

**Reducing Gender-Based Violence**

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### **Reducing Gender-Based Violence**

Gender-based violence (GBV) is physical, psychological, or sexual violence perpetrated against an individual or group on the basis of gender or gender norms. The majority of victims of GBV are women, but many victims of GBV are male. Gay, bisexual, and transgendered individuals are often targeted due to their perceived failure to conform to societal gender norms (Stemple, 2009). Forms of GBV include, but are not limited to: economic violence, intimate partner violence (“IPV”), sexual abuse, sexual assault and rape, violence arising from traditional practices such as dowries and female genital mutilation, honor killings, trafficking in human beings for purposes of sexual exploitation, forced prostitution, sexual harassment and intimidation, and bullying based on failure to conform to perceived gender roles.

#### **Defining the Scope of the Problem**

GBV occurs in every corner of the world. Its manifestations and prevalence rates vary, and robust statistics are scarce. For example, the UN Secretary General’s report (2006) cites in-country studies estimating that from 10 to 70 percent of women have experienced violence. GBV targeting lesbian, gay, bisexual, and transgendered people is also endemic. Approximately 80 countries criminalize consensual homosexual acts and multiple countries fail to prosecute crimes against those who identify as gay, lesbian, or transgendered. Unable to cover each type of GBV comprehensively, we focus on the social psychological context of GBV and interventions that are informed by and seek to change this context. We connect social psychological perspectives and existing evidence regarding the impact of reduction and mitigation strategies in order to contribute to the broader conversation about reducing all forms of GBV.

To do so, we first explore the causes of GBV using social psychological theory and relevant data, focusing on theories explaining perpetration. Where relevant to preventive efforts, we also examine theories predicting victimization. We then examine primary and secondary interventions, outlining a typology of programs based on: (1) their timing in the chronology of GBV incidence, (2) assumptions of the underlying theories about the causes of GBV, and (3) their methodology. Our review highlights shortcomings in the literature, which is especially lacking in rigorous empirical evaluations, but also highlights mismatches between outcomes of interest and measures. To fill these and other gaps, we consider the existing studies in light of other evidence on gender and behavioral change and suggest potential mechanisms through which programs to reduce GBV might be most effective. Finally, we offer ideas for future program design and evaluation.

### **Factors Contributing to Gender-Based Violence**

Research has identified factors associated with GBV at the individual, situational, and societal levels. Various academic disciplines and practitioners weight each level differently in their theories and the design of interventions. For example, clinical psychologists and legal scholars have often focused on the individual level, specifically on the pathological personality traits of GBV perpetrators as a means to identify, counsel, or prosecute potential or previous perpetrators (e.g., Fischel, 2010). Sociological and feminist scholarly perspectives traditionally focus on situational and societal levels, such as gendered power asymmetries in a society or an organization (e.g., Brownmiller, 1975; Tangri, Burt, & Johnson, 1982). A social psychological perspective on factors contributing to GBV focuses on the interaction between individual characteristics and the immediate situation in which GBV occurs (e.g., Anderson & Anderson, 2008).

In the following sections, we first highlight societal and situational factors leading to GBV. Second, we consider how these factors may interact with pathological and nonpathological characteristics of GBV perpetrators. Finally, we describe models that predict how individual, situational, and societal factors interact to facilitate GBV. Wherever possible, we cite empirical data to support theoretical predictions about the occurrence of GBV. While the relevant literature is large, we attempt to cover the most prominent factors featured in social psychological accounts of GBV.

### **Societal and situational causes of gender-based violence**

From a social psychological perspective, societal factors will be most predictive of a GBV event when they are salient in the immediate situation. Such societal factors include power asymmetries, gender norms, roles, scripts, societal representations of women, and armed conflict or other crises, among others. These factors can become salient when physical or social arrangements create the expectation of such a factor (e.g., the asymmetrical representation of men at a meeting promotes the idea of male dominance at the organization), when implicit rules that stem from these factors are violated (e.g., a man's behavior that appears to violate a gendered norm causes him stress), or when they are raised in social interactions or media communications (e.g., representations of violence against women are primed by pornography playing on a nearby computer screen).

#### **Power Asymmetries**

Across many different literatures, GBV is understood as partially arising from power inequity. Violence is a mechanism for the social control of the less powerful and serves to maintain male dominance and female subordination (e.g., Pratto, 1996). Men

enjoy greater economic, political, and social power in the vast majority of human societies, but there also exists variability in these power inequities. Scholars have used this variation to study the circumstances under which power or motivation to gain power leads to GBV.

Feminist and evolutionary accounts describe violence as a byproduct of motivation to maintain status and control of economic resources. Evolutionary accounts ground this motivation in the desire to attract mates. Males attempt to maintain their advantageous, unequal status and resources by coercing other males and females. Both theories predict that societies with greater resource disparity by gender have more GBV relative to societies with greater gender parity. This prediction has been borne out (Schwendinger & Schwendinger, 1983).

Other resource-based accounts of GBV examine changes in men and women's relative wages as a measure of relative power. An increase in a woman's wages increases a woman's bargaining power within an intimate relationship by making it easier for her to leave (through bettering her chances of supporting herself on her own or finding another mate), and rendering her more likely to assert herself if she chooses to stay (Tauchen, Witte and Long, 1991). In one sample, an increase in women's wages relative to men's was significantly related to lower intimate violence incidents leading to hospitalization (Aizer, 2010).

The types of power that lead to GBV are not always based in economic resources. The American Psychological Association's Task Force on Male Violence Against Women claimed that *all* violence against women involves abuse of power, and that it is the types of power that may vary (Koss, Goodman, Browne, Fitzgerald, Keita, & Russo,

1993). Power conceived of as greater authority in decision-making, for example, is a source of sexual harassment in many workplace settings (Fitzgerald, 1993). Because of power differences, the targets of harassment are unlikely to report the harassment, and in some experimental settings participants have reacted to harassment with polite smiles (e.g., LaFrance & Woodzicka, 2005), demonstrating the extent to which power reproduces cycles of harassment.

### **Gender Roles, Scripts, and Norms**

Power and power differences, as described above, translate directly into explicit and implicit expectations of gendered behavior—called roles, scripts, and norms—which in turn are associated with GBV.

Gender roles are socially shared expectations about behavior that apply to individuals on the basis of socially identified sex (Eagly, 1987). For any given person, gender roles exist as abstract knowledge structures about groups of people. For instance, as men are more likely to occupy roles that wield power, individuals often expect and socialize males to behave in dominant, assertive manners. As women are more likely to occupy roles as caretakers, individuals often expect and socialize women to be passive, communal, and responsive (Anderson, John, Keltner, & Kring, 2001).

Societal gender roles have been linked directly to GBV, serving to justify behavior or define relationships. Interview studies have revealed that men who beat their wives justify the violence by citing “unwifely” behavior (Adams, 1988). Other scholars conclude that masculine gender roles have become defined in part by sexual access to and dominance over women (Koss et al., 1993, pp. 235-236). Indeed, research has shown that “sex role stress,” i.e. when men feel they are inadequately meeting prescribed masculine

gender roles, predicts sexual aggression (Anderson & Anderson, 2008; Bosson, Vandello, & Caswell, this volume).

Closely related to gender roles, gendered scripts are essentially roadmaps for behavior considered appropriate for men and women. In gender-polarized societies, scripts for men and women rarely overlap (Bem, 1993). Koss et al. (1993) cite studies of sexual scripts among middle school through college aged students showing that, for example, 25 percent of boys believed that if a man spends money on a woman, then it is acceptable for him to force her to have sex.

Gendered scripts are often reflective of social norms: socially shared perceptions of where a social group *is* or *ought to be* on some dimension of attitude or behavior. Descriptive norms (where the group *is*) imply a perceived consensus about a descriptive pattern of behavior (for example, “in our group, men typically hit their wives”), whereas injunctive norms (where the group *ought to be*) imply a perceived consensus about a prescribed or proscribed behavior (for example, “in our group, hitting your wife is not acceptable”). Research has identified norms supporting the acceptability of GBV across a variety of group settings, including workplaces (Fitzgerald & Ormerod, 1993) and the military (Russell, 1989).

Social norms influence behavior when they are made salient by situational features, often through media. For example, a television or radio program depicting relationships between spouses can reinforce descriptive norms of spousal abuse by featuring a husband abusing his wife. Exposure to sexual violence in popular movies leads many men to become less bothered by sexual *and* nonsexual violence against women (Mullin & Linz, 1995) and behave more aggressively toward women

(Donnerstein, 1980). Similarly, exposure to pornographic media is associated with attitudes condoning violence against women (Hald, Malamuth, & Yuen, 2010). Even nonviolent pornography typically portrays women as “highly sexually promiscuous and frequently as being dominated and ‘used’ by males” (Hald et al., 2010). These portrayals reinforce beliefs that some women deserve or enjoy being victimized (Lonsway & Fitzgerald, 1994). Perceptions about what women deserve or want also affect service providers: beliefs that sex workers and women who dress seductively “deserve” to be raped have altered courtroom decisions and treatment of targets by law enforcement and others (Ahmed, 2011).

### **Alcohol Consumption**

Alongside media that depicts GBV, alcohol consumption is an example of a societal phenomenon that influences GBV directly. Half of all sexual assaults in the United States and the United Kingdom are committed by a perpetrator who has been drinking alcohol (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004; Bowen, 2011). Even controlling for relationship conflict, intimate partner violence (IPV) is more likely on days when alcohol was consumed than on days when it was not (Bowen, 2011). Alcohol consumption often interacts with other situational and individual factors to facilitate GBV, a phenomenon we will discuss in the next section.

### **War and Other Humanitarian Crises: Societal violence**

Other settings that may prime individuals to commit GBV include armed conflict and humanitarian crises; societies pervaded by violence and disruption are more conducive to sexual violence (White & Post, 2003). In particular, GBV has been linked to strategies of intergroup competition, such that sexual abuse of an outgroup female is a

symbol of colonization (Wood, 2009). A challenge for scholars examining the link between GBV and armed conflict is to understand how conflict elevates the likelihood of GBV. While high rates of GBV are observed in countries experiencing war, it is unclear what proportion of wartime GBV is motivated by the same social and individual factors salient in peacetime—perhaps given fuller expression by social disorder—and what proportion is due to unique wartime and emergency factors, such as the greater polarization of gender roles and intergroup competition (Cohen, 2010; Wood, 2009).

### **Individual Causes of Gender-based Violence**

Societal and situational factors alone cannot explain GBV; they likely combine with individual stressors and attributes to fuel GBV. We explore these interactions in this section, beginning with a discussion of the literature's shift from focusing on a pathological model of GBV perpetrators to a non-pathological model. We then focus on qualities deemed to be non-pathological predictors of GBV perpetration, such as low self-esteem, impulsivity, and sexism, among others. Both the pathological and non-pathological literatures are plagued by the methodological problem that GBV prevalence is often measured through self-report or biased samples of convicted perpetrators of GBV (excluding those who evade conviction or treatment).

### **Pathological Personality Traits of Gender-Based Violence Perpetrators**

While psychopathology partially explains sexual aggression, many perpetrators exhibit no extreme or abnormal personalities or social profiles (Malamuth, 2003). Men who gain gratification from controlling or dominating women or who are distrustful of women often display the following pathological personality traits: callousness, disinhibition, narcissism, and antisocial personality disorder colored by impulsivity.

Another path to sexual aggression, which can interact with pathological traits, arises from a personal history that includes a lack of emotional bonding with sexual partners, familial conflict or abuse, and adolescent delinquency.

### **Non-pathological Traits of Gender-Based Violence Perpetrators**

Studies have generally not found many personality differences between perpetrators and non-perpetrators of sexual assault, although there are some differences between perpetrators of rape, specifically, and those who have not committed rape (Voller & Long, 2010). In terms of the “Big Five” broad domains of personality, rape perpetrators score lower on agreeableness and conscientiousness compared to sexual assault perpetrators and non-perpetrators, and are lower in extraversion than non-perpetrators.

One important predictor of GBV perpetration is social dominance orientation (SDO): an individual’s degree of preference for one’s own group to dominate other groups (Pratto, Sidanius, & Stallworth, 1994). High levels of SDO are negatively related to support for women’s rights and LGBT rights, and men are significantly higher in SDO compared to women in male-dominated societies, where GBV prevalence is highest.

Relatedly, the need to dominate was the most common reported motive in a study of convicted rapists (Groth, 1979), and the concepts of dominance and power are linked to sex more strongly in men who report sexually harassing women than others (e.g., Pryor & Stoller, 1994). While abused wives often report that their husbands have more power than them (Babcock, Waltz, Jacobson, & Gottman, 1993), their abusive husbands simultaneously report feeling less powerful than their wives (Johnson, 1995). A perceived need to dominate may arise from a perceived violation of the gender roles,

scripts, and norms. For example, men who have lower economic, educational, or occupational status than their wives and men who perceive themselves to have less decision-making power than their wives are more likely to use violence (Babcock et al., 1993). Power and sex can even be linked at a non-conscious level for men who are likely to sexually aggress or harass (Bargh, Raymond, Pryor, & Strack, 1995). That is, power can “prime” thoughts of sex unconsciously, due to the strong connection forged between power and sex through individual traits and socialization. Regardless of whether this causes a predisposition to harass or is symptomatic of that predisposition, such individuals can be cued to aggress when they are not aware of this influence, previewing the importance of the interaction between personal risk factors and societal and situational influences.

### **Risk Factors for Gender-Based Violence Events**

Targets of violence may be at elevated risk for GBV in certain situations, such as during and immediately after pregnancy, when a woman tries to leave a violent relationship, or when there are drastic changes in power dynamics, such as relative income (Nasier & Hyder, 2003; O’Reilly, Beale, & Gillies, 2010). We now explore how theories of societal, situational, and individual factors interact to predict GBV in these and other scenarios.

#### **Person x Situation Interaction Model of Gender-Based Violence**

The social psychological perspective posits that GBV occurs as a result of the interaction of individual, situational, and societal factors (e.g., Anderson & Carnagey, 2004; Malamuth, 2003). Within a given society, many individuals exhibit personality traits or are exposed to norms that promote or condone GBV. Individuals might be high

in social dominance orientation, perceive that spousal abuse is common, or be exposed to media promoting violence against women, to polarized scripts for gendered behavior, or to societal violence. Yet, not every individual facing any or all of these factors will engage in GBV. Many empirical studies have tested whether the interaction of individual, situational and societal factors that are salient in the moment are more predictive of GBV than the factors alone or cumulatively.

For example, alcohol consumption alone can increase aggression and inhibit higher level cognitive processing (e.g., Lisak & Roth, 1988), but when *paired with* an individual's preexisting hostility toward women, it significantly increases feelings of justification of force against an intimate partner (Abbey, Parkhill, Jaques-Tiura, & Saenz, 2009). Alcohol's effects on sexual aggression depend on both an individual's pathology and expectations (Klosterman & Fals-Stewart, 2006; Abbey & Thomson, 1992). Alcohol consumption also makes it more difficult to evaluate complex stimuli, increasing one's likelihood of ignoring subtle cues (Steele & Josephs, 1990), and it can alter the interpretation of another individual's behavior, leading intoxicated men to conclude friendly statements indicate sexual interest (Abbey, Zwacki, & McAuslan, 2000). Alcohol also increases aggressive responses (Taylor & Chermack, 1993), which is especially concerning because alcohol is often consumed in settings in which male dominance or sexualized cues are emphasized. These settings, already having primed potential perpetrators for violent reactions, are especially fertile grounds for GBV.

Other studies have explored how individual characteristics reinforce the societal link between power and sexual violence. In a series of experiments (Bargh et al., 1995), investigators subconsciously primed male participants with the concept of power and

then introduced the participants to a female confederate. Males who scored highly on the Attractiveness of Sexual Aggression scale (Malamuth, 1986) reported being more attracted to the female confederate than men who scored low on this scale when they were primed with power; interestingly, when not primed with power they reported significantly less attraction to the female relative to low-scoring males. This is strong evidence that the activation of the concept of power directly activates the concept of sexuality, but the extent to which it has an effect depends on an individual's level of attraction to sexual aggression.

The interaction between social models of behavior in a particular situation and individual characteristics can predict the likelihood of sexual harassment. Men who were either high or low in self-rated likelihood to sexually harass (compiled from a survey assessing responses to various situations where the subject envisions having power over a woman) were asked to teach and then grade an attractive female confederate on an office task (Pryor, LaVite, & Stoller, 1993). Half of the participants worked with a male authority figure who touched the female confederate sexually and made sexually suggestive comments; with the other half of participants the same male authority figure treated the female confederate professionally. Men high in likelihood to sexually harass were more likely to engage in touching and suggestive talk after working with the harassing authority figure than when they worked with the non-harassing authority figure. Men who were low in likelihood to sexually harass treated the female professionally regardless of the behavior of the authority figure.

An interactive understanding of factors facilitating GBV can inform interventions such that programs hone their targeting strategy by considering situations likely to

promote GBV, and the normative perceptions or stable individual characteristics of likely perpetrators within those situations. However, as the next section demonstrates, interventions with such a carefully crafted targeting strategy are rare and rigorously evaluated interventions even rarer still.

### **Interventions**

Though many interventions have been designed to combat and reduce GBV, we focus on programs whose methodology is clearly described and which have been empirically evaluated. The set of inadequately detailed evaluations of interventions is large, leaving methodological and theoretical gaps. To compensate for the empirical shortcomings, we rely on psychological models of behavior change to hypothesize potential mechanisms through which interventions may be effective.

We divide our discussion of interventions by timing. Primary interventions seek to prevent violence before it has begun by targeting social norms or through educational outreach. These programs focus on societal and situational factors. Secondary interventions address or “treat” violence once it has occurred, often at the situational or individual level. Secondary interventions include batterer intervention programs, couples therapy, programs to increase help-seeking behavior by targets, civil protective orders, and criminal sanctions, among others. Many interventions include both primary and secondary elements, an overlap we note when present. We also classify interventions based on whether they target individual, situational, and societal factors, or an interaction of these factors.

#### **Primary Interventions**

**Educational interventions.** The main difficulty with assessing educational interventions is that most empirical studies omit curricular details, making it difficult to place the program in the social psychological context of GBV. We focus on a few studies offering program details in order to examine the potential mechanisms for behavior change and explain uncertainty in results.

**Preventing dating violence.** The exaggeration of gender roles by youth and adolescents is hypothesized to increase the risk of dating violence and therefore should inform the design of primary interventions in schools (Black & Weisz, 2008). One school-based intervention program targeting early adolescents is the “Safe Dates Project.” Investigators randomly assigned fourteen schools to the Safe Dates Project or to a control (Cornelius & Resseguie, 2007). The control schools were informed of local services available to adolescents in violent relationships. The Safe Dates schools received this information in addition to a ten-session course, a theater production on dating violence, and a poster contest. Service providers in all communities were given special training.

One month after the intervention, students who received the Safe Dates intervention reported stronger perceived norms against dating violence, less gender stereotyping, and greater awareness of available services (Foshee et al., 2000). Reported rates of all types of violence also decreased in the treatment schools, but it is not clear whether this is a decrease in self-reported violent behavior, self-reported victimization, or both. One year later, there were no statistically significant differences in reported behaviors between the two groups, although self-reported acceptance of dating violence

decreased and awareness of negative consequences of dating violence increased in both the treatment and control groups.

Other curricula target adolescents' attitudes, specifically those that may "justify the use of dating aggression" (Avery-Leaf, Cascadi, O'Leary & Cano, 1997, p. 13). In one study, pre- and post-tests showed that adolescents of both genders in a treatment group expressed significantly different attitudes about dating violence following the curriculum's implementation compared to a no-treatment group. These results are consistent with other studies that find self-reported positive attitudinal changes, but do not measure subsequent behavior or perceived social norms (e.g., Black & Weisz, 2008).

### **Interventions Outside of School for Adolescents and Young Adults**

Other primary intervention programs target adolescents and young adults through community centers or other gathering places. One such intervention, Program H, targets participants' perceptions of social norms of masculinity. The program began in Latin America and the Caribbean; it has since been implemented in other countries (Barker, 2007).

By changing perceptions of norms of masculinity, Program H hopes to encourage more gender equitable behavior and attitudes among participants. Program H uses social modeling techniques to communicate gender equitable social norms and to transfer relationship skills in peer-to-peer educational sessions. Male facilitators attempt to communicate that gender equitable behaviors are typical and desirable (i.e., normative) through the use of role-plays, videos (including some featuring undesirable behavior to provoke discussion), group discussions, "brainstorming," and reflection. Sessions cover

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sexual health, violence and violence prevention (including GBV), substance abuse, and fatherhood, among others.

In some settings, Program H also targets men outside of these small group sessions using media campaigns such as radio transmissions and billboards. Male participants in peer-to-peer workshops develop the media campaigns in order to insure that the norms communicated originate within the audience's own social group. For example, one Brazilian Program H campaign targeted descriptive norms of support for gender equity by promoting the message, "In this community, men support gender-equity." In an attempt to increase the likelihood that this norm would be activated in situations where GBV might take place, the campaign used the slogan "In the heat of the moment" to evoke the moment before a man hits his partner or insists on sex without a condom. This strategy is an excellent example of the person and situation interactive approach, which posits that social norms must be activated in situations where the targeted behaviors might take place.

Comparisons of Program H interventions (with heterogeneous implementation) indicate that a significantly smaller proportion of participants in intervention sites report supporting traditional gender norms as compared to control sites (Barker, Nascimento, Pulerwitz, & Segundo, 2006). However, evaluations of Program H rely on participants' self-report and focus more on personal attitudes than on social norms, which are a primary target of the program, and are therefore imperfect.

### **Programs Directed toward Likely Targets of GBV**

Some programs focus on potential targets of violence, seeking to help them avoid future violence. The design and implementation of target-oriented programs can be

controversial in the context of GBV, because frequently targets of violence are blamed for their suffering based on their failure to conform to societal norms. We discuss two types of preventive interventions that aim to reduce the prevalence or severity of GBV by reaching potential targets prior to victimization.

**Anti-trafficking interventions.** Trafficking in persons, particularly sex trafficking, is an understudied topic and programs meant to prevent trafficking are sparsely evaluated. The United States Department of State issues annual reports highlighting efforts by individual countries to reduce trafficking, but has not, to our knowledge, provided evidence of the success of such programs in reducing trafficking (<http://www.state.gov/g/tip/>). Programs in source countries have sought to inform at-risk communities of possible trafficking using community theater or training workshops for likely “consumers” of trafficked persons, including government and international agencies. Interventions aimed at the general public often seek to raise “awareness...through information dissemination to potential victims of trafficking” (IOM, 2010). Correlational studies suggest that programs raise awareness of definitions of trafficking, and of knowledge of home country trafficking laws and of international trafficking regulations (IOM, 2010; IOM, 2006), but do not measure an effect on trafficking prevalence.

**Rape and assault prevention interventions.** The primary preventive strategy to reduce rape and sexual assault among adults in the United States is self-defense instruction (Brecklin, 2008). Empirical studies of self-defense programs show a range of effects on women’s “rape avoidance” in the event of assault (Brecklin & Ullman, 2008). Although studies also examine attitudinal outcomes, including assertiveness and self-

esteem, such effects typically disappear within six months of the program's conclusion (Brecklin, 2008).

### **Media and Social Norms Marketing Campaigns**

As we noted at the outset, the perception of community disapproval may affect behavior, despite personal attitudes and beliefs to the contrary. Because of the theorized relationships between many types of GBV and perceived norms regarding violence and gender, social norms marketing (including the Program H campaign described above) is a promising primary intervention to reduce GBV. Social norms marketing includes marketing techniques, such as mass media and face-to-face campaigns, that are designed to alter individuals' perceptions of social norms, specifically perceptions of attitudes and behaviors that are typical or desirable in their community.

Rather than directly targeting personal attitudes or beliefs, social norms marketing targets *perceptions* of the prevalence of certain attitudes or beliefs in the community. Social norms interventions are supported by research showing that social norms affect behavior change more dramatically than personal attitudes (Paluck, 2009). Social norms can sustain GBV rooted in community customs, including Female Genital Mutilation (FGM) (a custom in which girls' sexual organs are cut as a rite of passage, see Grabe, this volume). Even when families oppose FGM, they may have their daughters cut because they perceive that other community members view it as normal or desirable, or they believe their daughter's chances of marrying will be reduced by foregoing FGM. Personal disagreement with a norm alone does not change behavior; even when a large percentage of a group no longer personally supports the behavior, it may persist due to

the belief that other members of their group subscribe to the norm (known as “conservative lag”; Prentice, in press).

A successful campaign against footbinding girls in China targeted injunctive social norms (“girls in this community should have their feet bound”) by having parents of girls pledge publicly that they would not bind their daughters’ feet, and, crucially, having parents of boys pledge that they would not allow their sons to marry girls with bound feet. This example provides insight as to how social norms interventions can facilitate behavior change in a way that attitudinal change alone may not (Mackie, 1996).

The media’s power to influence perceived gender norms has been demonstrated in studies examining instances in which media depicted widespread adoption of different gender roles and responses to GBV. For example, viewing television programs that depict neighbors and family members rejecting domestic violence was correlated with a decreased likelihood that survey respondents defend or approve of domestic abuse (Scheepers 2001). Likewise, access to cable television in India, including international programming where women are more outspoken, was associated with a significant decrease in the reported acceptability of domestic abuse (Jensen & Oster, 2009).

Edutainment (the integration of educational messaging with popular entertainment) is a common form of social norms marketing. Initially popular as a public health intervention, edutainment now includes programming seeking to reduce GBV. Two edutainment programs addressing GBV have been rigorously studied: Soul City (South Africa) and “We are Different, We are Equal” (Nicaragua).

Soul City, a weekly television and radio edutainment program broadcast throughout South Africa, targets injunctive norms by aiming to perpetuate the norm that

“people in South African communities disapprove of GBV.” For example, one episode portrays people beating pots and pans to voice their disapproval when they overhear their neighbor beating his wife. The show uses characters with respected roles in society speaking out against GBV in order to weaken perceptions of existing norms that imply domestic violence is common or trivial (<http://www.soulcity.org.za/projects/soul-city-series/soul-city-series-4/soul-city-series-4-1>). South Africa’s racial, tribal and socio-economic diversity poses a challenge for social norms marketing, as heterogeneous groups may struggle to identify with diverse characters. It is challenging to make a norm relevant to an undefined and broad community.

Despite that challenge, one study found that people who chose to listen to the Soul City radio drama were more likely to believe that women in their community should not tolerate abuse and that the community does not approve of domestic abuse. The study showed no effect of choosing to watch Soul City on other types of norms regarding domestic violence and sexual harassment. Anecdotal reports also indicated some communities adopted the pot-banging response indicating disapproval of domestic violence in their own communities (Scheepers 2001).

The “We are Different, We are Equal”<sup>1</sup> (SDSI) campaign is another edutainment initiative targeting norms surrounding GBV. For the SDSI program, Puntos de Encuentro, a Nicaraguan non-governmental organization, launched a weekly edutainment television show, a call-in radio show, and a women’s magazine (Bank et al., 2008).

From 2002-2005, Puntos de Encuentro featured the slogan “We need to be able to talk.” The goals of the media programs were to encourage discussion of taboo topics and encourage help-seeking behavior by promoting an injunctive norm that people in the

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<sup>1</sup> Somos Diferentes, Somos Iguales in Spanish (“SDSI”).

community *should* address difficult topics like GBV. Along with radio, television, and magazine campaigns, billboards advertised the “need to talk” slogan in 17 cities in Nicaragua and identified health service providers in each locality so as to channel individuals into places where they could act on new norms about addressing GBV (Bank et al., 2008).

Higher exposure to the television or radio campaigns correlated with higher scores on a gender-equity scale across three surveys. However, SDSI highlights one frequent tension within awareness-raising campaigns: campaigns may emphasize the widespread nature of a taboo topic to encourage survivors to discuss the problem, but advertising the behavior’s prevalence can increase its perceived *normalcy*. A descriptive norm underlining the commonality of a negative behavior that is not accompanied by an injunctive norm emphasizing the disapproval of the community can license future violence. Thus, primary interventions can be a double-edged sword: they offer the potential to stop GBV before it occurs but also risk perpetuating negative descriptive norms.

Other programs use social norms messaging without the tools of mass media. For example, the White Ribbon Campaign encourages men to wear ribbons symbolic of a “pledge to never commit, condone, or remain silent about violence against women” (<http://www.un.org/en/women/endviolence/ToddMinerson.shtml>). Although it has not been rigorously evaluated, this campaign is promising because it raises awareness by promoting the positive descriptive norm that men in the community do not support violence against women rather than by emphasizing the negative descriptive norm that violence against women is pervasive in the community.

## **Secondary Interventions**

**Media campaigns targeting individuals suffering GBV.** Secondary interventions to mitigate GBV or reduce its prevalence often promote help-seeking behavior. Paradoxically, campaigns that encourage help-seeking by making targets feel they are not alone may promote the negative descriptive norm that GBV is common or even normal. These descriptive norms, as described in a previous section, may even increase the frequency of GBV. Where GBV is highly prevalent and services are available but underutilized due to lack of awareness or stigmatization of GBV, awareness or stigma-breaking campaigns may be critical. However, such campaigns should be limited to the early stage of information dissemination and breaking down stigma; years later, the risks of perpetuating a negative descriptive norm may outweigh the benefits of a message emphasizing that targets are not alone.

Soul City provides a positive example of a media intervention encouraging help-seeking behavior by channeling individuals into services rather than promoting a negative descriptive norm. Soul City collaborated with the South African National Network on Violence Against Women to establish and promote a hotline for targets of IPV. The hotline offered crisis counseling and referrals to community-based service providers (Scheepers, 2001). The number of the hotline was displayed during each episode for a year; one episode also featured the main character calling for help after being abused. This depiction may weaken an existing injunctive norm that women should keep IPV private and can channel targets of IPV into services. Strong behavioral evidence of the program's effect came from the number of hotline calls, which was dramatically higher on the day the show aired than on other days.

The “It Gets Better” campaign is another promising effort to raise consciousness while minimizing the promulgation of destructive descriptive norms. The online activism program uses video messages uploaded to the internet to tell LGBT teenagers who are bullied on account of their sexual orientation that they are not alone in their plight but that, per the campaign’s name, life will get better (<http://www.itgetsbetter.org/pages/about-it-gets-better-project/>). The campaign began in September 2010, and there are no impact assessments available. However the program’s message implies that the negative descriptive norm (“bullying of LGBT youth is common”) is temporary and will improve, thereby modeling an intervention seeking to reduce stigma and encourage help-seeking behavior (such as calling suicide hotlines) while limiting its reinforcement of the negative descriptive norm. Public health interventions also provide models that can be adapted to address GBV. Specifically, these models undermine negative injunctive and descriptive norms while promulgating positive messages that resonate with all members of a community (e.g., Wechsler et al., 2003).

#### **Group interventions to change violent behavior or reduce repeat violence.**

While social norms marketing campaigns seek to reach a broad audience that includes actual and potential perpetrators and targets of violence, other secondary interventions focus on actual offenders and aim to reduce repeat GBV. Many states in the United States mandate specific interventions for various perpetrators of GBV, such as those convicted of IPV or sex offenses. Most states mandate group interventions known as Batterer Intervention Programs (“BIPs”) to prevent recidivist IPV (Rosenbaum & Kunkel, 2009).

There are two primary models of BIPs—the psychoeducational, often explicitly feminist models, and the therapeutic cognitive behavioral approach (Rosenbaum &

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Kunkel, 2009; Jackson et al., 2003). Many BIPs blend elements of both models, leading to the increasingly popular gender-based, cognitive behavioral model (Rosenbaum & Kunkel, 2009). Although BIPs have been repeatedly studied over the forty years they have been implemented in the United States, such studies are often of limited utility due to their failure to provide program details. It is often impossible to determine what the program involves and how loyally it implements the model, even where a study identifies a given BIP as following a particular intervention model. We have gleaned available detail regarding each of these models and discuss them below.

***Psychoeducational model.*** The psychoeducational model theorizes violence as a result of primarily situational and societal factors, and seeks to reduce violent behavior by changing batterers' experiences and internalization of "patriarchal ideology" (Jackson et al., 2003). The most well-known psychoeducational model is the feminist Duluth model, which states its goals as "help[ing] men change from using the behaviors on the Power and Control Wheel, which result in authoritarian and destructive relationships, to using the behaviors on the Equality Wheel, which form the basis for egalitarian relationships." (Babcock, Green, & Robie, 2004, p. 1026; Pence & Paymar, 1993). The Power and Control Wheel is a circle with eight segments, each describing common IPV events, such as threatening one's partner. The Equality Wheel contains opposite behaviors.

Duluth Model programs last approximately six months and often follow substance abuse treatment. Program participants are introduced to the Power and Control and Equality Wheels early in the intervention (Pence & Paymar, 1993). The curriculum addresses eight themes related to the wheels' eight segments, including nonviolence and negotiation. Each topic is covered in two to four sessions, with the first sessions

involving video vignettes exemplifying the violent behavior, followed by participant logging of their own violent behavior, and group discussion of that behavior and non-violent alternatives (Bowen, 2011; Parker, 2007).

At least 35 studies have examined psychoeducational programs similar to the Duluth Model. A few of those studies have used an experimental or quasi-experimental approach, typically comparing a feminist BIP model to a probation-only control group. In one such study, IPV perpetrators were randomly assigned to a one-year term of probation or to probation plus twenty-six weeks of mandatory participation in a feminist model BIP. The baseline study found no significant differences between the two groups in terms of their self-reported behavior and attitudes or police records prior to treatment. However, those in the BIP group were less likely to be rearrested after intervention than those in the probation-only group (Jackson et al., 2003; Davis, Maxwell, & Taylor, 2003).

*Cognitive behavioral model.* The cognitive behavioral model “views battering as a result of errors in thinking and focuses on skills training and anger management,” which are generally individual and situational causes of GBV (Jackson et al., 2003, p. 1). Because violence is theorized as learned behavior, the programs are built on the idea that non-violent behavior can likewise be learned (Babcock et al., 2004). Most programs include anger management techniques, such as using timeouts to de-escalate conflict and exercises to improve communication skills and to minimize aggression (Kelly & Johnson 2008). In these ways, the model is similar to couples counseling, although cognitive behavioral BIPs do not include the targets of violence.

Evaluations of explicitly cognitive behavioral models are rare. One experimental study conducted with approximately 150 US Navy personnel compared a 36-week

cognitive behavioral group, a 26-week couples therapy group, a group subjected to rigorous monitoring, and a no-treatment control group (Dunford, 2000, cited in Babcock et al., 2004). Results were gauged by differences in partner-reported violence and police records after one year. There were no statistically significant differences among the intervention groups, although the unique features of a military community (characterized by a high stake in social conformity) may mean the majority of an intervention's effect could be traced to the arrest itself.

*Gender-based cognitive behavioral approaches.* BIPs that combine the psychoeducational feminist model and the cognitive behavioral model follow a gender-based cognitive behavioral model (Gondolf & Jones, 2001; Vaddiparti & Varma, 2009). Interventions based on this model range from an educational or instructional format to a free-flowing group discussion model (Gondolf, 2004).

One study compared four gender-based cognitive behavioral programs in different cities (Gondolf & Jones, 2001). Using perpetrator and target surveys and police records, the study revealed that forty-one percent of the men re-assaulted their initial partner or a subsequent partner over a thirty-month period, and half of those men reassaulted their partners repeatedly. The study concluded that program length is not significantly associated with program completion or differences between re-assault rates. This study offers some support for three-month cognitive behavioral programs because there were no significant advantages to longer, costlier programs. However, because it does not provide details regarding the curricula of any of the programs, its utility beyond this general insight is limited.

### **Restorative Justice Models**

One feature BIPs share, regardless of their model, is a narrow focus on the batterer. Restorative justice models generally focus on the interaction of individual needs and societal factors like community support and integration. One such model is Arizona's "Circles of Peace" group intervention, which includes only one batterer along with various members of his community including, where the target chooses to participate, the target of past violence (Mills, Maley, & Shy, 2009). An evaluation of this program is ongoing but not yet available; we note however that the intervention escapes one potential pitfall of BIPs, which is that groups of batterers may enforce negative descriptive norms by making batterers acutely aware of how many other individuals perpetrate similar violence within their own communities. By surrounding the batterer with individuals who will not tolerate continued violence, models such as Circles of Peace may be able to reinforce a community injunctive norm that battering should not occur in a given community.

#### **Individual Interventions to Reduce Gender-Based Violence**

**Therapeutic interventions.** Couples counseling, typically cognitive-behavioral therapy, is an alternative to group interventions for perpetrators of IPV. Counseling at the couple level generally seeks to develop anger-management techniques (Maiuro, 1991). Such counseling frequently attempts to assist an abusive individual in distinguishing between (permissible) negative emotional responses and aggressive (impermissible, violent) behavioral responses. Couples counseling also focuses on specific tools like taking a "time out" when the individual recognizes signs of anger or arousal to de-escalate conflict. This intervention thus focuses on the individual factors leading to abuse, but also points out situational triggers of those individual factors.

Couples counseling has been criticized for “encouraging the underlying inequity of power between the partners,” and perhaps pressuring the target of abuse to remain in the relationship (Lawson, 2003, p. 26). Some studies, albeit generally those with small sample sizes, have concluded that couples counseling, particularly when paired with individual counseling, “may be safe and beneficial” (Klein, 2008, p. 46, citing Johansson & Tutty, 1998). However, one meta-analysis found that while all forms of group interventions have some non-zero effect as compared to mere arrest, cognitive-behavioral therapy has no effect (Babcock et al., 2004). In addition, another study concluded that men who violated protective orders but were assigned to anger-management interventions had higher re-offense rates than those assigned to BIPs, despite having lesser criminal histories (Klein, 2008).

### **Legal Responses to GBV**

Because GBV is regulated by the law, it is also important to examine the psychological rationale underpinning various legal interventions that respond to GBV. Some legal interventions target individual and situational factors facilitating GBV, while others potentially influence societal drivers of GBV. An important function of all legal remedies is their expressive value: the criminalization of all forms of GBV—including everything from the violation of a protective order to rape as a weapon of war—constitutes official condemnation of GBV and a powerful indicator of the injunctive norm that individuals within the community (defined by the jurisdictional reach of the law) should not perpetrate or tolerate GBV.

Law enforcement interventions are perhaps the easiest to implement, but many legal interventions are also known to exacerbate tense situations. Mandatory arrest (laws

requiring an arrest in any domestic disturbance call) allows for a period of relative calm in which the abuser and victim are separated, decreasing recidivism compared to law enforcement inaction or spontaneous counseling (Wanless, 1996). However, one study found the effect of mandatory arrest transitory (Tauchen & Witte, 1995), and another showed mandatory arrest laws correlated with an increase in intimate homicide due to decreased reporting and increased reprisal (Iyengar, 2009). Mandatory arrest policies, developed in large part to reduce police inaction to IPV reports, respond to the situational risk presented by reporting, known to be a heightened period of risk for IPV incidents, but may function solely to shift the high risk period to the time the accused is released from custody rather than the time immediately following the police report.

Specialized law enforcement units for IPV or other forms of GBV, such as women's police stations, are another global trend. Specialized stations recognize that reporting GBV is often stigmatizing and may require the target to step outside of gender scripts and assert power against the perpetrator. These stations seek to create new standards in which reporting is encouraged and responsiveness prioritized. In some countries, women's police stations seek to reduce revictimization of those reporting rape by assigning only female law enforcement personnel to such stations. In various United States locales, studies have indicated that assigning severe IPV incidents to a specialized police force may decrease recidivism despite the high risk of repeat violence in severe IPV cases (Klein, 2008). Specialized domestic violence courts are another mechanism through which to facilitate delivery of target services, batterer intervention, and criminal punishment (Gover et al., 2004). Studies indicate that specialized domestic violence courts increase target court appearances (Harlley & Frohmann, 2003).

The United States and many other countries seek to reduce harm to targets partially by addressing power asymmetries in violent relationships through civil remedies known as protective orders. Protective orders require that the perpetrator maintain distance from the target and may include “no contact” provisions (Logan, Shannon, Walker, & Faragher, 2006), thus discouraging the abuser from exerting physical or emotional control over the target and establishing, at least in theory, that the target is protected by the law. However, one literature review identifies an average violation rate of 40% in the United States (Logan, Shannon, Walker, & Farragher, 2006). Reported violations may lead to police intervention preventing a violent occurrence, but may also incite anger in the person served the order. As there are likely significant differences between individuals who obtain a protective order and those who do not, conclusions about the effectiveness of protective orders are difficult to discern.

### **Conclusion**

Various theories of gender-based violence, and thus theories of how to reduce GBV, place different weights on individual, situational, and societal factors that drive GBV. Rigorous evaluations of GBV interventions are infrequent, and those that are conducted are often limited by shortcomings in their methodology and measurement, and their lack of detailed intervention description. By placing interventions in the context of social psychological theory and evidence, we aim to identify the driving factors of GBV and the most useful ways to measure intervention outcomes.

Throughout this chapter, we have signaled which interventions employ a social psychological approach to reducing GBV by examining the interaction of individual, situational, and societal factors. Interventions’ targeting, and their ultimate efficacy, is

improved when they begin with analysis of which individuals will perpetrate or seek help for GBV, given situational circumstances and societal conditions. Many educational interventions, such as Program H, combine attempts to change individual perceptions of social norms or individual knowledge about GBV with media interventions that target particular situations where GBV transpires most frequently. Likewise, Soul City takes a social psychological approach by targeting perceived social norms about domestic violence with media and makes available information to ameliorate or address violence, such as posting a help hotline number. BIP combines both situational and individual levels of intervention. We recommend more analysis and design of GBV interventions that use this social psychological interactionist approach.

We have also reviewed many interventions that target primarily individual variables, such as attitudes, skills, or knowledge. Although evaluations of these programs do not show that they are less effective than interventions taking multiple factors into account, this lack of evidence is primarily due to the paucity of evaluation. In addition, many interventions claim to target one factor, like societal gender norms, and then measure another, such as individual attitudes. As discussed in this chapter, strong evidence supports the hypothesis that behavior change is more strongly connected with social norms than personal attitudes, and as a result programs seeking to inspire behavior change would do well to focus on social norms rather than, or at least in addition to, individual attitudes.

We conclude that interventions, once designed to address the interaction of individual and societal factors, must be evaluated in a way that demonstrates their causal effect and measures that effect appropriately. Many scholars agree with this assessment,

including the American Psychological Association, which has provided recommendations similar to our own regarding programs concerned with violence against women (<http://bit.ly/tE5ULd>).

Methods of data collection and evaluation are critically important. While we review a number of evaluations that should be lauded for their attempts at experimental or quasi-experimental analysis, many are incomplete and unable to draw causal links between interventions and outcomes. Researchers, as they develop the theory that drives their studies, should allocate resources to data collection methods such as randomization of subjects, comprehensive baseline studies, assessment of possible backlash, establishment of appropriate control groups and, where possible, reducing survey attrition by following respondents across time and space. Some of these data shortcomings can be ameliorated with statistical tools such as matching or regression discontinuity designs, but causal links will be more easily supported if data collection and survey design adhere to an experimental framework.

Based on the research available at this time, we recommend that GBV reduction programs conscientiously develop a theory of the specific form of violence they aim to reduce and intervene by examining the individual, situational, and societal factors that support the most frequent instances of that violence. For example, a program to address power asymmetry within an ongoing relationship should be conceptualized differently than a program to encourage help-seeking behavior. We also advise avoidance, particularly in awareness-building campaigns, of perpetuating negative descriptive norms, which may undermine program goals.

The vast literature regarding GBV is demonstrative of many of the successes of prior decades of interventions and studies that increased understanding of GBV and reduced its incidence and severity. We believe that a great deal of progress can be made in future decades by viewing GBV both as a problem broader than violence against women alone and as a problem that is caused by the interaction of individual, societal, and situational factors. By applying social psychological theorizing regarding behavior change mechanisms to GBV interventions, we hope to move this literature—and more importantly, the efforts to reduce GBV—forward even further.

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