

Breaking Free from the Web of Violence: Asset-Based Approaches for Boys & Men of Color

SHERRY HAMBY

ZACH BLOUNT

ELIZABETH EIDSON

ALLI SMITH

LIFE PATHS APPALACHIAN RESEARCH
CENTER

JOHNNY RICE II

COPPIN STATE UNIVERSITY

C. ALBERT BARDI

UNIVERSITY OF THE SOUTH

WITH THE ASSISTANCE OF

ANNE-STUART BELL

EXCY GUARDADO

ANNYA SHALUN

ELIZABETH TAYLOR

PREPARED FOR



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RISE for Boys and Men of Color is a field advancement effort that aims to better understand and strategically improve the lives, experiences, and outcomes of boys and men of color in the United States.

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Introduction

Boys and men of color in the United States are more vulnerable to involvement in violence than other US racial and ethnic groups (Hamby, Finkelhor, & Turner 2013; Truman 2011). Although race is a purely social construct with no biological basis, race nonetheless touches every aspect of violence and victimization. Discrimination against people of color over many generations, including macro- and micro-aggressions (overt attacks and unintentional slights based on implicit biases, respectively), contributes to the inequitable burden of victimization (Hamby 2015). Disparities are also caused by differential exposure to risk factors, worse health consequences, and sometimes unequal treatment by criminal justice, health, and social systems (Binswanger et al. 2012; Davis & Sorensen 2013; Donnelly et al. 1999; Hamby 2008, 2014; Roberts et al. 2011; Truman 2011; Walker et al. 2011).

Given the high burden of violence on boys and men of color, it should be a priority to understand the factors contributing to violence exposure and involvement, and evaluate programs that might reduce this burden. As described in more detail below, strengths-based approaches hold particular promise for alleviating the burden of violence. It is the purpose of this paper to review existing knowledge on strengths-based approaches for boys and men of color. The broader goal is to contribute to the development of a research, program, and policy agenda based on the current state of scientific knowledge regarding the causes and appropriate interventions for violence and the most effective ways to promote resilience.

One of the most significant trends in recent years has been a shift to strengths-based approaches, which focus on individual, family, or community resources and assets, for violence and victimization (Sabina & Banyard 2015). The deficits-based approach, which focuses on risk and negative aspects of a person's life, has not been very successful, with most reviews indicating modest or null results, especially for behaviors (versus knowledge and attitudes) and especially for replications or usual practices (e.g., Babcock, Green, & Robie 2004; Finkelhor et al. 2014; Park-Higgerson et al. 2008; Wilson & Lipsey 2007). Some programs have even resulted in backlash, meaning participants experienced worse outcomes after the program than before it (for examples, see excellent review and discussion by T. D. Wilson 2011). Although the process contributing to negative outcomes is not well understood, some participants may feel provoked or overstimulated by the hypothetical abuse scenarios, rape myths, and other content depicting violence that is common in many deficit-based programs. Or, they may assume such attitudes are more prevalent than they realized, if entire programs have been created to combat them. Thus, these programs could inadvertently suggest the very peer norms they are trying to defeat. At the very least, there is clearly room for improved effectiveness in violence prevention and intervention programming, and much that we need to learn about the protective factors that contribute to safety and well-being.

Strengths-based programs have several advantages, including better stakeholder buy-in and the potential for less backlash. Strengths-based programs also reflect the shift to an understanding of the "ordinary magic" of resilience (Masten 2001). Most people, by the time they survive to adulthood, will experience some form of violence or adversity, but most are also resilient in the face of life's stresses. This means that they achieve well-being despite their burden of adversity. Better understanding the process of resilience can inform new approaches to prevention and intervention. Existing evidence suggests programs that focus on skills and strengths are often more effective than "scared straight" approaches and other risk-focused programs (Hamby & Grych 2013). To date, however, most strengths-based programs for violence have been aimed at the majority culture or delivered to a largely female audience, such as Berg et al., 2009; Jewell & Elliff, 2013; Jones et al., 2010; Mbilinyi et al., 2010; and Timmons-Mitchell et al., 2006 (these articles did not meet our inclusion criteria in our methodology, discussed below). We need to better understand what kinds of programs are effective for boys and men of color.

This review focuses on the broad population of boys and men of color, yet we recognize that this is a heterogeneous category that includes people with other characteristics or histories that may place them at greater risk for violence and victimization, including people with disabilities, immigrants (whether documented or undocumented), low-income males, and gay, bisexual, and transgender males. Further, these layers of vulnerability may best be studied in contexts of multi-layered approaches to resilience, particularly for individuals who are part of minority or indigenous groups (Elm et al. 2016).

Although this is an emerging literature, there is sufficient evidence to take stock of current knowledge. The purpose of this paper is to conduct a comprehensive review of that knowledge, make best practice recommendations based on existing knowledge, and craft an agenda for future research and practice. We opted to conduct a systematic narrative review to include as wide a range of scholarship as possible, including qualitative research and feasibility studies. We made a special effort to identify and review so-called gray literature (non-peer-reviewed literature), such as agency reports and dissertations, because we recognize that some work with boys and men of color happens outside academia. Our efforts included recruiting an expert advisory panel to help us identify relevant work, and assessing the impact of our own identities on this work (see Appendices 1 and 2). The goal is to identify strengths and weaknesses of the scientific base and provide a detailed description of the current state of violence programming for boys and men of color.

Method

We conducted a systematic review of the literature using two scientific databases, PubMed and PsycInfo, and one search engine, Google Scholar. In addition, we enlisted the assistance of a panel of experts (see Appendix 1) to provide us with relevant articles they believed should be included in our initial scan of the literature. Through the use of Google Scholar and the panel of experts, we made a particular effort to identify gray literature. The primary goal was to identify strengths-based approaches to understanding and reducing the burden of violence and victimization for boys and men of color. Detailed inclusion and exclusion criteria and other specifics of our method are presented below.

LITERATURE SCAN

Using Boolean operators, PubMed and PsycInfo were systematically searched using the following terms: (boys OR men OR male) AND (violence OR aggression OR delinquency OR criminal justice OR gangs) AND *Group A term* AND *Group B term*.

Group A terms were specific ethnic groups based on the 20 most common ethnic groups or countries of origin (not including Europe) and 10 largest tribes in the United States according to the American Community Survey of the US Census. *Group B terms* were related to different types of programs (e.g., prevention, intervention, program, therapy). Please see Table 1 for a full list of Group A and B terms.

PRELIMINARY SEARCH, TITLE, AND ABSTRACT REVIEW

Using the above terms, we canvassed each source and conducted a preliminary review by title and abstract to create a group of articles that would receive more careful full-text review.

Inclusion criteria. Given our focus on boys and men of color, we limited our review to studies with samples that were at least 50 percent male and at least 50 percent people of color. Many studies include boys and men of color in numbers that are too small to consider as a separate group. Even studies with greater numbers of boys and men of color almost never conduct moderator analyses by race and gender. Findings based on an entire sample may not apply to the boys and men of color in that sample. If boys and men of color comprise a majority of the sample, then there is more confidence that the findings apply to them as well as other participants, and that gender and race were considered in program content and delivery. We also limited our articles to US samples as we deemed the experiences of US minority groups to be different than boys and men of color living in majority African, Latin, or Asian countries (for example, Chinese boys and men living in China). Articles were also excluded if they solely referenced risk factors or deficits or did not include violence or victimization as an outcome measure. We did not restrict our search by publication date, and our review included literature published by July 2016.

PubMed and PsycInfo. The search was conducted on both databases using the Boolean terms above. This produced 3,123 initial results in PubMed and 76 in PsycInfo. Group B terms were searched individually for PubMed and PsycInfo (e.g., therapy and psychotherapy were searched into separate searches). Articles that met the criteria of the search were saved for further review by title. Articles were retained for full-text review if titles referenced boys or men of color within the context of resilience, protective factors, strengths, prevention, or intervention programming. The title review resulted in a count of 356 articles from PubMed and 20 articles from PsycInfo. The abstracts of these 356 titles were then reviewed, with the same inclusion and exclusion criteria as that of the title review. The abstract review resulted in a count of 110 articles from PubMed and 6 articles from PsycInfo. A closer inspection of some excluded articles suggested many only mentioned prevention or intervention in the discussion (see Table 2).

Expert Panel. Twenty-nine additional articles were submitted by our advisory panel of experts and reviewed by a similar process, leaving 23 panel articles after the abstract review. This helped us improve our coverage of the gray literature.

Google Scholar. Google Scholar is often omitted from systematic reviews because of the extremely large number of results it can produce. For example, for our Boolean search using the gender and violence terms, the Group A term of “African American,” and Group B term of “prevention,” Google Scholar returned over 490,000 results. However, we wanted to include Google Scholar in some form due to the comprehensiveness of the contents, its better coverage of gray literature, and the increasing reliance on it in the field. We took advantage of the ranking of articles by relevance to create a Google Scholar search strategy. The Boolean search terms were entered (some Group B terms were combined—e.g., psychotherapy OR therapy—in lieu of two separate searches for psychotherapy and therapy). We also conducted the title review simultaneously with the initial search of Google Scholar, using the same inclusion and exclusion criteria as for PubMed and PsycInfo. For each combination of terms, we reviewed each “page” of 20 search results. The number of publications screened in for each “page” was recorded. When two consecutive pages yielded one or zero relevant articles, the search was stopped for that combination of Group A and B terms. Otherwise, the search continued up to 50 search return pages (1,000 publications). This led to the review of 1,790 pages of results and 35,800 publications, of which 3,782 were screened in for additional review. After excluding duplicates, the abstracts of the remaining 2,002 publications were further screened using inclusion and exclusion criteria as described above, leading to 312 publications retained for full-text review (see Table 2).

FULL PAPER REVIEW

The full-text of articles that met our inclusion criteria during the title and abstract reviews were then reviewed. Many titles and abstracts only alluded in general terms to ethnicity, race, or gender. Therefore, many articles were excluded in the full paper review due to more than 50 percent of their sample being female, more than 50 percent of their sample being European American, or using a sample residing outside of the United States. The full paper review resulted in a final count of 38 articles from the PubMed and PsycInfo databases, 33 articles from the Google Scholar search engine, and 8 articles from our expert panel, producing a total of 79 articles to be coded.

Identification of Gray Literature. As noted above, using Google Scholar and our expert panel, we made extensive efforts to include gray literature. This was a successful effort. Out of 451 full-text articles from all sources that were reviewed, 109 (24 percent) were from non-peer-reviewed sources. Gray literature sources included unpublished manuscripts, agency reports, government documents, theses and dissertations, newsletters and bulletins for practitioners, book chapters, and books. However, the gray literature was more likely to get screened out for not meeting our inclusion criteria of providing specific data on programs, protective factors, or outcomes in samples that were more than 50 percent boys and men and more than 50 percent people of color (keeping in mind that qualitative data were retained in our inclusion criteria). The final pool of 79 articles included 7 from non-peer-reviewed sources (9 percent) and the remainder from peer-reviewed outlets.

Coding. The final 79 articles were coded according to gender, race/ethnicity, setting, study type, research design, curriculum content, and program impact, each of which is defined in more detail below. Two people coded each article together and consulted a third member of the research team to resolve any questions.

Gender: Articles were categorized as either *All-male* or *Coed*. As noted in the inclusion criteria, at least 50 percent of participants needed to be male to be included in our review. The inclusion of any percentage of female participants resulted in the article being coded as *Coed*.

Race/Ethnicity: Race and ethnicity were coded into several categories. The first group consisted of the main race and ethnicity categories used by the 2010 US Census: *African American, Alaska Native, American Indian, Latino American, Asian, Pacific Islander*, and *multiracial*. We also intended to code for the inclusion of people with Middle Eastern identity, but no studies in our final pool included mention of people of Middle Eastern descent. A few papers only specified that their participants were *People of Color*. There were also several papers that reported a race/ethnicity category only described as “other,” usually representing a relatively small percentage of participants, which could include participants of any race/ethnicity that was uncommon in their sampling frame, including European Americans. There were also a few papers that gave incomplete reporting on participants (for example, saying the sample was 90 percent African American without specifying the race or ethnicity of the other 10 percent of participants); these articles were also coded as *Other*. If race/ethnicity was not provided, we attempted to locate that information in other publications or by contacting the author of that publication; articles with missing information were few in number and we were successful in obtaining demographic information in the majority of these cases.

Study Type: Articles were categorized as either *Prevention or Intervention* programs, or studies of *Protective Factors*, defined as follows:

Prevention: The article must focus on the primary or secondary prevention of violence, providing programming for individuals before they become involved in violence.

Intervention: The article must focus on intervening in situations in which violence has already occurred. The goal of the program is to deter future violence or alleviate trauma.

Protective Factors: These articles examine characteristics that help insulate people from violence exposure or help them cope with violent experiences (and reduce the risk of future violence or victimization). Protective factors are key in developing strength-based approaches to preventing and intervening in violent situations.

Research Design: Each article was further coded by its method. Articles coded as Prevention and Intervention were coded as *Randomized Control Trial (RCT)*, *Pre/Post-Test*, *Feasibility/Acceptability*, or *Descriptive/Overview*. Articles coded as Protective Factors were categorized as *Protective Factors (PF) Qualitative*, *PF Quantitative*, or *PF Mixed*.

RCT: Studies categorized as RCT incorporated random assignment and control groups into their study design.

Pre/Post-Test: These studies did not use random assignment and control groups in tandem, and instead compared results of assessments conducted before and after the program. This category included quasi-experimental designs.

Feasibility/Acceptability: These articles typically only included post-test data gathered after the completion of a program.

Description/Overview: These articles presented descriptions of existing programs without providing data. We included this type of article if they focused on boys and men of color in order to include as many relevant programs as possible.

Protective Factors (PF) Qualitative: These articles described protective factors and based conclusions on qualitative data (interviews, personal narratives, focus groups, etc.).

PF Quantitative: These articles used structured surveys on protective factors. (Archival records could meet criteria for this category, but we did not identify any such studies.)

PF Mixed: These articles based conclusions on both quantitative and qualitative data.

Setting. The setting of the delivery of prevention and intervention programs was categorized as either *Clinical* (therapy or health clinics, hospitals), *Offender* (any offender group, including jails, prisons, juvenile detention centers, or batterers intervention programs), *Schools* (including after-school programs), *Community*, or *Mixed*.

Curriculum Content: We also categorized prevention and intervention studies based upon the content of the program’s curriculum. One program could be coded as having multiple types of content. Exemplars of each content area are provided below.

Cultural Connectedness: These programs facilitate a reconnection with a community’s traditional culture as a mechanism for improving quality of life; e.g., *El Joven Noble* (Kelly et al. 2010).

Redefining Masculinity: These programs modeled new definitions or altering conceptualizations of masculinity and male gender norms; e.g., Coaching Boys Into Men (Miller et al. 2012).

Interpersonal: These programs attempt to promote positive change by improving relationships with families, peers, teachers, and coaches, or the broader community; e.g., Kids Alive and Loved (Thomas et al. 1998).

Strengths: These programs attempted to bolster specific protective factors to improve resilience. A large number of programs met this criterion, therefore *Strengths* subcategories were created. It was possible for some programs to focus on more than one *Strengths* subcategory. An example of an article/program coded as *Strengths* is Aban Aya Youth Project (Segawa et al. 2005).

Regulatory: These programs focused on improving impulse control and emotional regulation.

Meaning Making: These programs attempted to enact positive change by fostering connections to concepts larger than the participants themselves. Meaning Making can include religion or spirituality as frameworks for this process.

Social Support: These programs attempted to foster more supportive environments.

Social Skills: These programs attempted to assist in developing problem-solving skills, conflict resolution tactics, and socially appropriate behaviors.

Self-Efficacy: These programs promoted positive beliefs about self, building self-esteem.

Career Development: These programs' goals related to personal growth and skills development in the workplace and in the classroom.

Overall Well-Being: These programs have an emphasis on improving outcomes more generally versus focusing on a more specific set of strengths. Because of the broad nature of this category and the number of programs that met these criteria, four Overall Well-Being subcategories were created. An example of a program/article coded as Overall Well-Being is Adolescent Community Reinforcement Approach (A-CRA) (Hunter et al., 2014).

Cognitive Behavioral: These programs focused on identifying and altering common thought biases that might affect many situations.

Mindfulness: These programs utilized goal-oriented, awareness techniques designed to encourage focus and stress reduction.

Narrative: These programs used expressive writing as a method to cope with, reflect upon, and understand painful experiences.

Substance Abuse: These programs stated their main focus was to reduce alcohol and drug use in order to have a positive influence on violence or victimization.

Program Impact: Each quantitative article that was coded as an RCT or Pre/Post study was coded for the results. *Program Impact* categories reflected how well the program accomplished its goals, based upon the results of outcome measures. Each article could be coded as having a purely *Positive* impact, signifying statistically significant effects on outcome variables in the hypothesized direction; a purely *Negative* impact, signifying statistically significant effects counter to hypotheses that indicate some form of backlash or other adverse outcome; or a *Null* impact, signifying no statistically significant effects on outcome variables). Many articles reported more than one type of result. We coded these programs as one of four Mixed categories: *Mixed: Positive, Null*; *Mixed: Positive, Negative*; *Mixed: Negative, Null*; or *Mixed: Positive, Negative*, and *Null* (other combinations did not occur).

Results

We used our coding scheme to characterize the existing state of knowledge about strengths, prevention, and intervention related to violence for boys and men of color. We first present descriptive characteristics below for the entire pool of 79 articles.

DESCRIPTION OF THE EVIDENCE BASE

Publication Date. One of the most striking findings was the sheer lack of programming and published articles that met our inclusion criteria. We did not restrict our search by publication date and used databases that cover more than 100 years of science. Nonetheless, we did not find a single study that met our inclusion criteria with a publishing date before 1991, with the first paper meeting our criteria authored by Rodney Hammond and Betty Yung (1991). Even with the research on violence in recent years approaching 5,000 articles a year (Hamby 2012), still fewer than 10 papers a year are being published on strengths-based approaches to violence reduction among boys and men of color (see Figure 1).

Gender of Samples. Mixed-gender (majority male) programs accounted for 48.1 percent ($n = 38$) of our data, while 51.9 percent were all-male, single-gender programs ($n = 41$; see Figure 2).

Race/Ethnicity of Participants. Most studies included multiple ethnicities (59.5 percent, $n = 47$). This was due in part because many were conducted in settings, such as schools or community centers, where it would typically be difficult to exclude some racial or ethnic groups from participation. The most frequently included racial/ethnic groups were African American (84.8 percent of articles, $n = 67$) and Latino American (46.8 percent, $n = 37$), noting that many studies included members of more than one racial and ethnic group and so percentages can sum to more than 100 percent. Asian American participants were included in 15.2 percent ($n = 12$) of studies, and American Indian participants were also included in 15.2 percent ($n = 12$). Individuals identifying as multiracial were included in 8.9 percent ($n = 7$) of studies, and Pacific Islander participants also were included in 8.9 percent ($n = 7$) of studies. No studies included Middle Eastern participants (see Figure 3).

There were 32 papers (40.5 percent) reporting samples comprised solely of one racial or ethnic group. Studies with African American (71.9 percent, $n = 23$) and Latino American (21.9 percent, $n = 7$) participants were most common, while two programs focused on American Indian/Alaska Native participants (6.2 percent). No programs focused solely on Asian American, Pacific Islander, Middle Eastern, or multiracial participants (see Figure 4).

Study Type. The most frequent type of studies were evaluations of *Interventions* (69.6 percent, $n = 55$), followed by *Prevention* program evaluation (17.5 percent, $n = 14$). *Protective Factor* studies accounted for 12.7 percent ($n = 10$) of all studies (see Figure 5).

Research Design. Reflecting the presence of more *Intervention* and *Prevention* program evaluations than *Protective Factor* studies, the most common research designs were the RCT (32.9 percent, $n = 26$) and *Pre/Post*-tests (31.7 percent, $n = 25$). *Feasibility* studies for programs were the only other type with more than 10 studies (see Figure 6 for percentages of all research designs).

Setting. The 69 *Prevention* and *Intervention* programs were coded for delivery setting. *Schools* (including after-school programs) were the most frequent setting, representing almost two in five programs (39.1 percent, $n = 27$). Three other categories were about equally represented: *Offender* (21.7 percent, $n = 15$), *Clinical* (18.8 percent, $n = 13$), and *Community* (15.9 percent, $n = 11$). Three programs (4.3 percent) took place in multiple settings and were coded as *Mixed* (see Figure 7).

Curriculum Content. *Prevention* and *Intervention* programs were further coded for content (see Figure 8; note: programs could be coded as including more than one type of content and, as a result, totals sum to more than 100 percent). The most common curriculum categories were *Strengths* (73.9 percent, $n = 51$), followed by *Overall Well-Being* (42.00 percent, $n = 29$). The content of ten programs (14.5 percent) included a focus on *Cultural Connectedness*, and 7.2 percent ($n = 5$) focused on *Redefining Masculinity*.

As stated in the Method, because the *Strengths* and *Overall Well-Being* categories were relatively large, subcategories for each were developed to provide a better sense of what was included in these groups. The frequency of *Strengths* subcategories and *Overall Well-Being* subcategories can be found in Figure 9 and Figure 10, respectively. Within *Strengths*, the most commonly targeted strengths were *Social Skills* and *Regulatory Strengths*. Within *Overall Well-Being*, the most common content focused on general *Cognitive-Behavioral* approaches.

Program Impact. Fifty-one programs met criteria to be coded for Program Impact (*Prevention* or *Intervention* programs with quantitative results; see Figure 11). *Positive* findings (either all positive, or mixed findings of positive and null results) were reported by 78.4 percent ($n = 40$). No studies reported only *Negative* results; however, more than one in six studies (17.6 percent, $n = 9$) reported *Mixed* results, which included adverse effects (that is, statistically significant effects in the undesired direction). An even smaller percentage (3.9 percent, $n = 2$) reported only *Null* findings (with no positive or adverse effects). The preponderance of *Positive* results suggests there may be some “file drawer effect” (difficulty or reluctance to publish negative or null effects; Rosenthal 1979).

PATTERNS AMONG PROTECTIVE FACTOR STUDIES

As mentioned above, ten articles on the basic science of understanding protective factors among boys and men of color were identified. Ideally, the content of strengths-based prevention and intervention programs for violence would rest on a solid foundation of scientific evidence regarding strengths among boys and men of color. Even more particularly, it would be useful to know which are the most important strengths for reducing involvement and exposure to violence, and ameliorating the impact when exposure does occur. For example, is it more useful to target emotional regulation, social support, or problem solving skills? Those are the kinds of questions that good basic research on protective factors could answer. Unfortunately, the database provides slim guidance for these essential questions. The reasons for this are probably varied, including general inattention to research on protective factors and strengths (Sabina & Banyard 2015), and sampling approaches that lead to low enrollment of boys and men of color. Below we summarize what is known.

Protective Factor Research with African American Participants. Six *Protective Factors* articles, all of which were *Quantitative*, had substantial numbers of African American participants. Social support is the protective factor that has been most studied among African American males, and has generally been found to be protective. Social or family support was associated with reductions in abusive behavior among batterers (Jones 2002), and ameliorated depression among African American youth exposed to violence (Hammack et al. 2004). In contrast, Thomas and Hope (2015) did not find a preventive effect for social support, suggesting that the benefit of social support may be principally in coping with violence that has occurred. The findings were mixed across these studies, indicating the need for replication and further consideration of the sources of variation. In terms of family relationships and functioning, good family management predicted less violent behavior among youth with a history of aggression, and this finding was larger for African American than European American children (Herrenkohl et al. 2003). Also, at the social and community level, neighborhoods with fewer problems have less violence exposure among African American adolescents and young adults (Thomas & Hope 2015), and academic success and connection to one’s school was found to predict less likelihood of violent behavior (Herrenkohl et al. 2003).

Several individual characteristics have also been associated with either reduced exposure or better coping. These include higher self-esteem among batterers (Jones 2002), lower political cynicism among adolescents and young adults (Thomas & Hope 2015), higher ethnic identity among younger adolescents (Williams et al. 2014), and better school attendance and above-average academic achievement among youth with an arrest (Blomberg et al. 2012).

Protective Factors Research with Latino American Participants. We only found one study that primarily focused on Latino American boys and men, although the Williams et al. (2014) study cited above on the benefits of higher ethnic identity was based on a sample that included 30 percent Latino American participants, and may be relevant to Latino American communities. A study of domestic violence among Mexican immigrant men (Celaya-Alston 2011) found in focus groups that men wanted better communication skills, more opportunities to discuss relationships and health issues among other men, more health information, and better access to information.

Protective Factors Research with Asian American Participants. One article focused on boys who identified as Asian American. Le and Stockdale (2005), in their study of youths of Cambodian, Vietnamese, Chinese, and Laotian/Mien descent, found that higher collectivist values (a concept related to having a sense of belonging within a group) was associated with less self-reported delinquency, while greater individualism was associated with more delinquency. More prosocial peer groups were also associated with lower delinquency (Le & Stockdale 2005). The Herrenkohl et al. (2003) study also included about one in five Asian American participants, and while they did not examine that group specifically, some of the general findings may also apply to them.

Protective Factors Research with American Indian and Alaska Native Participants. We found two articles that focused on protective factors for violence among American Indian and Alaska Native participants. Three protective factors were investigated by Pu et al. (2013): parental monitoring, self-efficacy, and interest in tribal culture. Higher levels of all three factors were associated with less violent behavior (Pu et al. 2013). In contrast to Blomberg and colleagues' (2012) finding in their sample of African American youth, academic grades were not significantly associated with aggression in the Pu et al. (2013) study. One article focused on Alaska Native participants residing in Yup'ik villages. The results of this qualitative study identified several factors beneficial for violence exposure reduction, including structures within the community that encourage activities related to traditional culture and promote social ties, such as hunting (Rasmus et al. 2014).

SUMMARY OF FINDINGS REGARDING PROTECTIVE FACTORS

Several studies provided some support for the premise that connecting with one's cultural traditions and ethnic identity can be protective for violence involvement among boys and men of color (Le & Stockdale 2005; Pu et al. 2013; Rasmus et al. 2014; Williams et al. 2014). This was probably the strongest thread across ethnic groups. Social support of various kinds and higher school engagement were also found to be protective in multiple studies. Several other protective factors were identified in individual studies, but few other clear patterns emerged. The lack of a common theoretical framework has hampered progress, with many studies including variables on a rather piecemeal basis. Although many of these protective factors are also well established in majority European American and female samples, as this review indicates, there are few studies, and several focus on offender samples. This is certainly relevant for research on violence, but it also suggests a possibility of a lens that focuses on boys and men of color as perpetrators. In general, our review has found that there is a real dearth of information that identified the key strengths that can most help boys and men of color reduce their exposure to violence and their involvement in delinquency and aggression.

PATTERNS AMONG PREVENTION AND INTERVENTION STUDIES

We next looked for relationships among the studies on *Prevention* and *Intervention* programs. A few caveats are in order. Perhaps most importantly, we did not find a single program with more than one scientific evaluation. The small pool of studies produced small cell sizes for many subgroups, and the results should be interpreted with caution. The patterns identified here need to be explored more directly in future research—for example, it would be useful to experimentally compare all-male to mixed-gender groups and not just compare across studies. We also saw some evidence of the well-known “file drawer effect,” with few publications presenting null or adverse results. However, there is no reason to think that the file drawer effect is stronger across program types or racial or ethnic groups, so we believe comparisons can be made.

PROGRAM IMPACT BY CURRICULUM CONTENT, SETTING, AND OTHER STUDY FEATURES

Program impact could be determined for the 51 studies reporting quantitative outcome results (omitting the feasibility and descriptive studies). We first considered whether any study features were associated with program impact.

Program Impact by Curriculum Content. Three curriculum content categories had positive results (positive only or positive with some null) more than 80 percent of the time: *Redefining Masculinity* (100 percent positive), *Overall Well-Being* (85.7 percent), and *Strengths* (81.1 percent; see Figure 12). *Interpersonal* and *Cultural Connectedness* programs both had relatively high rates of studies with at least some significant adverse effects (41.2 percent and 50 percent, respectively).

Within the *Overall Well-Being* categories, 84.6 percent of *Cognitive-Behavioral* programs (13 programs) reported positive results, and only 7.7 percent reported any adverse findings. For *Substance Abuse* prevention content (10 programs), 90 percent reported positive results. *Mindfulness* only included two programs, but both (100 percent) reported positive results. *Narrative* also only included two programs, and one of these (50 percent) reported some adverse findings. In our other work, we have found that the topic of the narrative matters, with ones focused more on personal values, meaning, and post-traumatic growth to be preferred over ones that focus more exclusively on recounting past trauma or general virtuous principles (Hamby et al. 2016).

Within the category of *Strengths* programs, programs that focused on *Social Skills* such as conflict resolution (19 programs) reported 84.2 percent positive results and 10.5 percent with some adverse results (and the rest null). *Regulatory* skills were also common (19 programs), but had somewhat worse results, with 73.7 percent reporting positive findings and more than 1 in 5 (21.1 percent) reporting some adverse results. *Social Support* programs (10 programs) reported 80 percent positive and 20 percent adverse results. *Career Development* content (9 programs) was associated with the best results, with 88.9 percent positive and 11.1 percent with some adverse. Only one quantitative evaluation of *Meaning Making* programming could be found, and it reported positive results. Only one quantitative evaluation of *Self-Efficacy* could be found, and it reported null results.

Program Impact by Other Study Characteristics. Most other study characteristics showed weaker, if any, associations with program impact. The percentage of studies with *Positive* (and no adverse) results was nearly identical for *Prevention* and *Intervention* programs (77.8 percent and 78.6 percent, respectively). The results for studies with full-randomized control groups versus *Pre/Post*-test only designs were relatively similar. (Note that *Descriptive* and *Feasibility* studies were not coded for program impact; see Figure 13). We likewise observed relatively few differences in outcomes by the venue of the program. The *Mixed* setting programs, although few in number, posted the best outcomes, with 100 percent reporting positive results with no adverse effects. *School*-based programs were next best (81 percent), and *Community*-based ones had the lowest percentage of studies with *Positive* results (71.4 percent; see Figure 14).

GENDER, PROGRAM CHARACTERISTICS, AND PROGRAM IMPACT

Gender and Program Impact. *All-male* programs reported better results than *Mixed*-gender, majority male programs. Of the 26 programs with all-male participants, almost 9 in 10 (92.3 percent) programs reported positive or positive/null results, whereas fewer than 1 in 3 (64.0 percent) of the 25 coed programs reported results that were positive, with no adverse effects (see Figure 15). This difference is perhaps even more notable because the mixed gender groups are still majority male, based on our inclusion criteria. It might be less surprising that boys fare less well if they are only 20 percent or 30 percent of a group of program participants, but these results suggest they do not gain as much even when they are in the majority in a mixed-gender program.

Gender and Other Program Characteristics. Some program characteristics were also associated with gender. *Offender* programs were more likely to be all male, and *Clinical* programs were more likely to be mixed gender, while studies in other settings were more equally divided between all male and mixed gender samples (see Figure 16). Similarly, *Prevention* studies were more likely to be mixed gender, and *Offender* studies were more likely to be all male (see Figure 17). *Protective Factors* studies were about evenly split between all male and mixed gender. Research design did not appear to be associated with gender. *RCT* and *Pre/Post*-tests were the most common designs for both types of samples.

RACE/ETHNICITY, PROGRAM CHARACTERISTICS, AND PROGRAM IMPACT

Most studies included participants from multiple racial and ethnic backgrounds and did not make subgroup comparisons, making it somewhat challenging to draw conclusions across studies. We focused in these analyses on the four racial and ethnic groups for which we could find at least 10 studies: African American, Latino American, Asian American, and American Indian/Alaska Native (AI/AN). We observed several noteworthy patterns.

Race/ethnicity and Program Impact. Unlike the findings for all-male versus mixed-gender/majority-male groups, there were not clear differences in program impact across the four racial and ethnic groups. The rates of positive results ranged from 77.8 percent to 87.5 percent. The highest percentage of positive results were for studies that included Asian Americans (see Figure 18).

Race/ethnicity and Program Characteristics. Several program characteristics, on the other hand, were associated with race and ethnicity. We saw some evidence of trends in program delivery, some of which seemed possibly related to stereotypes about race and ethnicity. Regarding curriculum content, *Cultural Connectedness* programs appeared to be more likely to be offered to American Indian/Alaska Native boys and men (30 percent) than to other boys and men of color (9 percent to 18 percent; see Figure 19). African American participants were somewhat more likely to be offered programming in *Strengths* (77 percent) than other groups (55–61 percent), with programming in *Self-Regulation* being the most common of *Strengths* programming offered to African Americans. Although content on *Redefining Masculinity* was generally uncommon, it was still three to four times more likely to be offered to samples including Latino Americans, Asian Americans, and AI/AN than to African American boys and men.

Asian American and AI/AN boys and men were more than twice as likely to be included in *Prevention* studies than Latino American and African American boys and men (41.7 percent and 50 percent versus 16.2 percent and 20.9 percent). This suggests a more “downstream” approach to reducing the burden of violence among African American and Latino American boys and men than with Asian American and AI/AN boys and men (see Figure 20). Similarly, more Asian American and AI/AN youth were offered programming in schools compared to other groups (see Figure 21).

Discussion

This report provides a systematic review of strengths-based approaches to understanding and reducing violence for boys and men of color. We would be remiss in not pointing out the dearth of research in this area, which is all the more troubling given the vulnerability of boys and men of color to violence exposure and involvement of all types (Hamby, Finkelhor, & Turner 2013; Truman 2011). We cast our search net wider than we originally planned, and included all studies that were more than 50 percent male and more than 50 percent people of color. Nonetheless, we located only 79 studies, less than 0.2 percent of our initial search results.

The research base should be reflective of the United State’s increasingly diverse population. Most of the programs we located focused on African American and Latino American participants; the research base is even slimmer for American Indian, Alaska Native, Asian, Pacific Islander, Middle Eastern, and multiracial boys and men. Every individual should have access to high-quality and culturally appropriate violence prevention and intervention programs. Nonetheless, despite the need for more research, some conclusions can be drawn from the existing literature. We understand that treatment and programming decisions are being made every day, in schools, in community centers, in prisons, in hospitals, in child welfare systems, and a host of other settings. We believe it is crucial that these decisions be informed by the best available knowledge. Our key findings are summarized in Table 3 and elaborated in more detail below.

THE STATE OF SCIENCE ON STRENGTHS AMONG BOYS AND MEN OF COLOR

Ideally, prevention and intervention programs would rest on a firm foundation of basic science regarding the key protective factors for reducing violence and victimization among boys and men of color. Unfortunately, we identified only 10 studies that specifically focused on protective factors for reducing violence among boys and men of color. The protective factors research that exists generally supports the importance of key domains that have been previously identified for other groups (European American people and women of color): social support, positive connections with family and community, various self-regulatory abilities, and interest in traditional culture or other sources of meaning. There is an urgent need for more research on strengths among boys and men of color. This may be the single biggest research priority because, as described in more detail in the discussion below, this lack of a firm scientific foundation leaves providers “flying blind.” One effect suggested by our results is that racial stereotypes, rather than science, are influencing the content of programming offered to boys and men of color.

PREVENTION AND INTERVENTION FOR BOYS AND MEN OF COLOR

Our review suggests that boys and men of color may benefit more from single-gender programs, even in comparison to programs with a majority-male participant pool. We were somewhat surprised by these findings because by the very nature of our review, we eliminated all groups where boys and men would be in the minority. These results support claims that boys (and girls) may benefit from gender-specific programming due to developmental differences and differing experiences of adversity and vulnerability across the life span (Turner, Norman, & Zunz 1995). These findings also suggest that more studies should consider direct comparisons of single-gender and mixed-gender groups.

Other factors were not as closely associated with program impact. Prevention and intervention were similarly effective, as coded in our review. Program impact was also similar across settings and research designs.

COMPLEXITIES IN OFFERING CULTURALLY APPROPRIATE SERVICES TO BOYS AND MEN OF COLOR

A nontrivial number of programs reported some adverse findings, which we defined as significant results in the direction opposite from program intent (such as increased victimization). The presence of multiple types of content in many studies should be considered when interpreting these results. Nonetheless, content related to strengthening interpersonal relationships and cultural connectedness programs showed relatively high percentages of studies with adverse effects (41.2 percent and 50 percent, respectively), given the availability of what might be labeled “safer” alternatives, such as programs on redefining masculinity, developing strengths, or promoting overall well-being.

We believe that cultural connectedness programs have many merits, and upon our review of the protective factors literature, we found some positive associations with related constructs, such as interest in traditional culture. However, we are also aware that calling for a reconnection to a particular culture is more complex than it may initially seem. For example, some cultural traditions are closely tied to religious practices, and people with different religious affiliations may be uncomfortable with some traditional practices. We have seen this on some American Indian reservations that have been influenced by Christian missionaries. In our personal experience, we have also seen people blend traditions, and it is probably challenging to find a balance that will be comfortable for everyone.

Anecdotally, we have witnessed some peer pressure, especially directed toward people who now belong to conservative churches, to not participate in some cultural traditions. Similarly, the complexities of using interpersonal relationships as methods of encouraging positive change may vary depending on the dynamics of the relationships. Some family members and friends may be too caught up in their own problems to be helpful to others. Some people of authority can be victim blaming, and in our work, we always caution that people should know the key providers and agencies in an area before encouraging seeking help from other places. These complexities need further study.

Further regarding cultural connectedness, we note that these programs were offered most often to groups including American Indian/Alaska Native boys and men and less often to other boys and men of color. Patterns of residence may partly account for this—American Indian reservations make relatively culturally homogeneous settings to offer such a program, for example. However, there are many US communities with a high percentage of African American and Asian residents. We speculate whether racial stereotypes, even “positive” stereotypes that romanticize American Indian culture (Mihsuah 2012), are driving some of the patterns in the types of programs that are being offered to specific groups. We saw some suggestion that African American boys and men were more likely to be offered self-regulation training than other boys and men of color. The finding that AI/AN and Asian American boys and men were more likely to be offered prevention than African American and Latino American boys and men also suggests possible influences of positive (for example, “model minority”; Lee 1994) and negative stereotypes. These patterns may suggest the existence of implicit biases held by researchers and providers.

LIMITATIONS

Our results reflect the state of the literature as of July 2016. Although we believe that our use of a search strategy for Google Scholar goes beyond most similar literature reviews, with over 35,000 Google Scholar results reviewed, we were unable to review hundreds of thousands of “hits.” We feel confident this is the most comprehensive review of this literature ever conducted. Given the relatively small number of studies that met our inclusion criteria ($n = 79$), more research is needed to confirm and extend these findings.

RESEARCH IMPLICATIONS

Beyond just “more”—more of virtually any kind of study would be helpful—there is an urgent need for more basic science on protective factors to guide practice and policy. More program evaluations should compare the effects of two or more programs. In order to begin making claims as to which programs are better than others, researchers should make direct comparisons of programs. There is also a great need for replications, especially by researchers other than the original curriculum developers.

We did not identify a single program with more than one formal evaluation. More research should also explore moderator effects of gender, race, and ethnicity, and test more explicitly whether some groups respond to content differently than others. We need more research on specific groups and not just broad ethnic categories. For example, Mexican American, Puerto Rican, and Cuban American boys and men may have different needs. There are many groups that are even more neglected than other boys and men of color, including people who identify as multiracial (a growing percentage of the US population) and people of Middle Eastern descent. Even for Asian Americans, one of the largest ethnic groups in the United States, we did not find a single study that focused specifically on strengths among Asian American boys and men.

PREVENTION AND INTERVENTION IMPLICATIONS

One goal of this project was to make recommendations that could be tailored to specific racial and ethnic groups. Many of our findings apply to all boys and men of color. These are summarized in Table 4. Below, we have summarized the implications for each racial and ethnic group. Also see Appendix 3 for a list and brief description of exemplary programs.

If you work with African American boys and men:

If you primarily work with African Americans, these are the most important implications. There have been more studies of protective factors with African American boys and men, especially regarding the benefits of social support and social networks, but the findings are still too limited and piecemeal to guide programming, which focuses on a wide range of factors despite the lack of an evidence base.

Be aware that prejudice can seep into the choices of programs for African American boys and men of color. African American boys and men were somewhat less likely to receive programs in school settings during their youth and more likely to receive them in “downstream” settings such as hospitals and offender treatment. They were also less likely to receive violence prevention instead of intervention, in comparison to Asian American and AI/AN boys and men. Programs were more likely to emphasize basic strengths such as self-regulation and less likely to emphasize cultural connectedness or redefining masculinity, leading us to wonder about the influence of negative stereotypes about African American culture. However, we note that the cultural connectedness programs also were the most likely to produce adverse effects, so it might equally be argued that positive stereotypes about other races and cultures are having problematic effects.

On the positive side, many exemplary programs have been evaluated with African American boys and men, such as Coaching Boys Into Men (Miller et al. 2012). If you are trying to design or implement a program, consider that single-gender programs generally worked better than coed ones, even when boys and men were a majority of mixed gender groups. Although small in number, the redefining masculinity programs had good outcomes, and these programs in particular may benefit from a single-gender setting. The field needs to invest more in prevention for African American boys and men, and they should be more systematically included in school-based programs. Programs that promoted overall well-being, through generalized cognitive restructuring, mindfulness, career development, or other approaches, were among the most effective, and these might be applied more broadly.

If you work with Latino Americans boys and men:

Some of the patterns observed for African American boys and men were also found for Latino American boys and men. Existing evidence on protective factors is far too scarce to provide any real guidance about what should be targeted in nonviolence programming for Latino American boys and men. The school setting for program delivery was least common for Latino American boys and men, with relatively high rates of programs being offered downstream to offender and clinical samples. Correspondingly, Latino American boys and men were much more likely to be offered intervention (73 percent of studies involving Latino American boys and men) rather than prevention (only 16.2 percent of studies involving Latino American boys and men focused on prevention). This is more than a four-fold difference.

On the positive side, Latino American boys and men had the highest rate of being included in programs that included redefining masculinity, which, although few in number, seem promising. They were second highest in cultural connectedness, which, as we noted earlier, had the highest percentage of adverse consequences. We still believe such programs have potential, but if you plan to offer cultural connectedness content to Latino American boys and men, we recommend that you ensure that you are not imposing a singular view of Latino American culture on a group that might vary in their country-of-origin or degree of acculturation to US culture.

If you work with Asian American boys and men:

Asian American boys and men were one of the most underserved groups in our review, with few studies including any Asian American boys and men at all and none focusing primarily on this group. Of the more than 35,000 studies we reviewed, we found only one article that focused on protective factors among Asian American boys and men. We could not find any programs that focused primarily on Asian American boys and men. Again, this lack leaves providers with very little guidance, and in the absence of data, stereotypes seem to seep in.

Programs for Asian American boys and men may be influenced by the “model minority” stereotype (Lee 1994). They were more likely to be offered programming in schools and more likely to be offered prevention programming than African American and Latino American boys and men. Asian American boys and men were least likely to be offered cultural connectedness programming and somewhat more likely to be offered programs focusing on overall well-being and interpersonal skills. Lacking data on specific approaches for Asian American boys and men, we recommend that providers who work with this group stick with some of the safer choices among the programs (redefining masculinity, developing strengths, promoting overall well-being) and choose programs that have at least been evaluated with more diverse groups of boys and men.

If you work with American Indian/Alaska Native boys and men:

As with other boys and men of color, the literature on protective factors is shockingly small and piecemeal and provides little guidance in crafting violence prevention and intervention. There were two studies with AI/AN boys and men suggesting that, contrary to the high percentages of cultural connectedness programs with adverse results, interest in traditional culture is associated with less involvement in violence. Again, seeming to reflect common cultural stereotypes, programming in cultural connectedness was far more common in programs offered to AI/AN boys and men than to other boys and men of color, with nearly one in three programs including this content. As with other groups, if you plan to offer cultural connectedness programming to AI/AN boys and men, be sure to do so inclusively. As mentioned, AI/AN boys and men were also most likely to be offered programs in general well-being. Again, we recommend the safer programs in this review, in terms of lower rates of adverse effects: redefining masculinity, developing strengths, and promoting overall well-being.

Conclusion

This report represents an ongoing effort to identify strengths and weaknesses in the evidence base for understanding and reducing violence among boys and men of color in the United States. We have highlighted key findings and made recommendations based on the current state of science. Although there are several promising approaches in the literature, there is an urgent need for more research and more replication of existing work. As more programs are evaluated and more relevant studies are published, we hope further analysis will produce further guidance. We remain optimistic that there is much that can be done to reduce the burden of violence and victimization on boys and men of color.

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TABLES AND FIGURES

TABLE 1 GROUP A AND GROUP B SEARCH TERMS

| GROUP | SEARCH TERMS |
|------------------------------------|--|
| GROUP A All | African American, Alaska Native, Aleut, American Indian, Apache, Arab, Asian, Athabascan, Black, Blackfeet, Cape Verdean, Cherokee, Chinese, Chippewa, Choctaw, Cuban, Dominican, Eskimo, Haitian, Hawaiian, Indian, Inupiat, Iroquois, Jamaican, Japanese, Korean, Latino OR Hispanic, Mexican, Middle Eastern, Multiracial, Navajo, Pacific Islander, Filipino, Pueblo, Puerto Rican, Salvadoran, Sioux, Taiwanese, Tlingit-Haida, Vietnamese, West Indian |
| GROUP B PsycInfo, PubMed | (1) prevention, (2) intervention, (3) program, (4) therapy, (5) psychotherapy, (6) culturally sensitive, (7) culturally appropriate, (8) culturally specific, (9) culturally grounded, (10) culturally enhanced, (11) community based participatory research, (12) protective factors, (13) asset OR assets, (14) strengths, (15) bullying, (16) narrative |
| GROUP B Google Scholar | (1) prevention, (2) intervention, (3) program, (4) therapy OR psychotherapy, (5) culturally sensitive OR culturally appropriate OR culturally specific OR culturally grounded OR culturally enhanced, (6) community based participatory research, (7) protective factors OR asset OR assets OR strengths, (8) bullying, (9) narrative |

TABLE 2 LITERATURE SEARCH RESULTS

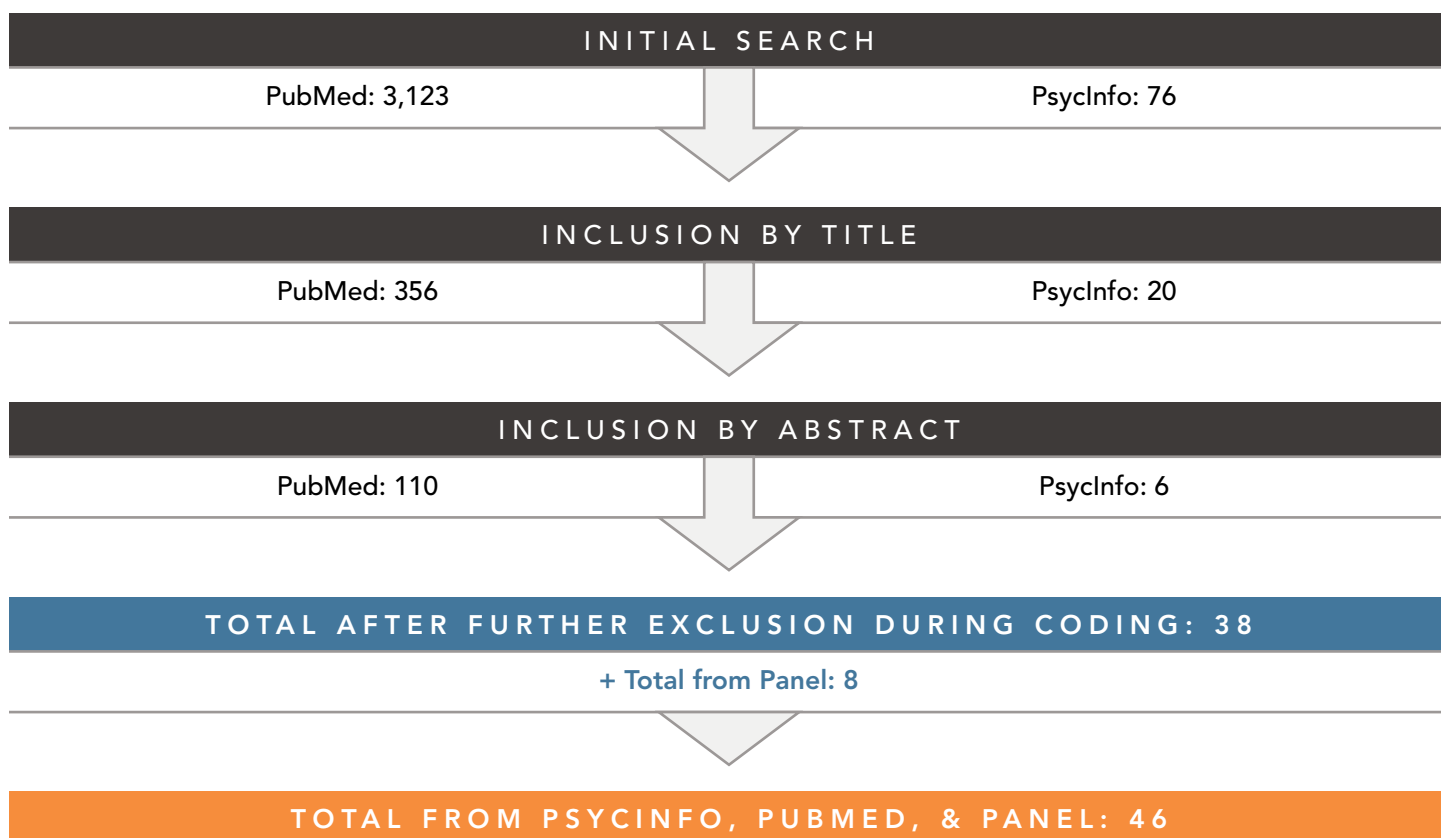


TABLE 2 LITERATURE SEARCH RESULTS (CONTINUED)

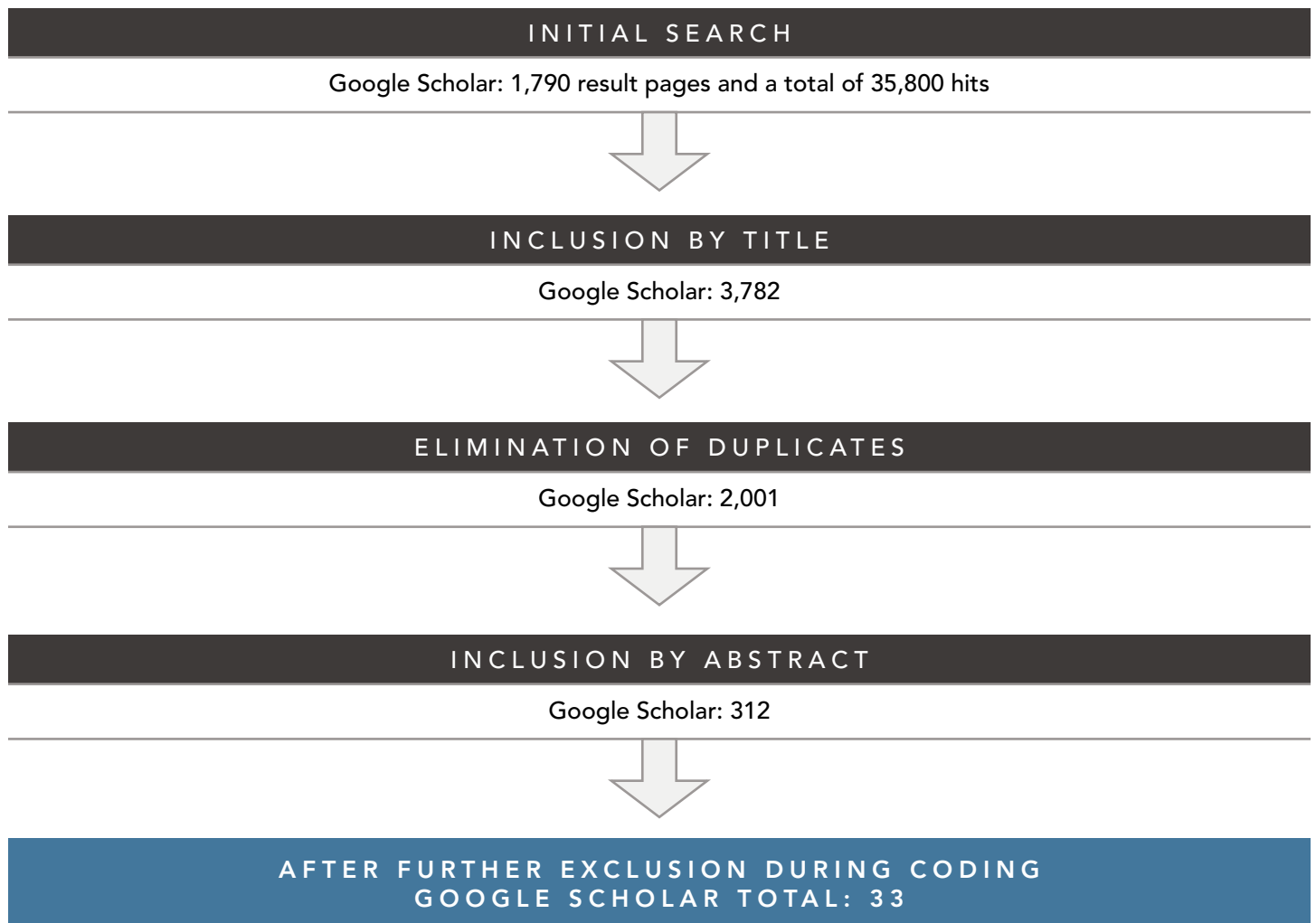


TABLE 3 KEY FINDINGS

- 1) Although approximately 5,000 scholarly articles are published on violence every year, there are fewer than 10 articles a year that take a strengths-based approach to understanding and reducing violence among boys and men of color (see Figure 1). Although we knew this was an understudied area, we were still surprised by the small size of the evidence base.
- 2) Ideally, prevention and intervention programs would rest on a firm foundation of basic science regarding the key protective factors for reducing violence and victimization among boys and men of color. Unfortunately, we identified only 10 studies that specifically focused on protective factors for reducing violence among boys and men of color. There is an urgent need for more research on strengths among boys and men of color.
- 3) The protective factors research that exists generally supports the importance of key domains that have been previously identified for other groups (European American people and women of color): social support, positive connections with family and community, various self-regulatory abilities, and interest in traditional culture or other sources of meaning.
- 4) All-male programs reported fewer adverse effects (significant results in the undesired direction) than majority-male, mixed-gender programs (see Figure 15).
- 5) *Cultural Connectedness* programs had the highest rates of adverse effects—fully half (50 percent) of the programs that included content in this area reported significant effects in the undesired direction. This was by far the highest rate of adverse effects. Although we remain optimistic about the potential of cultural connectedness programming, we caution that it might be difficult to present a unifying vision of “culture” to many groups. Some participants might find traditional values are in opposition to their own beliefs, or they may find that generic African, Latin, Asian, or Native values do not represent the specifics of their own cultural experience. More research needs to be done to identify the best way to support racial and cultural identity as protective factors for violence (see Figure 12).
- 6) Programs focused on promoting interpersonal relationships also had high rates of adverse effects (found in 41 percent of program evaluations including such content). Such content may also have underappreciated complexities, such as inadvertently promoting relationships with dysfunctional family members and friends (see Figure 12).
- 7) In contrast, studies that included content related to redefining masculinity, developing a range of specific strengths (such as self-regulation or career development), and promoting overall well-being (such as by teaching general cognitive restructuring principles or mindfulness) all had relatively low rates of adverse effects (ranging from 0 percent to 13.5 percent; see Figure 12).
- 8) There were differences observed across our four main racial and ethnic groups (African American, Latino American, Asian American, and American Indian/Alaska Native). Asian American and American Indian/Alaska Native (AI/AN) boys and men were more likely to be included in prevention (versus intervention). Similarly, Asian American and AI/AN boys and men were more likely to be offered programming in school settings than African American and Latino American boys and men (see Figures 20 and 21).
- 9) Almost one in three programs (30 percent) offered to AI/AN boys and men included content related to cultural connectedness, versus lower rates for other groups (9–18 percent). African American boys and men were most likely to receive training in basic skills and strengths (see Figure 19).
- 10) The findings in #8 and #9 suggest that racial and ethnic stereotypes are seeping into the programming choices made by providers working with boys and men of color. Given the lack of a scientific database to guide decision making, it is not surprising that other factors are influencing program design. These factors could include stereotypes about Asian Americans as “model minorities,” positive images of American Indian traditions and cultures, and negative stereotypes about African Americans, Latino Americans, and violence.

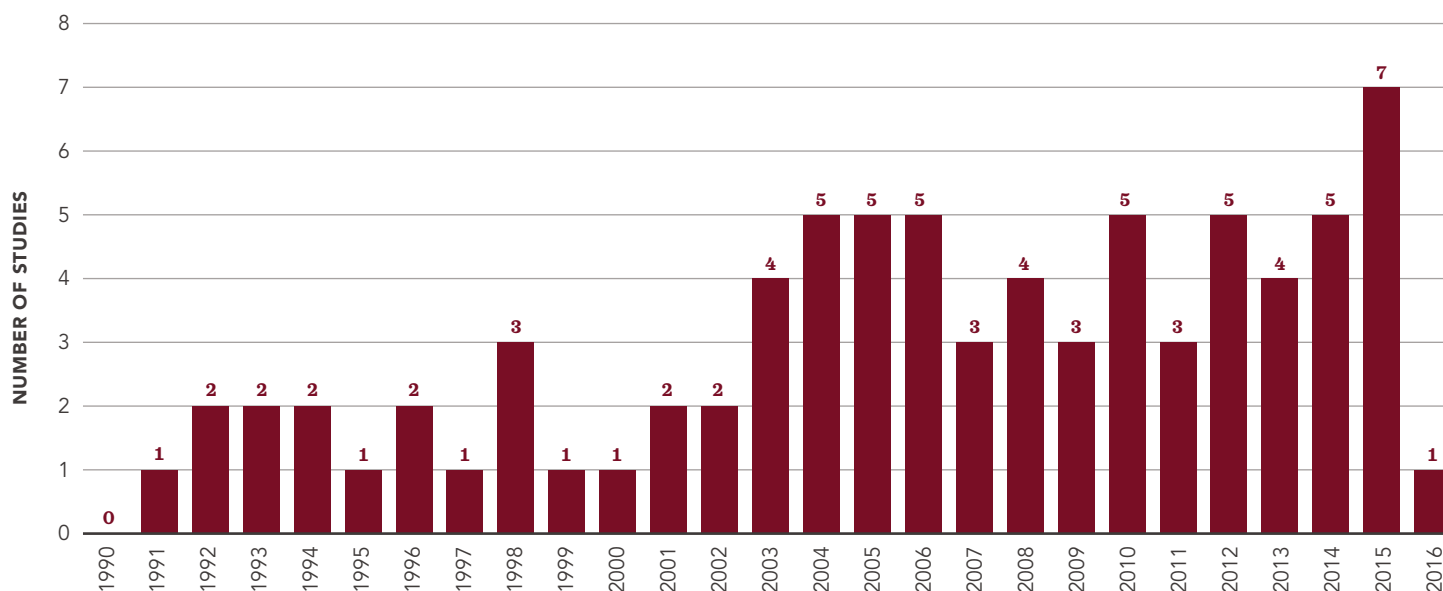
Notes: See text for more discussion.

TABLE 4 RECOMMENDATIONS FOR PROGRAM PROVIDERS WORKING WITH BOYS AND MEN OF COLOR

- 1) Consider all-male programs instead of mixed-gender programs. Our data demonstrate that these programs report more positive results than mixed-gender programs. Perhaps boys and men feel more comfortable in, and therefore more likely to benefit from, all-male programs.
- 2) Consider including content on redefining masculinity, overall well-being, and specific strengths. Although fewest in number, the programs focusing on redefining masculinity had the most consistently positive results. In terms of strengths and well-being, offering training or experiences in mindfulness, narrative, career development, or a range of strengths or general life skills appear to be relatively safe techniques.
- 3) Consider offering male-specific programming in multiple settings. Although also few in number, programs that operated in multiple settings (such as school, community, and clinical) had the most consistently positive results. For example, if you work in schools, consider outreach to parents and families to reinforce the message that children are hearing in the school program. Creating a support system that extends throughout the program participants' community may help participants benefit further from the program curriculum and apply program lessons to other aspects of their lives.
- 4) Be cautious about adopting programs that focus on interpersonal relationships and cultural connectedness. Both of these types of content were associated with higher adverse effects. This may be related to underappreciated complexities. For example, strengthening family relationships could be problematic if the families in question also have problems with violence, addiction, or related issues. Ask yourself the following questions:
 - *Would this content still be helpful to the participant in the most dysfunctional family, school, or community setting? Or are you recommending strategies that depend on high-functioning social networks?*
 - *Would this content still be helpful to the participant who is most different from the others in terms of race, ethnicity, country-of-origin, immigration status, religion, or other cultural characteristic? Or are you inadvertently imposing a majority-based strategy even within communities of color?*
- 5) Be aware that stereotypes can influence even the most well-meaning providers. There is no science to support offering self-regulation training to African American boys and men while offering cultural connectedness to American Indian boys and men. Be cautious about selecting content based on what is most commonly offered to a group. Spend time identifying or developing respectful, culturally appropriate content for the populations in your setting.
- 6) For specific recommendations of promising programs that have been evaluated with boys and men of color, see Appendix 3.

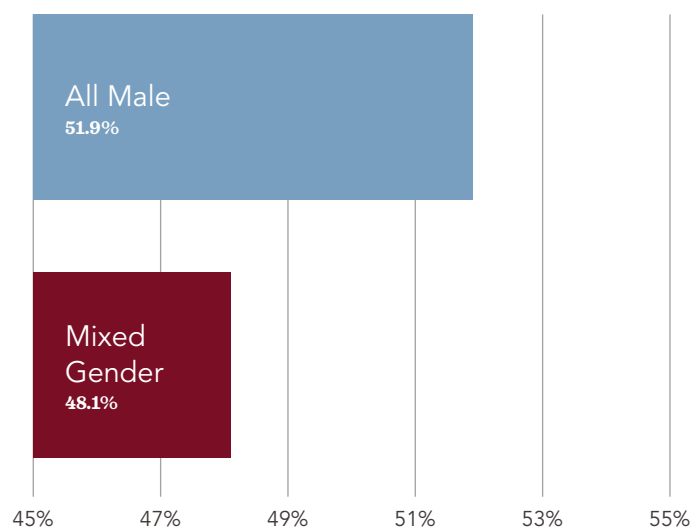
Notes: The current state of scientific knowledge, while smaller than ideal, can provide guidance for choosing prevention and intervention programs. All of the findings in this report need replication and would benefit from more formal evaluations (for example, explicitly comparing all-male to mixed-gender program formats). As the evidence base grows, it will be important to incorporate new information. The recommendations are based on the state of knowledge in 2016. See the text for more detailed discussion.

FIGURE 1 NUMBER OF ARTICLES PUBLISHED EACH YEAR 1990-2016



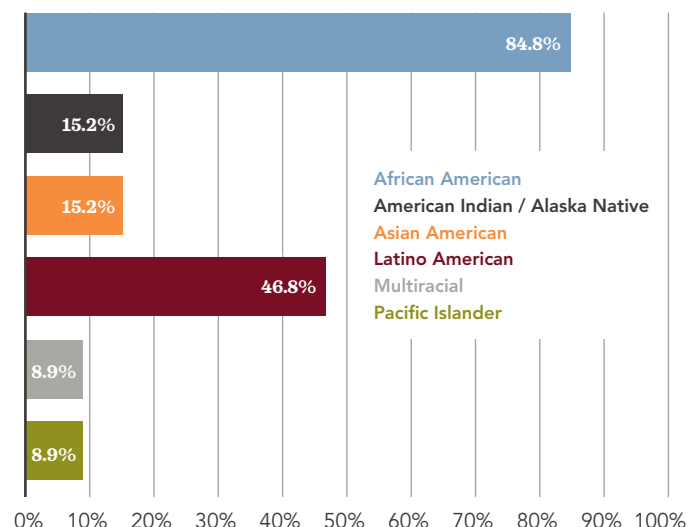
Note: Number of program articles published from 1990–2016 involving violence prevention, intervention, and protective factors for boys and men of color. No articles were found with a publication date before 1991.

FIGURE 2 GENDER OF PARTICIPANTS IN FINAL POOL OF STUDIES



Note: Mixed-gender programs are all majority male. Studies had to be more than 50 percent male in order to be included in this review. N = 79 studies.

FIGURE 3 RACE/ETHNICITY OF PARTICIPANTS IN FINAL POOL OF STUDIES



Note: Programs could include multiple races/ethnicities and total sums to more than 100 percent.

FIGURE 4 NUMBER OF STUDIES WITH PARTICIPANTS OF ONLY ONE RACE/ETHNICITY FOR EACH RACIAL/ETHNIC CATEGORY

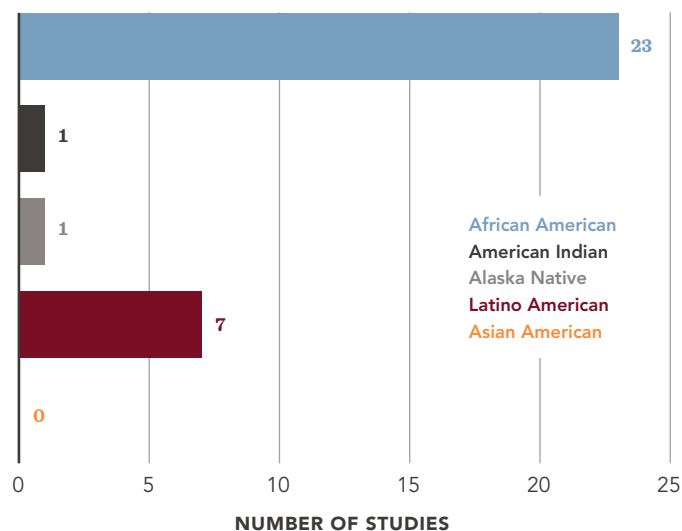
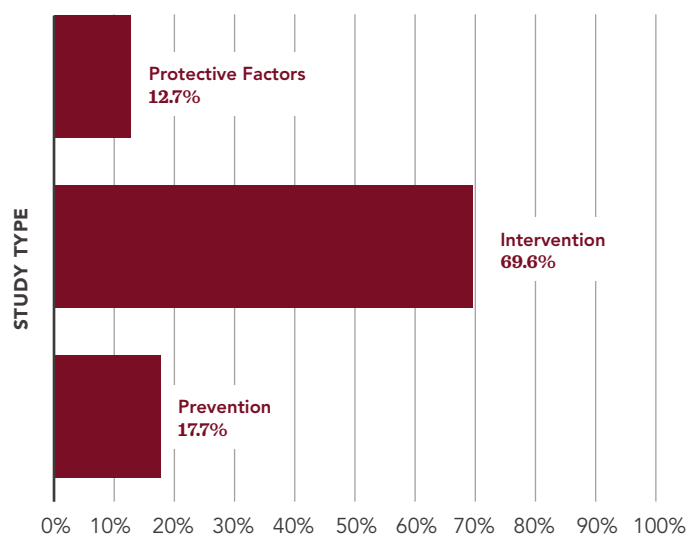
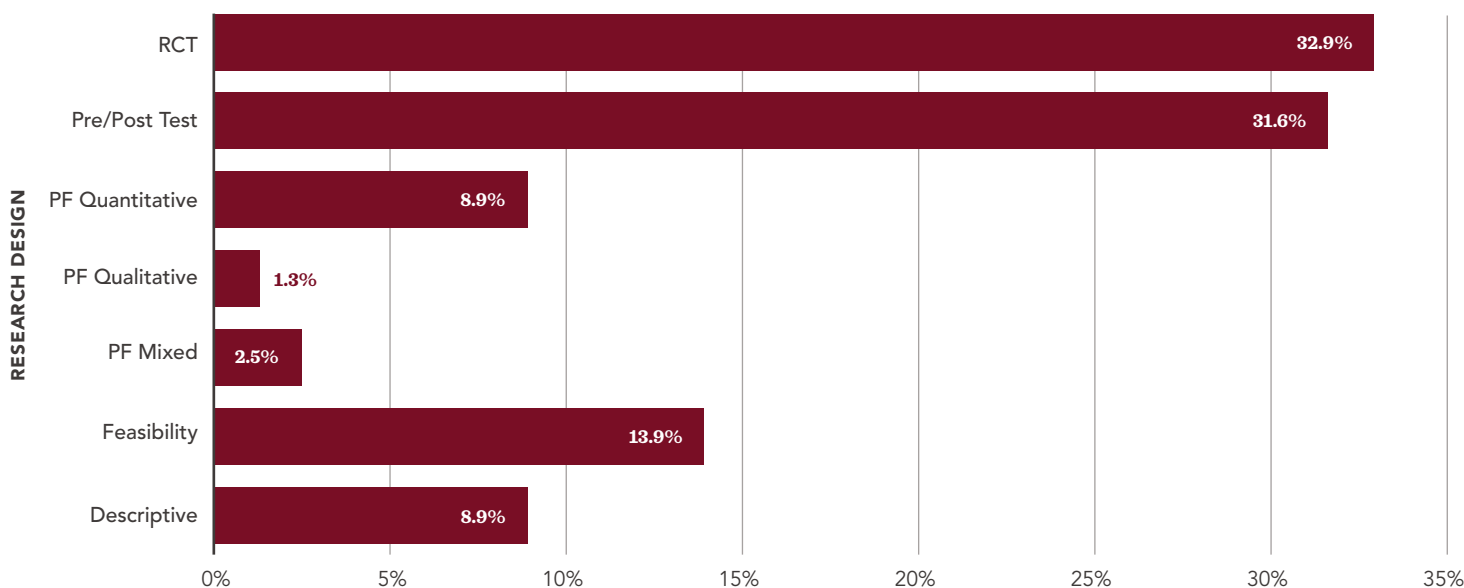


FIGURE 5 PERCENTAGE OF EACH STUDY TYPE



Note: These study types were mutually exclusive.

FIGURE 6 PERCENTAGE OF DIFFERENT RESEARCH DESIGNS



Note: These categories were mutually exclusive (PF = Protective Factors; RCT = Randomized Controlled Trial).

FIGURE 7 PERCENTAGE OF STUDIES IN EACH PROGRAM SETTING CATEGORY

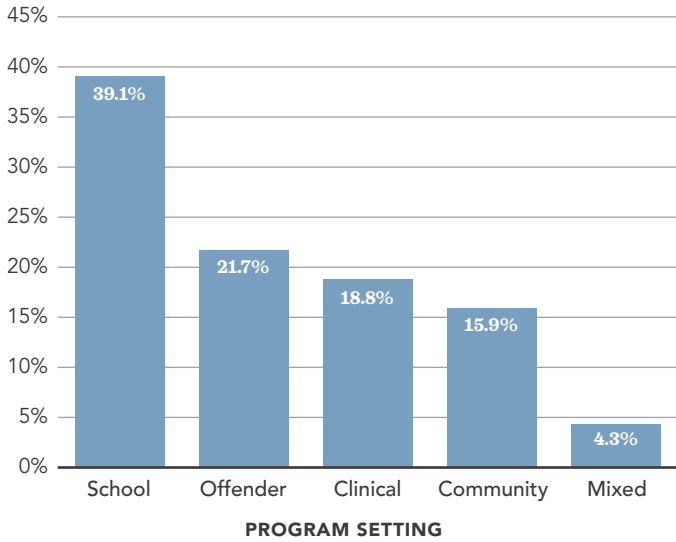
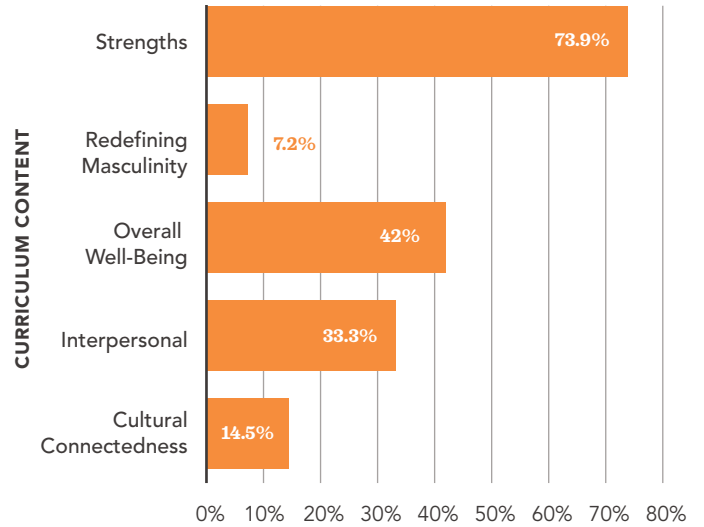
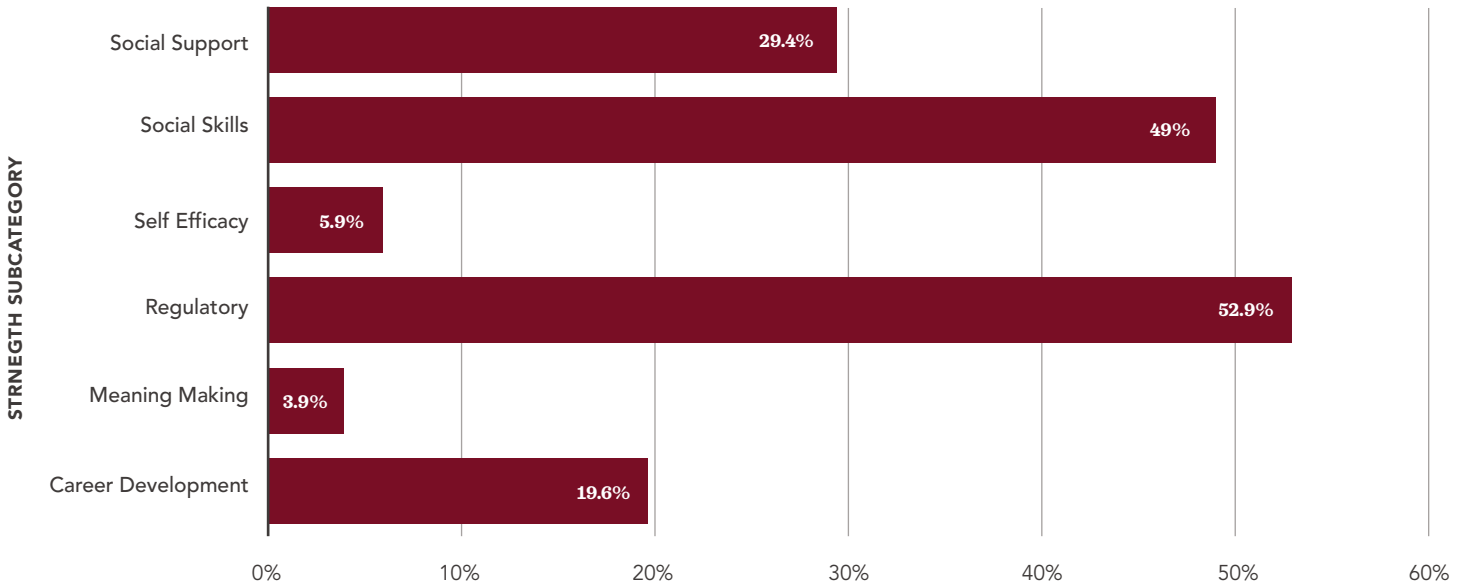


FIGURE 8 PERCENTAGE OF STUDIES COVERING EACH CURRICULUM CONTENT AREA



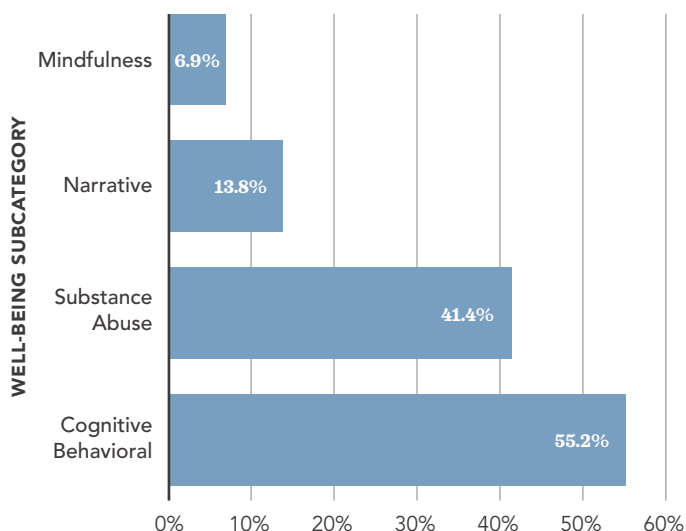
Note: It is possible for a study to have more than one content area.

FIGURE 9 PERCENTAGE OF STUDIES IN EACH STRENGTH SUBCATEGORY



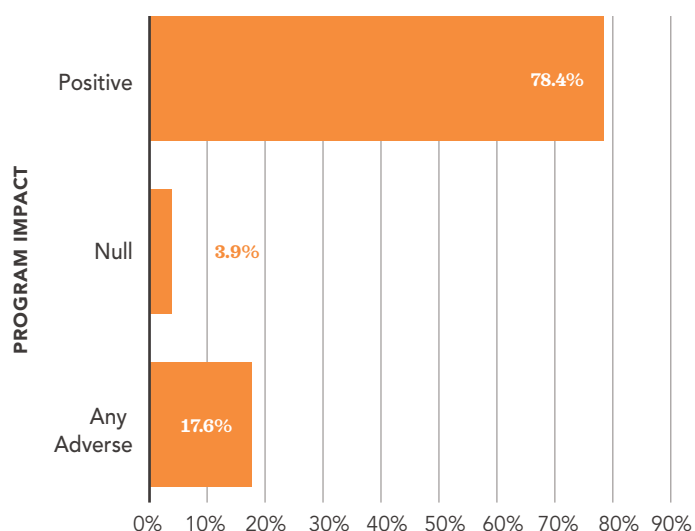
Note: This chart further subdivides the 51 strengths programs into more specific content subcategories. It is possible for each strength program to have more than one subcategory.

FIGURE 10 PERCENTAGE OF STUDIES WITHIN EACH WELL-BEING SUBCATEGORY



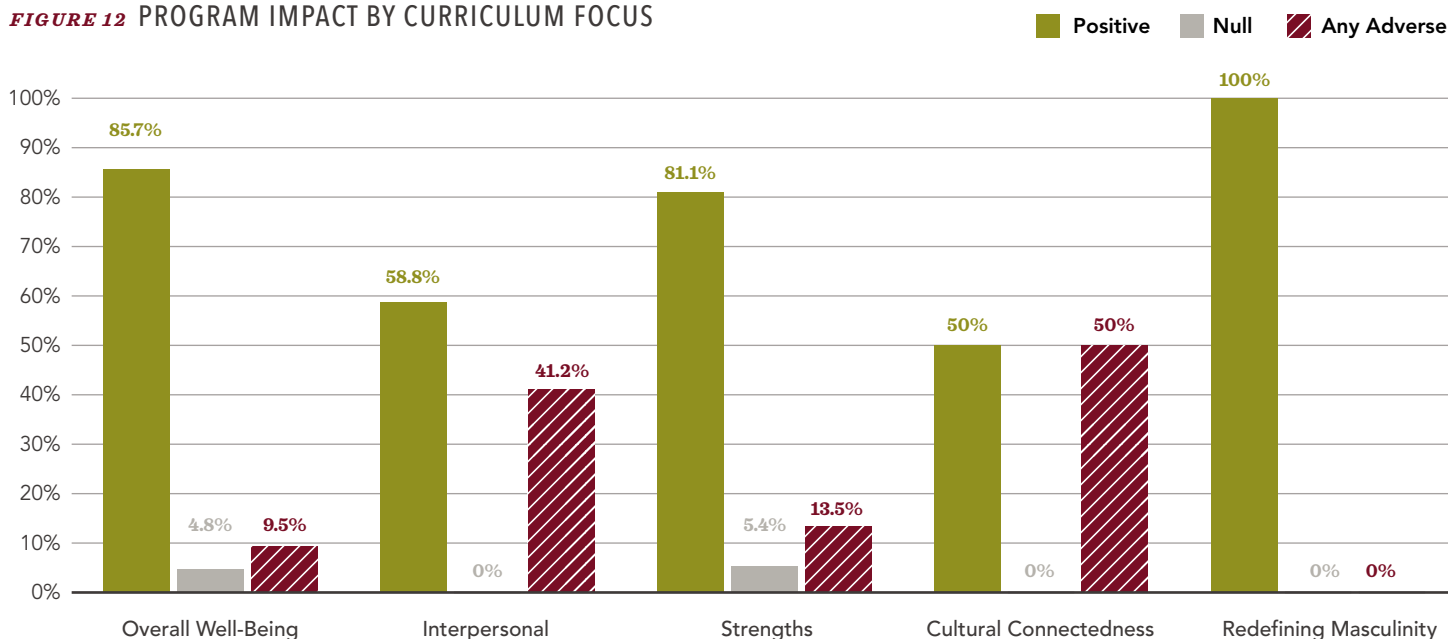
Note: This chart further subdivides the 29 overall well-being programs into more specific content subcategories. It is possible for each overall well-being program to be included in more than one subcategory.

FIGURE 11 PROGRAM IMPACT ACROSS PREVENTION AND INTERVENTION STUDIES



Note: "Positive" refers to studies that reported either all positive results (all significant findings in the desired direction), or mixed positive and null results. "Null" refers to studies only reporting nonsignificant results. "Any Adverse" refers to studies that reported any significant adverse effects (statistically significant change in the undesired direction). N = 51 studies (limited to quantitative studies reporting outcomes for prevention and intervention studies).

FIGURE 12 PROGRAM IMPACT BY CURRICULUM FOCUS



Note: These categories were mutually exclusive (PF = Protective Factors; RCT = Randomized Controlled Trial).

FIGURE 13 PROGRAM IMPACT BY RESEARCH DESIGN OF PREVENTION AND INTERVENTION PROGRAMS

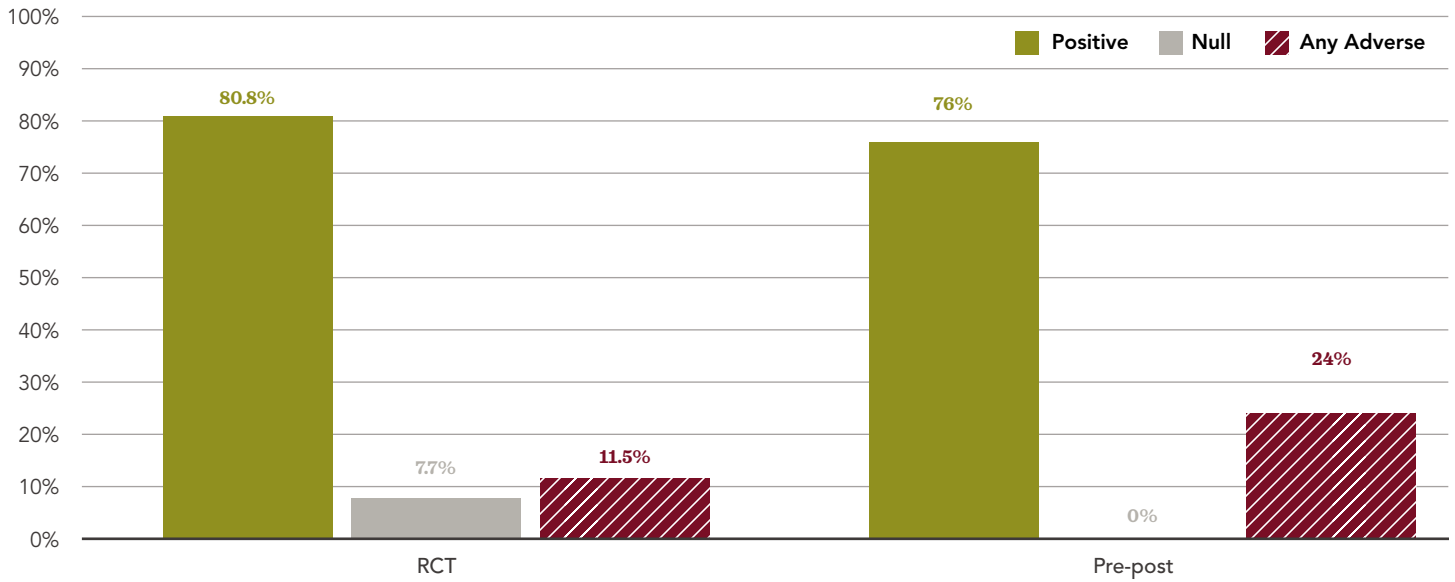


FIGURE 14 PROGRAM IMPACT BY PROGRAM SETTING

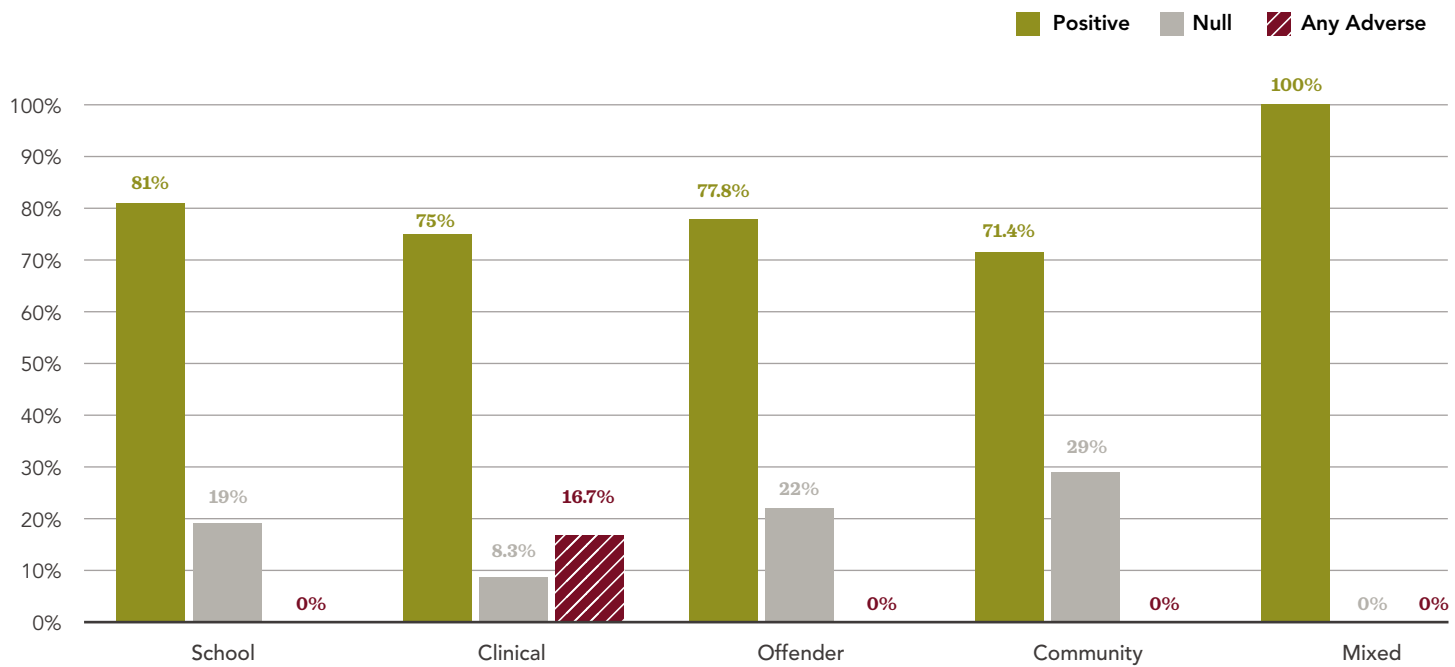
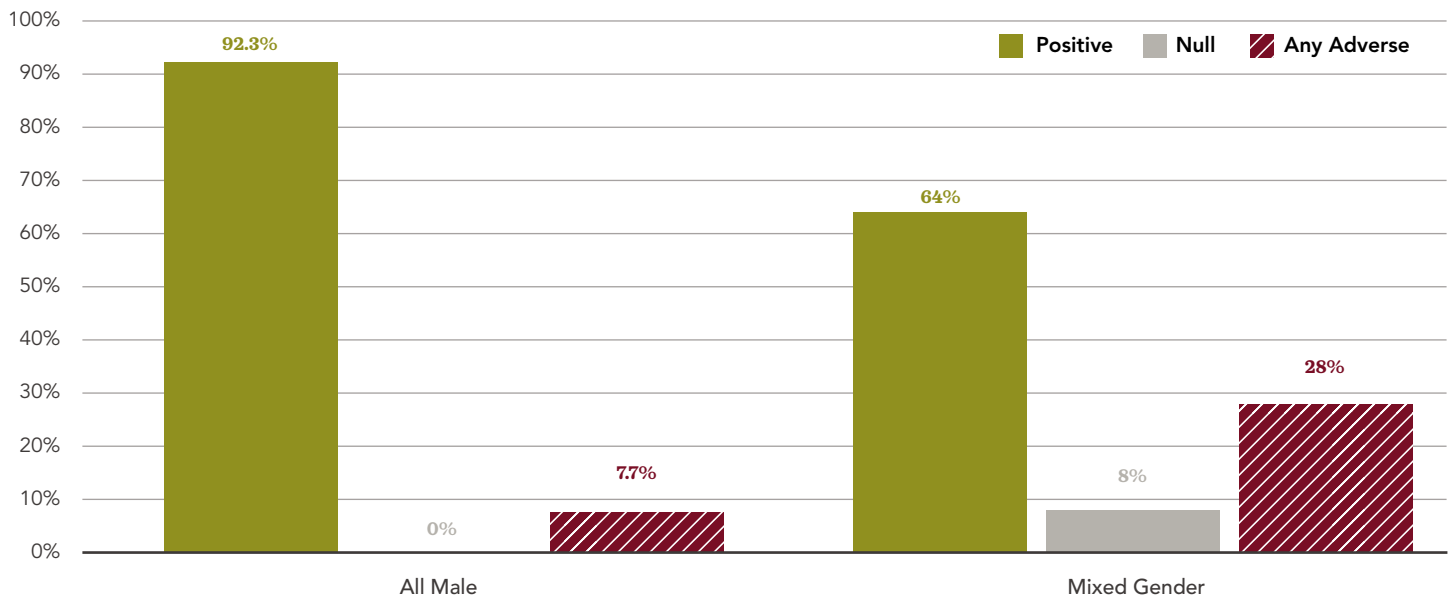


FIGURE 15 PROGRAM IMPACT BY GENDER OF SAMPLES



Note: Mixed gender samples are majority male.

FIGURE 16 PROGRAM SETTING BY GENDER OF SAMPLES

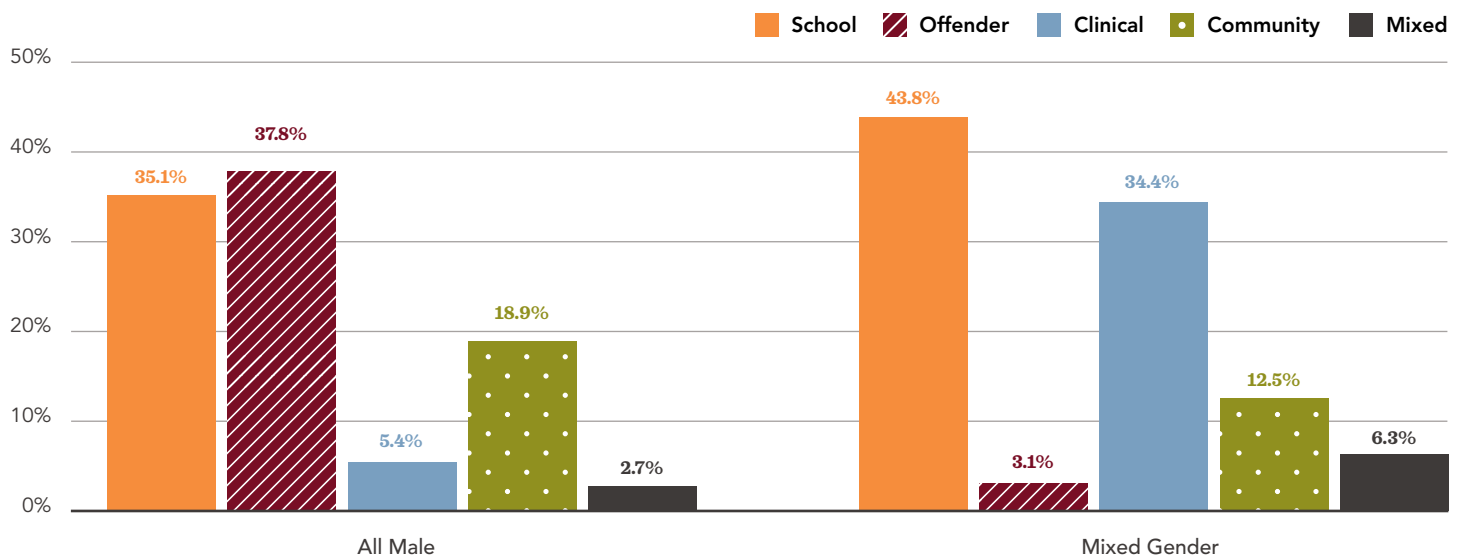


FIGURE 17 STUDY TYPE BY GENDER OF SAMPLES

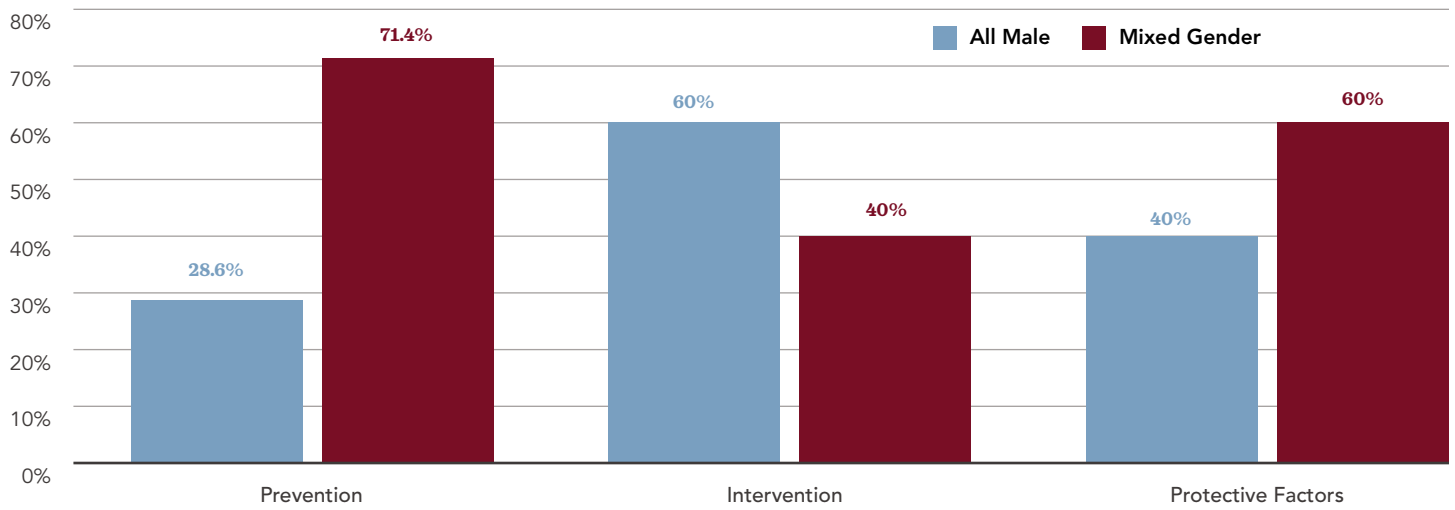


FIGURE 18 PROGRAM IMPACT BY RACE/ETHNICITIES INCLUDED IN STUDY SAMPLES

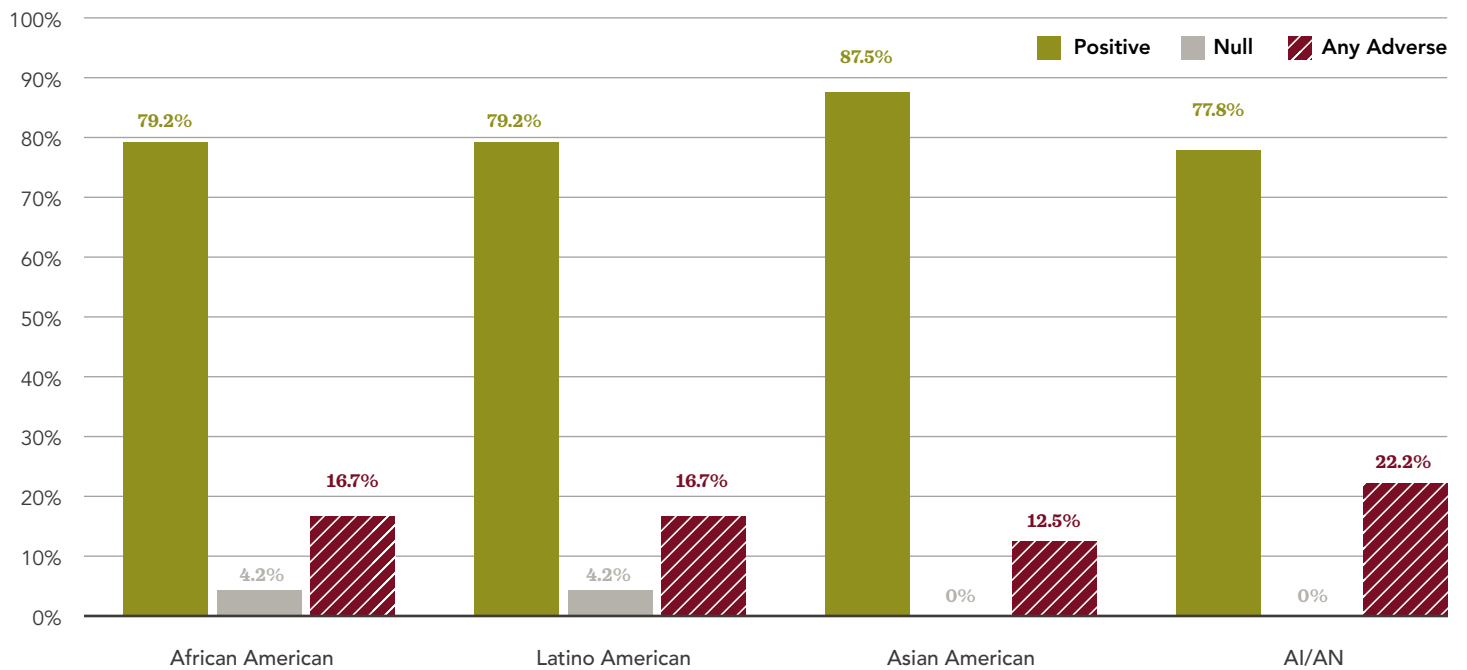
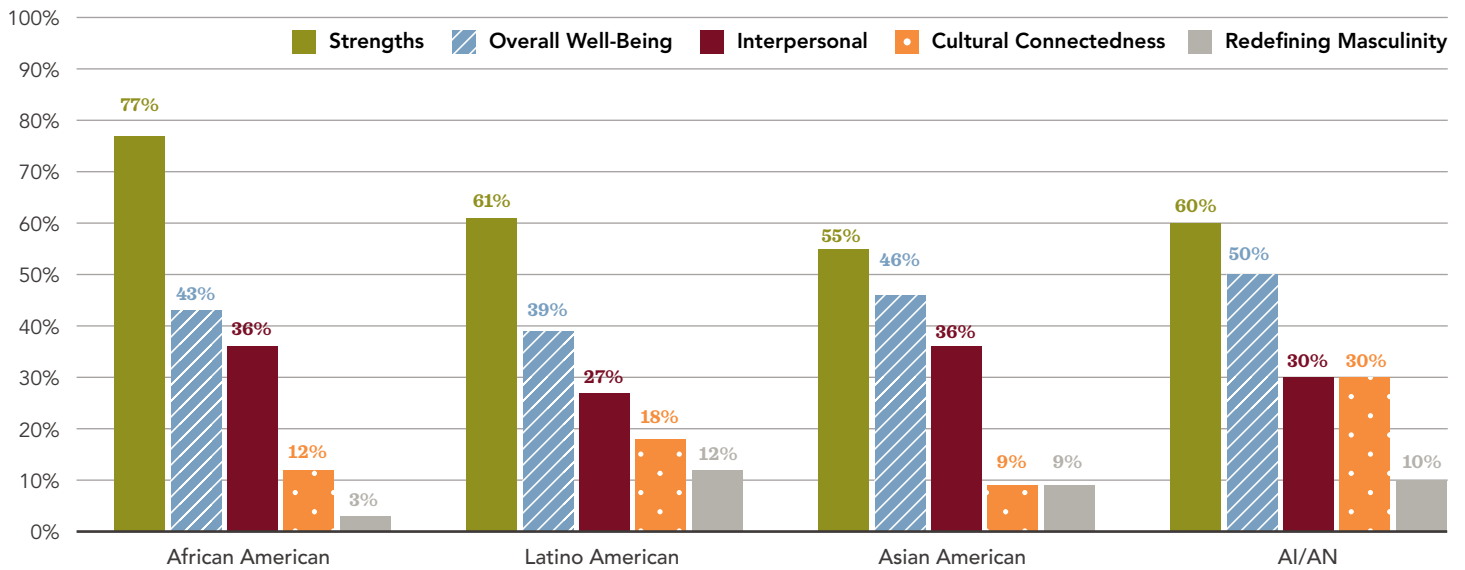
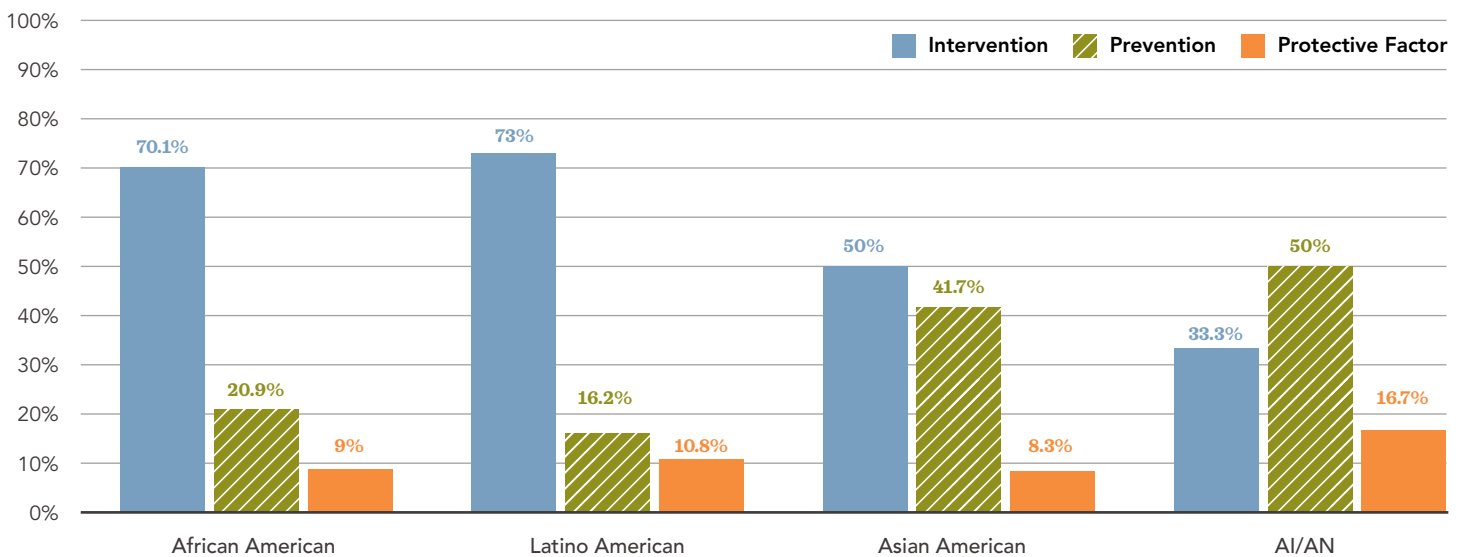


FIGURE 19 CURRICULUM CONTENT OF PREVENTION AND INTERVENTION PROGRAMS BY RACE/ETHNICITIES INCLUDED IN STUDY SAMPLES



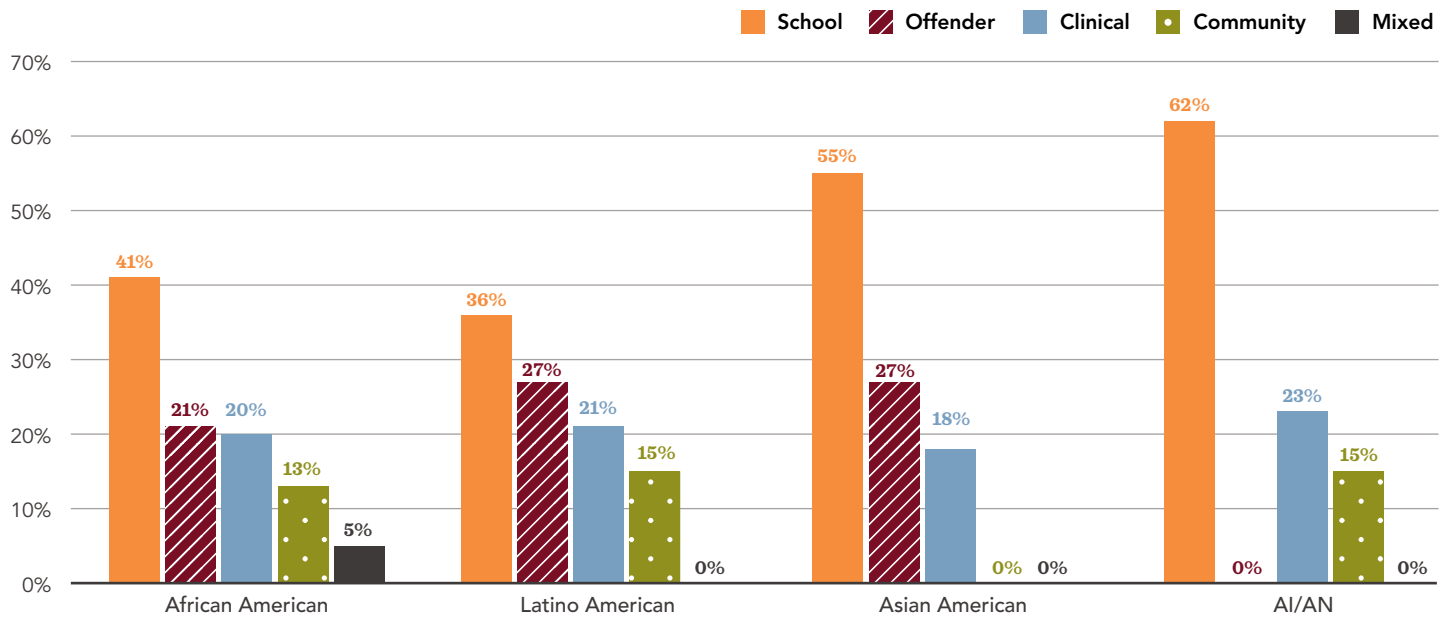
Note: Percentages can sum to more than 100 percent due to programs covering more than one content area.

FIGURE 20 STUDY TYPE BY RACE/ETHNICITIES INCLUDED IN STUDY SAMPLES



Note: These categories were mutually exclusive (PF = Protective Factors; RCT = Randomized Controlled Trial).

FIGURE 21 PROGRAM SETTING BY RACE/ETHNICITIES INCLUDED IN STUDY SAMPLE



APPENDIX 1

Advisory Panel

Juan Carlos Arean

Futures Without Violence

Victoria Banyard

University of New Hampshire

Wing Y. Chan

Georgia State University

Jessica Elm

University of Washington

Dorothy Espelage

University of Florida

Anjali Forber-Pratt

Vanderbilt University

Gabriel Kuperminc

Georgia State University

Terza Lima-Neves

Johnson C. Smith University

Kate McLean

Western Washington University

Elizabeth Miller

University of Pittsburgh

Bobbi Outten

Southcentral Foundation

Andre Rosay

University of Alaska-Anchorage

Chiara Sabina

University of Delaware

Katie Schultz

University of Washington

Jennifer Shaw

Southcentral Foundation

Nicole Yuan

University of Arizona

APPENDIX 2

EXEMPLARY PREVENTION AND INTERVENTION PROGRAMS

We present here exemplary programs which have been effective at preventing or intervening for violence and victimization involving boys and men of color. These have been chosen to showcase effective programs which represent many aspects of our coding system. This is not intended to be an exhaustive list of exemplary programs, but example to highlight the wide variety of approaches and varying groups of participants included in the programs meeting our inclusion criteria. Note that due to the presence of very few programs that focused primarily on Asian American and American Indian/Alaska Native boys and men of color, we were not able to identify exemplars that focused specifically on each of our four primary racial and ethnic groups.

“Coaching Boys into Men”: A cluster randomized control trial of a dating violence prevention program (Miller et al., 2012)

Coaching Boys into Men, a program geared towards male, high school athletes, was evaluated by Miller et al. (2012) in a randomized control trial of 1,798 men. The program focuses on reducing dating violence by encouraging boys to view their coaches as positive role models. Coaches are trained to lead short discussions with their players about dating violence (Miller et al., 2012). Coaches were chosen as good potential mentors because they see boys on a regular basis (Miller et al., 2012). After the sports season, boys in the intervention group reported greater intentions to intervene in the case that they saw dating violence occurring, and significantly greater positive bystander intervention behavior after the completion of the season (Miller et al., 2012). Coaching Boys into Men is an exemplary violence prevention program with content specifically geared towards boys.

Caught in the Crossfire: The effects of a peer-based intervention program for violently injured youth (Becker et al., 2004).

Caught in the Crossfire, a program that focuses on reducing violence perpetration for groups of youth who have been injured, was evaluated by Becker et al. (2004) using a group comprised of African American participants (60 percent), Latino American (26 percent) participants, Asian/Pacific Islander participants (8 percent), and participants described as “other” (6 percent). Caught in the Crossfire trains individuals who become mentors for the injured youth; these mentors visit the youth in the hospital or at their homes, and are trained in many aspects of mentorship, including conflict resolution, cultural competency, and basic counseling skills (Becker et al., 2004). In their evaluation of the program, Becker et al. (2004) found that youth who participated in the program were less likely to be arrested or other law enforcement contact compared to youth in the control group. Caught in the Crossfire is specifically geared towards youth who are already victims of violence, and is a promising model for high-risk youth.

The Coping Power Program for pre-adolescent aggressive boys and their parents: Outcome effects at the 1-year follow-up (Lochman & Wells, 2004)

The Coping Power Program evaluation focused on a group of preadolescent boys, a majority of whom identified as African American. Participants were assigned to one of three groups: the full Coping Power Program with parent and youth participation, an abbreviated version of the Coping Power Program, and a control condition (Lochman & Wells, 2004). The Coping Power Program uses group sessions to address goal setting, coping strategies, and emotional awareness with children, while parents worked on learning effective parenting techniques, all of which are geared towards reducing the risk of youth delinquency (Lochman & Wells, 2004). After one year, the boys participating in the Coping Power Program had lower rates of substance abuse as reported by their parents, better behavior in school, as reported by their teachers, and greater reductions in delinquent behavior by self-report (Lochman & Wells, 2004). This program is an example of an effective program for middle school youth, a key developmental transition point.

The impact of culturally relevant prevention models on school-age youth (Rodney et al., 2005)

The Family and Community Violence Prevention Program (FCVPP) was evaluated by Rodney et al. (2005) using a sample of majority-male youth participants identifying as African American, Latino American, American Indian, and Native Hawaiian who were at risk for violence and abuse. The FCVPP curriculum focused on personal, academic, and career development, family bonding, and cultural and recreational enrichment (Rodney et al., 2005). The program was found to reduce risky behaviors and deviant behaviors overall. There were some differences among groups, with

Latino American youth reporting increases in violent behaviors and African American youth reporting decreases. It was not clear why this difference emerged in this program, but this type of comparison across racial and ethnic groups is a model for examining differential outcomes among subgroups of boys and men of color.

Eliciting behavior change in a US sexual violence and intimate partner violence prevention program through utilization of Freire and discussion facilitation (Nelson et al, 2010).

The Hombres Unidos Contra La Violencia Familiar (Men United Against Family Violence) Project used group discussion-focused sessions to help Latino men recognize the prevalence of sexual and intimate partner violence in their communities as well as in their own lives (Nelson et al., 2010). Sessions involved various group activities such as games and discussion, and was conducted entirely in Spanish (Nelson et al., 2010). Participants were given pre- and post-tests before and after the five-week program (one session per week for two hours), and results indicated that understanding of concepts related to intimate partner and sexual violence had increased significantly for two of the three participant groups (Nelson et al., 2010). The program is notable because it is based upon themes relating to men's nurturing capacities and encourages men participating in the program to reflect upon their past and future behavior, as well as the effects they have on their communities at large (Nelson, 2010).

ABOUT THE AUTHORS

The principal investigator of this project, **SHERRY HAMBY**, is of European American ancestry (primarily British Isles). What follows is her statement of reflexivity:



For generations, my family lived in rural Appalachia until my father was able to go to college on the GI bill. I grew up in the Washington, DC suburbs and learned how to navigate both the professional classes of DC and the rural, low-income, Appalachian culture of my extended family. This ability to “code switch,” especially across socioeconomic boundaries, has perhaps meant as much to my scientific work as my university training. I have spent most of my professional life working with people from disadvantaged and stigmatized groups, and what I have chiefly learned is that most stereotypes are unfounded and that much social science needlessly reinforces biases, instead of finding pathways for building on the strength, endurance, and resilience of oppressed peoples.

I currently live in rural Appalachia, in a small college town of about 2,000 people, in the Cumberland Plateau. Professionally, I am trained as a clinical psychologist, although I have worked as a researcher and teacher since my children (now teenagers) were born. I first began working in mental health settings when I was 16 years old, as a nurses’ aide on the psychiatric unit of a nursing home. I was introduced to the scientific study of violence in graduate school. Massive trauma was in the background of virtually every psychiatric patient I had known,

and, for that matter, was common among my friends and loved ones. The study of violence seemed to get at the root of so many problems, and I also turned my focus to the study of interpersonal conflict. My and my colleagues’ research on poly-victimization has shown that it is the “dose”—the total cumulative burden of violence—that most affects outcomes.

My academic background was pretty conventional until I moved to the San Carlos Apache Reservation in the 1990s, after my post-doc. It was there that I began to appreciate what it really meant to be White and a member of the majority culture, thanks to many people there who helped open my eyes. At that first nursing home, at two state hospitals, on the reservation, and even at a Harvard teaching hospital that was largely for the very privileged, I saw again and again that the standard service responses of most mental health was so superficial and oblivious to real-world constraints that it often caused more harm than good.

The strengths I bring to the project are a commitment to being a strong ally and a willingness to critique the status quo. I have a lot of professional privilege and a track record of using it to support disadvantaged groups and to push back against many scientific conventions, which are little more than biases dressed up in the language of science. My limitations for this work include that I am not male and not a person of color, and I know that I view many of the challenges of promoting strength in boys and men of color from an inherently outsider’s perspective. I draw on my own experiences coming from a stigmatized community (“hillbilly” is one of the last slurs it is still ok to say in public) and my time spent in many other disadvantaged communities to transcend those differences as best I can. In terms of other potential limitations, I do my best to fight against the pressures of the “ivory tower” and scientific convention. I know that practitioners often find researchers frustrating, because we always want “more” data and never want to say we have definitively determined anything. I have enough of the clinician left in me to understand that comes from a place of distance and privilege and that such positions are not noble, they are damaging. Regardless of the state of science, a lot of therapists, teachers, and other providers must go out there tomorrow and try to do something for their clients or students. For this project, I was disappointed at the small size of the evidence base and surprised—maybe more than I should have been—at the hidden biases and prejudices built into the scientific questions being asked and the types of programs deemed “appropriate” for different groups. Still, I have done the best I can to push back against the instincts to say “we don’t know yet” and offer the best advice, given the current state of knowledge.

The students and interns who assisted me with the literature search also reflect the Appalachian community where I live. The research assistant who worked most intensively on it is **ZACH BLOUNT**, a post-baccalaureate fellow who is a European American male, also from Appalachia. **ELIZABETH EIDSON**, **ALLI SMITH**, **ANNYA SHALUN**, and **ELIZABETH TAYLOR** are European American females from the southern U.S.

ANNE-STUART BELL is of European American descent and identifies as gender fluid. **EXCY GUARDADO** is a Honduran female. Their professional situations are largely as undergraduate or recent college graduates, although Excy Guardado also has experience working for Teach for America and Elizabeth Taylor has her M.S. in psychology.



Drs. Bardi and Rice joined the project as members of the advisory panel, and we invited to co-author status in consideration of their contributions to the panel. **C. ALBERT BARDI** is of European (Scandinavian & Mediterranean) descent and Latino/a ethnicity. He describes his mother as 3rd generation Swedish American, and his father was a 1st generation Argentinian American. He identifies as White Latino, and is fluent in Spanish. Dr. Bardi conducted five years of clinical work with youth and families as a tribal psychologist for two American Indian tribes. He spent most of his life living in rural areas of the country, and married into a family with deep Appalachian roots and traditions. Finally, his qualitative work in developing culturally relevant assessment tools has exposed him to diverse viewpoints along lines of gender, race, and ethnicity in a formal setting.



DR. JOHNNY RICE II is an assistant professor at Coppin State University, a Historically Black College and University (HBCU) in Baltimore, Maryland. He is also a subject matter expert in the areas of responsible fatherhood, domestic violence, and family strengthening. Dr. Rice classifies himself as African-American. He grew up in West Baltimore and came of age during the crack explosion of the 1980's. He says that in a limited way, he was shielded from some of the crime and violence that was constant in many communities during that time. His parents were one of the first African American couples to integrate Hunting Ridge, a predominantly white middle-class community close to the city-county line. His dad was a decorated Vietnam Veteran who after his tour of duty became an alcoholic and became very abusive towards my mother emotionally and physically all of which he and his sister witnessed. Witnessing that violence

made me understand that people you love can cause you harm. Dr. Rice says, "As I grew into a man and practitioner, I started to understand the situational, socio-economic, cultural and structural factors that contribute to crime and violence. My parents divorced during my teenage years, and it was not until I became a young adult that my father recognized the error in his ways and changed from an abuser and alcoholic to a non-violent and supportive person. I often reflect on how I was able to navigate violence during those formative years. My personal experience as a young man who was surrounded by violence is complemented by my past employment experience which covers a significant cross-section of diverse areas which I believe allow me to bring a unique perspective to this research."

Our expert panel includes community members from a wide range of racial and ethnic groups, including African American, Anishinaabe, Argentine, Cabo Verdean, Chinese American, Chippewa, Choctaw, Japanese, Oneida, Mexican American, Mohican, Puerto Rican, South Indian, and European American. The team has extensive experience working with boys and men of color. We are also a highly interdisciplinary group, including researchers, advocates, psychotherapists, and policymakers. We also represents several career stages and have made an effort to not only take advantage of existing expertise, but also promote the professional development of the next generation of researchers and advocates who work with boys and men of color.

RISE is a joint initiative co-led by Equal Measure and
Penn GSE Center for the Study of Race and Equity in Education.

RESearch **I**NTegration **S**TRATEGIES **E**VALUATION

RISE for Boys and Men of Color

www.risebmoc.org