

**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 larger 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.

This chapter focuses on the social norms approach as a violence prevention tool, providing an overview of the theory, a brief history, relevant research, evidence of successful outcomes, and 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. This approach can be adapted to encourage individuals to intervene in risky situations to prevent violence and has shown promise with sexual assault (Berkowitz 2003, 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 taking action to prevent sexual assault or intervention by community members to rectify situations that put children at risk for child 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, 2003, 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 peers willingness to intervene (Berkowitz, 2003, 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 alcohol, smoking, illegal drug use, gambling, eating issues, attitudes towards violence, and a variety of other health behaviors and attitudes, including 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 refrain from confronting the problem behavior of others. Thus, as noted above, individuals who underestimate their peers’ discomfort with problem behavior 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 confront the perpetrator(s) of the behavior or act to prevent it. 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; 2003; 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, men have been found to underestimate other men's discomfort with sexist comments about women and their willingness to intervene in risky situations (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 (Fabiano et al, 2003; Stein, 2004).

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, 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 has 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).

Subsequent 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. A recent study suggests that providing individualized normative feedback can produce behavior changes lasting up to six months (Neighbors, Larimer & Lewis, 2003).

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. 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. 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 (2003, 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 forty-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 DWI (driving while intoxicated) and RWID (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 social distance increases. With respect to alcohol, most individuals 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). At the same time as 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 can be corrected together 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 a 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 over-estimate frequency of sexual activity and numbers of sexual partners among peers, adherence to rape myths, and underestimate the extent to which male friends and peers are uncomfortable with hostile or offensive remarks towards women.

Three studies reported that college students over-estimate prevalence of sexual activity among peers and 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. (2004) and Boulter (1997) 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; Fabiano et al, 2003; Loh et al, 2005; Kilmartin, et al, 2004; Stein, 2007).

In one of these studies, Loh and 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 et al, 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).

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 also function to facilitate violent behavior in men, especially among men who are already pre-disposed to sexual assault.

Misperceptions and willingness to intervene. Violence prevention experts have argued for a comprehensive approach that includes training men to intervene against other men who express problematic language or behavior towards women (Berkowitz,

2002A, 2004B; Katz, 1995). Banyard et. al. (2004) have suggested expanding the bystander approach could be expanded to focus on the whole community. These bystander models have not, however, examined to what extent misperceptions might inhibit individuals from intervening.

Berkowitz (2006) reported 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 peers' interest in having someone intervene to prevent it. Student leaders also underestimated the desire of their peers 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. A similar finding was reported in a study by Stein and Barnett (2004). They found that college men misperceived their close friends' willingness to prevent rape. In addition, men's perception of their close friends willingness to intervene to prevent rape accounted for 34% of the variance in men's own willingness to intervene to prevent rape.

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 and sexual 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). 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 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).

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) 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.) Personalized normative data about drinking has been presented to high-risk drinkers and abusers 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 reduced (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 to address alcohol and/or tobacco use 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, and 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 (2004) incorporated normative feedback component for boys along with other 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.

Social norms marketing campaigns to prevent sexual assault. Kilmartin et al (2004) 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.

Three separate social norms marketing interventions to prevent sexual assault among college students have also 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 their 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:

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

Finally, one multi-campus social norms marketing campaign was conducted to address risky sexual activity but was not successful (Scholly, et. al., 2005).

Summary. In summary, both small group and media interventions that provide normative feedback 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.

Applying the Social Norms Approach to Child Abuse Prevention

To date, the social norms approach has not been used for the prevention of child abuse. As noted earlier, the majority of child abuse prevention efforts have been directed at potential perpetrators or at children who may be at risk, and more comprehensive

environmental interventions are lacking. However, it is possible that individual and environmental characteristics associated with increased likelihood of child abuse could potentially be reduced through norms correction strategies, as has been attempted for sexual assault.

Parents can play an important role in child abuse prevention, both for their own children and for children of friends and community members. Preliminary research suggests, however, that parents may hold misperceptions of their children's health-risks and of community norms for communicating with other parents regarding health-risk behaviors which 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:

“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).

With respect to child abuse, research can be conducted to determine if parents and other community members hold misperceptions regarding child abuse prevention behaviors and willingness to intervene in situations where children are at-risk of child abuse. Such misperceptions could create increased risk of child abuse if they inhibited parents from talking to their children about risk factors or restrained expressions of concern to other parents about their children's risks.

If such misperceptions were documented for child 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 for sexual assault. Community members can thus be trained to notice situations that put their and other children at risk and supported to talk to their children, other parents, and to report potential problem situations to authorities.

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 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” or preparation to ensure that an infrastructure is available that can 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 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 (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, 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.

Creating credible messages in terms of message, source, and explanation of data (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.

Making sure that program evaluations are thorough and reveal any successes. 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.

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.

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, and 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. 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 social norms approach with other prevention strategies. At a minimum, other 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.

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 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).