



# Theorising Gender-Based Violence

Michaela M. Rogers  and Parveen Ali 

## Learning Objectives

After reading this chapter, the reader will be able to

- Understand how gender-based violence is theorised and explained over time.
- Explore biological and psychological explanations of gender-based violence.
- Understand feminist and sociological explanations of gender-based violence.
- Explore ecological perspectives on gender-based violence.

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## Introduction

This chapter provides an overview of the common theoretical perspectives used to explain gender-based violence (GBV). Over a few decades, theories and frameworks have been proposed to explain and understand GBV and subsequently some have been developed further, and some have fallen out of favour.

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M. M. Rogers (✉)

Department of Sociological Studies, University of Sheffield, Sheffield, UK  
e-mail: [m.rogers@sheffield.ac.uk](mailto:m.rogers@sheffield.ac.uk)

P. Ali

Health Sciences School, University of Sheffield, Sheffield, UK  
e-mail: [parveen.ali@sheffield.ac.uk](mailto:parveen.ali@sheffield.ac.uk)

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The aim of this chapter is to provide an overview of both those that have been influential and those that are currently deemed useful in explaining GBV within contemporary global contexts. The chapter explores common approaches to understanding GBV including feminist, sociological and psychological and biological theoretical frameworks.

## Theorising Gender-Based Violence

Over the past few decades, many theories have been proposed to explain GBV, and these include the biological perspective (aggression resulting from structural and chemical changes in the brain due to, for example, trauma or head injury) and psychopathological theories (psychopathology, mental illness, attachment problems, inability to manage anger and hostility, deficiency in various skills and abilities such as management of anger and hostility, lack of assertiveness, self-esteem and communication skills). Also commonly found are the feminist perspective (patriarchal structure of the societies, power and control issues and learned helplessness) and sociological perspective (violence in the family of origin, differences in the resources, and resourcefulness, of men and women in a marital or intimate relationship, conflict and stress in the family, and an ecological perspective). In the following discussion, a brief description of these perspectives, as indicated in Table 1, is presented.

**Table 1** Perspectives on gender-based violence

Biological perspectives	Psychological perspectives	Feminist perspectives	Sociological perspectives
<ul style="list-style-type: none"> <li>• Head injury</li> <li>• Neurotransmitters</li> <li>• Genetics</li> <li>• Infection</li> </ul>	<ul style="list-style-type: none"> <li>• Psychopathology</li> <li>• Personality theories</li> <li>• Attachment</li> <li>• Anger/hostility</li> <li>• Self-esteem</li> <li>• Communication skills and assertiveness</li> <li>• Substance and alcohol use</li> </ul>	<ul style="list-style-type: none"> <li>• Cycle of violence</li> <li>• Learned helplessness</li> <li>• Battered women syndrome</li> <li>• Power and control wheel</li> <li>• Coercive control</li> <li>• Patriarchy</li> <li>• Heteropatriarchy</li> </ul>	<ul style="list-style-type: none"> <li>• Social learning theory</li> <li>• Resource theory</li> <li>• Culture and religion</li> <li>• Nested ecological framework</li> <li>• Social norms</li> </ul>

## Biological Perspectives

Earlier explanations of GBV centred around the biological causes or explanations, and these included genetic, congenital, and organic causes of aggressive or violent behaviour. Researchers explored the role of genetic defects, brain injury, neuropathology, brain infections, and medical illnesses affecting brain and structural or functional changes in the brain secondary to trauma in the development of violent and aggressive behaviours (Ali and Naylor 2013a, 2013b).

### Head Injury

Head injury is known to result in negative consequences for the survivor of the injury and their family. While survivors face difficulties with behaviour, anger management, and self-monitoring, partners and family members report changes in the survivor's personality, irritability, rage outbursts and reduced impulse control as long-term consequences of head injury (Wood et al. 2005). The association between violent and abusive behaviour and head injury was first explored by Rosenbaum and Hoge (1989) who found a history of head injury in 61.3% of their participants ( $N = 31$ ) who were perpetrators of IPV. Rosenbaum and colleagues conducted further research to explore this association (Gosling and Oddy 1999; Rosenbaum et al. 1994; Warnken et al. 1994) and concluded that head injury might affect impulse control (thereby increasing aggressive behaviour) and cause personality changes (thereby affecting the quality of relationship), which in turn may increase the risk of aggressive behaviour. However, this explanation is criticised as not all violent men have a history of head injury, and not all men with a history of head injury are violent (Godwin et al. 2011).

### Neurotransmitters

Researchers also tried to explore the link between various neurotransmitters, such as testosterone and serotonin, with aggressive behaviours. Men with high testosterone levels tend to be more aggressive, have difficulty in maintaining good marital relationships, are more prone to having extramarital affairs and have lower-quality marital interactions than men with low testosterone levels. Testosterone has also been found to be positively associated with verbal and physical aggression (Soler et al. 2000), dominance, sensation seeking, and criminal, violent and/or antisocial behaviour (Cohan et al. 2003; Romero-Martínez et al. 2016). At the same time, a lower level of serotonin is identified as predictive of impulsive and violent behaviour (Badawy 2003). Decreased serotonin levels have also been found to have a negative effect on mood and behaviour, whereas increased serotonin levels have been found to result in improved social interaction and decreased aggression.

Overall research examining the relationship between neurotransmitters and GBV/intimate partner violence (IPV) is scarce and inconsistent. Some studies

report a strong positive association (Soler et al. 2000), some a moderate or weak association (Archer 2006), while some could not identify any association at all (Carré and McCormick 2008). In addition, many studies on neurotransmitters have been conducted on animals and are dated. More research is needed to understand the role of neurotransmitters in causing violent and aggressive behaviour.

## Other Biological Causes

Very limited research has been conducted to explore the association between genetics and violence (Saudino and Hines 2007). Evidence from some studies on twins suggests that aggression and the ability to control aggression are genetically influenced characteristics. Certain people, due to their genotype, may act more aggressively than others (Carey and Goldman 1997). Evidence also suggests that genetic factors combined with environmental influences increase the risk of aggressive, antisocial, and criminal behaviour (Miles and Carey 1997).

Evidence, although there is modest and it is dated, suggests that there is an association between some infections/illnesses, such as encephalitis, meningitis, syphilis, herpes simplex, tuberculosis, and violent behaviour (Tardiff 1992). In summary, very little attention has been paid to looking at the biological determinants of GBV. One reason for this could be the fear of providing men with an excuse for their violent behaviour. Further research is needed to determine the links between biological factors and GBV.

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## Psychological Perspectives

There is a vast body of psychological research that examines factors in relation to GBV. This literature explores the role of various psychological and psychiatric conditions (e.g. psychopathology, trauma, and attachment needs) as well as individual attributes (e.g. assertiveness, communication, and problem-solving skills). Many studies explore the broader psychosocial outcomes of being exposed to GBV whilst others look more specifically at the associations between GBV and the diagnosis of one or more mental disorders. Psychological explanations can examine factors affecting both the individual perpetrator or the victim/survivor. However, Kessi and Boonzaier (2018) argue that the discipline of psychology has done little to attend to questions of historically contextualised and situated, gendered, raced, and localised understandings of trauma and GBV.

## Psychopathology

Early theories on the intersection of psychopathology and violence emerged from research conducted on imprisoned violent men or women who had left violent relationships and were accommodated in refuges/shelters. This scholarship led to

conclusions that mental health problems (e.g. depression, borderline antisocial personality disorders) are experienced by both violent men and women who experience violence (Chester and DeWall 2018). Due to the limited sample of people included in this body of work, the findings of such studies have limited generalisability. In addition, not everyone with psychopathology reacts violently towards their partners, families, or communities; and not every violent person has a psychopathological disorder. Scholars have problematised this approach in that positioning psychopathology as the primary or sole cause of violence is unhelpful and serves to disregard other factors including social and cultural norms as well as structural inequalities that influence violent behaviour.

## Attachment Theory

Another influential theory, but again one that is focused on the individual (rather than on family or communities), attachment theory proposes that violence and abuse could be a result of a dysfunctional attachment to another (Bowlby 1988). Attachment theory emerged in studies of child development. It is described as a process by which an infant attaches to an adult (the attachment figure) who is a constant source of care in their initial period of life and who responds sensitively to the infant's needs. Through social interaction and meeting the infant's needs, trust is built in the attachment figure as they are experienced by the infant as available, accessible, and reliable. The infant seeks closeness, or proximity, to the mother (or substitute caregiver), particularly in situations that are experienced as distressing or threatening. The process of attachment continues during infancy and childhood and then adolescence and the expectations developed during infancy remain relatively static throughout life (Bowlby 1973). The attachment experiences of the infant result in the development of an internal working model, which serves as a template for an individual's beliefs and expectations about future relationships.

For infants who do not have positive early attachment experiences, that is, for whom their needs are unmet or disturbed, or for whom there has been a real or perceived threat of separation or loss of the attachment figure, feelings of grief, rage or fear abound (Bowlby 1973). Repetition of these experiences during childhood, Bowlby argued, may lead to poor or insecure attachment patterns in adult relationships. Research underpinned by attachment theory can help understand dysfunctional and abusive relationships and the reasons that people behave in particular ways (Gormley 2005). Applied in this way, however, attachment theory has its limitations as it does not explain why children from one family do not all behave in the same way (Ali and Naylor 2013a). Attachment theory is relevant in an analysis where violence exists in a household as there can be severe disruptions and challenges to forming a positive, secure attachment by an infant to a mother. However, research has shown that while the space and time for mothers and infants to form strong attachments can be disrupted due to violence, sustained violence can also result in mothers prioritising the protection and well-being of the child/ren (Buchanan 2018).

## Adult Attachment, Relationship Behaviours and Communication Skills

Communication skills can be examined from an attachment perspective, as the formation of internal working models in childhood influence cognition and affect, as well as behaviour in later relationships (Simpson et al. 2010). These working models reflect behaviours as securely attached individuals (i.e. people with low attachment anxiety and avoidance) tend to show independence and ease with intimacy, whereas insecurely attached people tend to display an array of dysfunctional thoughts and feelings about the self and others (Sierau and Herzberg 2012). Specifically, people with insecure attachment can show a strong need for intimacy and fear of rejection by their partners, whereas highly avoidant people tend to show emotional detachment and self-sufficiency (Bonache et al. 2019). Thus, people with these flawed thoughts and behaviours often favour the use of destructive conflict resolution strategies (Sierau and Herzberg 2012). Clearly adult attachment style influences the way in which conflict is addressed, which may lead to its resolution or a deteriorating situation. This is significant as dysfunctional conflict resolution skills can be destructive and/or abusive. In contrast, it might mean that an individual avoids conflict and withdraws from an abusive relationship.

There is a body of work to suggest that when comparing non-violent men with those who use violence in their intimate relationships, violent men tend to have poor communication skills, and display aversive, offensive or defensive behaviour (Berns et al. 1999; Waltz et al. 2000). Moreover, the use of violence by men with poor communication skills has been said to account for a lack of conflict resolution skills (Ramos Salazar 2015). Assertiveness is a skill linked to conflict resolution, and various studies have investigated two types of assertiveness including general assertiveness (the ability to behave in an assertive manner in any given situation) and spouse-specific assertiveness (the ability to behave assertively with one's spouse). However, the results of these studies are inconsistent, meaning there is a lack of robust, reliable evidence questioning its utility in an analysis of GBV (Satyanarayana et al. 2015).

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## Feminist Perspectives

The achievements of the feminist movement have been transformative in terms of putting the issue of GBV on global and national agendas. Feminist work has led to the development of infrastructure of the women's sector in many countries, including the establishment of safe accommodation and advocacy for women and children fleeing domestic abuse and perpetrator programmes, as well as resulting in the politicisation of GBV and changes to legal and criminal justice systems (Bjørnholt 2021; Hague 2021). This work has also brought about enhanced theoretical and conceptual understandings of GBV. According to a feminist perspective, GBV is caused by and constitutive of gendered patterns of power and privilege in society (Bjørnholt 2021). The common central underpinning of the perspective is that GBV

cannot be adequately understood through any lens that does not include gender as the central component of analysis. Feminist scholarship led to the development of various explanations of GBV, mostly in relation to intimate partner violence (IPV), including the cycle of violence, battered women syndrome, and learned helplessness (Walker 1979).

## The Cycle of Violence

In the 1970s, Walker proposed the cycle of violence to explain how and why abused women remain in abusive relationships. Walker described the cycle of violence as having three phases: tension building, abuse or explosion, and honeymoon or remorse/forgiveness. In the first phase, tension builds within the couple and the abuser takes frustrations out on the wife (or partner). In this scenario, violence can take on a plethora of forms, including physical, psychological, emotional, or sexual abuse, lasting from mere moments to days. Then, the abuser is rid of the pent-up frustration. They may feel a sense of relief, start to feel remorse and apologise to the abused partner. Thereafter, the couple enjoys a so-called honeymoon period during which the victim/survivor thinks the abuser will change and that violence will stop. In some instances, the intensity of violence is decreased or ceases for some time (Walker 2006); nonetheless, the cycle continues and another period of tension soon builds up. When a victim/survivor is exposed to a cycle of violence that is relentless, this results in feelings of helplessness, reduced autonomy and constant fear (Walker 1979). The victim/survivor may blame themselves for the abuse and seek to avoid situations that have previously led to violence or abuse. The popularity of this theory was short-lived as women's experiences were not consistent with the cycle of violence. Critics highlighted flaws in an argument built upon the notion of violence resulting from tension and frustration, asking why the abuser does not vent these feelings at others.

## Learned Helplessness

The term *learned helplessness* was coined in the 1960s by psychologists Seligman and Maier (1967) and refers to the state of an individual who continuously faces an adverse, uncontrollable situation and stops trying to change their circumstances, even when they have the ability to do so. Seligman and Maier were involved in animal behavioural research, which involved delivering electric shocks to dogs in a series of experiments. This research would be considered unethical now but was deemed justifiable in the 1960s. Dogs in one cage learned to accept the shock and gave up trying to escape, whereas dogs in the second cage learned to seek out a safe, shockproof place. Observing different behaviour in the dogs enabled Seligman and Maier to conclude that for one group of dogs the experience led to the development of a feeling of helplessness, inability to control and acceptance of their situation (Seligman and Maier 1967).

Subsequently, the theory of learned helplessness has been linked to IPV since Walker first proposed the concept of battered women syndrome in the late 1970s (Walker 1979). Walker (1979) concluded that a pattern of repeated abuse over time could serve to minimise a woman's motivation to respond, leading to a state of passivity (or learned helplessness). Walker suggested that IPV negatively impacts a woman's cognitive ability to perceive a scenario whereby their actions could end the abuse. Accordingly, she does not try to leave an abusive relationship. Proponents of learned helplessness also used it to explain why women may justify IPV. This is shown in research as the majority of the respondents in the World Health Organization's multi-country study justified their experiences of IPV because of reasons such as being disobedient to their husbands, refusing sex, being unfaithful, or not completing housework effectively (García-Moreno et al. 2005).

The concept of learned helplessness failed to gain traction with critics who maintain that it neglects the additional and plentiful factors that contribute to a woman's decision to stay in an abusive relationship, including social, economic, or cultural reasons (such as an inability to financially support herself and children, and a fear of rejection by the family, community, and society). It also takes a victim-blaming approach by disregarding a woman's autonomy and efforts to minimise violence towards themselves and their children. Similarly, this approach misidentifies indications of abuse such as low self-esteem, reduced decision-making, and perceived loss of control as learned helplessness. Rather than taking this victim-centred and victim-blaming approach, the problem of IPV should be attributed to the perpetrator with more focus on their behaviour as opposed to that of the victim.

## Coercive Control

The concept of coercive control is both a form of abuse and a theoretical framework for understanding IPV. Moreover, it has provided the main conceptual lens for understanding violence against women in recent years (Stark 2007). As a form of abuse, the highly influential work of Stark (2012) positions coercive control as 'a liberty crime' and 'a strategic course of oppressive conduct'. In developing his thesis on coercive control, Stark drew on the abuse experiences of women to provide an explanation that countered the shortcomings of research, policy and practice at the time, which reflected a more incident-based understanding of IPV. Okun (1986) described the tactics deployed by perpetrators resulting in the isolation and exhaustion of victim-survivors, in their debilitation and in the distortion of their subjective reality.

The conceptual framework describes the basic tactics adopted in coercive control, and feminist scholarship has argued persuasively to interweave ideas about power imbalances within intimate relationships caused by structural inequalities between men and women. A clear example is the patriarchal control of the family, codified historically in legislation and capitalist regimes, that afforded women part-time and/or low-paid employment that was compatible with their disproportionate responsibility for caring, childrearing and household management (Robinson and





**Fig. 1** The power and control wheel. (Source: Domestic Abuse Intervention Programs) Retrieved from <https://www.theduluthmodel.org/wheels/>. Domestic Abuse Intervention Programs (2022), East Superior Street, Duluth, Minnesota 55802; 218-722-2781

Myhill 2021). Whilst there is evidence of social change in terms of women’s social position around caring, there remain many examples of social ordering and regimes that continue to privilege men and enable them to take up dominant positions in society. Indeed, the Power and Control wheel (see Fig. 1) highlights ‘using male privilege’ as one of the eight elements, or ‘spokes’, of violence against women.

### Power and Control

The Duluth model is a programme of support designed to reduce violence against women and emerged from feminist activism and direct work with victim-survivors. Developed in the 1980s, the model emerged from the work of the Domestic Abuse Intervention Project (DAIP) in Duluth, MN, USA. The model explains the tactics

used by abusive men to keep women in submissive positions and to maintain male power and control. Such tactics are organised into eight categories of using: intimidation; emotional use; isolation; children; male privilege; economic abuse; coercion and threats; and minimising, denying, and blaming. These are integrated into the power and control wheel (see Fig. 1). Underpinning the model is the proposition that every act of abuse is intended to control women through the exertion of the reminder of male power. Principles of the model centre on prioritising victim/survivor's safety while simultaneously holding perpetrators to account for their actions.

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## Patriarchy and Heteropatriarchy

A concept that is central to feminist perspectives is that of patriarchy as this describes a social system in which men hold power and privilege and dominate women (Hunnicutt 2009). Patriarchy is characterised by a value and belief system that validates male dominance while rejecting egalitarian structures in both public and private spheres of life. In the public sphere, power is shared by men, and in private spheres, the senior men exercise power over everyone else in the family, including younger men and boys (Haj-Yahia and Schiff 2007). Therefore, in patriarchal societies, a man is considered and expected to be the head of the family. The use of violence in such families is considered an acceptable mechanism for maintaining and exhibiting male dominance. Believers in patriarchal ideology tend to view wife beating [sic] not only as acceptable but also as beneficial and consider that women are responsible for the violence against them (Carter 2015).

The ground-breaking work of Dobash and Dobash (1979), which focused on IPV, highlighted that wife abuse (their terminology) is a brutal and explicit expression of male domination over women. They claimed that the patriarchal domination of women through the mechanism of wife abuse results from the long cultural history of legally sanctioned male subordination, abuse, and outright ownership of women (Lawson 2012). This history of inequality sustains wife abuse as it continues to work to embed notions of socially sanctioned male privilege through gender roles and norms. Feminist scholarship, such as that emanating from the highly influential work of Dobash and Dobash, continues supports the argument for studying violence against wives, or non-married partners, as a separate unit of analysis to be examined in its own right.

Adopting patriarchy as central to an analysis of IPV has been criticised for its stance that abuse can only be perpetrated by men against women. There is also some evidence suggesting that women can be equally or more violent (Ali and Naylor 2013b; Fiebert 2008). This argument is complex and, as several commentators, including Dobash and Dobash (2004), have highlighted in their own research, abuse is primarily an asymmetrical problem of men's violence to women, and women's violence does not equate to men's in terms of frequency, severity, consequences and the victim's sense of safety and well-being.

Contemporary feminist perspectives have also adopted the concept of heteropatriarchy, which is a socio-political system where (primarily) *cisgender* (or 'cis') and

heterosexual males have authority over cis females as well as people with other [sexual orientations](#) and [gender identities](#) (Phipps 2020). The term is helpful in signifying that discrimination against women and lesbian, gay, bisexual and trans (LGBT) people is derived from sexism coupled with homophobia and cisgenderism, extending conceptions of patriarchy further. The notion of heteropatriarchy describes a landscape of heteropatriarchal societies in which the majority of cis, [heterosexual](#) men occupy the highest and privileged positions of power in society, causing women (including [trans women](#)), [non-binary](#) people, [trans men](#), and other LGBT people to experience the bulk of [social oppression](#) in relation to gender and sexuality.

Other minoritized communities and black feminists maintain that oppression experienced by black women is more severe and different from that of white women and that the voices of white feminists do not speak for the oppression based on racism and classicism that mainly affects black women; issues have sharply drawn into focus in contemporary scholarship Phipps 2020; Ahmed 2017). Postcolonial feminism goes further, arguing that the positioning and perception of women from the developing world (that is, non-Western women) as oppressed, submissive, and voiceless as opposed to the Western women's positioning as educated, assertive and empowered is oppressive (Hamad 2020). This ethnocentrism is problematic and subjugating. It serves to marginalise and 'other' non-Western women. In this book, we aim to include different perspectives and international contexts to illustrate intersectionality and its relation to GBV.

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## Sociological Perspectives

Sociological perspectives on GBV utilise theory about the social world as the point of departure to understand the gendered nature of violence and abuse and the social contexts in which it occurs. There exists a plethora of relevant sociological perspectives, and so we have chosen a dominant few to illustrate the value of a sociological analysis and an overview is provided of social learning theory, resource theory, social-ecological theory and social norming theory.

## Social Learning Theory

Social learning theory, also known as learned behaviour theory, acknowledges that the social environment plays a significant role in learning, and, in the case of violence, both the perpetration and acceptance of violence is a conditioned and learned behaviour shaped by the social setting in which it takes place (Bandura 1977). Bandura (1977) argued that observation is also central to learning, and in the case of violence, men who perpetrate abuse do so because they have seen their fathers being abusive towards their mothers. Similarly, Bandura argues that women accept abuse because they have seen their mother being abused by their father. This argument locates the family at the heart of conditioning and learning. In the case of violence,

the family is the setting that not only exposes individuals to the use of violence but also serves to validate the use of violence within relationships. Social learning theory underpins the ‘intergenerational cycle of violence’, which proposes that children who witness violence or who have been victims of violence themselves as children are at risk of becoming perpetrators or victims of violence as adults (Black et al. 2010).

The suggestion that children who witness or have been victims of violence as children are more likely to become a perpetrator or victim has been criticised for its overly deterministic approach, which denies the agency of individuals. Indeed, it is dangerous to assume that all men who experience or witness abuse as children will become perpetrators. Equally, not all victims have a history of experiencing or witnessing abuse in childhood. Other questions have been raised about adopting this approach. For instance, studies that have employed this theory are subject to questions about the difference in adopted definitions, such as what constitutes witnessing violence as a child and how victimization and exposure to abuse in childhood are defined? Moreover, research findings are inconsistent, with some studies identifying victimisation as a stronger predictor of violence than witnessing abuse as a child while others suggest that witnessing abuse is the strongest predictor (Iverson et al. 2011). Additionally, research that investigates the role of these variables in relation to gender, when violence is perpetrated by females, remains modest.

## Resource Theory

A sociological perspective that is clearly tied to the principles of patriarchy is that of resource theory. This perspective suggests that the partner with more resources in terms of income, occupational status and education may have more power and dominate in the relationship (Blood and Wolfe 1960). So, in the case of men’s violence towards women, it is the lack of power, privilege, and resources that men have within a patriarchal context which results in frustration, violence and acts of domination towards women. To support this claim, research by Atkinson et al. (2005) found that violent men who were lacking in resources such as income and education, as well as having low or no occupational status, had used violence in their relationships. Furthermore, the study found that men’s lack of resources was relative in that ‘it is not so much men’s lack of resources that predicts wife abuse, but lack of resources relative to their wives’ (Atkinson et al. 2005: 1138). Providing further evidence for this theory, other studies have found that women with higher incomes or unemployed partners are more likely to be abused (Fox et al. 2002; Melzer 2002).

Disproving these findings, research by Stith et al. (2004) identified unemployment, lower incomes, and lower education as weak predictors of male physical violence. Critics have also highlighted that resource theory does not account for diverse gender ideologies and cultures that are less patriarchal and for assuming that traditional gender norms prevail; such that all men want to be the primary or sole provider for their family (Eirich and Robinson 2017). In addition, there is a certain

irony that resource theory contradicts other perspectives, which propose that one way to tackle DVA is to empower women through education and enhanced employment opportunities.

### Social–Ecological Theory

One of the most widely used theoretical frameworks to account for GBV is that of the social–ecological model (Bronfenbrenner 1979) (see Fig. 2). The ecological model was developed to explain a child’s development and behaviours and suggests that these are influenced by interaction at various levels of social organisation. Social–ecological theory underpins variants of the original model, including the nested ecological model. The nested ecological model has value as whilst the central focus is upon the individual and their behaviour, it also prompts an analysis of those behavioural influences relating to the family, community, and wider society (Ali and Naylor 2013b). At the individual level, the biological and personal factors of a person are examined. These include a wide range of influences, including age, gender, sexual identity, ethnicity, education, income level, health, psychological problems, aggressive tendencies, and substance abuse. Next, the relationship level prompts a consideration of the interaction of the individual with others, including partners, family, friends, and workplace colleagues. The next level is related to the role of community or the neighbourhood in which the person lives and works, and in which they interact with social factors and with other people (including those

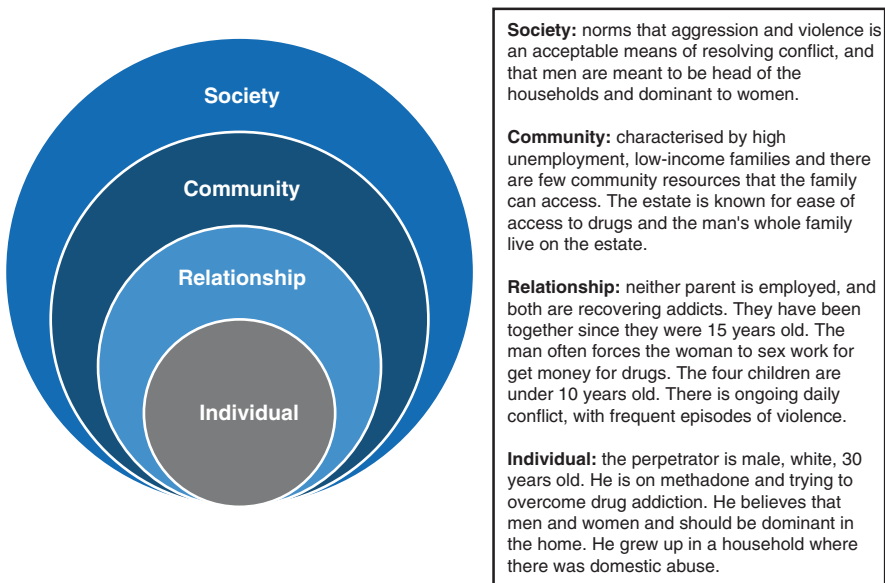


Fig. 2 A social–ecological model: reflections on a perpetrator of domestic violence and abuse

identity at the ‘relationship’ level). The final level of the framework is the societal level that relates to the structures and systems of the society and culture where the person lives. This might include societal norms, attitudes and beliefs, family configuration and roles, healthcare systems, education and legal frameworks. The model prompts an analysis of GBV that takes factors at these different levels, and their interactions, into account and is, therefore, useful in the analysis of varied forms of GBV, and it is a common model used by researchers in studies on domestic violence and abuse.

This model is used widely, but recent studies, especially those coming from non-western cultures, have criticised the model for not having explicit mention of the family arguing that family plays an important role in the perpetration, perpetuation, and prevention of abuse. This is particularly relevant in countries where the implementation of laws to prevent GBV and availability of resources for victims may be limited and thus most responsibility of supporting victims and preventing GBV/IPV stays with the families of victims as well as perpetrators (Ali et al. 2019, 2020, 2021).

## Social Norms

A sociological lens draws attention to the ways that social norms strongly influence behaviour and social interaction (Cares et al. 2021). More importantly, over the last decade social norms theory has gained momentum as a potentially useful means of understanding GBV (Cislaghi and Heise 2017), particularly as there is ample evidence of the influence of social norms related to gender and family. Social norms are shared beliefs about others and the social world that exist within social groups and are maintained through group approval and disapproval (Mackie et al. 2012). Social norms can be broadly categorised into three types:

- Actual norms: perceptions that are shown in behaviour.
- Perceived norms: perceptions about what members of a social group think others ought and ought not to do.
- Misperceived norms: situations when the perceived norm is different from the actual norm; that is, when what people think is the norm is not actually the case (Berkowitz 2012; Rogers et al. 2018).

An example to illustrate this is when victim-survivors of GBV are portrayed in the media as young, female and heterosexual; this is the misperceived norm as in reality anyone can experience some form of GBV (the actual norm). Social norms are distinct from personal attitudes and behaviour, and it might be that social norms influence an individual’s behaviour more so than their personal beliefs. For example, an older victim-survivor might remain in an abusive marriage as they hold the perception that the social norm is that marriage is for life, despite feeling no love for their partner and wishing to separate. As such, age-based and gender norms have salience in relation to the roles and expectations of men and women in families and their wider communities and while there have been considerable shifts to the social

institution of the family over the last few decades (including a decline in marriage rates, and increase in divorce rates), traditional gender norms and gender inequality remain and continue to be relevant in debates about GBV (Cares et al. 2021).

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### Summary

- Researching GBV must embed an understanding of the diversity of gender, including mainstream ideas of the gender binary as well as more contemporary debates about gender as a spectrum of identities.
- There is a plethora of theories that account for GBV, and this chapter provides a snapshot of feminist, sociological, biological, and psychological perspectives.
- Many of these theories are limited in their application as these focus on individual rather than group, community, or societal behaviours.
- Theories of GBV should include attention to individual behaviour as well as structural influences such as gender inequality.
- As the theories included in this chapter have value and limitations, it may be useful to draw on multiple explanations of GBV.

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**Michaela Rogers, PhD** is a Senior Lecturer in Social Work in the Department of Sociological Studies at the University of Sheffield. Her research examines interpersonal violence with a focus on marginalized groups, impacts, help-seeking, service access and service responses.

**Parveen Ali, PhD** is a Professor of Gender Based Violence and Professor of Nursing in the Health Sciences School, the University of Sheffield and Doncaster and Bassetlaw Teaching Hospitals. Her research examines gender-based violence, inequalities in health related to gender and ethnicity, and professionals preparedness to support victims of gender based violence.