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Training needs in dating violence prevention among school staff in Québec, Canada

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Introduction: School staff play a central role in youth sexual health education (SHE), making them critical actors in dating violence (DV) prevention initiatives. However, since most school staff do not benefit from specific training on SHE, they often report feeling challenged in their roles as sex educators. The mention of a lack of self-efficacy to prevent DV is a concern as self-efficacy is associated with the motivation of adopting new behaviors. To optimize the scope of actions used to prevent DV, the SPARX program team sought to identify priority training needs using a mixed-methods design.

Methods: In the quantitative component of this study, 108 school staff completed an online survey regarding their sense of ease, self-efficacy and barriers faced in regard to DV prevention. For the qualitative component, 15 school staff participated in an individual semi-structured interview, sharing their experiences preventing DV. Descriptive analyses were conducted on the survey data, while direct content analysis using the self-efficacy theory concept was conducted on the interviews.

Results: To feel confident, school staff members need to learn about DV and healthy relationships and clarify their role in DV prevention. Turnkey activities, preformulated answers to adolescents' questions, and strategies to reassure reluctant parents can strengthen staff's sense of self-efficacy. Members of the school staff also want to feel supported and encouraged by their colleagues and school administration in their efforts to prevent DV.

Discussion: The results highlight the importance of providing training beyond acquisition of knowledge, which can improve attitudes toward DV prevention and a sense of self-efficacy used to transmit content and intervention.

KEYWORDS

dating violence, prevention, school staff, training needs, teacher, school counselors

1. Introduction

1.1. Dating violence among adolescents

According to the Centers for Disease Control and Prevention (CDC), dating violence (DV) includes behaviors against a partner or ex-partner such as physical violence (slapping, punching, and kicking, etc.), psychological violence (insulting, controlling, threatening, etc.), sexual violence (sexual coercion, sexual assault, rape, etc.), and cyber-violence (monitoring conversations and movements, sending unwanted sexually explicit photos, etc.; [Niolon and Centers for Disease Control and Prevention, 2017](#)).

In Canada, DV is a serious public health issue. Indeed, a recent representative study estimates that more than one adolescent in three adolescents aged between 14 and 15 years old reported at least one episode of physical, psychological, or cyber DV in the last 12 months

(Exner-Cortens et al., 2021). In the province of Quebec (Canada), the representative study ($n=8,024$)—the *Youth Romantic Relationships Project* (YRRP; 2017) revealed that 63% of girls and 49% of boys in grades 9–11 had experienced at least one episode of physical, psychological or sexual dating violence in the past year. Girls were significantly more at risk for sexual dating violence victimization (20.3% of girls vs. 5.7% of boys). Girls were also more at risk regarding the reporting of physical injuries following DV episodes (Hébert et al., 2017).

DV prevalence is of utmost concern for society and may lead to significant negative consequences for victims (Teten Tharp et al., 2017). At the academic level, DV victimization has been associated with poor academic performance (Taquette et al., 2019) and school dropout (Richard et al., 2013). Also, to monitor impacts, the *National Longitudinal Study of Adolescent Health Survey* of 5,691 adolescents ages 12–18 years old assessed depressive symptoms, self-esteem, eating disorders, alcohol and drug abuse, suicidal ideation, and suicide attempts among adolescents with and without DV experiences. Results revealed that victimized adolescents showed more mental health issues than those who had not experienced DV. This difference was still apparent 5 years after the original study (Exner-Cortens et al., 2013). More precisely, girls who reported DV in adolescence were 1.46 times more likely to experience DV in young adulthood, and adolescent victimized boys were 1.97 times more likely to be victimized in young adulthood. To prevent DV among youth, sexual health education (SHE) in school settings is an effective strategy as it focuses on the acquisition of knowledge, attitudes, skills and empowerment to develop, among other things, respectful intimate and sexual relationships (Action Canada, 2020).

1.2. School and sexual health education

The most recent guidelines published by *Sex Information and Education Council of Canada* (2019) report that schools constitute the environment where adolescents may receive the best quality of SHE when based on a comprehensive approach. This curriculum-based approach aims to provide information on various aspects of sexuality including cognitive, emotional, physical, and social aspects of sexuality. It also aims to provide knowledge, attitudes, and skills so that youth can make informed choices about their sexuality (UNESCO, 2018). It is essential that school staff be trained in this area to provide quality sexuality education and prevent DV.

In Quebec, Canada, sexuality education can be initiated by teachers or school counselors (Grace, 2018). Sexologists, who are professionals specializing in SHE, are not assigned full-time to one specific school, but rather are likely to intervene in several schools. Thus, it is likely that other members of the school staff take charge of the content (Action Canada, 2020). From an ecosystemic perspective, it is necessary to train all school staff to transmit content, detect and support youth experiencing DV situations. Teachers and school counselors (ex. social workers, psychologists, psychoeducators, and sexologists) play a central role in adolescents' SHE. By their constant presence in school environment, they have the power to raise awareness, prevent, denounce violent behaviors, and support adolescent victims of DV (Storer et al., 2017). As such, they are in a critical position to promote positive messages on intimate and romantic relationships, thereby preventing DV.

In 2018, The Ministry of Education and Higher Education of Quebec reintroduced SHE in Quebec schools after having withdrawn it from the school curriculum in 2005 following a reform. In reintroducing SHE, it was made mandatory in high schools, including the addressing of positive intimate relationships and DV (Gouvernement du Québec, 2018). Although there is mandatory content to be integrated into the school curriculum, topics such as DV are still sensitive topics and unfrequently discussed in educational settings (Kumar et al., 2013; MacAulay et al., 2022). However, intimate relationships represent one of the topics youth are most interested in discussing (Narushima et al., 2020; Astle et al., 2021).

1.3. Training on sexual health education and dating violence among school staff

Studies show that school staff who have received training in sexuality education are more likely to be willing to discuss sexuality-related topics with youth (Cohen et al., 2012; Barr et al., 2014; Bialystok, 2019; Cahill and Dadvand, 2021; Almanssori, 2022), to create a healthy climate, free of violence and favorable to learning. A study by Siller et al. (2021) found that rates of violence experienced and perpetrated by youth were lower among those who attended schools where staff members were more willing to address DV. It is therefore important to encourage school staff to address and intervene in situations relating to DV by offering training opportunities to school staff so that they can be prepared to react to these situations (Siller et al., 2021).

There is a need to better understand school staff training needs to support students adequately. Nevertheless, training needs have not been well documented (Bialystok, 2019). Studies have focused on the experience and challenges related to sexuality education at large (e.g., Cohen et al., 2012; Bialystok, 2019; Dickson et al., 2020). However, there is limited scientific research on school staff's experience with SHE and preventing DV while promoting positive intimate and romantic relationships in Canada.

Regarding SHE, school staff members report they lack knowledge (Burton, 2017), skills (Basian, 2015), and confidence in their abilities (Fisher and Cummings, 2016), all of which are all effective characteristics to ensure quality SHE (Pound et al., 2016). The *Canadian guidelines for sexual health education* recommend that educators must have knowledge and skills to deliver SHE and they must receive support from schools, such as access to training (Sex Information and Education Council of Canada, 2019).

Interviews conducted by Almanssori (2022) with 15 teacher candidates regarding their perception of their university education reveal that they have little training on SHE and sexual violence prevention. They would like to have more training on the subject since they will be required to open up about these topics with youth. Also, school staff report they do not have specific prepared content and turnkey activities (an activity that can be animated with content already prepared and ready to be used). Instead, it is often a matter of individual initiative, for which all school staff, including teachers and school counselors, are responsible for in terms of meeting the mandatory content (Action Canada, 2020). Due to the lack of training, these mandates can be a source of insecurity for many school staff (Jetté and Ouimet, 2017).

Training to raise awareness of a sexuality-related topic, such as DV in adolescents, can be relevant (Sex Information and Education Council of Canada, 2020) and an effective way to strengthen the school staff's sense of self-efficacy (Bandura, 2007). Training often does not rely on a prior need analysis, so there is a risk that training will not necessarily meet staff's actual needs (Salas et al., 2012). To ensure a rigorous needs analysis, it is relevant to conduct training based on theory (Bartholomew Eldridge et al., 2016), such as the self-efficacy theory.

1.4. Self-efficacy theory

Self-efficacy, which refers to an individual's beliefs in organizing and executing a task and achieving the desired performance, is linked to motivation and whether or not a behavior is adopted (Bandura, 1989). The more confidence individuals have in their ability to perform a task, the more motivated they will be to adopt the behavior and persist in facing obstacles. On the contrary, an individual with less confidence in their ability to perform a task will be more likely to avoid it (Seo and Ilies, 2009). The sense of self-efficacy is the product of four sources of information: (1) active experiences of mastery; (2) vicarious learning; (3) physiological and emotional states, and (4) verbal persuasion.

First, active experiences of mastery refer to the acquisition of cognitive and behavioral tools necessary to perform desired actions, such as knowledge, abilities, and past experiences. Past experiences of failure and success impact a sense of self-efficacy. Individuals who have better knowledge and have had positive experiences are more confident in their abilities. Second, vicarious learning refers to observing an example (a person or tools) and learning from their observations. Individuals exposed to concrete examples of success develop a greater sense of self-efficacy than those who have not been exposed as much. Third, physiological and emotional states include how the learner feels when doing the task or thinking about realizing it. If a person has positive emotions (joy, sense of accomplishment, ease) while doing the action, they will be more likely to feel confident. Conversely, if a learner feels uneasy, stressed, or confused, they may feel less confident in their ability to perform the task again. Finally, the last source of information is verbal persuasion, which refers to peer feedback and support. Positive feedback and the feeling of being supported help cultivate and maintain one's sense of self-efficacy, especially when someone credible to the learner offers support. Feedback can take the form of encouragement, support, sharing, and constructive criticism (Bandura, 1977).

Since sense of self-efficacy is a central variable to be developed in encouraging the implementation of DV prevention initiatives, but remains poorly studied, this study aimed to: (1) Describe school staff's training needs to promote positive intimate relationships and prevent DV in students in Quebec, Canada, and (2) Qualitatively explore training needs from the perspective of the school staff (teachers and counselors) to consolidate their sense of self-efficacy. To our knowledge, no widely used, evidence-based DV and DV bystander training to date have been developed and evaluated for high school staff. We hope these data encourage more dialogue and research on this understudied, yet critical, area of prevention.

2. Methods

2.1. Study design

The present study used data drawn from a mixed-methods sequential explanatory (QUAN → QUAL) study (Creswell and Clark, 2017) that aimed at documenting school staff's training needs regarding SHE, focusing on DV prevention and promoting positive romantic and intimate relationships. This study received the approval of the institutional research ethics board of the authors' affiliated University.

2.2. Recruitment and procedure

Data were collected between May 2020 and October 2020 in Quebec (Canada). To be eligible, participants had to be employed in a high school in the province of Quebec. Participants were recruited *via* Facebook and project partners to participate in an online survey and/or semi-structured interview with the research team.

For the survey, interested participants read the consent form before completing the questionnaire on the secured Qualtrics platform. Participants completed a 20 min online questionnaire documenting their experiences with SHE in schools, their opinions on the themes of training to cover in online training (ex. DV prevalence, DV risk factors) as well as on their preferred pedagogical methods for online training (e.g., modeling, video, quiz). A total of 110 participants completed the online survey. Since they were underrepresented (1.8% of the sample), school administrators were excluded from further analysis. The final sample thus consisted of 108 school staff. Individual semi-structured interviews were conducted to further investigate the quantitative results. School staff were not required to complete the questionnaire beforehand. As with the online questionnaire, the criteria for participating in the one-on-one interview was to be employed as a teacher or school counselor in a high school. The research team contacted interested participants who volunteered to explain the project and to make an appointment. After reviewing the consent form, 15 phone interviews, averaging 30 min, were conducted until empirical saturation was reached; that is, no new data emerged from the interviews (Fusch and Ness, 2015).

The interviews were recorded to allow for a full transcript of the discussion and ensure the content reliability. As the research took place prior to the COVID-19 pandemic, not all schools were equipped with video cameras, so it was more feasible to rely on phone interviews. Additionally, studies show that phone interviews are a credible source of information and allow interviewees to feel more comfortable, disclose more easily than face-to-face interviews (Novick, 2008), and allow for outreach to hard-to-visit clientele, such as school staff members (Block and Erskine, 2012). No financial compensation was provided to participants.

2.3. Quantitative component

2.3.1. Survey measures

Participants completed an online questionnaire. The variables of interest described below were used to meet the study's objectives.

2.3.1.1. Demographic measures

Age, gender, school staff's titles (teacher, school counselor, or school administrator), years of experience in SHE, and training in SHE (yes/no) were documented.

2.3.1.2. Self-efficacy

Self-efficacy in addressing DV prevention and promoting positive relationships was measured using 17 items developed by the research team. To develop the scale, the construct to be studied, i.e., the feeling of self-efficacy, was defined in terms of Bandura's theory (Bandura, 1977). We generated a list of 17 items according to the tasks expected by school staff members in relation to SHE, as: "Plan your own activities that address teenage relationships"; "Recognize the presence of violence in a teenagers' romantic relationship." An expert committee of four researchers and school counselors specializing in the field of SHE and DV, who were independent and not in the research team, were asked to add items to the list generate by the research team if needed. They were then invited to rate the relevance of the items to assess self-efficacy. Participants were asked to indicate how capable they felt on a scale ranging from 0 (I feel unable) to 10 (I feel totally capable) on performing certain expected tasks related to their mandates. An average of each item was calculated ranging from 0 to 10. Internal consistency for this scale is excellent ($\alpha=0.95$).

2.3.1.3. Comfort

Comfort in discussing positive relationships with adolescents and DV with adolescents was assessed using two items developed by the research team for the purpose of this study. Participants were asked to rate their comfort level on a scale from 1 (*Not at all comfortable*) to 7 (*Very comfortable*). A mean for each item was calculated. To assess how closely items were related, internal consistency was assessed and found to be high (Cronbach's $\alpha=0.85$).

2.3.1.4. Barriers to DV prevention

Participants completed a 20-items inventory to assess barriers to preventing DV (see Fernet et al., 2014 for more details). Participants indicated how much they agreed with each statement on a scale from 1 (*Strongly disagree*) to 4 (*Strongly agree*). Item examples include "I fear causing more harm than good by addressing DV due to my lack of experience" and "I do not have enough tools." A mean score was calculated for each item. Internal consistency for this scale is high ($\alpha=0.84$).

2.3.1.5. Referral of youth who have experienced DV

Referral practices were assessed using a scale developed for the study. Participants were asked if they had received a disclosure of DV by a student (yes/no) and how many students they had referred to a psychosocial resources regarding DV in the last year.

2.3.1.6. Training needs

Preferred topics (16 items) and format (11 items) for future training were assessed using a scale from 1 (Not at all interested) to 4 (Very interested). All items were recoded into a dichotomous variable ("Not at all or very little interested" and "Moderately or very interested").

2.3.2. Analysis

To draw up a portrait of the practices of school staff members and their needs in terms of training, descriptive analyses (percentages,

means, and standard deviations) were done using SPSS 26 on measure of self-efficacy, comfort, barriers to DV prevention, referral to youth, and training needs.

2.4. Qualitative component

2.4.1. Interview grid

The interview grid included questions on experiences with DV prevention in school and intervention with adolescent DV victims, their need for further information, skills improvement, and tools to feel more confident to promote positive intimate relationships and address DV with students. Self-efficacy theory (Bandura, 1977) and its different dimensions were considered in the development of the interview grid. For example, the following questions were asked: "Can you give an example of a situation in which you felt particularly effective in intervening or accompanying a student who was experiencing violence in a romantic relationship?," "To what do you attribute your feelings of effectiveness in this situation?" and "What would increase your level of confidence in your ability to address DV?"

2.4.2. Analysis

A directed content analysis (Hsieh and Shannon, 2005) was conducted using the Nvivo 12 software (QSR International Pty Ltd, 2020). This type of analysis makes it possible to structure analyses based on a proven theoretical framework. The self-efficacy theory (Bandura, 1977) was used as a theoretical framework to guide the analysis. First, a coding grid was created *a priori* by three researchers specialized on DV prevention and SHE, with the key concepts from self-efficacy theory adapted. Then, operational definitions for each code were determined by the researchers. This coding grid remained flexible to incorporate emerging concepts found by the research team during analyses. The major codes developed during analyses notably included: "active experiences of mastery"; "vicarious learning"; "physiological and emotional states," and "verbal persuasion." Third, the verbatim was coded, i.e., segmenting the verbatim and assigning a code, by one coder, using the predetermined coding grid (Hsieh and Shannon, 2005). The coding grid was adjusted during the coding process when new elements emerged from the interviews. Then, when formulating the conceptual categories, in line with self-efficacy theory, the conceptual categories and subcategories were revised independently by three researchers experienced in the field of dating violence and sexual education in assure data quality. Discussions were held among the researchers to debate similarities and differences in their visions for analyzing the data to reach a consensus on priority needs. It provides analytical "consistency," a criterion for producing reliable and replicable qualitative findings (Noble and Smith, 2015). Elo and Kyngäs (2008) suggests that discussion to reach a consensus is a key to ensure rigorous quality results. In addition, the iterative process of going back and forth between conceptual categories, codes, and raw data helped to remain focus to the needs expressed by school staff and to ensure data quality. The results were analyzed and written by all three researchers to have a common understanding of the needs of school staff.

3. Results

3.1. Quantitative component

3.1.1. Participants' profiles

Most respondents were women (81.8%) under the age of 40 (50.4%). Teachers represented 55.6% of the sample while school counselors represented 44.4%.

Table 1 presents participants' sociodemographic information and data on years of experience in SHE, training in the field of sexuality, and referral of youth who have experienced DV. More than half of the school staff (60.0%) had received at least one training session related to SHE. More specifically, almost a quarter (23.6%) of participants had training related to romantic relationships. Teachers and school counselors did not differ in gender, age, years of experience in SHE, or training in SHE. Most participants (60.9%) received at least one DV disclosure from a student in the past 12 months.

3.1.2. General comfort, self-efficacy, and barriers to DV prevention

In general, school staff reported more comfort discussing positive romantic relationships ($M=6.10, SD=1.38$) than DV ($M=5.52, SD=1.82$) with adolescents. In the matter of perceived self-efficacy, the tasks where school staff felt the least effective are how to respond to DV ($M=7.51, SD=2.42$), recognizing the presence of dating violence acts ($M=7.45, SD=2.31$), providing strategies to help students recognize DV ($M=7.43, SD=2.59$), hosting an activity on positive adolescent dating relationships ($M=7.00, SD=2.77$), and making a report to the Child Protective Services in cases of DV ($M=6.99, SD=3.00$).

As for barriers to DV prevention perceived by school staff, the most common were lack of tools available ($M=2.71, SD=0.73$) and limited time to prevent DV and intervene ($M=2.13, SD=0.87$). Low sense of competencies and lack of knowledge to intervene ($M=2.04, SD=0.79$) were also identified as barriers to DV prevention by participants, such as fear of parent's reaction ($M=2.02, SD=1.50$), fear

TABLE 1 Sociodemographic characteristics of the sample (n=108).

	Total sample (n=108)	Teachers (n=60)	School counselors (n=48)	χ^2	ϕ	p
	%	%	%			
Gender						
Women	81.8%	84.8%	80.0%	1.99	0.14	0.37
Men	17.3%	13.0%	20.0%			
Non-binary	0.9%	2.2%	0.0%			
Age						
18–29 years old	18.3%	17.8%	18.5%	3.94	0.20	0.41
30–39 years old	32.1%	37.0%	29.6%			
40–49 years old	33.0%	37.0%	29.6%			
50–59 years old	15.9%	8.7%	20.4%			
60 years old and more	0.9%	0.0%	1.9%			
Years of experience in SHE						
0–5 years	70.6%	69.1%	68.9%	1.06	0.10	0.79
6–10 years	10.1%	9.1%	13.3%			
11–15 years	3.7%	5.5%	2.2%			
15 years and more	15.6%	16.4%	15.6%			
Training in SHE						
Yes	60.0%	38.2%	37.0%	0.02	0.13	0.90
No	40.0%	61.8%	63.0%			
Disclosure of DV by a student						
Yes	60.9%	43.6%	80.4%	14.18	0.38	0.001
No	39.1%	56.4%	19.6%			
Referred to resources in the last year						
None	44.9%	59.3%	25.0%	13.00	0.36	0.01
1–2 pupils	38.3%	31.5%	52.3%			
3–4 pupils	11.2%	7.4%	13.6%			
5–6 pupils	3.7%	1.9%	4.5%			
10 pupils or more	1.9%	0.0%	4.5%			

TABLE 2 Comfort, self-efficacy, and barriers to DV prevention among school staff.

	Total sample	
	Mean	SD
Comfort (1–7)		
Comfort to discuss positive relationships	6.10	1.38
Comfort to discuss DV	5.52	1.82
Self-efficacy (Range: 0–10)		
Refer a teen who is a victim of dating violence to a school resource	9.26	1.30
Explain to a student that all types of violence are serious, whether verbal, psychological, sexual, or physical	9.10	1.52
Inform teenagers of the available resources on dating violence	8.65	1.82
Verbally intervene if you witness a student perpetrate a violent act against their partner	8.45	1.84
Encourage teen to resolve their conflicts with their partners in a non-violent and respectful manner	8.45	2.12
Explain to a student that all types of violence can have serious repercussions.	8.39	1.96
Address the various issues related to adolescents' first romantic relationships (e.g., break-ups, peer pressure)	8.38	2.05
Discuss adolescent dating violence with students.	8.24	2.35
Pay special attention to someone you suspect is experiencing violence in his or her intimate relationship	8.05	2.08
Referring a young perpetrator of violence in romantic relationships to a specialized resource	7.84	2.29
Referring a student who is being abused in a dating relationship to a resource in the community	7.83	2.62
Host an activity on abusive adolescent relationships	7.59	2.71
Knowing how to react when a student who is experiencing violence in his or her relationship discloses it	7.51	2.42
Recognize the presence of violence in an adolescent's romantic relationship based on what they share	7.45	2.31
Offer strategies to help a student to recognize the signs of violence in their relationship	7.43	2.59
Host an activity on positive adolescent dating relationships	7.00	2.77
Report a situation of dating violence to Child protection services	6.99	3.00
Barriers to DV prevention (Range: 1–4)		
Lack of tools	2.71	0.73
Lack of time	2.13	0.87
Low sense of competencies and knowledge to intervene	2.04	0.79
Fear of parents' reactions	2.02	1.50
Fear of causing more harm than good by addressing DV due to their lack of experience	1.90	0.77
I am concerned that a school-based dating violence prevention initiative will raise questions for students that I would not know how to answer	1.83	0.84

of causing more harm than good to students ($M = 1.90$, $SD = 0.77$), and concerns about not knowing what to answer when questioned by a student on DV ($M = 1.83$, $SD = 0.84$; Table 2).

3.1.3. Preferences for training

The top five participants' preferences regarding topics and format for training on positive romantic relationships and DV in adolescents are presented in Table 3. The five priority topics to be addressed in training according to school staff members are to (1) know the best practices in violence prevention and the promotion of positive relationships with students, (2) have examples of turnkey activities used to address adolescent romantic relationships, (3) know available resources to support DV victims, (4) get information on healthy conflict management strategies, and (5) the specific issues faced by adolescent from sexual minorities (LGBTQ+, youth from First Nations communities, adolescents with previous victimization history, etc.). Next, regarding the preferred format, the most popular choice was training facilitated by experts in the field (in person), followed by

informational videos and online training provided by experts. Tool kits offering information, intervention strategies, and educational websites were also interesting for school staff.

3.2. Qualitative component

3.2.1. Participants profiles

A total of 15 school staff (nine teachers and six school counselors) participated in individual semi-structured interviews, including 10 participants identifying themselves as women and five as men. In terms of the number of years of professional experience, four school staff had less than 5 years, three had 6–10 years of experience, two had 11–14 years of experience, and six had more than 15 years of experience in their jobs. The majority (60.0%) were over 30 years old, of which six were aged between 30 and 39 years, three between 40 and 49 years, and three between 50 and 59 years old. The majority (86.7%) had attended at least one training session in the field of SHE in their

TABLE 3 Top 5 participants' preferences regarding topics and format for training on positive relationships and DV in teenagers.

	Not at all or very little interested	Moderately or very interested
<i>The topics for which school staff would like more information on during a training</i>		
Best practices in violence prevention and promotion of positive relationships with students	8.0%	92.0%
Examples of turnkey activities to address teen romantic relationships	8.0%	92.0%
Available resources to support victims	16.0%	84.0%
Healthy conflict management strategies	20.0%	80.0%
The specific issues faced by youth from sexual minority groups (LGBTQ+, teenagers from First Nations communities, teenagers exposed to family violence, etc.)	21.0%	79.0%
<i>Preferred formats for training</i>		
Training facilitated by experts in the field (in person)	14.0%	86.0%
Informative videos	17.0%	83.0%
Training facilitated by experts in the field (online)	17.8%	82.2%
Tool kit offering information and intervention strategies	17.8%	82.2%
Educational website	23.6%	76.4%

current or previous job, including three school staff members who had received training related to adolescent dating and DV.

3.2.2. Training needs

Four main training needs emerged from the needs analysis: (1) the need to obtain prior information to gain more confidence in preventing DV, (2) the need to maintain a positive emotional state with the mandate of promoting healthy relationships and preventing DV, (3) the need to be exposed to intervention models to feel more confident with youth, and (4) the need to get supporting social networks in school regarding DV prevention. The needs are presented in the following sections. They will be illustrated with verbatim excerpts of the participants' narratives.

3.2.2.1. Need to obtain prior information to gain more confidence in preventing DV

To feel confident, school staff identified prerequisites that can be addressed in training to master the field of violence, such as a better understanding of the forms of DV, the outline of DV that is sometimes blurred, statistics to better support the extent of DV, and anticipating certain myths maintained that might interfere with school staff's ability to recognize DV situation. The need to know the appropriate resources and the process for making a referral to the Youth Protection Services would also be beneficial to allow staff to feel confident when they face youth that experience DV.

3.2.2.2. Being aware of DV forms and healthy relationships ingredients

For school staff, one of the critical elements to address in training is being aware of DV forms to help students better recognize the presence of DV. According to a school counselor, many school staff may have difficulty identifying the more subtle forms of DV, for example, psychological DV, hence the importance of addressing the spectrum of DV in training. Staff also want a portrait of DV with statistics to help make them aware of the extent of the problem. "Training needs to help school staff understand violence in youth romantic relationships. To have them recognize the subtleties of violence and to develop a portrait of the situation supported by statistics."—School counselor.

In addition to the forms of DV, a school counselor suggests that addressing the ingredients of a positive relationship would be relevant since students may not find the line between a healthy and non-healthy relationship clear. "And on the other hand, what is a healthy romantic relationship? That is also a bit unclear. So what should we find? What emotions should we feel that are healthy?"—School counselor.

3.2.2.3. Being aware of the myths about DV that prevent the recognition of DV

In DV prevention efforts, school staff mentioned that some may endorse myths about DV and romantic relationships. To transmit relevant content, these myths need to be addressed in training so youth can identify forms of violence and distinguish between healthy and unhealthy relationships. "Is jealousy a proof of love? Some teachers say that a little bit of jealousy is healthy."—School counselor.

3.2.2.4. Knowing available psychosocial resources to refer youth who are experiencing DV

To feel effective in their interventions, school staff members wish to have a pamphlet or complete resource directory within the school of specialized resources available so they can refer students who experience DV (e.g., organizations that can help victims). Becoming familiar with DV victims' services may be reassuring for school staff. A science and technology teacher said he felt he fulfilled his duty as a school staff member when he referred youth to resources.

I think it is important to know the resources of people who can quickly intervene. Once I refer a youth to someone else, I would like to tell myself: "OK, I did what I had to do."—Science and technology teacher.

3.2.2.5. Getting information regarding reporting procedures to the child protective services (CPS) in a DV situation

Reporting DV situations to CPS is a significant source of stress for many school staff members. School staff would like clarification regarding reporting procedures when they witness or receive a

disclosure of DV to feel confident in fulfilling their duty and know how to handle a situation. Also, they would like to be informed on what happens to youth after the reporting since it is, on the one hand, a source of concern, but also a question that students may ask.

It is important that we, the school staff, be trained on this [reporting procedures to CPS]. We know when an adolescent comes to confide in us, what recourse we have afterward. We know the importance of telling the adolescent to get out of the relationship, but what are the recourses afterward? When we take steps [reporting to CPS], how do we accompany a student, what happens to them afterward? — School counselor.

3.2.2.6. Need to maintain a positive emotional state with the mandate of promoting healthy relationships and preventing DV

At the thought of SHE, some participants feel discomfort and are unmotivated to implement DV prevention initiatives. To feel more confident in their abilities, school staff said they need to gain comfort with the idea of transmitting the content or intervening regarding DV, and to feel concerned about prevention by clarifying their role. Certain staff also minimize their role and did not realize they are role model for youth in condemning and disapproving DV.

3.2.2.7. Gaining comfort in addressing a sensitive topic and intervening in a DV situation

Sensitive topics, such as violence, can be a source of discomfort for many school staff, which hinders some from addressing the topic of DV with youth. On the contrary, faced with their discomfort, a school counselor explains that some school staff will try to hide their lack of comfort by being too familiar and making inappropriate jokes about sexuality.

I notice that some teachers say they are comfortable, but they are not really, and it shows on the outside. Their way of doing things is not adequate. Someone said to a student, “Hey you, you do not have a problem with sex!” — School counselor.

3.2.2.8. Clarify their role in DV prevention

Although many school staff feel concerned about SHE, some feel less connected to it when their subject (i.e., French, history, mathematics) is not related to sexuality. Many think that it is not their role to address the topic of DV with youth and that they do not have the qualifications to deliver content or intervene. Furthermore, the line between what the governmental mandate is, and is not, can be blurred. A history teacher explains that he receives conflicting messages about his mandate and the need to maintain a healthy distance from students while providing content on DV.

I am comfortable with students disclosing things, but at the same time, yes and no. We are always told that we must keep a healthy distance from the students, and then we are given a role as an intervener. It is super contradictory. We are told we should not do this, but we are given the mandate to do it simultaneously. — History teacher.

3.2.2.9. Recognize they are a role model and an actor of change

Another need expressed by school staff would be to recognize they are a role model for adolescents. According to a school counselor, it would be relevant to make staff realize they have a crucial role in DV prevention and intervention. Training should sensitize school staff that not intervening when they witness DV can be mistaken for accepting these behaviors.

Some teachers have a hard time understanding how much of a role model they are to young people, but I think it would be appropriate to remind them of that. For example, if a teacher walks by in the hallway, witnesses an act of violence, and purposely ignores it, that sends a message. To not intervene when you hear a rape joke. What does it mean not to intervene and to not say that it is unacceptable? — School counselor.

3.2.2.10. Need to be exposed to intervention models to feel more confident with youth

The third need expressed by school staff is to gain confidence in their mandates to deliver content using vicarious learning. Obtaining turkey activities linked to mandatory learning objectives by the government, available to adolescents and school staff through a community of practice and adapted to the adolescent's psychosexual development would help them gain confidence. They also want to have key phrases and terms to use when intervening with adolescents and to get an indication of how to manage culturally diverse parents regarding sensitive topics such as DV.

3.2.2.11. Get turnkey activities to support content dissemination to promote healthy relationships and prevent DV

School staff members mention that the lack of turnkey activities is a significant barrier to disseminating DV content. Some school staff feels insecure about planning group activities related to DV prevention because they are unaware of the critical messages they should transmit. Due to lack of training, school staff rely on their own personal experience or judgment.

The government has introduced mandatory content in schools without providing teachers with concrete tools, so school staff are doing what they can. Since they are not experts in the field of sexuality, they rely on their own experience to educate and answer questions from youth. It is difficult to answer youth's questions when you are not sufficiently confident. — English teacher.

In their opinion, training should offer easy-to-use tools that gather the basics materials for animation: ready-to-use presentations, examples of activities, such as role-play, videos to present, and documentation on information and how to present it. A French teacher expressed that having turnkey activities allows school staff who do not have in-depth knowledge or familiarity of the subject to address it with adolescents and reduces the stress associated with its presentation.

It is useful when people develop turnkey activities containing everything we need, for example, a video link or an accompanying

PowerPoint most of us will say: “OK, it is going to be easy.” Dealing with themes that are not our regular subject brings additional stress. By adapting visual support, we can better manage our students and their reactions to the themes. It is helpful. I think that is really what the focus should be on. — French teacher.

Others suggested that it would be helpful to implement an online community of practice in addition to the training used share materials and initiatives with school staff. This would also allow staff and students to learn from each other’s experiences and exchange their practices. The advantage of online sharing tools is that youth can access and help other youth. A community of practice could also benefit youth by providing them with materials they can access and download to help other youth experiencing DV.

The tools would also be turnkey with the documents accessible online and easily printable for the students. A digital version, accessible to the students, could be interesting, a kind of portal, for example. It is the peer network that is primarily solicited, and youth must also be equipped on how to help their friends, who to talk to at school, when it is necessary to refer my friend to the school services when he talks to me about his relationship for example. — School counselor.

A counselor said that having intervention tools related to teachers’ subjects and a mandatory curriculum can help make the time worthwhile and increases the likelihood that teachers will implement DV prevention initiatives. Teachers would like intervention tools to be linked to the subjects taught.

I think the tools should be adapted to the subjects taught (e.g., activities that fit into the history curriculum): that way, teachers do not go too far out of their comfort zone, and they are more likely to (1) do it and (2) do it well, because they are comfortable and feel competent to do so. — School counselor.

3.2.2.12. Being prepared to answer frequently asks questions to feel more competent in intervening in DV situations

Since school staff are expected to intervene with students, they expressed the need to have examples of answers to students’ questions, so they do not feel blindsided. In the context of direct intervention with youth, school staff expressed the need to have commonly asked questions by youth on romantic relationships and DV and preformulated answers. Some are concerned that they may be unable to answer a question, especially for more sensitive issues like DV. To reassure themselves, they want to know the exact terms to use and those to avoid when they answer adolescents’ most commonly asked questions. “It would be fun to have tools [to intervene], to know the nuances. What we should say, formulations and preconceptions to avoid. Little details that someone who is not a therapist would not necessarily think of.”—History teacher.

One teacher mentioned intervening with a boy who was suspected of perpetrating DV. He said he had difficulty knowing how to bring up the subject with the adolescent in a sensitive and appropriate way. He mentioned not knowing what approach to take with a youth committing DV without insulting him.

I intervened following a teacher’s remark that he had seen a boy being rather intimidating towards his girlfriend. I went to see the girl, and she seemed to want to hide the facts. Then the boy came to see me, and the teacher who had made the report said he was very frustrated and threatening. Since I had already taught him, I managed to calm him down, but the intervention was not very good. In the future, I would like to be better equipped to know how to act in such circumstances. How to talk to a young person who seems to be using violence in love without accusing him? — French teacher.

3.2.2.13. Being prepared to reassure parents and to address DV in a multicultural context

School staff report that parents are concerned when they learn their child will hear about DV at school. Parent reaction is an aspect that school staff members worry about when addressing DV and even to the point of avoiding discussions about DV for fear of complaints from parents. To avoid complaints from some parents, a history teacher prefers to censor himself and answer only a few student questions rather than face retaliation.

I barely touched on the subject of DV. I took a few questions, but I did not go any further because I was afraid of the reaction of some parents. Yes, I censored myself because I know very well that certain things do not pass. That becomes difficult then, I do not want to even start. — History teacher.

A major challenge identified by school personnel can be seen through the lens of cultural gaps. Some school staff are in contact with multicultural students, colleges and families, and a cultural gap can be seen. This is especially true among parent who may hold more conservative attitudes. School staff may have to deal with parents who are reluctant to have their children exposed to DV content. School staff members could benefit from training that addresses cultural intervention on sensitive issues to feel more confident with the subject.

It is also in a reality of growing diversity. What is shocking for someone not born here in a Christian or Muslim family [is not shocking for other people]. You do not know who you will offend or how much. That was the widespread fear among my colleagues: to say something and have parents who are a little more conservative. — French teacher.

3.2.2.14. The need to obtain supporting social networks in school regarding DV prevention

School staff members need to feel supported by colleagues in their prevention initiatives and the school administration’s interventions. They need to know how to promote joint initiatives with colleagues and to obtain support from the school administration.

3.2.2.15. Form a school team that supports and encourages other groups to support activities

The support of colleagues, teachers, and school counselors in the school setting promotes the implementation of DV prevention initiatives as the strengths of each team member are leveraged, and materials are shared. One school counselor found that the

encouragement from experienced teachers improved their sense of self-efficacy and created a ripple effect.

The more they talk to each other about it, the more they tell each other it is fun and not to give up. They encourage each other afterward. I saw a huge difference between Year 1 and Year 2 of the sexuality education program. “Can you give me the activities you are doing with students?” “Yes, perfect, when do you want that? (Cheerful tone). Whereas the first year, I had to work hard to convince them. They have more confidence [now]. — School counselor.

3.2.2.16. Strengthen ties with the school administration to foster a climate of trust

The need to feel supported by their school administration is essential for school staff to feel confident in their abilities to conduct DV prevention initiatives. Indeed, some participants say they doubt that their school administration would support them if they had complaints from parents, so they prefer to be cautious. As one participant put it:

The way the school administration members talk to us, the way they tell us to be careful with this, be careful with that, then I know that if something happens, like a disgruntled parent, I’m not convinced that management is going to back me up, that they’re going to go up to bat for me. I am being so careful. — History teacher.

Furthermore, a school counselor deplores that she feels her school administration does not believe training them to prevent DV is a priority. They do not allow for the full benefit from training that could equip her to prevent DV.

I feel like my school administration is sending me the message that DV is not a very important topic, at least not important enough to free up my time for. I feel that if there were mandatory 2-day training for all teachers, it would be very beneficial. It does not make sense to add mandatory content to sexuality education, but not have mandatory training to deliver that content [DV]. — School counselor.

4. Discussion

This mixed-methods study examined school staff’s training needs related to DV prevention. The discussion integrates the primary needs that emerged from the quantitative and qualitative results.

Four primary training needs have emerged to help staff feel confident in their abilities to prevent DV and promote positive relationships: (1) to gain knowledge related to DV and healthy relationships; (2) to maintain a positive emotional state with the mandate of fostering healthy relationships and preventing DV; (3) being exposed to intervention model, and (4) to be supported by colleagues and school administration. These findings support the idea that training should not be limited to the acquisition of knowledge. Promoting attitude changes and skill development are essential to

provide effective SHE ([Sex Information and Education Council of Canada, 2019](#)).

4.1. Need to obtain prior information to gain more confidence in preventing DV

The results underscore the need to obtain information related to DV, the more subtle forms and myths associated with DV, and promote healthy relationship ingredients that can be used to better recognize adolescents experiencing DV. According to self-efficacy theory, to develop one’s sense of self-efficacy, it is necessary to have prior knowledge of the subject ([Bandura, 1977](#)). DV can be mistakenly conceptualized as only involving more severe forms of violence (physical and sexual). A growing body of work has focused on insidious forms of violence that are not legally punishable but can have negative impacts. Under-studied and under-recognized forms of violence such as sexual coercion ([Fernet et al., 2019](#)) or coercive control ([Stark, 2013](#)) are difficult to detect. With increased knowledge about DV and positive relationships, school staff will be better able to recognize the signs of DV in youth ([Ninomiya, 2010](#); [Burton, 2017](#)) and more confident in identifying DV situations.

In both the survey and the interviews, knowing available and relevant psychosocial resources to refer youth to is a need that was mentioned. Since many members of the school staff may not feel confident or comfortable talking to adolescents about topics like DV or intervening, or reporting a DV situation, it becomes relevant to offer them the resources available. Concretely, training could provide appropriate resources to address issues surrounding youth and sexuality, such as contact information for community organizations and their missions or professional associations.

The online survey revealed that referral to CPS is a task that school staff felt less confident in. The interviews shed light on measures to help school staff feel more confident. If they receive a DV disclosure, they want more information regarding how to make a referral to CPS and a clarification of the process. Training would benefit from clarifying the obligation to report, as some may be reluctant to do so because of the commitment to youth confidentiality ([Briggs, 2020](#)).

Issues faced by specific youth populations (LGBTQ+, adolescents from First Nations communities, adolescents with a history of victimization, etc.) must be prioritized in the training that emerged from the survey. To have an inclusive approach, [Sex Information and Education Council of Canada \(2019\)](#) recommend devoting part of their training to youth at higher risk of experiencing DV. Training modules could be designed to address the specific issues of DV among at-risk clientele to better prepare school personnel on how to best address DV issues with them while also offering information on interventions adapted to their realities.

4.2. Need to maintain a positive emotional state with the mandate of promoting healthy relationships and preventing DV

For some of the school staff surveyed, it was a priority to work on comfort, especially in addressing the DV, since they felt less comfortable than addressing positive intimate relationships. To work

on one's sense of self-efficacy and adopt new behaviors, one must have a positive emotional state when performing or preparing for a task; otherwise, some will tend to avoid doing the task (Bandura, 1977). In interviews, school staff explain DV is a sensitive subject, so it is a source of discomfort. This is consistent with Basian (2015), who suggests that a lower score in perceived comfort in addressing DV may be related to the fact that DV can be challenging for school staff because of its sensitive nature. When a topic is uncomfortable, it is not uncommon for individuals to avoid it or minimize the severity of the issue (Waddell, 2017). School staff members need to feel more comfortable and concerned for adolescents to benefit from DV prevention, increasing the likelihood of transmitting content. In addition, the youth interviewed in Basian (2015) study expressed that they need to have teachers who are comfortable and confident talking about topics surrounding sexuality, and this has a positive impact on their comfort in discussing sexuality themselves.

Training programs could emphasize ways to foster comfort and sense of ease in talking about DV (e.g., practicing before a workshop, choosing themes where it feels comfortable to discuss, delegating the more challenging topics to others), and recognizing one's limitations so as not to fall into familiarity to hide one's lack of comfort. School staff members need to feel more comfortable and concerned for adolescents to benefit from DV prevention, increasing the likelihood of transmitting content.

Some school staff members do not maintain a positive emotional state regarding their prevention mandate since they do not feel concerned about DV prevention and do not feel like it is their role to prevent DV. This echoes work of Khubchandani et al. (2012), who surveyed 550 practitioners in eight US high schools and found that one of the main challenges to intervening in DV is the perception that many feel that it is not their role to intervene, which reduces the likelihood of DV intervention. School staff must acknowledge their role in DV prevention, including witnessing DV situations. The way school staff react to disclosures of DV is crucial; that is why they must be made aware of the fact that they are role models for youth. Many youth who disclosed sexual or DV abuse reported that the behaviors were minimized, they felt guilty, or no action was taken. These reactions make youth less likely to seek help and disclose (Edwards et al., 2020). For instance, training could address ways to intervene as a bystander. They can follow the 4Ds that were elaborated to intervene in the context of sexual violence, and that propose actions: *direct* by stating that this is not a tolerable behavior, *delegate* by seeking help from another witness, *distract* by changing the topics of the conversation, and *delay* by accompanying youth to a resource (University of Cambridge, 2022).

4.3. Need to be exposed to intervention models to feel more confident with youth

According to self-efficacy theory, to develop confidence it is necessary to have models that can be reproduced (Bandura, 1977). Thereupon, the third need expressed by staff to feel confident is to develop strategies to help students recognize DV, helpfully responding to students' questions since fear of the unknown can cause more harm than good. Intervention models can also help staff when students raise questions they do not know how to answer, as well as helping staff obtain support for planning activities to transmit content. These results are consistent with Cohen et al. (2012) study conducted in New

Brunswick, Canada. School staff members were reluctant to address sexual violence for fear of not correctly transmitting the content and of causing more harm to youth by intervening. Fear of parent backlashes were also front of mind as staff often did not have concrete tools to handle such interactions. To address this issue, training could offer pre-formulated answers to frequently asked questions based on best practices in DV prevention and promotion of positive relationships and preferred terms.

To address these challenges, school staff would like turnkey activities to gain confidence in delivering content to youth in a group setting. These turnkey activities, such as presentations and video links, could alleviate the stress of not knowing how to address the topic of DV and the content not being developmentally appropriate. According to Bandura (2006), having concrete examples and tools allows the development of self-efficacy.

Finally, school staff reported in the survey that the fear of parents' reaction was one of the main barriers to addressing DV in school settings. Fear of parental reaction in the context of SHE is an element reported in other studies (e.g., Cohen et al., 2012; Eisenberg et al., 2013; Cahill and Dadvand, 2021). In the study conducted by Cohen et al. (2012), fear of parental reaction was the primary barrier to teaching SHE. To feel confident and overcome this barrier, members of the school staff want to have tools to deal with parents and reassure them, notably with parents who may hold more conservative attitudes. Teachers must navigate between mandatory content while respecting the students' and their families' religious and cultural beliefs (Burton, 2017). Goldman (2008) notes that parents' concerns about SHE are more emotional than scientific. In preparation for reassuring parents concerned about SHE, Goldman suggests school staff must be prepared with evidence-based facts, such as whether SHE is appropriate and relevant and that SHE that includes gender equality is a principle supported by government guidelines. Preformulated arguments could figure in training so school staff members can remain confident faced with parent objections.

4.4. The need to get a supporting social network in school regarding DV prevention

According to Bandura (1977), verbal persuasion of one's ability to perform a task by credible people and social support are effective methods to develop a sense of self-efficacy. For school staff, training sessions must make school teams aware of the need to support and share their experience with DV prevention. This echoes results from a study conducted by Dickson et al. (2020) who interviewed 67 school staff members and found that a facilitator to implementing DV prevention initiatives is to have a supportive school environment, both for school administration and colleagues. A work environment that fosters mutual aid and support, regardless of ambivalence or parental complaints, encourages school personnel to feel confident and supported in preventing DV. Also, in the development of training, special attention should be given to the importance of support from both colleagues and management. For example, trainings could suggest holding team meetings to give and receive feedback from colleagues, but also to anticipate potential obstacles and ways to overcome them. Also, an online community of practice where school staff who are interested in implementing initiatives could find information, best practices, and ask questions

that could be answered by the training leaders or other participants could be created. It would also provide a space for sharing experiences so that other participants can benefit and learn from the challenges and successes of other members of the community of practice.

4.5. Training format

Regarding the format of DV training, although face-to-face training is preferred by school staff, online training is relevant. Online training has gained in popularity since the COVID-19 pandemic. Online training allows reaching more teachers in remote areas, greater accessibility, and more flexibility for their already busy schedules (Arkorful and Abaidoo, 2015). As a result, school staff would be more likely to take the training and feel more confident in their ability. In the long run, this accessibility could benefit youth with more effective and appropriate interventions since school staff would feel more confident (Edwards et al., 2020).

4.6. Limitations

Although this study contributes to the advancement of knowledge about the training needs of school staff, it has some limitations. We had recruiting issues as the school community was overwhelmed with managing the current health crisis; this study was conducted during the COVID-19 pandemic, which limited the number of participants recruited. Future studies may investigate the training needs of school staff with a larger sample size to generalize results. Nonetheless, this study provides a preliminary picture of priority training needs that may be targeted by decision-makers. On the other hand, those who participated in the study may have had a positive bias toward DV prevention, having had previous training in the sexual health field, which would explain the high comfort and self-efficacy scores. Social desirability bias may also have influenced the results. Some who felt less confident and less comfortable may not have expressed this, thus not allowing their training needs to be known. It would be relevant to randomly select schools to participate in a survey on their training needs to meet the needs of school personnel who feel less trained and less confident in their abilities. Finally, it was not mandatory to complete the questionnaire before participating in the individual interview. The fact that some participants may have previously completed the online questionnaire may have led them to reflect and offer more in-depth responses relatively to participants who did not complete the questionnaire beforehand. However, each participant was contacted before the interview to present the topics to be addressed, the ethical considerations and to agree on a time to discuss. In doing so, each participant was able to prepare minimally for the interview.

5. Conclusion and implications

In Quebec, Canada, and elsewhere, few training programs on SHE and DV prevention are available and offered to school staff member. In addition, few programs have been subjected to a rigorous needs assessment. Thus, this study contributes to the current gap in the

scientific literature. The results allow us to better know the priority needs that should be considered during training development. Training should target knowledge, attitudes, and self-efficacy for practices to be effective. In light of the findings, it could also be relevant to develop turnkey evidence-based tools, including specific content to address, PowerPoint presentations, and activities to do with students so that school staff who feel less confident can benefit from go-to activities. Overall, this study highlights the need for training that helps school staff to gain comfort in addressing DV with adolescents and to develop skills and self-efficacy to respond to adolescents. Ultimately, school staff could be better prepared to support victimized students and perpetrators so as to detect DV early. Because of their key relationship with youth, staff have the opportunity to promote violence-free romantic relationships and contribute to the prevention of DV.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by Institutional Ethics Committee for Research Involving Human Beings of UQAM. The patients/participants provided their written informed consent to participate in this study.

Author contributions

MH and MF contributed to conception and design of the study and critically revised the manuscript. GB organized the database, performed the statistical and qualitative analysis and wrote the first draft of the manuscript. All authors approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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