

**Fostering Healthy Norms
to Prevent Violence and Abuse:
The Social Norms Approach**

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Introduction

Efforts to end sexual violence and exploitation must include strategies for changing the environments in which violence and exploitation occur. Thus, while violence prevention efforts need to focus on perpetrator behavior and the risk factors that render victims vulnerable, they must also incorporate methodologies that can foster more comprehensive environmental change. To this end, environments and the individuals within them can be encouraged to support prevention efforts by acting to reduce risk factors and identify problems before violence occurs. One promising tool for this purpose is the “social norms approach,” a theory and evidence-based methodology for addressing health and social justice issues that can be used to foster environments that resist and intervene to prevent violence. It has documented success in reducing alcohol and tobacco use in college and high school populations and has shown promise for empowering individuals to prevent violence in a number of preliminary studies (Berkowitz, 2005).

This chapter focuses on the social norms approach as a violence prevention tool, providing an overview of the theory, a brief history, relevant research, and evidence of successful outcomes in other areas, as well as a discussion of promising applications for sexual assault and its potential as a child abuse prevention strategy. Social norms interventions have been used to facilitate behavior change by successfully encouraging individuals to reduce health-risk behaviors such as smoking, drinking, driving while intoxicated, and driving without wearing seat belts (Berkowitz, 2003A; Perkins 2003A, 2002). This approach can be adapted to encourage individuals to intervene in risky

situations to prevent violence and has shown promise with sexual assault (Berkowitz 2003A, 2004A, 2007).

The Theory of Social Norms

Human beings act within a social context that serves to inhibit or encourage healthy behaviors, and environments can serve to either inhibit or encourage violence. Violence prevention is facilitated when individuals can identify situations with the potential for violence and then act to prevent it. Whether someone intervenes is in turn influenced by the extent to which they feel that others in their immediate environment share their concerns and will support their efforts. For example, men's actions to prevent sexual assault or intervention by community members to rectify situations that put children at risk for child sexual abuse will be facilitated when those in a position to intervene perceive that other community members share their concerns and are willing to provide support for acting on them.

The social norms approach provides tools for increasing perceived support to take action to address health and violence behaviors. Social norms theory and research suggest that individuals misperceive the attitudes and behaviors of relevant others in ways that reduce willingness to intervene to prevent violence (Berkowitz, 2003A, 2004A, 2007). In particular, healthy, violence inhibiting attitudes and/or behaviors of peers and other community members may be incorrectly perceived to be less healthy than ones' own attitudes and behaviors. This phenomenon has been called "pluralistic ignorance" (Miller and McFarland, 1991; Toch & Klofas, 1984). Pluralistic ignorance occurs in relation to problem or risk behaviors (that are usually overestimated) and healthy or

protective behaviors (that are usually underestimated), serving to inhibit expressions of healthy attitudes and behavior while encouraging expression of unhealthy attitudes and behavior.

For example, college men tend to overestimate their peers' adherence to myths that justify rape, underestimate their peers concern about risky sexual situations faced by women, and underestimate their peer's willingness to intervene (Berkowitz, 2003A, 2004A). These misperceptions discourage men who are concerned about sexual assault from acting on their concerns. This consequence of pluralistic ignorance – changing one's behavior to approximate the misperceived norm - has been documented for drinking, smoking, illegal drug use, gambling, eating issues, attitudes towards violence, and a variety of other health behaviors and attitudes, including expressions of prejudice (Berkowitz, 2004A, 2005; Perkins, 2002, 2003A). With respect to alcohol, these misperceptions are associated with increased use and predict initiation and/or increases in use over time.

Misperceptions are formed when a minority of individuals are observed engaging in highly visible problem behavior (such as public drunkenness, smoking, or making offensive comments), leading these behaviors to be remembered more than responsible behavior that is more common but less visible. These misperceptions are assumed to be normative and are spread in “public conversation” by community members (Perkins, 1997).

Social norms theory can be extended to situations in which individuals act as a bystander and refrain from confronting the problem behavior of others. Thus, as noted above, individuals who underestimate their peers' discomfort with problem behavior

(e.g., sexually inappropriate comments to a female peer) may refrain from expressing their own discomfort with that behavior. Methods to reveal the actual discomfort level of peers can provide support for individuals to shift out of the bystander role and confront the perpetrator(s) of the behavior or act to prevent such behavior. Recent research on homophobia, for example, suggests that most college students underestimate the extent to which their peers are intolerant of homophobic remarks (Bowen & Bourgeois, 2001; Dubuque et al, 2002) and may be willing to confront these remarks when made aware that peers also feel uncomfortable (Berkowitz 2002A; 2003A; Smolinsky, 2002.) Similar research has determined that individuals who express prejudice are more likely to do so when they perceive that others approve of their beliefs (Crandall, Eshleman & Obrien, 2002). Thus, someone who holds prejudicial beliefs will be less likely to express them when others' disapproval is correctly assessed.

With respect to sexual assault, high school boys (Hillebrand-Gunn et. al., 2010) and men have been found to underestimate other men's belief in rape myths, discomfort with sexist comments about women and/or willingness to intervene in risky situations (Loh, et. al. 2005; Kilmartin et. al., 2008; Stein, 2007). Men who believe that other men share their concerns report greater willingness to confront perpetrators, while men who underestimate other men's concern report less willingness to intervene (Brown & Messman-Moore, 2009 Fabiano et al, 2003; Stein & Barnett, 2004). Finally, perpetrators of domestic violence have been found to dramatically over-estimate the prevalence of men's abusive behaviors in marital relationships (Neighbors et al, in-press).

The assumptions of social norms theory are presented in Table 1.

A History of the Social Norms Approach

The social norms approach was first suggested by myself and H. Wesley Perkins (Berkowitz & Perkins, 1987; Perkins and Berkowitz, 1986) and has since been implemented at all levels of prevention: primary or universal with entire campus or community populations, secondary or selective with particular subpopulations, and tertiary or indicated with individuals. These approaches use a variety of methodologies to provide normative feedback to communities, groups, and individuals as a way of correcting misperceptions that influence behavior.

The first social norms intervention, conducted in 1989 at Northern Illinois University (NIU), used standard social marketing techniques to present healthy norms for drinking through specially designed media (Haines & Barker, 2003). This approach was termed “social norms marketing” (SNM) to distinguish it from traditional social marketing. The NIU campaign produced significant increases in the proportion of students who abstain, in the proportion of students who drink moderately, and decreases in the proportion of students who drink heavily (Haines and Barker, 2003). This campaign was the prototype for other primary or universal social norms marketing campaigns focusing on an entire campus or community as the target of the intervention.

Subsequent universal prevention interventions at other educational institutions (including colleges, universities, high schools and middle schools) have reported similar results for alcohol, and tobacco (Berkowitz, 2004A, 2005; also see chapters in Perkins, 2003B). The websites of the National Social Norms Resource Center (www.socialnorm.org) and the Higher Education Center (www.edc.org/hec) contain

numerous examples of successful social norms campaigns and the media used to present actual norms.

With respect to secondary or selective prevention, social norms interventions utilizing interactive workshops in small groups have been developed Far & Miller (2003). This approach, termed “The Small Group Norms Model” (SGNM) can be used to correct misperceptions of norms in small groups and among sub-populations within a community.

A third type of normative intervention provides feedback to a single individual about discrepancies between perceived and actual norms. The use of personalized normative feedback as an indicated or tertiary intervention utilizes motivational interviewing and stages of change theory as a framework for providing normative feedback. Recent studies suggest that providing individualized normative feedback can produce behavior changes lasting up to six months (Neighbors, Larimer & Lewis, 2004), and that may be useful in confronting domestic violence perpetrators about their abuse (Neighbors et. al., in-press).

Following the suggestion of Berkowitz (2003; 2004C), social norms interventions have also been developed to address issues of violence and disturbed eating.

Research on Social Norms

The majority of research to date on misperceptions and their effects has been conducted on alcohol and tobacco use. Extensive research indicates that middle-school, high-school, and college students overestimate the alcohol use of their peers, and that those who abuse alcohol misperceive more than others. This misperception results in

most moderate or light-drinkers consuming more than they would otherwise, encourages non-users to begin drinking, and is strongly correlated with heavy drinking, allowing abusers to create a rationalization for their behavior. Similar patterns have been documented for tobacco use. Social marketing campaigns designed to correct these misperceptions have been successful in reducing alcohol use, smoking and other health behaviors in a variety of settings, with this literature summarized by Berkowitz (2003A, 2004A, 2005) and Perkins (2002, 2003A). Conclusions presented in this chapter are based on evidence summarized in these literature reviews along with subsequent research cited here.

Documentation of misperceptions. Misperceptions have been documented in over seventy-five studies published in refereed journals (see Berkowitz, 2004A and 2005). Alcohol use misperceptions have been found in studies with small samples of college students from an individual campus, in larger surveys of individual campus populations, in multiple campus studies, and among middle and high-school students, and young adults not in college. This research is also discussed in reviews by Perkins (2002, 2003A).

Misperceptions of alcohol use are held by all members of campus communities including undergraduate and graduate students, faculty and staff, students and student leaders. Misperceptions have also been documented for cigarette smoking, marijuana and other illegal drug use, driving while intoxicated, riding with someone who is intoxicated, as well as for homophobia, sexual activity, attitudes about sexual assault, gambling, and eating behaviors (Berkowitz, 2004A, 2005). Other researchers have

reviewed evidence for misperceptions of white's attitudes towards desegregation, gang behavior, and student radicalism (Miller and McFarland, 1991; Toch & Klofas, 1984).

Misperceptions have been found to inhibit individuals from engaging in healthy behavior and facilitate problem behavior on the part of the less healthy minority. With respect to alcohol, Berkowitz (2004A, 2005) reviewed over fifteen published studies documenting that misperceptions are positively correlated with drinking behavior or predict how individuals drink, suggesting that misperceptions function causally to promote health-risk behaviors.

Saliency of norms. Social norms research indicates that misperceptions increase as the social distance increases between the individual “perceiver” of the norm and the reference group whose norm is being perceived. With respect to alcohol, most students perceive that friends drink more than they do and that students in general drink more than their friends (Berkowitz, 2004A, 2005). Among college students, others in a living unit are thought to drink more than friends but less than students in general, and students who live together tend to develop similar patterns of misperceptions over time (Bourgeois & Bowen, 2001). However, while misperceptions increase with social distance, social groups that are “closer” are more influential in shaping behavior. This leads to the question of whether closer “local” norms of a group or more distant “global” community norms should be used to provide normative feedback. In some cases both sets of misperceptions can be corrected through a combination of primary and secondary prevention strategies such as small group norms interventions and community-wide social norms media campaigns. Otherwise, either closer group norms or broader community norms can be utilized. Selecting the most relevant and salient norms for a

particular intervention and the appropriate strategy for changing those norms should be an integral part of planning any social norms intervention.

Misperceptions, sexual activity, and sexual assault. More recently, researchers have examined the extent to which sexual behavior and attitudes about sexual violence are misperceived among high school and college men. Studies have consistently found that high school and college student men and women over-estimate both their peer's frequency of sexual activity, numbers of sexual partners and adherence to rape myths, and that college men underestimate the extent to which male friends and peers are uncomfortable with hostile or offensive remarks towards women. Both men and women have been found to overestimate the prevalence of risky sexual behavior among peers along with peer's comfort with a "hooking-up" culture.

Three studies reported that college students over-estimate prevalence of the sexual activity among peers and the average number of sexual partners while underestimating the prevalence of safe-sex practices (Lynch et. al, 2004; Martens et. al. 2006; Scholly et al, 2005). Among high-school students, Hillebrand-Gunn et. al. (2010) found that most boys over-estimated their peers' support of rape myths and rape-supportive behavior. Other researchers report similar findings for college men in relation to attitudes about sexual assault, willingness to engage in behaviors which will ensure consent, willingness to intervene to prevent a sexual assault, and/or peers discomfort with inappropriate language and actions towards women (Bruner 2002; Brown & Messman-Moore, 2009; Fabiano et al, 2003; Loh et al, 2005; Kilmartin, et al, 2008; Stein, 2007). In fact, Loh and her colleagues (2005) reported that:

“Compared to themselves, participants believed that the average college man demonstrated more rape-myth acceptance, was less likely to intervene in

situations where a woman was being mistreated, and was more comfortable in situations where women are being mistreated.” (p.1334)

In this same study, initial perceived rape-myth acceptance of peers was a predictor of perpetration for members of fraternities at a three month follow-up, leading the authors to conclude that “the level of perceived acceptance of rape myths has some influence on perpetration within the context of history of perpetration and fraternity membership” (p. 1343).

In another study of rape proclivity and misperception of peer support for rape myths, male college students were placed in two feedback conditions (Bohner, Siebler & Schmelcher, 2006). In the first condition feedback was provided suggesting that male peers had very high rape myth acceptance, while in the second condition feedback was provided suggesting that male peers had very low rape myth acceptance. Men in the high feedback conditions reported greater willingness to rape, suggesting that willingness to rape may be mediated by perceived rape myth acceptance of peers. This effect was stronger for men who initially demonstrated greater adherence to rape myths. These findings were replicated in a second study (Eyssel, Bohner, & Seibler, 2006).

In the first study of social norms in relation to partner violence, Neighbors and his colleagues (in-press) found that perpetrators of partner violence dramatically overestimated national norms for abusive behaviors such as punching, grabbing or shoving a partner; choking a partner; beating up a partner; throwing something at a partner; and/or making a partner have sex against their will. These overestimations ranged as high as 200-300% more than actual national norms.

Finally, two recent studies suggest that women’s misperceptions regarding how much men think women should drink, and regarding men’s and women’s expectations for

“hooking-up” place women at risk for dangerous drinking and sexual activity. LaBrie et al (2009) found that heterosexual women dramatically overestimated the amount of alcohol that men expected women to drink, while Lambert, Kahn and Apple (2003) found that both women and men over-estimated each genders comfort with hooking up. In a related study, Lewis et al (2007) found that male and female undergraduates over-estimated their peer’s participation in risky sexual activity, and that these misperceptions predicted participation in risky sexual activity oneself.

Collectively, these studies suggest that misperceptions of other men’s attitudes and behaviors with respect to sexual assault may inhibit men who are bystanders from intervening, and may function to facilitate violent behavior in men (especially among men who are already pre-disposed to sexual assault and domestic violence). In addition, misperceptions by both men and women regarding alcohol use, risky sexual activity and hooking up may increase women’s risk of sexual assault by fostering a perceived normative culture that encourages women to expose themselves to being taken advantage of, and for men to feel that it is normative to do so.

Misperceptions and willingness to intervene. Violence prevention experts have argued for a comprehensive approach that includes training men to partner with women in ending violence against women through community activism, participation in educational workshops and activities, and by intervening with other men who express problematic language or behavior towards women (Berkowitz, 2002A, 2004C; Katz, 1995). Banyard et. al. (2004) have suggested that the bystander approach could be expanded to focus on the whole community. Recently, these bystander models have been examined to determine to what extent misperceptions might inhibit individuals from

intervening, exploring the potential for correcting misperceptions as a component of a comprehensive violence prevention strategy.

Berkowitz (2006) reported on a pilot study that assessed college students' desire to have someone intervene to prevent negative effects of others' drinking. In this study students were found to underestimate both the extent to which peers were bothered by second-hand effects of drinking and peer interest in having someone intervene to prevent it. Student leaders also underestimated their peers' desire to have them intervene. These misperceptions may function to inhibit individuals from expressing concern about behaviors that are bothersome and inappropriate.

In a study that examined the role of college men as allies in ending sexual assault, men reported misperceiving other men's adherence to rape-supportive attitudes and underestimated other men's willingness to intervene to prevent sexual assault (Fabiano et al, 2003). Men's perception of other men's willingness to intervene to prevent a sexual assault was the strongest predictor of men's own willingness to intervene to prevent a sexual assault, accounting for 42% of the variance in men's willingness to intervene. Stein and Barnett (2004) also found that college men misperceived their close friends' willingness to prevent rape, with men's perception of their close friends' willingness to intervene to prevent rape accounted for 34% of the variance in men's self-reported willingness to intervene to prevent rape. In a similar study, Brown and Messman-Moore (2009) reported that men underestimated other men's willingness to intervene to prevent sexual assault. In other words, men who incorrectly think that other men are not likely to intervene are less likely to intervene than men who correctly assess other men's discomfort with a risky situation.

Summary. A substantial body of research suggests that misperceptions are widespread, that they are associated with increased alcohol use and other health problems, and that problem behavior is often best predicted by misperceptions of peers attitudes/or and behaviors. This includes correlational studies, longitudinal studies, and outcome studies with experimental and control groups. This research has recently been extended to issues of sexual behavior, sexual violence, and intimate partner violence, suggesting that misperceptions may inhibit individuals from intervening and that social norms interventions to reduce misperceptions associated with willingness to intervene might be effective in increasing bystander willingness to prevent sexual assault.

Successful Interventions Utilizing the Social Norms Approach

Social norms theory can be used to develop interventions that focus on three levels of prevention specified as universal, selective, and indicated. Interventions at all three levels of prevention can be combined and intersected to create a comprehensive program that is theoretically based and has mutually reinforcing program elements (Berkowitz, 1997). Successful social norms interventions in each of these categories are reviewed below.

Universal prevention – social norms marketing campaigns. A number of college campuses have successfully reduced alcohol use by developing campus-wide electronic and/or print media campaigns that promote accurate, healthy norms for drinking and non-use. Five of these successful social norms campaigns were described in chapters of a book on social norms edited by Perkins (2003B). These campaigns employed social marketing techniques to deliver messages about social norms, with

reductions of 20% or more in high-risk drinking rates occurring within two years. This book also presented case studies of successful social norms campaigns to reduce tobacco use and initiation of tobacco use among students in high school and college, and in state-wide campaigns to increase seat-belt use and decrease driving while intoxicated. In all of these campaigns positive changes in behavior were associated with correction of misperceptions over time. In addition, efforts in past years at these schools using other approaches to drug prevention did not result in behavior change. The website of the National Social Norms Center (www.socialnorm.org) presents data from these and other schools. Articles by Haines (1996), Johannesen et al (1999), Perkins and Craig (2002), and Linkenbach (2003) outline the stages of developing a social norms marketing campaign, offer guidelines for creating effective media, and present evaluation data in support its effectiveness.

Selective prevention – targeted social norms interventions. Targeted or selective interventions focus on members of a particular group, such as first-year undergraduate students, fraternity and sorority members, athletes, or members of an academic class. In these campaigns information about the actual norms for the group are provided in small interactive group discussions, workshops, or academic classes. Due to their smaller size and more manageable format, many of these interventions have been evaluated using control groups.

Berkowitz (2004A) reviewed targeted small group norms interventions that have been successful in reducing alcohol use and abuse. In one study comparing a small group norms intervention with a traditional alcohol education program “changes in normative perception were among the strongest contributors to a function discriminating between

those who decreased their drinking and those who did not” (Steffian, 1999). This means that individuals who reduced their drinking as a result of the intervention were more likely to have corrected their misperception of peer drinking than individuals whose drinking did not change.

Other selective interventions have utilized focused media campaigns directed at a particular group of students. For example, on one campus a targeted social norms marketing campaign for first-year students was associated with reductions in drinking for first year students in general and first-year Greek men in particular, along with increases in abstaining (Bauerle, 2003; Bauerle, Burwell & Turner, 2002). Perkins and Craig (2006), in an extremely well-designed study, reported dramatic success in reducing alcohol use and problem behaviors following a targeted social norms marketing campaign designed specifically for college athletes.

These examples provide support for the effectiveness of selective social norms interventions directed at particular groups of at-risk students when in small groups or through targeted marketing campaigns, alone or in combination with other strategies. They appear to be more effective when the normative data are tailored to the group in question and when they are presented in more extended, interactive formats.

Indicated prevention (individualized social norms interventions.) Indicated prevention activities are directed at individuals who already have a problem – in this case, high-risk or abusive alcohol use. Personalized normative data about drinking has been presented to such individuals as part of individual counseling interventions. A literature review reported reductions in use at one to two-year follow-up (Larimer & Cronce, 2002). Similar reductions have been documented as a result of individualized

normative feedback provided through the mail (Agostinelli, Brown & Miller, 1995; Cunningham et al. 2001).

High-risk drinkers and smokers have also been influenced by universal, campus-wide media campaigns, with one study reporting substantial reductions in high-risk drinking during the first-year of college (Perkins & Craig, 2003), while a smoking campaign reported a 29% decrease in smoking rates in one year (Hancock and Henry, 2003).

In summary, norms corrections interventions for high-risk individuals, such as heavy drinkers, are theoretically sound and can be effective both in individual contexts as part of a motivational interviewing strategy, in small groups, or as part of campus-wide media campaigns.

Social Norms Interventions to Prevent Sexual Assault

There have been a number of recent pilot studies using social norms interventions to correct misperceptions of attitudes about sexual assault and men's willingness to intervene to prevent sexual assault. These studies include small group norms interventions and marketing campaigns among high school and college students. They suggest that the social norms approach to sexual assault prevention is a promising practice that is worthy of further attention and research to determine its effectiveness.

Small group norms interventions to prevent sexual assault. In a three-part workshop for high school boys and girls, Hillebrand-Gun and her colleagues (2010) incorporated a normative feedback component for boys along with other educational topics related to sexual assault. The feedback to boys provided norms for other boys'

adherence to rape-myths and willingness to engage in rape prevention. Follow-up surveys documented reduced misperceptions of peers' attitudes conducive to rape coupled with a reduction in personal attitudes conducive to rape. These changes were maintained at a one-month follow-up but did not occur in a matched control group.

Another small-group norms intervention developed by the White Ribbon Campaign (2005) incorporates normative feedback into small group workshops that address gender stereotypes and promote gender equity for middle and high-school students. The workshops, which have not yet been evaluated, can be offered to all-male, all-female, and mixed gender groups in middle and high-school classrooms. Participants fill out a survey assessing their adherence to gender-stereotypical attitudes and behaviors along with their perception of the gender attitudes and behaviors of other students in the class. Following the survey feedback is provided to the students indicating that a majority of them misperceive their class-mates adherence to gender stereotypical norms. The ensuing discussion is designed to foster more public expression of these norms along with actions in support of gender equity. Preliminary evidence suggests that boys dramatically under-estimate other boys attitudes and support for gender equity.

Kilmartin et al (2008) conducted a small-group social norms intervention to correct college men's attitudes about rape and sexist attitudes. Following the intervention, misperceptions of men's support for rape myths were reduced among men in the experimental group along with small reductions in men's reported sexism and in men's comfort with other men's sexism. These changes occurred without similar changes in a control group.

Social norms marketing campaigns to prevent sexual assault.

Three separate social norms marketing interventions to prevent sexual assault among college students and a fourth with a high school sample have reported promising results. Kilmartin et al. (1999) designed a poster and media campaign that documented men's discomfort with inappropriate language about women. A post-campaign assessment found a reduction in participants' misperception of other men's level of comfort with such language. Bruce (2002) implemented a similar campaign at James Madison University to change men's intimate behavior towards women. Data was collected revealing positive attitudinal and behavioral norms among men regarding sexual intimacy, and a poster campaign was created to advertise these norms. Three messages were developed (see Figure 1 for examples of posters developed for these messages):

- A Man Always Prevents Manipulation: Three out of four JMU men think it's NOT okay to pressure a date to drink alcohol in order to increase the chances of getting their date to have sex.
- A Man Talks Before Romance: Most JMU men believe that talking about sex doesn't ruin the romance of the moment.
- A Man Respects a Woman: Nine out of ten JMU men stop the first time their date says "no" to sexual activity.

The campaign was followed by a significant increase in the percentage of men who indicated that they "stop the first time a date says no to sexual activity" and a significant decrease in the percentage of men who said that "when I want to touch someone sexually, I try and see how they react."

Another college social norms campaign that was designed for male and female deaf and hard-of-hearing students corrected misperceptions of consent behaviors, with a subsequent reduction in sexual assaults (McQuiller-Williams & White, 2003; White, Williams, & Cho, 2003). This intervention followed a previous unsuccessful campus-

wide social norms marketing campaign to prevent sexual assault was marketed to all students (including deaf and hard-of-hearing). The re-designed campaign specifically addressed the needs, culture, and communication styles of deaf and hard-of-hearing students. Findings indicated that positive changes were greater for students who reported having seen the social norms media (McQuiller-Williams & White, 2003).

Moran and Berkowitz (2007) developed a high school social norms campaign focusing on healthy dating relationships. At two-year follow-up, boys reported more accurate perceptions of other boy's discomfort with "trash-talking girls" and these more accurate perceptions were correlated with an increase in the number of boys who did something when they heard trash-talk.

Finally, one multi-campus social norms marketing campaign was conducted to address risky sexual activity but was not successful (Scholly, et. al., 2005). The campuses participating in this campaign used a common protocol to collect data and disseminate accurate norms through social norms marketing media. Its failure may have been due to the short length of the campaign and the insufficient tailoring of the media to the culture of the individual campuses.

Summary. In summary, both small group and media interventions that provide normative feedback about relevant attitudes and behaviors associated with violence and willingness to intervene to prevent violence show promise for changing attitudes and behaviors associated with sexual assault.

Stages of Social Norms Media Campaigns

Social norms media campaigns require careful planning and execution. Berkowitz (2003B), Haines (1996), Johannesen et. al. (1999), and Linkenbach (2003) provide a detailed overview of the phases of implementing a social norms media campaign, which Fabiano (1999) has condensed into six stages:

- assessment (collection of data)
- selection of the normative message
- testing the message and graphic design with the target group
- selecting the normative delivery strategy
- dosage of the message
- evaluation of the effectiveness of the message

Examples of survey questions, normative messages, and posters from James Madison University's "A Man" campaign are provided in Figures 1 and 2. All six stages of this campaign are described in detail by Bruce (2002).

More specifically, conducting a social norms marketing campaign requires collecting data about actual and perceived norms for the issue to be addressed. Once this data is collected it is evaluated to determine which misperceptions exist and if corrections of misperceptions are likely to influence behavior. From this data sample messages and poster designs are selected and tested with the intended audience. As a result of these efforts a media campaign is developed that is disseminated to the target audience, with multiple posters spaced out over the length of the campaign. Execution of the campaign requires careful planning and preparation of key stakeholders and a plan for evaluation

that will measure exposure to the messages and changes in perceptions and behavior that may result from them.

Emerging Challenges and Issues

Interest in the social norms approach is growing as research continues to validate the theory and new applications are developed. With this growth and expansion come a number of challenges. In particular, it is important to learn from unsuccessful interventions along with the numerous and growing examples of success. Because most failures are due to a lack of fidelity to the model, it is important to consider a number of challenges that have been discussed by Berkowitz (2005). These include the following:

Developing the necessary infrastructure to support a social norms campaign (i.e. “readiness”). Social norms interventions assume adequate “readiness” and capacity on the part of the institution or organization to ensure that there is sufficient infrastructure and preparedness to deliver a quality intervention and facilitate discussion of normative data that may initially be met with skepticism. Johannessen and Dude (2003) reviewed elements of readiness and infrastructure that include: 1) training key stakeholders and staff in the model, 2) creating support and discussion in the larger community, 3) revising policies and practices that may foster misperceptions, 4) collecting and analyzing data, and 5) training and supporting project staff to implement the model properly.

Deciding which messages are appropriate and relevant for which audience (i.e. “salience”). In relatively homogeneous communities, all members may feel a part of the community and react positively to a community norms-based message. However, in a heterogeneous community members may not identify with a message about the larger

community. Thus, developing messages that are “salient” to the intended audience is an important consideration in social norms campaigns. For example, risk factors for health and violence issues may vary within different cultural or socio-economic groups. If this is the case, targeted or selective campaigns would be preferable for social norms interventions in these areas so that appropriate, tailored feedback can be provided to target audiences.

Creating credible messages in terms of message, source, and explanation of data (i.e. “believability”). Social norms messages contradict widely held beliefs and introduce cognitive dissonance by suggesting that the truth is different from what is popularly thought. They may not be believed for a variety of reasons, including when the message source is not trusted, the presentation is not appealing, or data that is questioned is not explained thoughtfully.

For example, in a social norms campaign directed at youth, audience members may argue that surveys were answered dishonestly or that the sample was not representative as a way of rejecting data that contradicts their perceptions. Finding fault with the data presented allows participants to reduce cognitive dissonance associated with misperception correction. It is thus essential to thoroughly address all of the issues and concerns of participants as they come up during the course of a campaign – in this case, explaining the measures taken to ensure confidentiality and anonymity, and therefore honesty, and details about the representativeness of the sample.

Making sure that program evaluations are thorough and reveal any successes (i.e. “evaluation”). Kilmer and Cronce (2003) have suggested that inadequate evaluation of social norms campaigns may lead to the incorrect conclusion that they have not been

successful when in fact positive changes have been overlooked. A thorough evaluation will assess degree of campaign exposure, credibility of the message and if it is understood, and to what extent participants discuss the message with others. Campaigns should also be evaluated to determine if different subgroups of the community were differentially impacted by the campaign. Finally, changes in perceptions must be evaluated as the model predicts that misperception correction will precede behavior change.

Responding to critics. Criticisms of the social norms approach have been addressed by Berkowitz (2002B), Perkins (2003C) and Rice (2002), who suggest that critics may be holding the social norms approach to a higher standard of evidence and implementation than other approaches. In addition, some criticisms may be based on misunderstandings or lack of familiarity with the research. Often critics point to campaigns that did not work as proof of the model's ineffectiveness when these failures can be explained instead by poor implementation and lack of fidelity to the model. A case in point a national evaluation of social norms campaigns by Wechsler and his colleagues (2003) that has been widely criticized for not including a measure of fidelity for implementation of the programs evaluated.

Issues of replicability. Social norms campaigns are context specific. Thus, a particular message or style of media presentation may be appealing in one community and not in another. As a result, the best means of disseminating information may differ among groups or communities. Because of this, attempts to replicate social norms interventions need to be adapted to the specific cultural attitudes and behaviors of an individual community to determine the appropriate style of the media, language to create

a credible message, and means of delivering the message. Similarly, when a social norms intervention is adapted to a different health issue, the intervention must be tailored to the culture of the new problem.

Combining social norms with other prevention approaches. There is no research that has compared the relative effectiveness of the social norms approach with other prevention strategies, either separately or in combination. It is likely, however, that different approaches to prevention can be combined effectively to create synergy between them. To accomplish this strategies and methodologies that foster fear and call undue attention to extreme behavior should be minimized because they will foster misperceptions and have not been found to be effective. For violence and abuse, synergistic interventions can be developed that combine social norms efforts with other environmental practices to create a comprehensive prevention program.

Applying the Social Norms Approach to Child Sexual Abuse Prevention

To date, the social norms approach has not been used for the prevention of child sexual abuse. As noted earlier, the majority of child sexual abuse prevention efforts have been directed at potential perpetrators or at children who may be at risk, and where comprehensive environmental interventions are lacking. However, it is possible that individual and environmental characteristics associated with increased likelihood of child sexual abuse could potentially be reduced through norms correction strategies, as has been attempted for sexual assault.

Parents are in a unique position to play a significant role in child sexual abuse prevention, both for their own children and for children of friends and community

members. Preliminary research suggests, however, that parents themselves may hold misperceptions regarding their children's health-risks and also of community norms for communicating with other parents regarding health-risk behaviors. These misperceptions may inhibit them from intervening effectively. For example, Linkenbach, Perkins and DeJong (2003) found that parents misperceived their own children's risk behaviors along with other parents' attitudes and behaviors regarding parental strategies to prevent alcohol use among teenagers. In another study of parental misperceptions the authors concluded that:

“parents tended to be overoptimistic about their children's health and health risk behaviors, underestimating the frequency of their children's alcohol, smoking, marijuana and sex-related behaviors, and overestimating the students' self-reports of general health. Such misperceptions may inhibit parent-student conversations about health and risky behavior, ultimately putting the student at greater health risk.” (Bylund, Imes & Baxter, 2005, p. 31).

Research can be conducted to determine if peers, parents and other community members hold misperceptions regarding child sexual abuse prevention behaviors and their willingness to intervene in situations where children (i.e. both their own and children of other parents) are at-risk of child abuse. Such misperceptions can facilitate increased risk of child sex abuse if they inhibit parents from talking to their children about risk factors or cause them to refrain from expressing concern to other parents about their children's risky situations.

One recent development in the social norms field has been to correct norms relating to specific events for which high-risk drinking is common, such as drinking “21 on your 21st” (Lewis et. al., 2008). Perhaps this model could be considered for child abuse prevention as it applies to specific events in the life cycle when children are at greater

risk for abuse, such as: entering day-care, beginning elementary school, use of babysitters, sleeping-over friend's houses, etc.

Another potential avenue for applying social norms interventions to prevent child sexual abuse is to engage older children, teens, and adults who are bystanders to situations which involve some risk of abuse. These individuals could be trained to notice risk factors and observable grooming behaviors engaged in by perpetrators with the goal of having them intervene directly or at least report their concerns to others (e.g., a teacher, parent or other adult).

Any application of the social norms approach to child sexual abuse prevention must take into consideration a number of challenges. These include the fact that there is more societal denial about the issue (relative to other health and violence problems), that it is difficult to get individuals to intervene against others, and the lack of research on cultural and other group differences that influence recognition of the problem, willingness to intervene, and differences in perpetrator behavior. For example parenting practices that influence risk factors for child abuse may vary within different cultural or socio-economic groups. If this is the case, targeted or selective campaigns would be preferable for social norms interventions to prevent child abuse so that appropriate, tailored feedback can be provided to target audiences.

If future studies are successful in documenting misperceptions for child sexual abuse risk factors, small group and/or social norms marketing interventions could be developed to educate community members about these risks and to publicize norms in support of intervening, as has been done successfully for sexual assault. Research in this area could also support the education of children, their parents, and other community members

regarding common misperceptions and the at-risk situations that follow from these misperceptions as well as to empower individuals to talk to others and report potential problem situations to authorities.

Conclusion

The social norms approach has met with considerable success in preventing alcohol and tobacco use and abuse since it was proposed over twenty years ago by H. Wesley Perkins and myself. Successful social norms programs have been developed for universal, secondary, and indicated prevention, and promising applications have been undertaken for sexual assault prevention and other issues. The social norms approach provides an excellent example of how theory and research driven interventions can be designed, implemented, and evaluated to address health problems. Finally, it represents a paradigm shift in which the underlying health of a community is emphasized and enhanced, in contrast to traditional fear-based messages that focus exclusively on the problem and its consequences. It is hoped that this chapter will spur further development of the model, including more rigorous research on the application of social norms to sexual assault and child sexual abuse prevention and the development of community-based norms correction strategies to reduce and prevent their occurrence.

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Table 1

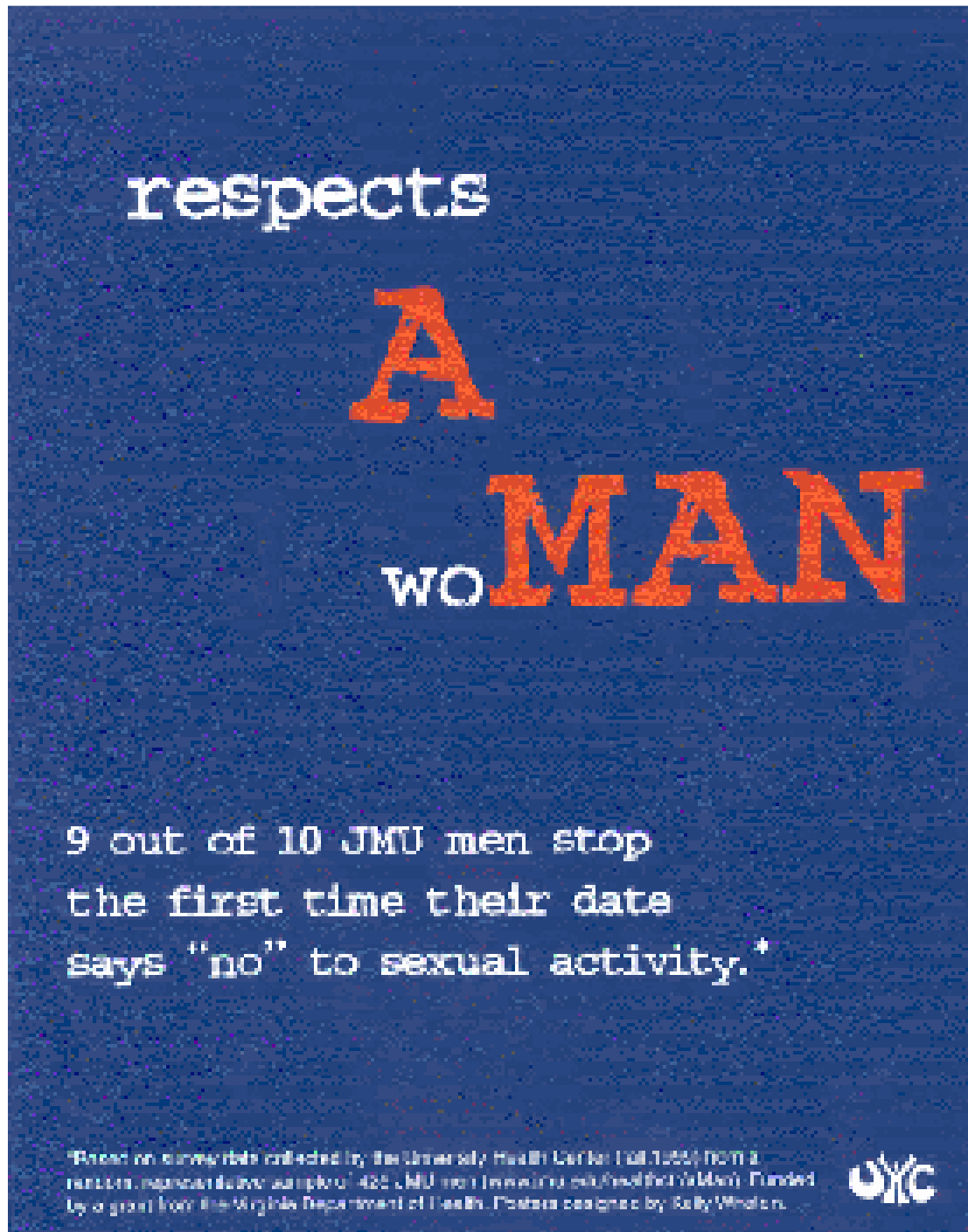
Assumptions of Social Norms Theory

1. Actions are often based on misinformation about or misperceptions of others' attitudes and/or behavior.
2. When misperceptions are defined or perceived as real, they have real consequences.
3. Individuals passively accept misperceptions rather than actively intervene to change them, hiding from others their true perceptions, feelings or beliefs.
4. The effects of misperceptions are self-perpetuating, because they discourage the expression of opinions and actions that are falsely believed to be non-conforming, while encouraging problem behaviors that are falsely believed to be normative.
5. Appropriate information about the actual norm will encourage individuals to express those beliefs that are consistent with the true, healthier norm, and inhibit problem behaviors that are inconsistent with it.
6. Individuals who do not personally engage in the problematic behavior may contribute to the problem by the way in which they talk about the behavior. Misperceptions thus function to strengthen beliefs and values that the “carriers of the misperception” do not themselves hold and contribute to the climate that encourages problem behavior.
7. For a norm to be perpetuated it is not necessary for the majority to believe it, but only for the majority to believe that the majority believes it.

Table from: Berkowitz, A (2003B). Applications of Social Norms Theory to Other Health and Social Justice Issues. Chapter 16 in HW Perkins (Ed). The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, Clinicians, San Francisco, Jossey-Bass. (Portions of this table are adapted from Miller & McFarland (1991) and Toch & Klofas, 1984).

Figure One


Example Social Norms Media Campaign Posters*



Always prevents
MANipulation

3 out of 4 JMU men think it's
NOT okay to pressure a date to
drink alcohol in order to
improve their chances of
getting their date to have sex.*

*Based on survey data collected by the University Health Center (UHC, 2002) from a random representative sample of 425 JMU men (average age 21.6 years old). Funded by a grant from the Virginia Department of Health. Posters designed by Kelly Pittman.



*Posters from: Bruce, S. (2002). The “A Man” Campaign: Marketing Social Norms to Men to Prevent Sexual Assault. The Report on Social Norms: Working Paper #5, Little Falls, NJ: PaperClip Communications

Figure 2*

Development of Social Norms Messages from Data*

1. Attitude questions for James Madison University's "Attitudes and Behaviors Survey"

*Based on the scale below, state your perceptions of the following statements:
(Strongly agree, agree, neutral, disagree, strongly disagree)*

"I stop the first time my date says "no" to sexual activity"

"It is okay to pressure a date to drink alcohol in order to improve one's chance of getting one's date to have sex"

2. Perceived attitude questions from James Madison University's "Attitudes and Behaviors Survey"

Indicate how you think the AVERAGE MALE STUDENT would respond to the following statements: (Strongly agree, agree, neutral, disagree, strongly disagree)

"I stop the first time my date says "no" to sexual activity"

"It is okay to pressure a date to drink alcohol in order to improve one's chance of getting one's date to have sex"

3. Messages selected from survey data for social norms media campaign:

- A Man Always Prevents Manipulation: Three out of four JMU men think it's NOT okay to pressure a date to drink alcohol in order to increase the chances of getting their date to have sex.
- A Man Respects a Woman: Nine out of ten JMU men stop the first time their date says "no" to sexual activity.

4. Evaluation results following social norms marketing campaign:

"At the post-test for the treatment groups, eight of the twelve perception scores improved in the desired direction, three with statistical significance ($p < .10$). For the self-reported attitudes and behaviors, seven of the ten behavioral measures and one of the two attitude measures improved scores in the desired direction, two with statistical significance ($p < .10$). In contrast to these positive results, the perception gap increased for members of the comparison groups... [and] seven of the ten behavioral measures and both of the attitude measures moved in the undesirable direction, two with statistical significance ($p < .10$)."

 (Bruce, 2002, p. 5)

*From: Bruce, S. (2002). The "A Man" Campaign: Marketing Social Norms to Men to Prevent Sexual Assault. The Report on Social Norms: Working Paper #5, Little Falls, NJ: PaperClip Communications