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Alcohol-Related Antigay Aggression: Theoretical Considerations for Individual-and Societal-Level Interventions

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Abstract

A substantial literature has identified risk factors for intoxicated aggression and the mechanisms by which these effects are exerted. This theoretical and empirical foundation is a valuable resource for the development of treatment inventions. In contrast, a comparable literature is not available to guide development of clinical interventions for intoxicated antigay aggression. To address this gap in the literature, the present article 1) identifies risk factors and mechanisms pertinent to alcohol-related antigay aggression, 2) advances predictions regarding how alcohol will increase antigay aggression, and 3) reviews societal- and individual-level considerations for intervention based upon these hypotheses.

Keywords

Alcohol Intoxication; Aggressive Behavior; Violence; Antigay Aggression; Treatment

It is well established that acute alcohol consumption facilitates interpersonal aggression. Approximately 27% of all violent crimes, or 1.4 million violent incidents each year, involve offenders who were perceived to have been drinking at the time of the crime (Bureau of Justice Statistics, 2006). Consistent with these data, alcohol use is involved in 68% of self-reported incidents of physical aggression (Wells, Graham & West, 2000) and approximately 50% of violent crimes reported to the police in North America (Pernanen, 1991). Consistent with these data, laboratory-based studies have clearly demonstrated that persons who receive alcohol behave more aggressively than those who receive a placebo or a nonalcoholic beverage (reviewed in Bushman & Cooper, 1990; Chermack & Giancola, 1997; Ito, Miller, & Pollack, 1996; Kelly & Cherek, 1993; Taylor & Chermack, 1993).

Alcohol facilitates human aggression across a variety of relationship contexts and situations. For example, the likelihood of partner physical aggression is up to 11 times higher on days that the perpetrator drank alcohol compared to days with no alcohol consumption (Fals-Stewart, 2003). Indeed, Leonard (2005) concluded that high quantity drinking is a contributing cause of intimate partner violence. Extant literature also indicates that alcohol intoxication is associated with the perpetration of sexual aggression (Testa, 2002), with up to 75% of convicted rapists reporting alcohol intoxication at the time of their offense (Gudjonsson & Sigurdsson, 2000). In addition, perpetrator alcohol use is positively associated with physical injury during a sexual assault (Martin & Bachman, 1998). These data are consistent with similar findings that alcohol increases aggression in various contexts, including the workplace (LeBlanc & Barling, 2004) and in bars (Graham & Wells, 2003; Leonard, Collins, & Quigley, 2003; Leonard, Quigley, & Collins, 2003).

To reduce the pervasiveness and consequent public health impact of alcohol-related aggression, it is important to highlight risk factors that could be targeted in clinical interventions. To this end, pertinent research has identified a myriad of variables that increase one's risk for intoxicated aggression. For example, alcohol facilitates physical aggression to a greater extent among individuals who report higher levels of dispositional aggressivity (Bailey & Taylor, 1991; Heyman, Jouriles, & O'Leary, 1995), irritability (Giancola, 2002), trait anger (Parrott & Zeichner, 2002), permissive beliefs about aggression (Leonard & Senchak, 1993), high quantity drinking (Parrott & Giancola, 2006), sensation seeking (Cheong & Nagoshi, 1999), as well as lower levels of anger control (Parrott & Giancola, 2004), dispositional empathy (Giancola, 2003), and executive cognitive functioning (Giancola, 2004). Likewise, key situational risk factors for intoxicated physical aggression have been identified, including provocation (Taylor, Schmutte, Leonard, & Cranston, 1979), threat (Leonard, 1989; Taylor, Gammon, & Capasso, 1976), frustration (Gustafson, 1985), social pressure to behave aggressively (Taylor & Sears, 1988), malicious intent (Zeichner & Pihl, 1980), and cues of victim suffering (Schmutte & Taylor, 1980). Collectively, these individual and situational risk factors constitute an empirical foundation upon which preventative and treatment interventions may develop.

Despite these advancements, researchers have ignored some important areas of study. Perhaps the most obvious oversight is the effect of alcohol on bias-motivated aggression. Despite calls for research in this area over twenty years ago (Hull & Van Treuren, 1986), no published studies exist that specifically examine the link between alcohol intoxication and bias-motivated aggression. When one considers that approximately 33% of hate crime perpetrators are intoxicated at the time of the offense (Dunbar, 2003), this lack of attention is particularly disturbing. Indeed, the fact that these two literatures have yet to be meaningfully linked limits theoretical and empirical advancements and hinders the development of preventative and treatment interventions.

Although alcohol may increase aggression toward numerous minority groups, the potential for alcohol to facilitate antigay aggression is particularly salient. Victims of antigay aggression, who are largely men who identify as gay, bisexual, or a person of male-to-female transgender experience (National Coalition of Anti-Violence Programs (NCAVP), 2007; Federal Bureau of Investigation, 2006), are more likely to suffer psychiatric symptoms relative to victims of nonbiased assaults (Herek, Gillis, & Cogan, 1999). Thus, research that elucidates the mechanism(s) by which alcohol may increase aggression toward this population is especially important. In addition, anecdotal reports gathered from victims indicate that many acts of aggression against sexual minorities are reportedly committed under the influence of alcohol or in/around bars (Human Rights Campaign, 2000; NCAVP, 2007). Consistent with these findings, Franklin (2000) found that antigay assailants consumed alcohol more frequently than non-assailants. Unfortunately, it is simply not known whether alcohol use is involved in a greater proportion of antigay assaults relative to other bias- or nonbiased-motivated assaults. Nevertheless, these preliminary data suggest that alcohol is involved in the perpetration of antigay aggression and represent a useful starting point for investigating the link between alcohol use and bias-motivated aggression.

In summary, increasing scientific understanding of alcohol's effects on antigay aggression is clearly needed to inform clinical intervention. However, unlike extant literature on non-biased alcohol-related aggression, the empirical foundation upon which to guide the development of interventions for alcohol-related antigay aggression does not exist. To address this gap in the literature, the present article has three primary aims. First, theories of antigay and alcohol-related aggression will be reviewed. Second, using these theories as a guide, hypothesized effects of alcohol on antigay aggression will be advanced. Third, based on these hypothesized effects, considerations for intervention will be discussed.

Theories of Antigay and Alcohol-Related Aggression

Antigay Aggression

Contemporary theories concur that sexual stigma is a key determinant of antigay aggression. Sexual stigma is defined as “the negative regard, inferior status, and relative powerlessness that society collectively accords to any nonheterosexual behavior, identity, relationship, or community” (Herek, 2007; p. 906–907) and presumably facilitates antigay aggression at the societal and individual level (for a review, see Herek, 2007; in press). At the societal level, sexual stigma is referred to as *heterosexism*, is manifested in various social customs and institutions (e.g., religion, language), and sanctions the expression of antigay hostility (Herek, 1990a; 2004; Neisen, 1990; Pharr, 1988). For example, the development of heterosexual masculinity, particularly during adolescence, imparts certain norms, rules, and expectations that dictate how men are supposed to think, feel, and behave. More specifically, numerous theorists (e.g., Brannon, 1976; Deaux & Kite, 1987; Herek, 1986; Kimmel, 1997; Kite, 2001; Pleck, 1981) agree that men learn to define themselves by what they are (e.g., dominant, tough, heterosexual) as well as what they are not (e.g., submissive, weak, homosexual). Adherence to these culturally constructed norms presumably motivates men to differentiate between their masculine in-group and the feminine out-group by denigrating and attacking gay men (Franklin, 1998; Hamner, 1990; Herek, 1986; Kimmel, 1997; Kite & Whitley, 1998). Overall, regardless of an individual’s specific motivation(s), antigay aggression is always enacted in this sociocultural context that sanctions violence toward sexual minorities.

At the individual level, the internalization of sexual stigma by heterosexuals is referred to as *sexual prejudice*. Indeed, theorists agree that sexual prejudice, which incorporates “all negative attitudes based on sexual orientation, whether the target is homosexual, bisexual, or heterosexual” (Herek, 2000, p. 19), is a key determinant of antigay aggression. According to Herek (1986), sexually prejudiced antigay aggression serves different functions for different perpetrators, including: (a) a social-expressive function that defines boundaries between the self and sexual minorities, (b) an ego-defensive function that reduces anxiety from psychological conflicts associated with gender and sexuality, and (c) a value-expressive function that upholds a larger self-defining ideology (e.g., religious beliefs).

Antigay aggression may also be motivated by other individual-level factors. For example, many perpetrators are motivated by social dynamics such as thrill seeking or peer group effects (Franklin, 1998; 2000). Research suggests that thrill seeking antigay assailants, who are typically male or female adolescents, perceive themselves as economically disadvantaged and socially disempowered (Franklin 1998; 2002). To enhance in-group esteem, seek excitement, and/or alleviate boredom, these individuals attack out-groups held in even lower social regard, such as sexual minorities (Hamner, 1990). More broadly, however, antigay aggression is a part of these individuals’ general pattern of violence, delinquency, substance misuse, and criminal behavior directed toward other minorities and society in general (Franklin, 2000; Levin & McDevitt, 1993). Regarding peer group effects, Franklin (1998) posited that a primary motivation for antigay group assailants is to “prove both toughness and heterosexuality to friends” (p. 12). Similarly, McDevitt, Levin, and Bennett (2002) noted that “most hate crime offenders are young males for whom respect from their peers is incredibly important” (p. 313). As such, the theorized role of peer dynamics in the perpetration of antigay aggression suggests that the group context, especially the male group context, may be a powerful situational risk factor for antigay aggression. It should be noted that these models are not mutually exclusive. That is, while sexual prejudice, peer dynamics, or thrill seeking may be the sole motivating factor for a particular act of antigay aggression, it is posited that antigay aggression may also be facilitated by various combinations of these motives.

Consistent with these theoretical explanations, several individual level risk factors for antigay aggression have been identified (for a complete review, see Parrott, in press). First, survey data indicate that 80% of antigay assailants are young men in their late teens or early twenties (NCAVP, 2005). Second, both experimental and correlational studies have demonstrated that sexual prejudice is positively associated with bias-motivated aggression toward gay men (Bernat, Calhoun, Adams, & Zeichner, 2001; Franklin, 2000; Parrott & Zeichner, 2005; Patel, Long, McCammon, & Wuensch, 1995; Roderick, McCammon, Long, & Allred, 1998). Third, strong endorsement of traditional male gender norms similarly facilitates antigay aggression (Parrott & Zeichner, in press). Fourth, it has been suggested that exposure to violations of the male gender role (e.g., gay men kissing) motivates perpetrators to attack gay men in an effort to enforce these gender norms (Herek, 1986; 1988). Consistent with this view, research indicates that sexually prejudiced and hypermasculine men are particularly likely to attack gay men following exposure to sexual violations of the male gender role (e.g., male-male erotica) (Parrott & Zeichner, 2005; in press). This line of research also suggests that heterosexual men's experience of anger in response to gay men may be a critical determinant of antigay aggression. In support of this hypothesis, recent data indicate that anger in response to gay men mediates the relation between sexual prejudice and antigay aggression and peer dynamics and antigay aggression (Parrott & Peterson, in press). In contrast, these data do not suggest that anger in response to gay men mediates the relation between thrill seeking and antigay aggression.

Other risk factors hypothesized to facilitate antigay aggression have not yet received critical attention in the extant literature. For example, research suggests that sensation seeking tendencies and real or perceived social disempowerment are associated with a general pattern of deviance that includes aggression and delinquency (Zuckerman, 2007; Wadsworth & Achenbach, 2005). Accordingly, pertinent theory suggests that these variables may be particularly influential among thrill seeking antigay assailants (Franklin, 1998; 2000). Likewise, the male group context (Franklin, 2000) or individual differences in susceptibility to peer effects may increase antigay aggression among assailants motivated by peer dynamics. To this end, masculine gender role stress, which refers to a man's "appraisal of specific cognitions, behaviors, or situations as stressful and undesirable" (Eisler, Skidmore, & Ward, 1988; p. 135), seems to be especially relevant. As described by Eisler and Skidmore (1987), men high in gender role stress "will experience stress when they judge themselves unable to cope with the imperatives of the male role or when a situation is viewed as requiring 'unmanly' or feminine behavior" (p. 125). Consequently, men who report high masculine gender role stress are posited to become aggressive in situations that involve behavior inconsistent with traditional gender role norms (e.g., being in the presence of two gay men). Indeed, research indicates that masculine gender role stress is positively associated with aggressive behavior toward women (Eisler, Franchina, Moore, Honeycutt, & Rhatigan, 2000; Franchina, Eisler, & Moore, 2001) and may also predict antigay aggression.

In summary, theorists posit that antigay aggression occurs within a cultural context that devalues the status of sexual minorities in society. Despite a common sociocultural backdrop, individual motivations for antigay assailants are varied and include sexual prejudice, thrill seeking, and peer dynamics. Several individual and situational risk factors associated with these motivations have been shown to predict antigay aggression, whereas other still require investigation.

Alcohol-Related Aggression

It is generally accepted that the pharmacological properties of alcohol facilitate aggression by: (1) diminishing fear responses (Ito et al., 1996; Pihl, Peterson, & Lau, 1993), (2) increasing physiological and psychological arousal (Giancola & Zeichner, 1997; Graham, Wells, & West, 1997), and (3) disrupting higher-order cognitive functioning (Giancola, 2000; Steele &

Josephs, 1990). However, alcohol does not elicit aggression in all persons or in all situations. To explain this phenomenon, integrative models of the alcohol-aggression relation emphasize the role of individual differences among drinkers and the immediate social context in which aggression occurs (e.g., Chermack & Giancola, 1997; Taylor & Chermack, 1993). Specifically, theorists assert that alcohol is more likely to elicit aggression among persons who possess aggression-related traits and/or are exposed to aggression-promoting situational cues (Anderson & Bushman, 2002; Collins, 1988; Pernanen, 1991). As reviewed earlier, there is an extensive research literature on individual and situational risk factors that supports this view.

It is worth noting that the attention-allocation model put forth by Steele and Josephs (1990) is especially relevant to understanding when and why alcohol may facilitate the expression of antigay aggression. In this model, alcohol is hypothesized to increase aggression in situations characterized by inhibition conflict, which occurs “when the response is pressured by both inhibiting and instigating cues” (Steele & Southwick, 1985, p. 18). Furthermore, it is posited that alcohol intoxication impairs cognitive functioning, thereby narrowing the inebriate’s attentional focus. As a result of reduced attentional capacity, an intoxicated individual will tend to focus on more salient, aggression promoting cues rather than on less prominent, inhibitory cues. Recent laboratory evidence supports this view (Giancola & Corman, 2007).

Accordingly, in the context of their justification-suppression model of prejudice, Crandall and Eshleman (2003) argued that alcohol intoxication will facilitate the behavioral expression of prejudice, “but only to the extent that those prejudices are suppressed” (p. 425). Thus, when both instigatory cues (e.g., sexual prejudice, a situation that fosters the expression of sexual prejudice) and inhibitory cues (e.g., one’s disposition toward suppressing sexual prejudice) are present, acute alcohol intoxication will increase antigay aggression by focusing attentional resources on instigatory cues. Stated differently, to the extent that an individual is not pressured to suppress sexual prejudice (i.e., no inhibition conflict), alcohol is not hypothesized to exacerbate antigay aggression. Unfortunately, research has not tested this model for antigay aggression or any other type of bias-motivated aggression.

Hypothesized Effects of Alcohol on Antigay Aggression

Several individual and situational risk factors for antigay aggression have been identified. In addition, the reviewed literature suggests that alcohol increases aggressive behavior to the greatest extent among individuals with pre-existing tendencies toward aggression and/or for individuals who are exposed to aggression-promoting situations. Collectively, these literatures provide the basis for the first prediction of how alcohol may facilitate antigay aggression: *The effects of individual difference and situational variables that facilitate antigay aggression will be exacerbated by acute alcohol intoxication.*

This hypothesis suggests that alcohol use will increase antigay aggression to a greater extent in men (relative to women), in younger assailants (relative to older assailants), in situations that involve male peers or violations of the male gender role, and among individuals who endorse higher levels of sexual prejudice, traditional male gender role beliefs, masculine gender role stress, sensation seeking, and social disempowerment¹. In broad terms, alcohol will facilitate antigay aggression in these high risk groups by diminishing fear responses (Ito et al., 1996; Pihl, Peterson, & Lau, 1993), increasing physiological and psychological arousal (Giancola & Zeichner, 1997; Graham, Wells, & West, 1997), and disrupting higher-order cognitive functioning (Giancola, 2000; Steele & Josephs, 1990).

¹It is unclear whether individual and situational factors for non-biased alcohol-related aggression (e.g., dispositional aggressivity, provocation) also facilitate alcohol-related antigay aggression. While these determinants will not be reviewed here, it is assumed that they also increase risk for antigay aggression, perhaps in conjunction with other factors reviewed thus far (e.g., sexual prejudice).

While a list of risk factors is informative, a more detailed analysis of how alcohol facilitates aggressive behavior highlights potential pathways to alcohol-related antigay aggression. For example, alcohol intoxication may lead to increased concerns with establishing personal status and attempts to assert one's status (Pernanen, 1993). Inasmuch as drinking increases personal feelings of power (McLelland, Davis, Kalin & Wanner, 1972), this effect may be especially pronounced among hypermasculine or sexually prejudiced men. This mechanism is consistent with the view that antigay aggression functions to reaffirm the perpetrator's masculine identity (Franklin, 1998; Hamner, 1990; Kimmel, 1997; Kite & Whitley, 1998).

The context in which drinking occurs provides additional insights into potential routes to alcohol-related antigay aggression. For example, contexts in which friends encourage aggression may increase the likelihood of aggressive behavior (Tomsen, 1997). This effect may be particularly salient for men high in masculine gender role stress who are drinking in situations that focus on group identity. Pertinently, recent data indicate that alcohol facilitates social bonding in small male groups (Kirchner, Sayette, Cohn, Moreland, & Levine, 2006). Ultimately, these situations may lead to deindividuation (Denton & Krebs, 1990) and, as a result, increase the drinker's likelihood of peer-motivated antigay aggression. Likewise, drinking settings composed of people marginalized from society (Fagan, 1990) or who are bored (Homel, Tomsen, & Thommeny, 1992) also promote aggression. Indeed, these characteristics aptly describe the antigay assailant motivated primarily by thrill seeking, and, as such, highlight the potential link between alcohol use and antigay aggression among these offenders.

Pertinent literature also suggests that alcohol will facilitate aggression only among individuals who experience inhibition conflict (Steele & Southwick, 1985). As applied to antigay aggression, inhibition conflict involves the experience of simultaneous pressures to express and suppress sexual prejudice. Thus, this conceptualization represents a more specific view of who is most susceptible to the aggression-promoting effects of alcohol and provides the basis for the second prediction of how alcohol may facilitate antigay aggression: *Alcohol will increase antigay aggression to the greatest extent among individuals who experience simultaneous pressures to express and suppress sexual prejudice.*

This hypothesis, first proposed by Crandall and Eshleman (2003) to explain alcohol's effect on the expression of all forms of prejudice, suggests that alcohol use will increase antigay aggression to a greater extent among highly prejudiced assailants who are also motivated to suppress the expression of their prejudice. Likewise, it also suggests that alcohol will not increase antigay aggression among individuals who are not motivated to suppress their antipathy toward gay men or lesbians. Thus, individuals who freely express sexual prejudice (i.e., low motivation to suppress sexual prejudice) or individuals who are in an environment that fosters the enactment of sexual stigma will be less susceptible to the aggression-promoting effects of alcohol on gay men and lesbians. Indeed, it is reasonable to posit that these individuals are equally likely to engage in antigay aggression whether they are sober or intoxicated.

Motivations to suppress prejudice may come from individual and environmental sources. For example, an emerging research literature has highlighted individual differences in the motivation to respond without prejudice and shown that this construct is distinct from prejudiced beliefs (Dunton & Fazio, 1997; Fazio & Hilden, 2001; Plant & Devine, 1998). More specifically, some individuals are internally motivated to suppress prejudice (e.g., due to internalized egalitarian standards), whereas other individuals are externally motivated to suppress prejudice (e.g., due to social or political pressure). Likewise, the sociocultural context may also influence an individual's motivation to suppress prejudice. For example, in cultures or subcultures that do not espouse heterosexism, an individual may be highly motivated to suppress individual antigay attitudes. Even within a heterosexist society, situational influences

may also increase one's motivation to suppress prejudiced beliefs due to potential negative consequences (e.g., presence of police, authority figures who does not condone sexual prejudice).

Unfortunately, published research that directly tests these hypotheses is simply not available. However, with these hypotheses as a guide, clinical interventions that target relevant risk factors and/or mechanisms presumed to facilitate alcohol-related antigay aggression may be envisioned. A selective review of potential clinical approaches is presented below.

Proposed Methods of Intervention for Alcohol-Related Antigay Aggression

Overview

Current clinical interventions for non-biased alcohol-related aggression typically view alcohol use and violence as separate targets for modification. For example, clinicians may utilize a variety of therapeutic techniques designed to reduce maladaptive drinking and increase anger control skills. Indeed, several studies in the marital violence literature have shown that interventions targeting problematic alcohol use also facilitate a reduction in violent behavior (O'Farrell, Fals-Stewart, Murphy, & Murphy, 2003; O'Farrell, Murphy, Neavins, & Van Hutton, 2000; O'Farrell, Van Hutton, & Murphy, 1999). Similarly, clinical researchers treating violent offenders with alcohol-related problems have combined separate intervention modules pertinent to aggression (e.g., social skills training, anger management) and to alcohol use disorders (e.g., relapse prevention, cognitive-behavioral therapy) (Quinsey, Harris, Rice, & Cormier, 1998).

These approaches have achieved a certain degree of success in attenuating problematic alcohol use or violent offending. However, Graham and colleagues (1998) noted that the efficacy of clinical interventions could be greatly improved by focusing on the modification of predisposing risk factors for intoxicated violence. This approach has received tentative support in the literature (McMurrin & Cusens, 2003). Indeed, as hypothesized above, alcohol is most likely to increase antigay aggression in certain high risk individuals. Guided by this aim, empirically-based clinical interventions or techniques that target risk factors for antigay aggression are reviewed below.

Modification of Pre-Existing Risk Factors

Sexual prejudice and endorsement of male gender norms—To reduce sexual prejudice and facilitate less stereotypic attitudes about the male gender role, interventions must occur on both societal and individual levels. As reviewed above, acts of alcohol-related antigay violence occur within a culture of heterosexism that emphasizes heterosexual masculinity. These heterosexist norms are propagated through various social institutions. Thus, any change at the societal level must be supported by these very institutions and include education, legislation, and changes in social policies. Likewise, change may also be facilitated through social and cultural messages (e.g., through the media) that condemn sexual stigma and normalize less rigid norms of masculinity.

Ultimately, the reduction of sexual prejudice, and consequently the reduction of alcohol-related antigay aggression, requires the eradication of heterosexism. Nevertheless, it remains essential to facilitate change directly at the individual level. To this end, nearly 20 published studies have evaluated the efficacy of clinical interventions designed to reduce sexual prejudice. Unfortunately, this research literature suffers from significant methodological limitations that render "a discussion of their analyses and outcomes practically moot" (Tucker & Potocky-Tripodi, 2006, p. 185). Thus, empirically supported techniques designed to reduce sexual

prejudice do not yet exist. Likewise, a paucity of research has examined whether men's attitudes about the male gender role can be changed.

Nevertheless, several potentially useful techniques merit attention. First, a substantial research literature supports the contact hypothesis (Allport, 1954; Pettigrew & Tropp, 2000), which posits that intergroup bias may be attenuated by increasing structured interactions between in-group (e.g., heterosexual men) and out-group members (e.g., gay men). For example, research has consistently demonstrated that individuals who report low levels of sexual prejudice also report knowing someone who is gay (Herek & Capitanio, 1996). Outside of the sexual prejudice literature, meta-analytic studies indicate that direct contact with a member of an out-group not only reduces prejudice toward that individual, but also reduces prejudice toward the entire out-group (Pettigrew & Tropp, 2000, 2006). This effect is most pronounced when the individual is seen as somewhat typical of the out-group. It is worth noting, however, that simple intergroup contact is not sufficient to reduce prejudice. Rather, certain prerequisites of the interaction are necessary, such as equal status between the groups, a norm supporting positive relations, and cooperative (relative to competitive) interaction (Dovidio et al., 2004). These effects are purportedly mediated by changes in affective responding, such as reduced anxiety and increased positive affect, in response to out-group members (Pettigrew & Tropp, 2000). Consistent with these findings, pertinent research has shown that implicit bias toward African-Americans was improved by exposing participants to positive, relative to negative, stimuli associated with African-Americans (Dasgupta & Grennwald, 2001; Olson & Fazio, 2006). Collectively, these and other studies (Ito, Chiao, Devine, Lorig, & Cacioppo, 2006; Rudman, Ashmore, & Gary, 2001) indicate that situational or interpersonal contexts that facilitate associations between positive experiences and out-group members (e.g., a gay man) can decrease prejudice.

As previously noted, sexually-prejudiced antigay aggression is characterized by high levels of anger (Parrott & Zeichner, 2005), and recent data suggest that anger mediates the link between sexual prejudice and aggression toward gay men (Parrott & Peterson, in press). Because intergroup contact seemingly reduces prejudice largely through an affective mechanism, it is reasonable to speculate that structured intergroup contact may be particularly likely to reduce sexual prejudice and, by extension, one's likelihood of antigay aggression. Indeed, interventions that target emotional, relative to cognitive, processes are more effective at reducing behaviors motivated by emotional processes (Dovidio, Esses, Beach, & Gaertner, 2002; Esses & Dovidio, 2002).

A prototypical example of an intervention grounded in intergroup contact theory is diversity training. Diversity training interventions attempt to reduce prejudice by engaging participants in a variety of intergroup activities that target factual or personal knowledge of other groups (for a review, see Paluck, 2006). These activities may be instructional (e.g., lectures, fact sheets) or experiential (e.g., group discussions about diversity, practicing communication techniques). As applied to the reduction of sexual prejudice, diversity training might provide information that challenges stereotypes of sexual minorities or engage participants in role play situations that involve interactions with sexual minorities. As noted above, to the extent that these activities ultimately target an affective mechanism (e.g., increased empathy, reduced anger toward sexual minorities), the likelihood of prejudice reduction will increase. Unfortunately, controlled, methodologically sound outcome research that evaluates the effectiveness of diversity training is rare. Nevertheless, diversity training interventions that are truly grounded in theory pertinent to intergroup contact seem well suited to facilitate prejudice reduction.

Second, clinicians can identify how sexual prejudice or traditional gender role beliefs are reinforced by the individual's behavior (e.g., reaffirmation of masculinity, reducing anxiety). Indeed, research indicates that prejudiced behavior functions to reaffirm the perpetrator's self-

image and is less likely when one's self-image has been reaffirmed in some other way (Fein & Spencer, 1997). Though tentative, this finding suggests that techniques designed to allow the individual to obtain that reinforcement in a non-aggressive way might be effective (Herek, 1990b). For example, to promote self-esteem in adolescent males (i.e., a group at high risk for antigay violence), group interventions could provide these young men with positive affirmations of their masculine group identity that do not malign sexual minorities (Hamner, 1990).

Finally, in terms of changing beliefs about the male gender role, initial research in this area suggested that interventions focusing on masculine stereotyping, rather than on women's roles, were successful in facilitating more liberal attitudes regarding male gender norms (Dworkin & Dworkin, 1983; Matteson, 1991). However, more recent data suggest that psychoeducational interventions are not successful in changing men's personal attitudes about the male gender role (Brooks-Harris, Heesacker, & Mejia-Millan, 1996). Unfortunately, little research exists to reconcile these equivocal findings. As a result, it remains unclear how clinicians may facilitate changes in these attitudes. Research in this area is clearly needed.

Masculine gender role stress—An empirically supported treatment or set of techniques does not exist to reduce dispositional tendencies toward masculine gender role stress. Indeed, given the lack of effective interventions for modifying beliefs about the male gender role, this limitation is not surprising. However, numerous empirically supported techniques that enhance men's management of state gender role stress (e.g., high arousal, affect dysregulation) are available. For example, high arousal and dysregulated emotional states characterized by poor anger regulation can be improved by utilizing empirically-validated anger management therapies. These therapies typically include relaxation training and cognitive and behavioral skill enhancement (Deffenbacher, Dahlen, Lynch, Morris, & Gowensmith, 2000; Deffenbacher, Oetting, & DiGuiseppe, 2002). For instance, progressive relaxation training facilitates the reduction of anger-related physiological arousal by systematically tensing and relaxing muscles of the body (Deffenbacher & McKay, 2000). This skill may then be utilized by high risk men who are exposed to situations that elicit anger-related arousal (e.g., exposure to two males kissing). As a result, men may be able to reduce their anger arousal and, potentially, reduce their likelihood of antigay aggression in that particular situation. Of course, it is important to emphasize to clients that muscle relaxation is a learned skill that requires repeated practice to reliably achieve desired effects. Thus, use of this technique in everyday settings may initially feel unnatural.

Relatedly, hostile cognitions and faulty beliefs regarding the consequences of anger and aggression can be modified with well-established cognitive techniques (Donohue & Cavenagh, 2003). These techniques include thought stopping, problem-solving skills training, self-reinforcement, urge control, and identifying and challenging irrational thoughts. For example, individuals can reduce emotional arousal (e.g., anger, anxiety) by engaging in internal dialogue aimed at reinforcing non-violent behavior. Specifically, the use of self-talk strategies (e.g., reciting positive outcomes for non-violent behavior) may weaken the experience of anger and, in turn, be particularly effective at preventing an individual from engaging in antigay aggression. Utilizing the problem-solving skills training technique, antigay offenders can be taught to evaluate the situation they are in, generate possible solutions, evaluate the pros and cons of each solution, and then attempt to follow through with their chosen solution.

Sensation seeking—Sensation seeking is a dispositional trait defined by “the seeking of varied, novel, complex, and intense sensations and experiences and the willingness to take physical, social, legal, and financial risks for the sake of such experiences” (Zuckerman, 1994, p. 27). Not surprisingly, sensation seeking is linked to a variety of risky behaviors including risky driving, drug use, and gambling (Zuckerman, 1994; 2007). Sensation seeking

is also associated with aggressive behavior among sober (Joireman, Anderson, & Strathman, 2003; Zuckerman, Kuhlman, Joireman, Teta, & Kraft, 1993) and intoxicated persons (Cheong & Nagoshi, 1999). Moreover, it is related to a variety of antisocial characteristics that are believed to facilitate aggression such as poor socialization (Kish, 1971), low levels of affiliation and nurturance (Zuckerman & Link, 1968), and low self-control (Zuckerman, Bone, Neary, Mangelsdorff, & Brustman, 1972).

Thrill seeking assailants, who attack gay men out of a desire for fun, excitement, pleasure, and alleviation from boredom, likely possess high levels of this trait. To the extent that research confirms this link, interventions designed to reduce alcohol-related antigay violence in this type of offender should attempt to modify sensation seeking tendencies. Unfortunately, modifying an engrained personality trait such as sensation seeking is believed to be exceedingly difficult. However, Zuckerman (2007) posits that changing the ways in which sensation seeking tendencies are expressed is possible. To this end, different intervention strategies designed to reduce maladaptive risk taking behavior (e.g., alcohol misuse, sexual assault) have been empirically evaluated. Interestingly, research indicates that standard behavioral approaches and psychoeducational interventions that discuss negative consequences of risk taking behavior are not effective (Bruvold, 1993; Tobler, 1992). Indeed, many of these approaches utilize fear-arousing methods designed to highlight the potential negative consequences of high risk behavior. This strategy may be ineffective for sensation seekers because fearful messages could elicit increased arousal or further temptation to engage in these particular behaviors (Zuckerman, 2007).

On the other hand, several studies have shown that peer-based programs, which utilize techniques such as assertiveness training and social skills training (e.g., to counteract peer pressure), effectively reduce risky behaviors such as smoking and drug use (Rooney & Murray, 1996; Tobler, 1992). Inasmuch as alcohol-related antigay aggression can be linked with these other risk taking behaviors, it seems plausible that peer-based programs aimed at building interpersonal skills, as opposed to psychoeducational programs (e.g., teaching the legal ramifications of violent behavior), may be beneficial for thrill seeking offenders. Again, thrill seeking offenders engage in a myriad of risky, sensation seeking behaviors (e.g., getting in trouble in school, risky sexual behaviors, etc.) in addition to bias-motivated aggression. Thus, interventions that target the totality of these individuals' behavior appear to hold the most promise.

Reducing Behavioral Expression of Heterosexism

The interventions reviewed thus far specifically target risk factors for antigay aggression. Recommendation of these techniques is based on the hypothesis that modification of these risk factors will reduce pre-existing tendencies for antigay aggression and, as such, reduce the likelihood that alcohol will increase antigay aggression. Unfortunately, modification of these individual risk factors may be quite difficult, especially when an individual has held certain beliefs (e.g., sexual prejudice) or dispositional tendencies (e.g., sensation seeking) for a lifetime. Thus, rather than changing engrained, stable dispositional tendencies, treatments may also strive to change or minimize their behavioral expression. To this end, pertinent theory suggests that alcohol use will increase antigay aggression to a greater extent among highly prejudiced assailants who are also motivated to suppress the expression of their prejudice (Crandall & Eshleman, 2003). Guided by this aim, we will now review clinical interventions or techniques that may decrease antigay aggression among intoxicated individuals who are motivated to suppress sexual prejudice.

Cognitive techniques—Inasmuch as efforts to suppress sexual prejudice will increase one's risk for alcohol-related antigay aggression, therapeutic techniques that attempt to facilitate

thought suppression should be ineffective. Indeed, studies indicate that these types of cognitive techniques are relatively ineffective in modifying unwanted thoughts and behaviors, including aggressive behavior, among sober individuals (Amir, Cashman, & Foa, 1997; McKay & Greisberg, 2002; Nagtegaal, Rassin, & Muris, 2006). In contrast, research suggests that other cognitive based techniques (e.g., distraction) effectively reduce aggression (Nagtegaal et al., 2006). These findings are generally consistent with empirical tests of the attention-allocation model, which demonstrated that distraction is an effective technique for reducing anxiety and depression among intoxicated individuals (Steele & Josephs, 1990). Recently, Giancola and Corman (2007) specifically tested the effect of distraction on alcohol-related aggression. They found that, compared with a high level of distraction, a moderate level of distraction was most effective in reducing aggression among intoxicated individuals. These findings not only support the use of distraction as a potential tool for reducing alcohol-related antigay aggression, but they also suggest an appropriate “dose” to maximize the effectiveness of this strategy. The effectiveness of specific distraction techniques has also been demonstrated in the depression literature. These techniques, such as visualizing the layout of a familiar setting (e.g., an apartment, a favorite restaurant) or categorizing objects, effectively focus individuals’ thought content on non-depressive stimuli, thereby attenuating depressive states (e.g., Morrow & Nolen-Hoeksema, 1990). Thus, among intoxicated individuals at risk for antigay aggression, engagement in these or related tasks may facilitate a shift of attentional focus toward non-violent thought content. As such, acute arousal or negative affect experienced in response to sexual minorities might be weakened.

Self-regulatory strength—Self-regulatory strength refers to limited capacity “internal resources available to inhibit, override, or alter responses that may arise as a result of physiological processes, habit, learning, or the press of the situation (Schmeichel & Baumeister, 2004, p. 86). Research indicates that interactions with out-groups deplete self-regulatory strength which, in turn, exhausts limited capacity resources needed to regulate behavior (Richeson & Shelton, 2003). Relatedly, it has been posited that acute alcohol intoxication similarly impairs limited capacity resources which in turn increases the probability of an aggressive behavior (Giancola, 2000). These findings suggest that interactions with out-groups, particularly while intoxicated, are especially likely to deplete self-regulatory strength and potentially lead to aggressive behavior.

Given these findings, it is important to determine how clinicians might strengthen self-regulatory resources. To this end, theorists equate self-regulatory strength to a muscle. Specifically, inasmuch as repeated exertion of a muscle leads to the strengthening of that muscle, repeated engagement in self-regulatory exercises should lead to a “deeper well of [self-regulatory] resources on which to draw” (Schmeichel & Baumeister, 2004, p. 95). In support of this view, research suggests that self-regulatory exercises can reduce individuals’ susceptibility to the depletion of these resources and, presumably, to behavioral dysregulation (Gailliot, Plant, Butz, & Baumeister, 2007). Though tentative, these findings have promising implications for the reduction of alcohol-related antigay aggression motivated by sexual prejudice or other gender-relevant beliefs. While this preliminary evidence is based on regular engagement in tasks seemingly unrelated to violence reduction (e.g., brushing teeth with the non-dominant hand), a variety of traditional interventions may also be effective in building self-regulatory strength. For example, interventions aimed at strengthening executive and verbal functions have been instrumental in helping individuals to utilize and improve cognitive abilities associated with the regulation and attenuation of maladaptive behaviors and violence (Dodge & Schwartz, 1997; Kazdin, 2003; Lochman & Wells, 1996; Tallal et al., 1996). These interventions focus on teaching self-talk strategies, cognitive coping techniques, strategic planning, previewing abilities, goal-setting, attentional capacity, as well as hypothesis generation and social problem-solving skills. Ultimately, the strengthening of the self-regulatory “muscle” with these techniques should facilitate the regulation of a wide range of

behaviors, including alcohol-related antigay aggression. Indeed, the enhancement of self-regulatory strength “can be the trump card of personality” (Baumeister, Gailliot, Dewall, & Oaten, 2006; p. 1796).

Summary

Numerous risk factors and mechanisms for alcohol-related aggression have been identified. This research literature provides a theoretical and empirical foundation upon which clinical interventions may be developed. Unfortunately, there exists no comparable foundation upon which interventions for alcohol-related antigay aggression, or other forms of alcohol-related bias-motivated aggression, may be based. This is a major limitation in the alcohol-aggression literature and requires significant attention.

The preceding review represents a first step toward addressing this limitation. Based on a review of theoretical explanations for antigay and alcohol-related aggression, we advanced two predictions of how alcohol may facilitate antigay aggression. The first prediction asserted that acute alcohol intoxication will exacerbate the effects of pre-existing determinants of violence based on sexual orientation. Thus, for example, individuals who report high levels of sexual prejudice, endorse traditional male gender role beliefs, or are exposed to violations of the traditional male gender role are posited to be most likely to engage in antigay aggression while intoxicated. The second prediction asserted that alcohol will facilitate antigay aggression to the greatest extent among those persons who experience simultaneous pressures to express and suppress sexual prejudice. Research is sorely needed to examine these untested, yet theoretically-based, hypotheses. Nevertheless, tentative recommendations for intervention may be envisioned. At the individual level, treatment options include the modification of pre-existing risk factors and/or attenuation of the behavioral expression of sexual prejudice. Ultimately, however, long-term and sustained reduction of alcohol-related antigay aggression requires societal-level interventions that reduce heterosexism.

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