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Reducing Intimate Partner Violence through Leveraging Cultural Values



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POLICY BRIEF
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“Previous public health experience suggests that the more precisely the target group is bounded, the more effective the campaign. Precision makes it easier to deliver a message that tells people exactly what they need to know, in their own language, through sources they trust and respect.”¹

In this brief the results of the “Strengthening What Works: Preventing Intimate Partner Violence in Immigrant and Refugee Communities” (SWW) initiative funded by the Robert Wood Johnson Foundation will be provided. Implications of the results will be suggested as well as recommendations for policy.

Background to IPV Prevention

PRIMARY PREVENTION OF INTIMATE PARTNER VIOLENCE

As has been noted by numerous researchers in the field, preventing intimate partner violence (IPV) through interventions that address it after it has occurred is highly unlikely to be successful.² Efforts that focus on arresting the perpetrator or supporting the victim after the fact have been shown to have little or no impact on recidivism, much less on rates of perpetration.³ Instead, the focus must move to preventing IPV before it happens, ideally by working towards a world in which individuals do not feel the need to resort to violence, and where society (at macro and/or micro levels) does not condone, permit, or ignore its perpetration. When operationalized into prevention activities, those goals take the form of interventions to promote and support healthy gender identity, gender equity, and healthy intimate partner relationships starting from the teen years. These programs also work to positively refocus the social norms and cultural values that allow IPV to take place.

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OVERVIEW OF THE IPV PREVENTION LITERATURE

Two major approaches to IPV prevention emerged from the recent (post 2010) literature:

- Programs targeting youth and adolescents
- Programs to change social norms that condone or permit IPV to take place

The potential for leveraging cultural values in preventing IPV has received some attention at the theoretical level, but has not been developed much past that point. The few existing programs have not been evaluated. Evaluations of prevention programs are scarce, methodologically challenged, and equivocal in their findings. A small number of dating violence prevention programs have been deemed effective based on the evidence.

YOUTH DEVELOPMENT AND HEALTHY RELATIONSHIPS

A dominant theme in the recent literature on IPV is the trend away from a focus on men as perpetrators and women as victims, and towards a focus on the couple as a dyad. Rather than treating IPV as an individual behavior problem, usually belonging to the male, it is seen as taking place in the context of a relationship, and efforts to reduce or prevent it need to acknowledge that either or both individuals may be the abuser or the abused at different times in the relationship.⁴ Rather than focusing on changing the male's behavior and/or removing the female from the situation, prevention strategies need to look at the relationship as a whole. In this model, preventing IPV can be accomplished by providing the foundation for healthy relationships at an early age. Thus, a large portion of the prevention literature is devoted to understanding and finding ways to prevent dating violence among youth and adolescents.

Approaches to preventing youth dating violence are generally based on studies of the developmental trajectory that indicate that IPV is predictable by the teen years.² Risk factors associated with IPV have been shown to begin before adolescence, indicating that proactive interventions at earlier stages of development are vital to prevention efforts. Developmental issues such as delinquency and lack of self-regulation have been linked to later engagement in IPV.⁵ IPV has been shown to be associated with a lack of understanding of healthy relationships; since early adolescence is a pivotal time for learning about relationships, it is an important period to promote the building of healthy relationship management skills.⁶

Efforts to address teen dating violence began relatively early on in the history of the field, and a substantial literature has developed. Numerous school-based interventions have been designed intended to address developmental issues, as well as shape attitudes and values, in order to reduce dating violence. Conducting research among youth and implementing programs to reduce dating violence has the advantage that educational settings allow researchers to use more stringent experimental designs, since youth in school constitute something of a captive audience. Secondly, youth have not developed set values or behaviors regarding gender roles, violence, and intimacy, making them receptive to behavior change through a variety of interventions.⁷ Ideally, prevention and intervention efforts should target youth starting in the early teens.⁸

As of 2010, the World Health Organization categorized only school-based programs to prevent dating violence as evidence-based. Promising practices include communication and relationship skills training, and programs to address cultural norms that support

Recent IPV literature has seen a trend away from a focus on men as perpetrators and women as victims and towards a focus on the couple as a dyad.



IPV. Earlier in the developmental trajectory, promising practices include early childhood interventions to prevent maltreatment and to eliminate exposure to violence.⁹

SOCIAL NORMS

The other dominant theme in the IPV prevention research literature is the idea of changing the social norms that support or permit IPV to occur. A variety of beliefs and attitudes regarding relationships have been identified that have the potential for supporting IPV among certain groups. For example, one study found that adolescents and young adults believe IPV is more common and acceptable if it occurs after infidelity.¹⁰ Another study found a positive association between overestimating the violent behavior of others and higher rates of abusive behaviors, i.e., those who believe that other people are more violent than is actually the case are more likely to themselves engage in violence.¹¹ However, much of the literature on changing social norms to prevent IPV reports analyses of survey data that link certain beliefs and values to higher rates of IPV.¹² Furthermore, most of the studies that have been conducted on the link between social norms and IPV were conducted outside the U.S., where they generally took a women's empowerment perspective. No reports of actual programs that attempted to change social norms, much less evaluations of them, were found for this review.

On the other hand, there is some evidence that norms are indeed changing on a global level. A review of data from the Demographic and Health Survey found increasing rejection of IPV in many countries over a five year period. The study noted that the change did not appear to be the result of development, e.g., lower poverty, more education, but rather a change in women's willingness to accept justifications for IPV.¹³ This supports the concept that prevention is tied to changes in norms and values that support or allow IPV.

EVALUATING PREVENTION PROGRAMS

Primary prevention programs are notoriously difficult to evaluate using the generally preferred scientific methods, i.e., randomized controlled trials (RCT) or quasi-experimental designs, especially in the case of universal prevention programs provided to a general population. In addition to methodological challenges in implementation, most evaluations are only able to measure changes in knowledge, attitudes or beliefs regarding IPV. Measuring behavior changes, whether short- or long-term, is generally beyond the scope of most programs. Some popular approaches to IPV prevention, such as the Centers for Disease and Prevention's DELTA Project have yet to be evaluated.¹⁴ The notable exception, as mentioned above, are the school-based programs, which have not only a captive audience, but one that can be followed over time to a greater or lesser degree. Therefore, school-based programs are over-represented in the IPV prevention evaluation literature.

One review of dating abuse programs found 11 prevention programs that were evaluated in 10 randomized controlled trials. The programs targeted cognitive and behavioral risk factors associated with dating abuse. The review demonstrated that some, but not all, of the programs had effects on attitudes and beliefs, and also changed dating abuse behaviors. Interestingly, none of the studies found effects on conflict resolution and communications skills. Most of the studies only measured short term changes, so it is not known whether the effects were sustained.¹⁵



The SWW grantee interventions fell largely into the two approaches outlined above: changing cultural norms and promoting healthy relationships. And, in a number of cases, the approaches were interlinked; healthy relationships were promoted in the context of affirmative cultural norms.

Synthesis of Findings from Strengthening What Works (SWW)

The outcomes of the SWW initiative are exactly those highlighted in the Longshore quote featured at the opening of this document. In the SWW initiative, an important distinction that was observed was the difference between intimate culture and community culture in addressing IPV. Intimate culture is defined as the cultural space of interpersonal interactions between spouses; partners; parents and children; within extended families; and/or friends and neighbors. The differentiation is between those defined as inside (intimate) and outside by the key actors. The closer a topic or concern is to central values of a culture (family relations, parenting, roles) the greater the need for interventions to be focused on the role of intimate culture as opposed to community culture. These two cultures may be closely aligned, however to prevent IPV may require a realignment of one or both. And, if the intimate culture changes to prevent IPV, it is critical that the community culture be supportive of the changes and so come into alignment or minimally, be neutral in relationship to the values of the intimate culture.

The SWW grantees worked with bounded groups for which carefully crafted interventions were developed accounting for culture, language, age, and gender orientation. The interventions were delivered by individuals who were culturally recognizable, in languages and at levels that responded to the needs and/or tolerance of the groups, and, were conducted in safe, culturally sanctioned spaces. For the majority of SWW grantees, their interventions produced desired effects in knowledge, attitudes, and beliefs; measuring behavior change was largely beyond the range of the evaluations conducted. And, as these were IPV prevention interventions, behavior change may not be an appropriate indicator of success unless measured on a population level through a reduction in IPV for which causality would then be an issue.

In developing interventions to prevent IPV SWW grantees used their deep and often native cultural knowledge to determine powerful points of entrée to working with women, men, and youth, and, in the case of one program, of all sexual orientations. The interventions in many cases focused on the intimate culture but many also sought to affect the community culture. SWW grantees understood or determined the cultural supports for the attitudes and behaviors that resulted in IPV. And, they understood the shame and stigma associated with IPV and the resistance with which any direct discussions were likely to be met. The grantees also understood the potential for negative public response and group stigmatization that could result from open discussions of IPV within a particular group.

Every SWW IPV prevention program had as a fundamental purpose changing or reframing the cultural and social norms that allowed or justified violence, and many focused on strengthening healthy relationship values. The social and cultural norms varied by group but the programs were grounded in understanding the norms of the specific immigrant or refugee community and designed their interventions to respond to those norms. Importantly, those programs that largely focused on the strengthening or revitalizing of existing norms and healthy relationships, some of which had been dormant or hidden, found a significant increase in attendance to their prevention



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activities. Others concentrated on developing or refocusing the norm so that it denied the possibility of IPV being culturally or individually appropriate or acceptable.

Elements in Effective SWW IPV Prevention Interventions

Grantees approached IPV as the symptom, diagnosing within the appropriate cultural contexts the causes and supports and then addressing those through affirmative intimate culture (couple and individual) development as well as community development, as initiative objectives. In this section, the key activities undertaken, their rationale, and core content will be briefly described.

Sanctioned space was created through the cultural knowledge and lived experiences of the intervention designers. Interventions were carefully constructed to function within cultural values and language. As appropriate, interventions also reflected thoughtful reinterpretation of mainstream programs and the selection of knowledge elements that could be introduced within the cultural structure and values of the specific community. As will be noted in the descriptions, the approaches were often synergistic, with healthy femininity and healthy masculinity supporting healthy relationships and gender equity a part of both. And, all were conducted through the leveraging of affirmative cultural values.

FIGURE 1.
Elements in Effective SWW IPV Prevention Interventions.





SANCTIONED SPACE

All grantees created safe, sanctioned space in which participants in interventions could discuss difficult or stigmatized issues. Without this groundwork, the likelihood of interventions being able to attract and engage the populations of interest was seen to be very limited. For example, women needing to develop a more positive understanding of femininity in a cultural setting were most often in groups with other women lead by strong female cultural role models. Men being supported in changing the culturally mediated way in which they act and perceive themselves in relationship to other men and to women, were supported by other men working towards the same end. Sexual minorities exploring how relationships are built and sustained in a generally hostile cultural environment found safety and comfort in private sessions. In all cases, the safe space provided the setting in which challenging topics could be explored, often deeply personal information could be revealed, and in which the group was pledged to confidentiality. The sanctioning of the discussions and the changes that were implicit in the undertaking came from the position of the organization within the community and often from the authority and respect for those who endorsed the conversations. And, in some cases, safety was imbued in an otherwise unsafe space as a result of the act of sanctioning.

HEALTHY MASCULINITY & HEALTHY FEMININITY

Most grantees worked to leverage positive cultural values to affect knowledge, attitudes, beliefs, and behaviors (KABB) around healthy femininity and healthy masculinity intended to, among other things, prevent IPV. Grantees began with a view that the culture(s) of those with whom they worked had positive values that could provide the basis for healthy gender roles which were seen as critical to IPV prevention. Several of the grantees developed interventions specifically focused to men in which the notions of culturally supported masculinity were explored and recast largely away from dominating and punishing as masculine virtues to strength through self-discipline, supporting of the family, and cooperation/collaboration with others. Culturally supported notions of subservience and unworthiness were recast toward understanding the values of strength and equity in which all stakeholders benefit from the change. That is in contrast to approaches in which the subservience and unworthiness of one are substituted for the disrespect and disregard of the other. Important grounding for most interventions was the concept of gender/partner equality whether implicit or explicit. The implicit hypothesis was that perceived equality will reduce potential for IPV suggesting that IPV may be more likely to exist where inequality is real or perceived – perhaps by either partner. In leveraging positive cultural values, all of the SWW grantees who utilized this approach were focused on inclusion rather than exclusion; of men and women, in particular, being better at who they are rather than becoming something else. Young men and women, both directly through specific youth initiatives and through anticipated benefit from adult participation were seen as a critical audience. Many grantees saw youth engagement as central to prevention as their norms, values, and behaviors are still tractable, and peer influence is particularly strong.

“We are not alone. You are not alone. You don’t have to protect your ethnic or language group here like you might feel you have to in other spaces. You don’t have to protect your or other LGBTQ relationships here like you might need to in other spaces. You can risk healthy vulnerability and healthy shame here. You can take your daily armor off and breathe easy.”

Asian Women’s Shelter Chai Chats Curriculum, Case Study

“Man, we didn’t wanna hear nothin’ about equality or anger management or conflict resolution or whatever. But after being at the Markaz for a few months, I realized that I had to respect everyone there, including the girls. I think my attitude was really messed up, but I’m doing better now. I’m even letting my little sister hang out with me sometimes.”

Participant, Arab American Action Network Case Study

“This program isn’t like school... This is something that I’ll take with me throughout my whole life and can hopefully change the people around me.”

Youth Empowerment Program Participant, Asian Taskforce Against Domestic Violence Case Study



HEALTHY RELATIONSHIPS SKILLS

Many grantees worked specifically to provide skills and tools to develop and maintain healthy relationships, and as one consequence, prevent IPV. Healthy relationships as a practical, demonstrable concept generally included information and skills development around such issues as:

- Respect for self and others
- Communication skills
- Conflict avoidance and management
- Anger management

In most cases, the discussion of these issues was grounded in the group culture and explored group norms for behavior. These explorations allowed, supported, and encouraged both men and women to discuss the ways in which they adopted cultural roles and where the supports for those roles diverged from the strongest, most affirmative foundations of their cultures.

An important feature of many of the interventions was working to generalize the information contained in programs and to engage in advocacy with key leaders so that changes might be more generally taken up within a community or group. Identifying and engaging with key formal and informal opinion-makers and gatekeepers within the community was important in order for some or all of the following:

- Informing the development of the interventions;
- Sanctioning engagement in the interventions;
- Reinforcing messages from the interventions with participants; and,
- Expanding the circles of information and influence around core intervention issues.



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“[We learned] what violence and self-esteem are, and how much we are worth--as men and women--and that communication is fundamental in marriage.”

Participant, Enlace Case Study

“Family issues are the most important in our ministries, and we needed a space to discuss what is a healthy family and discern ways to respond to domestic violence. Personally, I participate in FLAG because it is an ecumenical group.

As Korean church pastors, we seldom have the opportunity to meet and work with other religious leaders and FLAG offers this space. It is important for me to come here, meet with other leaders, and discuss and research ways to better respond to domestic violence and promote healthy family relationships.”

Faith Leadership Advisory Group (FLAG) Member, Korean Community Center of the East Bay



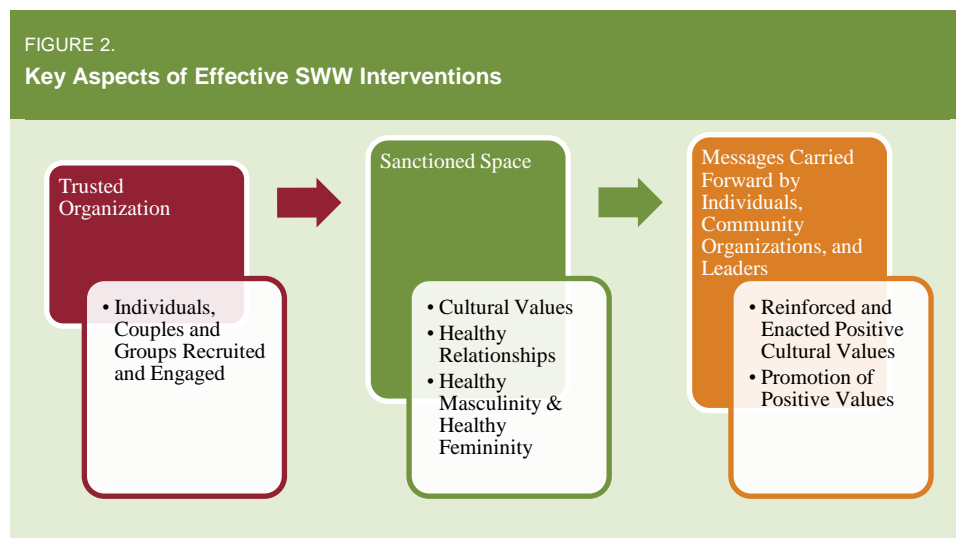
Analysis

SWW APPROACHES & THE FIELD OF IPV PREVENTION

In some instances, the SWW grantees reinterpreted cultural values in a new context which may act to expand the boundaries of the cultural value. By utilizing this leveraging of cultural values, the SWW grantees have gone past the field as reflected in the literature. And, there are general approaches found across grantee interventions that are important for informing the field. The evaluation of grantee interventions through SWW emphasized the importance of cultural and linguistic intervention design, and the critical role that informed program design must play in order to ensure the appropriate intervention development so that a community's cultural values form the base of the intervention. The key aspects of effective SWW interventions are depicted in the graphic below. The SWW grantees additionally addressed adults and used deep cultural knowledge to go beyond changing social norms to leveraging and supporting affirmative cultural values.

The approaches that SWW grantees developed for preventing IPV are in line with the current direction of the general IPV prevention field. That is, as noted in the review of the literature, many are emphasizing:

- Programs targeting youth and adolescents emphasizing healthy relationships
- Programs to change social norms that condone or permit IPV to take place





EVALUATION OF NOVEL INTERVENTIONS & INFORMATION DISSEMINATION

Through the SWW initiative a number of the grantees were able to develop data that supports the effectiveness of their interventions; these organizations may now speak of their interventions as evidence informed. However, the SWW initiative was farsighted and novel in that RWJF supported grantees in seeking the evidence of effectiveness and developing basic competence in evaluation to strengthen approaches to designing and implementing interventions.

The organizations that participated in SWW will be challenged to find funding for their interventions that supports the continued careful evaluation of their intervention and being able to increase the knowledge base about key aspects. And, frequently, funders expect that organizations that they fund will utilize prescribed evidence based practices (EBPs). While EBPs are an important part of working to improve the effectiveness of public health related activities, most EBPs are unlikely to be relevant to or effective with the spectrum of minority cultural and linguistic groups in behavior change. If these organizations do not use or are not successful with EBPs they are unlikely to continue to access mainstream funding for their programs. And, with no systematic means for verifying the effectiveness of and advancing the knowledge generated from new and novel interventions developed in the field, interventions and the field at large will generally not have the means to become more effective for these populations. Novel or field generated interventions for which evidence of effectiveness has been developed (practice based evidence (PBE)) must be recognized as valuable to the field. In order for this recognition to occur, there must be a proactive and systematic means of identifying and advancing PBEs through testing and scaling. Otherwise, novel/field-based interventions will remain location and/or community specific and their contributions will be lost in the din of evidence based practice.

This also then creates opposition between the support for generating EBPs and the deep knowledge of culturally specific intervention developers and implementers. The gap between practice based evidence and the current system of recognizing and verifying the effectiveness of interventions (EBPs) is profound and its continuation works to the deficit of those who most need services. It is also costly as ineffective interventions continue to be utilized and those who would improve their interventions lack access to potentially useful program models.

Most evidence-based practices are unlikely to be relevant to or effective with the spectrum of minority cultural and linguistic groups in behavior change.



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Recommendations

IPV PREVENTION

- Funders and policymakers seeking to prevent IPV in communities should solicit ideas from the field for the development of initiatives that are responsive to particular populations.
- Funders and policymakers seeking to prevent IPV in ethnic and minority communities should solicit and support interventions that seek to prevent IPV through working with both intimate and community cultures to create and sustain affirmative cultural values that support healthy relationships.
- For those seeking to engage young populations in order to prevent IPV through healthy relationships and positive gender roles, the resources and representatives that they find credible, accessible, and interesting should be regular aspects of programs. All social media should be regularly evaluated for currency and resonance.
- Assessments of populations for IPV prevention should be carefully and periodically conducted to determine the current cultural, linguistic, social, and gender construction. Changes in populations over time may weaken or invalidate the effectiveness of programs developed for past groups.

EVALUATION & DISSEMINATION

- Evaluation is a critical tool for developing and conducting health and human services-focused behavior change interventions. It is essential that those who develop and implement interventions have an appreciation for the purposes of evaluation and a basic understanding of the tools and their use so that they can both plan for and be good users of the information. It is also essential that supported programs have sufficient funds and access to professionals to meet the needs of the funder and the program planners and operators for the development and utilization of evaluation information.

Recommendation: Each new program initiative should include culturally responsive, initiative level planning and resources for enhancing grantee evaluation competency. Funding and support should also be provided for planning and conducting culturally appropriate evaluation at the initiative and grantee levels.

Too often program and interventions are funded to conduct services and deliver a report to a funder. The best programs include the opportunity for grantees to reflect on the outcomes of the work conducted, review and as needed, revise program elements and to work with the funder and other grantees to ensure the dissemination of process, models, and outcomes to the field.

Recommendation: Initiative planning should include time and support for engaging grantees in analysis and information development regarding program results.

- Standard forms for developing the data to prove effectiveness of programs, the opportunity to test the model through scaling with larger or different populations, and the means to disseminate a program model are the province of academic and governmental institutions. This leaves the larger field without access to potentially



important innovations and the innovators without the support to learn about innovations and disseminate their own models.

Recommendation: A centralized and supported center should be developed for the purposes of:

- archiving program models including their evaluations and making those materials broadly available;
- providing technical assistance to organizations desiring to utilize a program model in a new population or context;
- identifying and supporting groups of implementers to test promising, novel interventions in new and larger populations.

For all of these purposes, information from the activities should be made broadly available to policymakers, planners, and implementers.



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