

Research Article

The Social Norms and Beliefs about Gender Based Violence Scale: A Turkish Validity and Reliability Study

Funda Evcili ^{1*} and Didem Yildiz¹¹ Vocational School of Health Care Services, Sivas Cumhuriyet University, Sivas, Turkey.*Corresponding author: fundaevcili@hotmail.com**Article Info****Keywords:** Gender, violence, norm, belief, validity, reliability.**Received:** 29.01.2025**Accepted:** 15.05.2025**Published:** 02.06.2025

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Abstract

Background: Valid and reliable measurement tools are essential for identifying social norms and beliefs related to gender-based violence, monitoring changes over time, and evaluating the effectiveness of violence prevention programs. However, culturally specific tools in this context are lacking in Turkey. This study aimed to evaluate the validity and reliability of the Social Norms and Beliefs about Gender-Based Violence Scale in Turkish. **Methods:** A methodological research design was conducted with a sample of 600 adults (286 men and 314 women, aged 18–45). Statistical analyses were performed using LISREL 8.54 and IBM SPSS 25.0. The reliability of the scale was assessed using Cronbach's alpha coefficient, test-retest method, and item analysis, while its validity was examined through Confirmatory Factor Analysis (CFA).

Results: Confirmatory Factor Analysis confirmed the original 30-item structure of the scale with acceptable internal consistency. Item analysis indicated that 23 items had item-total score correlation coefficients above 0.30. The Cronbach's alpha coefficients ranged from 0.72 to 0.76 for the "Social Norms" domain and from 0.70 to 0.75 for the "Personal Beliefs" domain. Test-retest stability coefficients for the subdimensions were found to be high and statistically significant.

Conclusion: The findings indicate that the scale is a valid and reliable tool for measuring social norms and beliefs related to gender-based violence in the general population.

1. Introduction

Gender-based violence (GBV) is defined as any act committed against a person's will, rooted in gender norms and unequal power relations. GBV is one of the most prevalent and persistent issues faced by women and constitutes a violation of human rights. Acts such as physical, emotional, psychological, and sexual violence, preventing access to resources and services, threats, coercion, and deprivation of liberty are all considered GBV [1, 2]. According to World Health Organization (WHO) data, at least one-third of women worldwide experience violence by their partner/spouse, and approximately 38% of all female homicides are committed by intimate partners [3]. In Africa, the lifetime prevalence of non-partner sexual violence is 11.9% [4]. Around 603 million women live in countries where partner or domestic violence is not yet considered a crime [5]. A study conducted in Asia and the Pacific revealed that approximately one-quarter of 10,000 interviewed men admitted to having raped a woman. According to United Nations records, between January 14 and November 2013, at least 4,530 cases of sexual violence perpetrated by armed men were recorded in different regions of the Central African Republic [6]. The global prevalence of child sexual abuse is estimated to be approximately 18% for girls and 8% for boys. Every year, 15 million girls are married before the age of 18. Statistics from 2012 reveal that 16.2% of Syrian girls aged 15–17 married men at least 15 years older than themselves [7]. Over 125 million women in 29 countries in Africa and the Middle East have undergone female genital mutilation (FGM), a traditional practice [8].

GBV creates numerous problems for women's physical, mental, social, and reproductive health. These include anxiety disorders, fear, depression, concerns about bodily harm, post-traumatic stress disorder (PTSD), chronic pain, insomnia, loss of appetite, fatigue, lack of sexual desire, and difficulties in sexual adaptation. GBV also increases the risk of unintended pregnancies, unsafe abortions, HIV/AIDS, and other sexually transmitted infections, while fostering unhealthy lifestyle behaviors during adolescence and adulthood. The social life and well-being of women who are victims of GBV are also under threat. These women are often stigmatized, isolated, and ashamed to share their experiences. As a result, they are generally reluctant to disclose their negative experiences. Data from 30 countries indicate that only 6% of women who experience GBV seek help from authorities [9]. Women's unwillingness to report violence to service providers often leads to the health and social consequences of GBV being overlooked. GBV is closely linked to gender norms and beliefs. In conservative and patriarchal societies, attitudes that indirectly accept GBV as tolerable or even normal, both within families and at the societal level, are widespread [10, 11]. For example, actions such as wearing revealing clothes, consuming alcohol, or going out at night are often associated with a belief that women deserve violence. Concepts like honor, family reputation, and male authority over women and children in the family further reinforce these norms, preventing women from asserting their individual identities. Community leaders, institutions, and providers of health, education, and security services can also strengthen harmful social norms by blaming women for the violence they experience or legitimizing it [12, 13]. All these factors lead to secondary trauma for women following GBV.

Effective programs to prevent GBV are life-saving. Parent support programs, school-based dating violence prevention programs, and community-based interventions have proven to be effective. These programs involve multidisciplinary actions, require intersectoral coordination, and are built on long-term planning. Programs aimed at preventing GBV seek to address and transform the root causes and driving forces of violence against women and girls in society. Such programs include initiatives to empower girls and women socioeconomically, legal sanctions against GBV, national policies to ensure women's rights and gender equality, and other measures to promote gender equality. These programs also prioritize transforming social norms that justify the societal acceptance of GBV [10, 11]. At this point, identifying the social norms and beliefs associated with GBV is essential to evaluate the effectiveness of prevention programs, track changes in these norms and beliefs over time, and implement effective interventions. Valid and reliable measurement tools are needed to achieve this goal. Professionals require objective, comprehensive, easily interpretable, and time-efficient tools. While international literature includes scales developed to measure attitudes toward gender roles and certain forms of violence [14, 15], national literature lacks measurement tools specifically designed to assess social norms and beliefs related to GBV. The Social Norms and Beliefs about Gender-Based Violence Scale (GBV-SNBS) developed by [11] is a valid and reliable tool that identifies harmful social norms and personal beliefs that promote or tolerate GBV.

This study aims to adapt the GBV-SNBS into Turkish, providing professionals with an easily applicable measurement tool for national literature. The study examines the psychometric properties of the scale in the Turkish language, enabling the identification of social norms and beliefs related to GBV, the structuring of educational programs based on these results, and the monitoring of changes in norms and beliefs over time.

2. Methods

2.1. Research Design

This study is a methodological research. Initially, the translation procedures of the scale were completed, followed by an evaluation of its psychometric properties.

2.2. Data Collection Tools

Personal Information Form: This form contains questions to determine some characteristics of the participants, such as their current residence, gender, age, marital status, history of violence, employment status, and educational background.

2.3. Gender-Based Violence Social Norms and Beliefs Scale (GBV-SNBS)

The GBV-SNBS was developed by [11] to identify the social norms and beliefs associated with gender-based violence in society and evaluate the effectiveness of violence prevention programs. The scale consists of two areas: "Social Norms" and "Personal Beliefs".

The Social Norms area includes 15 items. Participants are expected to consider "How many of the important people in your life share this expectation?" while reading each item. For example, participants are asked to evaluate how many of the important people in their lives accept the statement: "A woman who has been raped is expected to be abandoned by her husband." Responses are rated on a scale of 1-5, 1 – None of them, 2 – A few of them, 3 – About half of them, 4 – Most of them, 5 – All of them;

The Personal Beliefs area also includes 15 items. Participants are asked to evaluate how much they agree with each statement and how willing they are to share this belief with others. For instance, they might respond to: "If a woman is raped, her husband should leave her" with options like: 1 – Agree with this statement, 2 – I am not sure if I agree or disagree with this statement, 3 – I disagree but am not ready to tell others, 4 – I am telling others that this is wrong.

Each of these two areas has three sub-dimensions: Response to Sexual Violence, Protection of Family Honor, and Spouse's Right to Use Violence. Factor analysis using oblique rotation was conducted to test the structural validity of each area. The factor analysis revealed three factors with eigenvalues greater than 1. Cronbach's alpha coefficients were calculated for each factor, with the reliability coefficients falling within an acceptable range for each sub-dimension. The Cronbach's alpha coefficients for the sub-dimensions in the "Social Norms" area range from 0.69 to 0.75, and for the "Personal Beliefs" area, they range from 0.71 to 0.77.

2.4. Population and Sampling

There is no consensus on the appropriate sample size for scale development, validity, and reliability studies in the literature. However, when the number of variables is not large and the factors are strong and distinct, a sample size between 100 and 200 is generally considered

sufficient [16]. Tavşancıl [17] suggests that the sample size should be 5 to 10 times the number of items. Given that the scale being adapted in this study consists of 30 items, a sample size of 300 (10 times the number of items) was considered adequate. Therefore, a total of 600 adult participants (286 men and 314 women), aged 18 to 45, were randomly assigned. Data were collected between November 2023 and April 2024 through an online survey.

2.5. Translation Procedure

The first step in the translation adaptation process is the translation of the scale from English to Turkish, ensuring that the grammar, cultural, and idiomatic structures of the target language, as well as the conceptual content of the subject, are preserved. After translation, the language of the scale must be natural and acceptable. The translation was initially carried out by five academics working in health and social sciences. To ensure the accuracy of the translation, the translated scale underwent a back-translation procedure, where it was re-translated into English by an independent translator. The re-translated scale was compared with the original English version to identify any linguistic or conceptual discrepancies, and necessary corrections were made. As a result, a linguistically consistent, valid, and reliable translation of the scale was obtained.

2.6. Statistical Analysis

Reliability analyses based on internal consistency were performed using Cronbach's alpha coefficients and item-total correlations. The stability reliability of the scale was determined using the test-retest method. Confirmatory Factor Analysis (CFA) was used to analyze the construct validity of the scale. The model fit of the scale was evaluated using fit indices such as (χ^2)/df, RMSEA, GFI, AGFI, NFI, and CFI. In addition, based on the CFA results, AVE (Average Variance Extracted) and CR (Construct Reliability) coefficients for the sub-dimensions were calculated and interpreted. The data were analyzed using the LISREL 8.54 and SPSS 22.0 software packages.

2.7. Ethical Considerations

Prior to the validity and reliability study, permission was obtained from one of the authors, Nancy Glass, via email. Subsequently, approval was obtained from the ethics committee of the university to which the author is affiliated (Decision No: 2023-10/17). Participants were informed about the purpose of the study, and their consent was obtained. It was explained to participants that their personal data would be kept secure and used solely for scientific purposes.

3. Results

3.1. Study Group

52.4% of the participants are between the ages of 18 and 25, 52.3% are female, 10.2% are married, 66.8% are not employed, and all participants are university students.

3.2. Factor Structure and Construct Validity Findings of the Scale

Confirmatory Factor Analysis (CFA) was used in the analysis of the construct validity of the scale adapted to Turkish. In this context, CFA was applied to data obtained from a sample of 600 participants to verify the factor structure of the scale, which consists of 6 sub-dimensions and 30 items.

Table 1: Fit Indices of the Scale from CFA Results.

Fit Index	Good Fit Range	Acceptable Fit Range	Scale Fit Index Value
χ^2/df	$0 \leq \chi^2/\text{df} \leq 3$	$3 < \chi^2/\text{df} \leq 5$	2,148
RMSEA	$0 \leq \text{RMSEA} \leq 0,05$	$0,05 < \text{RMSEA} \leq 0,08$	0,052
GFI	$0,95 \leq \text{GFI} \leq 1$	$0,90 \leq \text{GFI} < 0,95$	0,946
AGFI	$0,90 \leq \text{AGFI} \leq 1$	$0,85 \leq \text{AGFI} < 0,90$	0,864
NFI	$0,95 \leq \text{NFI} \leq 1$	$0,90 \leq \text{NFI} < 0,95$	0,930
CFI	$0,97 \leq \text{CFI} \leq 1$	$0,95 \leq \text{CFI} < 0,97$	0,956

The fit index values for the model obtained from the CFA are calculated as follows: $\chi^2/\text{df}=2.148 < 3$; $\text{RMSEA}=0.052 < 0.08$; $\text{GFI}=0.946 > 0.90$; $\text{AGFI}=0.864 < 0.90$; $\text{NFI}=0.930 < 0.90$; $\text{CFI}=0.956 \geq 0.95$ Table 1.

As shown in Table 3, the AVE values for the subdimensions are greater than the critical value of 0.50. The CR values for the subdimensions are above 0.70 for four subdimensions, and range between 0.60 and 0.70 for two subdimensions Table 2.

3.3. Reliability Findings

The reliability of the scale was examined through item analysis, Cronbach's Alpha reliability coefficient, and the test-retest method.

3.4. Item Analysis

As a result of the item analysis, it was determined that 23 out of the 30 items in the scale had item-total correlation values greater than the critical value of 0.30, which is accepted in the literature. Seven items had a correlation coefficient below $r=0.30$, while the item-total

Table 2: Confirmatory Factor Analysis Results (n=600).

Subdimensions of Scale	Items	Standardized Factor Loadings	AVE	CR	Cronbach Alpha
Social Norms¹					
Response to Sexual Violence	Item 1	0,582	0,542	0,846	0,726
	Item 2	0,642			
	Item 3	0,726			
	Item 4	0,687			
	Item 5	0,568			
Protecting of Family Honor	Item 6	0,662	0,526	0,880	0,764
	Item 7	0,583			
	Item 8	0,684			
	Item 9	0,736			
	Item 10	0,600			
Spouses's Right to Use Violence	Item 11	0,606	0,542	0,742	0,741
	Item 12	0,568			
	Item 13	0,782			
Response to Sexual Violence	Item 14	0,642	0,530	0,743	0,703
	Item 15	0,644			
	Item 16	0,780			
	Item 17	0,680			
	Item 18	0,794			
Protecting of Family Honor	Item 19	0,600	0,500	0,660	0,756
	Item 20	0,706			
	Item 21	0,544			
	Item 22	0,536			
	Item 23	0,612			
Spouses's Right to Use Violence	Item 24	0,596	0,506	0,618	0,744
	Item 25	0,572			
	Item 26	0,648			
	Item 27	0,624			
Spouses's Right to Use Violence	Item 28	0,728	0,506	0,618	0,744
	Item 29	0,512			
	Item 30	0,882			

¹Social Norm Response Scale: 1 – None of them, 2 – A few of them, 3 – About half of them, 4 – Most of them, 5 – All of them; 2Personal Beliefs Response Scale: 1 – Agree with this statement, 2 – I am not sure if I agree or disagree with this statement, 3 – I disagree but am not ready to tell others, 4 – I am telling others that this is wrong

correlation coefficients of the other items ranged from 0.37 to 0.65 Table 3.

As a result of the factor analysis of the scale's items related to social norms, 3 out of 15 items did not load on any factor and were removed from the scale. The remaining 12 items formed three factors as in the original scale:

- “Response to Sexual Violence” (4 items),
- “Protection of Family Honor” (6 items),
- “Spouse's Right to Use Violence” (2 items).

As a result of the factor analysis of the scale's items related to personal beliefs, 4 out of 15 items did not load on any factor and were removed from the scale. The remaining 11 items formed three factors as in the original scale:

- “Response to Sexual Violence” (5 items),
- “Protection of Family Honor” (4 items),
- “Spouse's Right to Use Violence” (2 items).

3.5. Internal Consistency

After item analysis, the internal consistency of the remaining items was evaluated using the Cronbach Alpha coefficient. In this study, the Cronbach alpha reliability coefficients of the scale were between 0.72 and 0.76 for the “Social Norms” domain, and between 0.70 and 0.75 for the “Personal Beliefs” domain.

3.6. Test-Retest Application Findings

For the reliability analysis based on stability, the scale was administered twice with a two-week interval to 40 participants. Following these two applications using the test-retest method, stability correlation coefficients were obtained, and it was tested whether the scale provided similar results at different measurement times.

The test-retest reliability coefficients of the scale's subdimensions are quite high and significant, indicating that the scale has a high level

Table 3: Item-Total Correlations and Item Statistics.

Items	Item-Total Correlation	Cronbach Alpha if Item Deleted	Mean	Standard Standard
İtem 1	0,47	0,772	1,00	1,00
İtem 2	0,44	0,780	2,07	1,04
İtem 3	0,47	0,782	1,04	1,07
İtem 4	0,63	0,770	1,20	1,07
İtem 5	0,26	0,787	2,27	1,06
İtem 6	0,67	0,784	2,07	1,20
İtem 7	0,47	0,787	1,77	0,77
İtem 8	0,37	0,774	2,36	0,47
İtem 9	0,48	0,787	1,18	1,20
İtem 10	0,64	0,786	2,22	0,77
İtem 11	0,64	0,776	2,44	1,07
İtem 12	0,29	0,797	2,34	1,06
İtem 13	0,46	0,772	2,46	0,72
İtem 14	0,46	0,797	2,22	0,74
İtem 15	0,28	0,762	2,00	0,72
İtem 16	0,43	0,792	2,74	1,26
İtem 17	0,29	0,784	2,42	0,64
İtem 18	0,56	0,768	2,47	1,06
İtem 19	0,61	0,780	2,10	0,94
İtem 20	0,58	0,772	1,84	1,10
İtem 21	0,48	0,792	2,05	1,07
İtem 22	0,56	0,770	1,06	1,46
İtem 23	0,48	0,792	1,00	1,09
İtem 24	0,21	0,789	2,34	1,06
İtem 25	0,60	0,779	1,96	1,04
İtem 26	0,62	0,776	1,40	1,14
İtem 27	0,27	0,779	1,16	1,46
İtem 28	0,58	0,778	1,30	0,48
İtem 29	0,52	0,777	1,54	0,66
İtem 30	0,28	0,778	2,48	0,86

of reliability based on stability.

4. Discussion

In this study, the validity and reliability of the Gender-Based Violence Social Norms and Beliefs Scale were examined. The scale has strong psychometric properties. Each of the two main domains in the scale (Sexual Violence Response, Family Honor Protection, Spouse's Right to Use Violence) demonstrates a good factor structure, acceptable internal consistency, and reliability. In scale adaptation studies, confirming the factor structure of the scale using Confirmatory Factor Analysis (CFA) is important for validity analysis. CFA tests whether the proposed structure is valid in a different sample [18, 19]. The goodness-of-fit indices, such as χ^2 (chi-square), Root Mean Square Error of Approximation (RMSEA), Standardized Root Mean Residual (S-RMR), Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Comparative Fit Index (CFI), and Non-Normed Fit Index (NNFI), are used to evaluate how well the model fits the data [18, 19]. According to the literature, RMSEA takes values between 0 and 1. If the RMSEA value is 0.08 or smaller, it indicates acceptable fit, and if it is equal to or smaller than 0.05, it shows excellent fit [18, 19]. A low chi-square value (χ^2/sd) of 5 or smaller, depending on the degrees of freedom, indicates a sufficient fit between the proposed model and the data [18, 19]. In this study, the CFA results indicate that the model has a good fit with the data according to χ^2/sd , and shows acceptable fit according to the RMSEA, GFI, AGFI, NF, and CFI indices Table 2.

In this study, the standard factor loadings of all items were greater than 0.50, and they were considered satisfactory for structural validity [20]. Another important indicator of a scale's structural validity is the Average Variance Extracted (AVE) and Composite Reliability (CR) values. AVE defines the variance or diversity of observed variables that the latent construct may contain. Thus, the larger the variance or diversity of the observed variables that can be contained by the latent structure, the greater the representation of the observed variables on the latent construct [21]. In our study, the AVE values for the subdimensions were greater than the critical value of 0.50. CR is defined as the reliability and internal consistency measure of the observed variables that represent a latent construct [22]. In this study, the CR values for the subdimensions were above 0.70 for four subdimensions, and in the range of 0.60–0.70 for two subdimensions. These findings provide significant evidence for the scale's structural validity [23, 24].

Internal consistency can be defined as an indicator of whether each item in the scale moves in the same direction as the overall scale structure. In the literature, internal consistency is considered an important indicator of reliability [24]. To determine the effect of the scale items on the total score, item-total score correlations are examined. The threshold value for item-total correlation is 0.30 [16]. In our study, the item analysis revealed that the item-total score correlations of 23 items were above the critical value of 0.30, indicating that these items sufficiently represent the scale and contribute positively to internal consistency Table 3.

The reliability of the scale was evaluated using the Cronbach Alpha Coefficient. According to the literature, if the Cronbach Alpha

Table 4: Test-Retest Reliability Results.

		n	Mean	ss	r
Social Norms					
Response to Sexual Violence	Pretest	40	12,46	1,42	
	Posttest	40	12,68	1,58	0,84***
Protecting of Family Honor	Pretest	40	16,40	2,56	
	Posttest	40	15,86	1,84	0,78***
Spouses's Right to Use Violence	Pretest	40	7,48	2,82	
	Posttest	40	6,52	1,08	0,72***
Personal Beliefs					
Response to Sexual Violence	Pretest	40	16,25	2,48	
	Posttest	40	16,18	1,72	0,66***
Protecting of Family Honor	Pretest	40	15,52	1,20	
	Posttest	40	16,29	2,26	0,74***
Spouses's Right to Use Violence	Pretest	40	6,42	1,84	
	Posttest	40	6,86	1,48	0,77***

*** p<0,001

coefficient is $0.00 \leq \alpha < 0.40$, the scale is unreliable; if $0.40 \leq \alpha < 0.60$, the scale has low reliability; if $0.60 \leq \alpha < 0.80$, the scale is quite reliable; and if $0.80 \leq \alpha < 1.00$, the scale is highly reliable [18, 19]. In this study, based on the Cronbach Alpha reliability coefficient, the subdimensions of the scale in the “Social Norms” and “Personal Beliefs” areas were found to be highly reliable ($0.70 \leq \alpha$). Test-retest reliability is an important analysis that demonstrates the reliability of measurement tools. With this analysis, it is expected that the measurement tool will provide consistent results even if applied at different times. In other words, the data obtained from the scale application do not change over time. To ensure the accuracy of the test-retest reliability analysis, it is recommended that there be a 2-4 week gap between the first and the second application [17]. In this study, the test-retest reliability coefficients for the entire scale and its subdimensions were found to be quite high and significant. These values indicate that the scale has a high level of stability-based reliability.

5. Conclusion

The obtained data indicate that the scale is a valid and reliable measurement tool that can be used to determine the social norms and beliefs related to gender-based violence in the general population and to assess the effectiveness of programs aimed at preventing gender-based violence. When interpreting the Turkish version, it should be considered that the scale consists of two areas (Social Norms and Personal Beliefs) and each area contains three subdimensions (Sexual Violence Response, Protection of Family Honor, Spouse's Right to Use Violence). Each area receives its own score. Therefore, the scores of each area should be evaluated separately, and they should not be combined to obtain a single total score from the scale.

In the Social Norms area, when interpreting the scores from each subdimension, the following points should be considered:

“Sexual Violence Response” Subdimension: This subdimension addresses the victim-blaming responses of individuals, families, and society toward gender-based violence. High scores in this subdimension indicate that people around the individual tend to support victim-blaming in cases of sexual violence and other forms of gender-based violence.

“Protection of Family Honor” Subdimension: This subdimension emphasizes the importance of resolving violence within the family, rather than reporting it to authorities, for a woman who has suffered gender-based violence. The priority is placed on protecting the family's and the victim's reputation rather than the victim's safety and well-being. High scores in this subdimension suggest that people around the individual consider family honor more important than the safety and well-being of victims.

“Spouse's Right to Use Violence” Subdimension: This subdimension reflects social norms that defend a husband's right to use violence to discipline his wife. High scores in this subdimension indicate that people around the individual support the notion that a husband has the right to use violence against his wife. In the Personal Beliefs area, when interpreting the scores from each subdimension, the following points should be considered:

High scores in each subdimension in the Personal Beliefs area indicate that participants hold more egalitarian and liberal views on gender-based violence and are more willing to discuss the issue.

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References

- [1] WHO. *Respect women Preventing violence against women*. World Health Organization, 2019.
- [2] WHO. Sexual, reproductive, maternal, newborn, child and adolescent health: policy survey, 2018-2019: summary report. world health organization. license: Cc by-nc-sa 3.0 igo, 2020. URL <https://apps.who.int/iris/handle/10665/331847>.
- [3] WHO. Violence against women, 2014. URL <http://www.who.int/mediacentre/factsheets/fs239/en/>.

- [4] WHO. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence, 2013. URL http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf?ua=1.
- [5] United Nations. Secretary-general's campaign unite to end violence against women: Human rights violation. URL <https://www.un.org/womenwatch/osaginem/oUnite.html>.
- [6] Z. H. Bangura. Statement of the special representative of the secretary-general on sexual violence in conflict, 2014. URL <https://www.un.org/sexualviolenceinconflict/about-us/about-the-office/>.
- [7] Girls Not Brides. URL <http://www.girlsnotbrides.org/>.
- [8] UNICEF. Female genital mutilation/cutting: A statistical overview and exploration of the dynamics of change. 2013. URL http://www.childinfo.org/files/FGCM_Lo_res.pdf.
- [9] WBG. Voice and agency: Empowering women and girls for shared prosperity. 2014.
- [10] R. Lundgren and A. Amin. Addressing intimate partner violence and sexual violence among adolescents: emerging evidence of effectiveness. *J Adolesc Health*, 56(1):S42–S50, 2015.
- [11] N. Perrin, M. Marsh, A. Clough, A. Desgroppes, C. Yope Phanuel, A. Abdi, F. Kaburu, S. Heitmann, et al. Social norms and beliefs about gender-based violence scale: A measure for use with gender-based violence prevention programs in low-resource and humanitarian settings. *Conflict and Health*, 13(1):6, 2019.
- [12] A. L. Wirtz, N. A. Perrin, A. Desgroppes, V. Phipps, A. A. Abdi, B. Ross, F. Kaburu, et al. Lifetime prevalence, correlates and health consequences of gender-based violence victimization and perpetration among men and women in somalia. *BMJ Global Health*, 3(4): e000773, 2018.
- [13] N. Glass, N. Perrin, A. Clough, A. Desgroppes, F. N. Kaburu, J. Melton, et al. Evaluating the communities care program: Best practice for rigorous research to evaluate gender-based violence prevention and response programs in humanitarian settings. *Confl Health*, 12:5, 2018.
- [14] G. Barker, M. Nascimento, M. Segundo, and J. Pulerwitz. *How do we know if men have changed? Promoting and measuring attitude change with young men: Lessons from program H in Latin America*. In S. Ruxton (Ed.), *Gender equality and men: Learning from practice*. Oxfam, 2004.
- [15] F. Leona and J. Foreit. Developing women's empowerment scales and predicting contraceptive use: A study of 12 countries' demographic and health surveys (dhs) data. Draft manuscript, 2009.
- [16] Ş. Büyüköztürk. *Data Analysis Handbook for Social Sciences (21st ed.)*. Pegem Publishing, 2015.
- [17] E. Tavşancıl. *Measurement of Attitudes and Data Analysis with SPSS*. Nobel Academic Publishing, 2018.
- [18] Y. Karagöz. *SPSS and AMOS Applied Statistical Analyses*. Nobel Academic Publishing, 2016.
- [19] Y. Karagöz. *SPSS and AMOS Applied Scientific Research Methods and Publication Ethics*. Nobel Academic Publishing, 2017.
- [20] J. F. Hair, W. C. Black, R. E. Anderson, and B. J. Babin. *Multivariate Data Analysis*. Prentice Hall, 7 edition, 2009.
- [21] A. Purwanto and Y. Sudargini. Partial least squares structural equation modeling (pls-sem) analysis for social and management research: A literature review. *Journal of Industrial Engineering Management Research*, 2(4):114–123, 2021.
- [22] R. P. Sarmiento and V. Costa. Confirmatory factor analysis—a case study. arXiv preprint, 2019.
- [23] C. Fornell and D. Larcker. Evaluating structural equation models with unobservable variables and measurement error. *Journal of Marketing Research*, 18(1):39–50, 1981.
- [24] M. Kartal and S. Bardakçı. *Reliability and validity analyses with SPSS and AMOS*. Akademisyen Publishing House, 2018.