HRP also offers more flexible delivery than the Fourth R, and can be taught by community professionals or teachers in either in-school or out-of-school settings. A small randomized controlled trial found lower rates of bullying victimization at 1-year follow-up among HRP participants compared to an attention-control condition (Exner-Cortens et al. 2019), and a within-groups evaluation with over 700 youth across Canada found that individuals who started the program with poor mental health showed significant improvement from pre- to post-test (Lapshina et al. 2018). Lastly, the HRTM, developed by the Canadian Promoting Relationships and Eliminating Violence Network (PREVNet), in partnership with several national not-for-profit organizations, provides formal training for adults who work with youth, in order to increase their knowledge, skills, and confidence to foster healthy relationships and positive social climates. Evaluation of the HRTM is ongoing, but preliminary work found positive associations with confidence to promote healthy youth relationships from pre- to post-test in a sample of 505 community-based practitioners from across Canada (Phipps et al. 2016), and from pre-test to 1-year follow-up in a sample of graduate students in Alberta (Corcoran et al. *in press*).

As the AHYR focuses on supporting preventive practice change to create the conditions necessary for healthy relationships promotion/adolescent dating violence prevention, a key activity was providing training to service providers in Alberta in each of these three programs. From 2012 to 2016, over 2200 adults were trained to implement these programs, resulting in over 62,000 adolescents from across the province having the opportunity to receive programming. In particular, the Fourth R program was made available to 50,531 Alberta youth, which is approximately 16% of youth in grades 7, 8, and 9 in the province during that time (Alberta Education 2017). As shown in Fig. 1, in addition to providing wide-scale training in these three prevention programs, the AHYR also advanced preventive practice by working at the families, organizations, and systems levels.

## AHYR Successes and Challenges

Drawing on developmental evaluation (i.e., evaluation designed to capture social innovation processes; Patton 2010) conducted for the first 3 years of the AHYR, Dozois et al. (2016) outline the successes and challenges at each tier (Fig. 1). A key success was the scaling of programming to youth, practitioners, and parents, as evidenced by reach numbers. In addition, educators expressed high levels of satisfaction with program trainings, and the AHYR was seen as resulting in better alignment of prevention work among some community-based practitioners (Dozois et al. 2016). We also successfully designed, implemented, and evaluated a post-graduate certificate program for educators and social workers, in order to promote their healthy relationships knowledge and capacities. However, the AHYR also faced challenges, particularly when it came to implementation dosage and meaningful parent participation. Another major challenge was trying to influence community-based organizations that work with youth and schools to adopt and integrate promising and best primary prevention practices. A final major challenge was the lack of outcome evaluation data to demonstrate changes to youth behavior following AHYR implementation. As the AHYR focuses on fostering practice change, our funding is dedicated to process (implementation) evaluation with teachers and service providers. In addition, Canada does not collect any surveillance data on adolescent dating violence; thus, we were unable to draw on secondary data to assess trends in dating violence over time. As such, while we can theoretically link the practice changes promoted by the AHYR to youth outcomes, we were unable to assess youth outcomes as part of this work. We also did not assess adult perceptions of youth outcomes; while we heard positive feedback on youth behavior anecdotally from many of the teachers and service providers we trained, we did not collect this information systematically, and this is a limitation of our work. The next iteration of the AHYR is designed to respond to many of these challenges. Nevertheless, results and learnings from the AHYR to date serve as a case study for similar efforts that aim to foster a culture of IPV primary prevention practice.

## Lessons Learned in Building a Culture of IPV Primary Prevention Practice

Reflecting within our team on how Shift has worked towards creating a province-wide climate supportive of preventive practice through the AHYR—despite the challenges identified above—we identified three key levers for change: (1) ability to influence policymakers to produce policies that support a provincial climate of primary prevention funding and initiatives; (2) opportunities to build the capacity of practitioners (e.g., educators, social service workers) to enhance their readiness to incorporate primary prevention programs and

practices into their work; and (3) success in coordinating IPV primary prevention activities across multiple systems, sectors, and geographies. We now explore each of these levers in more detail, by including a few illustrative examples for each, along with select process evaluation data.<sup>4</sup>

## Lever 1: Influencing Policy

Influencing policy-makers to support IPV primary prevention approaches was a key first phase in the AHYR, as the policy environment is critical to promoting the social conditions necessary for a culture of IPV prevention. To this end, in 2012, the second author released a decisive report on the economic costs of IPV in Alberta, including evidence on the cost effectiveness of investing in primary prevention activities (Wells et al. 2012a). The primary prevention argument identified in this report was used as the basis for advocacy work with key provincial policymakers that IPV primary prevention practice was vital to prioritize. Advocacy work included educating government workers across departments on primary prevention research (e.g., presenting to the Interdepartmental Committee on Family Violence), and presenting evidence on the costs of IPV (along with the economic case for primary prevention) to multiple key politicians and policymakers (e.g., Ministers, Assistant Deputy Ministers), which together resulted in the invitation for Shift to help the province re-design their family violence prevention policy framework. With the release of this new framework (Government of Alberta 2013), the provincial government for the first time emphasized the importance of investing in IPV primary prevention activities in order to address IPV in the province. In particular, this framework resulted in support for two key primary prevention strategies that focused on capacity building for healthy youth relationships: (1) whole school and community approaches to build youths' healthy relationship skills and (2) strategic frameworks that promoted healthy youth relationships. Thus, Shift's involvement in re-designing this framework influenced the government's commitment to primary prevention practice, including the promotion of healthy youth relationships as a key strategy. This framework also resulted in over \$29 million in new dollars being released in 2014 to support violence prevention activities in Alberta, including those conducted through the AHYR.

Our initial work with provincial policymakers also led to other opportunities to influence key government policy documents. Specifically, after partnering to re-design the Family Violence Prevention Framework, Shift also had an

<sup>4</sup> For space, we do not include all of our activities or evaluation data within each area, but rather focus on two to three key examples that highlight work that we believe has facilitated a culture of prevention. Additional information on other activities is available at [www.preventdomesticviolence.ca](http://www.preventdomesticviolence.ca) or from the second author. Analyses presented here were conducted by the first author. Data from this evaluation are not currently available for sharing.

opportunity to influence Alberta's Plan for Promoting Healthy Relationships and Preventing Bullying (Government of Alberta 2014). Again, in this report, Shift successfully advocated for the inclusion of primary prevention activities to promote healthy relationships through SEL development (p. 7). As a result of their focus on primary prevention and healthy youth relationships, these two documents (the Framework and the Plan) have been key to the success of AHYR activities in the province (particularly in terms of funding and sustainability).

## Lever 2: Building Capacity to Advance Primary Prevention Practice

The AHYR was designed to build the capacity of stakeholders who could play a key role in advancing science-based IPV prevention in Alberta (Fig. 1). In this section, we provide an overview of strategies designed to increase this capacity, as well as highlights from process evaluation on capacity change conducted as part of the AHYR. Additional detail on our evaluation framework and research materials is available from the first author.

**Training Professionals** As noted above, from 2012 to 2016, we provided Fourth R training to 903 teachers, HRP training to 719 community facilitators, and HRTM training to 665 adults from every region of the province.<sup>5</sup> These trainings are all designed to increase the readiness and capacity of adults who work with youth to implement practices that build healthy relationships, and also serve to familiarize these professionals with the importance of science-based prevention approaches. In this way, program trainings are a key aspect of how we aim to advance a culture of prevention across the province. As part of the AHYR, we provide funding for the program trainer as well as for program materials for any individual who attends and subsequently implements the program. We decided to provide this funding as we were aware that money for resources was limited, and so we felt that covering these costs would be an important step in implementing science-based programs throughout the province, as schools and organizations often cite finances as a key barrier to participation. As part of buy-in, however, schools and organizations are required to cover release time for employees to attend the training. Because our goal with these trainings is to build readiness and capacity, we also encourage organizations to include all interested individuals in the training, whether or not those individuals plan to implement the particular program. Since the AHYR started in 2012, the number of adults we have trained and who have received resources that allow them to implement the program(s) has

<sup>5</sup> These numbers reflect training reach at the time this article was written (March 2017). Since this time, we have continued to provide training in these three programs, with reach to additional youth and adults in the province.

increased each year, from 94 adults from three regions of the province in 2012–2013, to 842 adults in every region of the province in 2015–2016. We feel this increase indicates the promise of our approach for creating widespread interest in science-based prevention practice.

To further assess readiness and capacity for practice change, we collected feedback from individuals trained in Fourth R and HRP in 2015–2016 and 2016–2017 immediately following their training ( $n = 337$  gave consent to participate, a 51.5% consent rate). Of these, 247 (73.3%) completed a training feedback survey. Respondents to the training feedback survey had 14 years of teaching experience on average and were primarily female (79%). We also collected implementation surveys at the end of both school years from individuals who had given training feedback and who were willing to complete this survey ( $n = 130$ , a 52.6% response rate). For these surveys, we used standard Fourth R feedback and implementation tools (see Crooks et al. 2015b for measure details). Immediately following training, the majority of participants (93.9%) reported that the training increased their capacity to promote positive relationship skills with youth. Participants also reported significant improvements in their knowledge and attitudes about healthy relationships topics as a result of training (e.g., “I am confident I can teach youth conflict resolution skills”). However, end-of-year implementation data indicated challenges with actual program implementation (e.g., half of the sample implemented 50% or less of the program). The most common reason given for this low dosage was time limitations (in fact, we found no differences in dosage based on training capacity and preparedness, suggesting that implementation issues may have stemmed from other barriers within the school or organization environment, and not with training; Exner-Cortens et al. 2018). Based on these data, we are currently working on ways to better support practitioners and systems in Alberta in their implementation of science-based primary prevention programs.

In 2015–2016, we also collected pre- and post-test data on healthy relationships knowledge and confidence from all HRTM trainees using standard PREVNet HRTM assessment tools (contact the first author for measure details). Of the 194 HRTM participants, 124 had pre- and post-tests that could be matched, and of these, 76 (61.3%) gave consent to use these data for research purposes (55.3% female, 65.8% with  $\geq 6$  years’ experience working with children/youth). Of those with consent, 76 completed the pre-test and 62 (81.6%) completed the post-test. Across all trainings, participants reported a significant increase in confidence following participation in the HRTM (e.g., “I feel confident that I can build a healthy relationship with a child”), as well as significant improvements in knowledge, suggesting increased capacity for practice change.

**Cohort of Key Leaders across the Province** In addition to building capacity among individual practitioners, we have also

endeavored to embed key individuals who are trainers in science-based prevention programs within each region of the province: the presence of these individuals throughout the province has been critical to our program training scale-up success. This training cohort consists of individuals (known as Master Trainers) who are leaders in their community, and who are chosen based on their commitment to the values and goals of this project as well as their organization’s commitment of allocated release time for their participation. In this group, we currently have 15 professionals (86.7% female, 46.7% master’s degree), including directors of key departments in school districts, managers in community organizations, and policy analysts within the provincial government. These professionals have been involved with the initiative for varying lengths of time (18 months to 5 years). Master Trainers receive advanced training to facilitate Fourth R, HRP, and HRTM trainings within their communities, and meet twice a year to participate in 2-day professional development opportunities. Professional development experiences have focused on discussing and addressing the strengths and challenges associated with scaling-up the use of evidence-based programming, understanding trauma-informed practice, and appropriately adapting evidence-based programming to support LGBTQ+ youth. In addition to biennial structured professional development opportunities, the AHYR Director provides ongoing coaching to Master Trainers related to locally promoting, implementing, and scaling-up primary prevention programming.

In qualitative evaluation data collected in the fall of 2015 ( $n = 15$ ) and spring of 2016 ( $n = 11$ , 73.3% response rate) using the CIROP (a measure of community impacts of research-oriented partnerships; King et al. 2003), individuals in this cohort indicated that key strengths of the partnership with Shift included how the partnership built capacity in teachers, counselors, therapists, and others working with youth; built skills among youth; increased awareness of research and resources; fostered collaboration and training at the community level; and led to the building of networks and support. Data collected in spring 2016 also suggested significant improvements to attitudes about evidence-based programs, which is another important aspect of the potential for practice change and building a culture that supports prevention.

### **Lever 3: Coordinating Activities Across Multiple Sectors at Multiple Levels**

Through AHYR activities, Shift works to foster environments that take on a prevention science lens. As a result, AHYR activities focus on presenting information on science-based prevention to a variety of stakeholders, and motivating stakeholders to use this information in their decision-making processes regarding policies, practices, and funding. In order to be most effective in creating a culture that emphasizes prevention, and per our theoretical frameworks, it was critical for us from the start of this initiative to coordinate these activities

across multiple levels, and to implement these activities simultaneously.

**Parents and Youth** Concurrent with the implementation of school-based Fourth R programming for youth, we also worked with Fourth R program developers to create resources for parents, so that the same messages about healthy relationships were given in school and at home. These resources include two online webinars, an in-person parent presentation, and take-home assignments embedded within grades 7–9 Fourth R curricula. These efforts were met with varying levels of implementation success (Dozois et al. 2016); however, given the importance of including parents in healthy relationships promotion (i.e., since the family environment is still an important socialization context for adolescents; Steinberg 2001), we are continuing to explore ways to include parents in the culture of prevention in Alberta. For example, we are now moving towards an approach that supports the capacity for key parent influencers (i.e., individuals that other parents look to as a social reference, and who influence the norms and behaviors of their peer group, such as a coach or workplace wellness leader) to embed healthy relationships information where parents naturally congregate (e.g., sports centers, workplaces), to more effectively engage parents in prevention practice. Specifically, parent influencers can help build capacity by using their social capital to develop knowledge and skills among fellow parents.

**Working with Funders** To build the capacity of funders to support science-based prevention, Shift has focused on two projects. First, we recently developed a presentation (describing the importance of evidence-based programming) for a key funding body in Alberta that represents over 200 municipalities/towns, and gave this presentation at their 2016 annual conference. Since that presentation, we have committed to developing online modules specifically for this agency, so that hundreds of municipal/town funders from across Alberta will be able to build their capacity to support and implement science-based IPV primary prevention.

Second, for the past 5 years, Shift has worked closely with large, leading funders in the province to embed knowledge on primary prevention science into their funding practices. To do so, Shift meets with these funders several times a year to update them on new findings in prevention science and the results of the AHYR. We have also developed a customized presentation on evidence-based programming, implementation science, and program evaluation to further build the capacity of these funders. As a result, several have prioritized primary prevention within their funding and decision-making structures. For example, the United Way of Calgary and Area (the second largest United Way in Canada) has

used Shift's research to develop their funding priorities, as evidenced in the explicit focus on primary prevention and healthy youth relationships in their 2016 Request for Proposal Guidebook (United Way of Calgary and Area 2016).

**Shift and AHYR Director** The second and third authors, in their roles as Shift Director and AHYR Director, play a key role in building partnerships and working across multiple levels to advance and support a culture of prevention. For example, at the broader social and cultural level, they spent a number of years building a relationship with the university's Faculty of Education, in order to contribute to the inclusion of SEL and healthy relationships content in educator training. This relationship building first led to the development and implementation of a yearlong, post-graduate certificate program entitled *Advancing Safe and Socially Just Schools and Communities* (Corcoran et al. in press). This certificate program has been implemented since 2015, and, as evidence of its success, received a curriculum development award from the university in March 2017. Building on this accomplishment, the AHYR Director was able to expand our partnership with this faculty, by engaging with the course coordinator of the faculty's new, mandatory comprehensive school health course for pre-service teachers. As a result, Shift was invited to develop the SEL and healthy youth relationships components for this new course, which will reach over 500 students each year and contribute to a socio-cultural environment that fosters the prevention of violence with future teachers.

The AHYR Director has also played a key role in advancing prevention practice at the school and community levels by partnering with school board leaders, school administrators, teachers, community leaders, and community practitioners to scale-up the use of evidence-based programming. To this end, the AHYR Director has engaged 35 school divisions from all regions of Alberta (55.6% of school divisions in the province), and developed and maintained the interdisciplinary Master Trainer cohort. Due to the momentum built through existing school and community partners, as well as the Master Trainer cohort, the AHYR Director no longer needs to actively promote the three programs described previously, as requests from schools and community organizations to provide training continue to outpace our capacity to offer them.

In sum, having a full-time AHYR Director has been key to strategy success, as the director supports the design, coordination, and implementation of capacity-building and knowledge translation activities required to advance the culture of prevention at multiple levels simultaneously. Related to the director position, we note that education professionals have led the AHYR since its inception (Dozois et al. 2016). Because of their background in education, we have found that they have the credibility and

language to approach school leadership teams, which has been important to the scale-up of AHYR activities, as it has facilitated institutional support and buy-in.

### Applying Learnings from Levers: Next Steps in the AHYR

Since its start in 2012, the AHYR has collected developmental and process evaluation data to understand successes and challenges in building a locally relevant culture of IPV primary prevention. For others aiming to build such a culture, learnings from this research underscore the importance of continually activating the key levers of prevention practice discussed in this paper. First, for primary prevention efforts to be effective, a strong and supportive policy infrastructure needs to be in place. Further, ongoing training and capacity building for professionals, adults who work with youth and parents is critical to the prevention of IPV. Lastly, effective IPV primary prevention practice involves working simultaneously at multiple levels and across systems and sectors, with a particular focus on education, as schools are a key prevention site. The next phase of the AHYR will continue to build on the successes experienced in these areas while also addressing challenges through three key changes, which are briefly described below.

**Strengthen Engagement with Multiple Ministries in Government** In order to build a cross-sectoral policy environment for prevention work in Alberta, we will focus more heavily on engagement with additional provincial ministries (e.g., Education, Health) in the next phase of the AHYR. While much of the work of the AHYR is in the curriculum and school mental health realms (the primary jurisdiction of the Education and Health ministries in Alberta, respectively), our policy engagement to date has primarily been with the Ministry of Human Services (recently changed to Community and Social Services), as they are the key funder of the AHYR and the primary policy body behind IPV-specific prevention efforts in the province. However, since effective prevention efforts do not exist in siloes, we feel that deeper engagement with additional policy sectors is key to further expanding a primary prevention practice culture in the province. Further, the current policy environment provides fertile ground for the AHYR to achieve strengthened engagement with these additional stakeholders. For example, Alberta's provincial government recently amended the province's School Act (2015; the policy that governs primary and secondary education) to emphasize the creation of welcoming, caring, respectful, and safe learning environments. We plan to use this policy as an opportunity to organize and host roundtable meetings, presentations, and ongoing consultations with the Ministry of Education to further advocate for curriculum and

education policies that foster the competencies and social conditions required to promote healthy youth relationships.

**Integrating an Equity Literacy Approach** To date, AHYR activities have focused on a universal prevention approach, leading to a lack of emphasis on the specific needs of youth who are marginalized due to different aspects of their identity, as well as strategies to create systems that promote equity. Specifically, our evaluation work has found that some community leaders and practitioners in Alberta feel that the unique needs of immigrant and racialized children and youth, Indigenous children and youth, LGBTQ+ youth, and youth who are not in school are not adequately addressed through universal programs alone, and that additional resources and supports must be offered in order to effectively reach these youth (Wells et al. 2013). Based on this, the next phase of the AHYR will have an increased focus on building the capacity of schools, community organizations, and parents to implement science-based prevention approaches through an equity literacy lens. Drawing on Gorski's definition, we understand equity literacy as the capacities required to identify and dismantle conditions that deny some youth access to educational, political, economic, and other opportunities experienced by their peers (Gorski and Swalwell 2015). By including equity literacy, the AHYR aims to move schools, community organizations, and parents towards a deeper understanding of the relationship between structural inequalities (e.g., racism, systemic sexism, institutionalized homophobia) and youth development, including the development of healthy youth relationships (Gorski and Swalwell 2015).

**Greater Focus on Structural Conditions** Our ongoing AHYR evaluation has shown that teachers and practitioners in Alberta have experienced several difficulties achieving implementation dosage, and other research we have conducted suggests this stems from barriers in the organizational environment (Exner-Cortens et al. 2018). To address this issue, the next phase of the AHYR will move away from a primary emphasis on program training and scaling, and towards an approach that focuses on more thoroughly developing the structural conditions needed to support high-quality implementation of science-based prevention practice at multiple levels: we feel this change is important to more deeply embed the culture of prevention in the province. Our increased focus on structural conditions also includes promoting organizational norms, policies, resources, and environments that foster equity literacy and SEL (as opposed to a focus on specific programs alone), and where programs are implemented, to support organizations and schools to establish procedures and structures that foster high-quality implementation (i.e., establish and support an implementation team; provide adequate time for program implementation; provide technical support; and conduct ongoing implementation evaluation). We are currently in the process of scoping and developing this work.



## Conclusion

Since its inception in 2012, the AHYR has contributed to creating a culture of IPV primary prevention practice in Alberta by engaging with policymakers, schools, community leaders, and practitioners to build their capacity to promote healthy youth relationships. Developed through a top-down and bottom-up advocacy process and using an ecological approach, the initiative has advanced science-based primary prevention activities with diverse sectors and institutions, resulting in reach to over 62,000 youth in grades 7–9, 900 teachers, 850 parents, and 1300 adults that work with youth across the province. The AHYR has also influenced the development and implementation of policies and programs that have supported the culture of prevention. However, while our strategy has seen much success, ongoing data collection suggests key changes for the next phase of our work, in order to more effectively build this culture in the province.

For others interested in creating such a culture, we believe our data and experiences suggest two key conclusions (see also Online Supplement 1 for an overview of information presented in this article). First, building a culture of prevention requires the simultaneous implementation of mutually reinforcing activities at all ecological levels. School and community climate, pre- and in-service teacher education, and influencing environments in which youth naturally congregate are all key factors that must be considered in a comprehensive strategy to prevent IPV. Second, although evidence-based programs play a key role in science-based prevention, emerging research suggests that programs *alone* are not enough to create the deep change required for effective prevention (Fixsen et al. 2013). To achieve a culture of IPV primary prevention, then, it is critical to build comprehensive supports for schools, families, and communities, in order to sustainably embed prevention policies, structures, and practices that will effectively foster equity and healthy youth relationships.

**Funding Information** This research was supported in part by funding from the Government of Alberta Ministry of Human Services, the Public Health Agency of Canada, and anonymous donors.

## Compliance with Ethical Standards

**Conflict of Interest** The authors declare that they have no conflicts of interest.

**Ethical Approval** This study was reviewed and approved by the University of Calgary Conjoint Faculties Research Ethics Board, and was performed in accordance with ethical standards as specified in the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.

**Informed Consent** Informed consent was obtained from all individual participants included in this study.

## References

- Alberta Education. (2017). *Student population overview*. Retrieved from <https://education.alberta.ca/alberta-education/student-population/everyone/school-authority-enrolment-data/>. Accessed 15 June 2018.
- Bonomi, A. E., Anderson, M. L., Rivara, F. P., & Thompson, R. S. (2009). Health care utilization and costs associated with physical and nonphysical-only intimate partner violence. *Health Services Research, 44*(3), 1052–1067.
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32*(7), 513–531.
- Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse, 3*(2), 231–280.
- Centers for Disease Control and Prevention [CDC]. (n.d.). *Promoting respectful, nonviolent intimate partner relationships through individual, community and societal change*. Retrieved from [https://www.cdc.gov/violenceprevention/pdf/ipv\\_strategic\\_direction\\_full-doc-a.pdf](https://www.cdc.gov/violenceprevention/pdf/ipv_strategic_direction_full-doc-a.pdf). Accessed 1 Mar 2017.
- Cohen, L., & Swift, S. (1999). The spectrum of prevention: Developing a comprehensive approach to injury prevention. *Injury Prevention, 5*(3), 203–207.
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine, 23*(4), 260–268.
- Collaborative for Academic, Social and Emotional Learning [CASEL]. (2016a). *Core competencies*. Retrieved from <https://www.casel.org/core-competencies/>. Accessed 1 Mar 2017.
- Collaborative for Academic, Social and Emotional Learning [CASEL]. (2016b). *2015 CASEL guide: Effective social and emotional learning programs, middle and high school edition*. Retrieved from <http://secondaryguide.casel.org>. Accessed 1 Mar 2017.
- Corcoran, L., Exner-Cortens, D., & Wells, L. (in press). Advancing healthy and socially just schools and communities: An interdisciplinary graduate program. *International Journal of Teaching and Learning in Higher Education*.
- Crooks, C. V., Scott, K. L., Broll, R., Zwarych, S., Hughes, R., & Wolfe, D. A. (2015a). 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. V., Zwarych, S., Hughes, R., & Burns, S. (2015b). *The Fourth R implementation manual: Building for success from adoption to sustainability*. Retrieved from <https://youthrelationships.org/implementation-manual>. Accessed 15 June 2018.
- Devries, K. M., Mak, J. Y. T., Garcia-Moreno, C., Petzold, M., Child, J. C., Falder, G., et al. (2013). The global prevalence of intimate partner violence against women. *Science, 340*(6140), 1527–1528.
- Dozois, E., Wells, L., & Crooks, C. (2016). Developing a comprehensive, evidence-based strategy for violence prevention: Lessons learned from Alberta, Canada. In M. Taylor, U. Khan, & J. A. Pooley (Eds.), *Crime and violence prevention: Moving beyond hot-stove policing and perpetrator rehabilitation* (pp. 215–230). Hauppauge, New York: Nova Science Publishers, Inc.
- Exner-Cortens, D. (2016). *Social-emotional learning and bullying: Understanding impacts on safe, caring, welcoming and respectful learning environments*. Retrieved from [https://policywise.com/video\\_library/social-emotional-learning-and-bullying-understanding-impacts-on-safe-caring-welcoming-with-dr-deinera-exner-cortens/](https://policywise.com/video_library/social-emotional-learning-and-bullying-understanding-impacts-on-safe-caring-welcoming-with-dr-deinera-exner-cortens/). Accessed 1 Mar 2017.
- Exner-Cortens, D., Eckenrode, J., Bunge, J., & Rothman, E. (2017). Revictimization after adolescent dating violence in a matched, national sample of youth. *Journal of Adolescent Health, 60*(2), 176–183.

- Exner-Cortens, D., Spiric, V., Crooks, C., Syeda, M., & Wells, L. (2018). *Predictors of healthy youth relationships program implementation in a sample of Canadian middle school teachers*. Manuscript submitted, revision requested.
- Exner-Cortens, D., Wolfe, D. A., Crooks, C. V., & Chiodo, D. (2019). A preliminary randomized controlled evaluation of a universal healthy relationships program for youth. *Canadian Journal of School Psychology: Advance online publication*. <https://doi.org/10.1177/0886109918762492>.
- Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2013). Statewide implementation of evidence-based programs. *Exceptional Children, 79*(2), 213–230.
- Fulu, E., Jewkes, R., Roselli, T., & Garcia-Moreno, C. (2013). Prevalence of and factors associated with male perpetration of intimate partner violence: Findings from the UN multi-country cross-sectional study on men and violence in Asia and the Pacific. *The Lancet, 1*(4), e187–e207.
- Gorski, P. C., & Swalwell, K. (2015). Equity literacy for all. *Educational Leadership, 72*(6), 34–40.
- Government of Alberta. (2013). *Family violence hurts everyone: A framework to end family violence in Alberta*. Retrieved from <http://www.humanservices.alberta.ca/documents/family-violence-hurts-everyone.pdf>. Accessed 1 Mar 2017.
- Government of Alberta. (2014). *Alberta's plan for promoting healthy relationships and preventing bullying*. Retrieved from <http://www.humanservices.alberta.ca/documents/promoting-healthy-relationships-and-preventing-bullying.pdf>. Accessed 1 Mar 2017.
- Greaves, L., Hankivsky, O., & Kingston-Riechers, J. (1995). *Selected estimates of the cost of violence against women*. London, ON: Centre for Research on Violence Against Women and Children.
- Greenberg, M. T., Weissberg, R. P., O'Brien, M. U., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist, 58*(6–7), 466–474.
- Kania, J., & Kramer, M. (2011). Collective impact. *Stanford Social Innovation Review*, Winter, 36–41.
- King, G., Servais, M., Currie, M., Kertoy, M., Law, M., Rosenbaum, P., ..., Chalmers, H. (2003). *The community impacts of research oriented partnerships (CIROP) measure*. Retrieved from [www.impactmeasure.org](http://www.impactmeasure.org). Accessed 15 June 2018.
- Kitzmann, K. M., Gaylord, N. K., Holt, A. R., & Kenny, E. D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*(2), 339–352.
- Lapshina, N., Crooks, C. V., & Kerry, A. (2018). Changes in depression and positive mental health among youth in a healthy relationships program. *Canadian Journal of School Psychology: https://doi.org/10.1177/0829573518777154*.
- Levesque, D. A., Johnson, J. L., Welch, C. A., Prochaska, J. M., & Paiva, A. L. (2016). Teen dating violence prevention: Cluster-randomized trial of teen choices, an online, stage-based program for healthy, nonviolent relationships. *Psychology of Violence, 6*(3), 421–432.
- Niolon, P. H., Taylor, B. G., Lutzman, N. E., Vivolo-Kantor, A. M., Valle, L. A., & Tharp, A. T. (2016). Lessons learned in evaluating a multisite, comprehensive teen dating violence prevention strategy: Design and challenges of the evaluation of dating matters: Strategies to promote teen healthy relationships. *Psychology of Violence, 6*(3), 452–458.
- Patton, M. Q. (2010). *Developmental evaluation: Applying complexity concepts to enhance innovation and use*. New York: The Guilford Press.
- Phipps, D., Cummings, J., Pepler, D., Craig, W., & Cardinal, S. (2016). The co-produced pathway to impact describes knowledge mobilization processes. *Journal of Community Engagement and Scholarship, 9*(1), 31–40.
- School Act. (2015). *Revised Statutes of Alberta 2000 § Chapter S-3*. Retrieved from <http://www.qp.alberta.ca/documents/Acts/s03.pdf>. Accessed 18 Dec 2018.
- Smith, P. H., White, J. W., & Holland, L. J. (2003). A longitudinal perspective on dating violence among adolescent and college-age women. *American Journal of Public Health, 93*(7), 1104–1109.
- Steinberg, L. (2001). We know some things: Parent-adolescent relationships in retrospect and prospect. *Journal of Research on Adolescence, 11*(1), 1–19.
- United Way of Calgary and Area. (2016). *Strong communities focus area: Request for proposal guidebook 2016*. Retrieved from: <http://www.calgaryunitedway.org/images/uwca/our-work/communities/rfp-spec-sheet-domestic-violence.pdf>. Accessed 1 Mar 2017.
- Wells, L., & Claussen, C. (2012). *Home visitation as a domestic violence prevention strategy: A discussion paper for the Government of Alberta*. Calgary, AB: The University of Calgary, Shift: The Project to End Domestic Violence.
- Wells, L., Boodt, C., & Emery, H. (2012a). Preventing domestic violence in Alberta: A cost savings perspective. *The School of Public Policy, SPP Research Papers, 5*(7). <https://doi.org/10.2139/ssrn.2088960>.
- Wells, L., Claussen, C., & Cooper, M. (2012b). *Domestic & sexual violence: A background paper on primary prevention programs and frameworks*. Calgary, AB: The University of Calgary, Shift: The Project to End Domestic Violence.
- Wells, L., Claussen, C., Abboud, R., & Pauls, M. (2013). *Developing a strategic and coordinated approach to violence prevention programming for children and youth in Calgary: Phase one: best and promising practices and program scan*. Calgary, AB: The University of Calgary, Shift: The Project to End Domestic Violence.
- Williams, T. S., Connolly, J., Pepler, D., Craig, W., & Laporte, L. (2008). Risk models of dating aggression across different adolescent relationships: A developmental psychopathology approach. *Journal of Consulting and Clinical Psychology, 76*(4), 622–632.
- Wolfe, D. A., Jaffé, P. G., & Crooks, C. V. (2006). *Adolescent risk behaviors: Why teens experiment and strategies to keep them safe*. New Haven, CT: Yale University Press.
- Wolfe, D. A., Crooks, C., Jaffé, P., Chiodo, D., Hughes, R., Ellis, W., et al. (2009). A school-based program to prevent adolescent dating violence: A cluster randomized trial. *Archives of Pediatrics & Adolescent Medicine, 163*(8), 692–699.
- Zhang, T., Hoddenbagh, J., McDonald, S., & Scrim, K. (2009). *An estimation of the economic impact of spousal violence in Canada*. Retrieved from [http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/r12\\_7/r12\\_7.pdf](http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/r12_7/r12_7.pdf). Accessed 1 Mar 2017.

**Publisher's Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.