

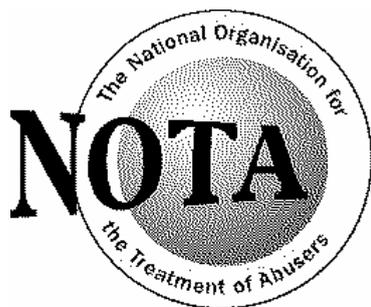
NOTANews 50

The membership newsletter of the National Organisation for the Treatment of Abusers

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Developing Work with Sexual Abusers.
Preventing Sexual Abuse

NOTA - into the future

Fifty editions of *NOTANews* is no mean feat, and this special issue will give a sense of how far we have come as an organisation in the last fourteen years, not least by the fact that *NOTANews* is now only available online, something that would have been inconceivable as little as five years ago. This development means that we now have more flexibility in the format and size of the newsletter and, importantly, online publication means that our costs are significantly reduced. Congratulations and thanks to the editor for the work he has put into making this happen.

Other articles in this special edition will reflect on NOTA's history and where we have come from. In this space I want to look ahead and to the far horizon at the opportunities and challenges for NOTA.

NOTA's priorities

These remain as detailed in our business plan. The details will be following a review day which was held in July, but the broad priorities remain:

To promote good practice and awareness in the field of sexual aggression.

To have in place a general manager by the end of 2005/06.

To attain financial stability for the organisation.

To ensure the production and publication of high quality and financially viable publications.

To achieve an integrated approach to training delivered by NOTA.

To exert a significant influence in policy formulation.

to develop the links between branches and the centre.

To increase diversity of membership.

Membership and member services

We have a large and fairly diverse membership of over 1,200. This number is more than half the number of members of the Association for the Treatment of Sexual Abusers (ATSA) which draws from the whole of North America, and is significantly more than any of our European colleague organisations. However, we would like to diversify our membership to include colleagues from other organisations and agencies such as housing and education, who would undoubtedly benefit from our focus on prevention and public protection. We would also like to see an increase in the number of members from social services agencies. Our new category of associate membership should also help to attract new members. Spreading the membership message must remain a key task of the national membership services sub committee as well as of our branches.

The past year has seen a number of improvements

Special issue

Promoting the prevention of sexual violence: strategic use of prevention theories and models

Sexual violence remains a significant public health concern internationally. Despite the prevalence of the problem, prevention efforts are woefully underfunded. At the same time, prevention initiatives need to be balanced with victim and offender treatment services to move toward the eradication of sexual violence. This article suggests a number of factors that may have contributed to the development of this situation and proposes the strategic use of empirically-based theories and models to enhance the growth and effectiveness of sexual violence prevention initiatives. Brief descriptions of a promising theory and a model are offered for illustrative purposes, as well as suggestions for future directions.

Background

The National Violence Against Women Survey estimates that more than 302,000 women and 92,000 men in the United States (US) were raped in the twelve months preceding the survey (Tjaden & Thoennes, 2000). At the same time, Bachar and Koss (2001) suggest that rape is underreported more frequently than any other crime and Kilpatrick and his colleagues (Kilpatrick, Edmunds, and Seymour, 1992) report that 84% of women in the National Women's Study did not report their rape to police. Further, children are over-represented as the targets of rape with more than half (54%) of all such crimes perpetrated against victims 18 years of age and younger (Tjaden & Thoennes, 2000).

In the United Kingdom more than 190,000 incidents of sexual assault against women (16 to 59 years old) were reported in 2001 (Kershaw, Chivite-Mathews, Thomas & Aust, 2001). Of these cases, 80,000 reflected instances of rape or attempted rape. An additional 450,000 incidents of less serious sexual crimes were also reported in the British Crime Survey (BCS) across a twelve month period. Rates of reported sexual assault against men were, however, considerably lower (0.2%) in the UK, while similar to the US, underreporting was found to be of significant concern for both men and women. In fact, it is estimated that only 15% of rapes in the BCS sample were reported to police and 40% of victims told no one about their assault.

Neglected prevention investments

Despite the prevalence of sexual violence, resources remain limited and are dedicated almost exclusively to 'after-the-fact' treatment services for victims and offenders. Prevent Child Abuse America estimates that for every dollar spent on treatment services, only a penny is committed to prevention activities (Prevent

Child Abuse America, 2003). The lack of significant investment in prevention is curious from a number of policy perspectives. First and foremost, it is clear that no public health concern has ever been eradicated by simply treating its consequences. Second, it is surprising that national (such as The Centers for Disease Control) and international public health organizations (such as The World Health Organization) have not been more successful in advocating for greater sexual violence prevention funding, particularly given their long-standing and successful history of addressing a variety of international public health concerns (eg tuberculosis, smallpox). Third, evidence suggests that prevention can be particularly cost-effective. There is no doubt that preventing sexual violence reduces human costs for victims and their families (eg potential psychological and relationship difficulties). Estimates also indicate that preventing a single victim/offender pair would result in savings of approximately \$183,000 to the family, community, and society (on assessment, treatment and criminal justice services, Prentkey & Burgess, 1990). Finally, the widening application of the Public Health Model to include risky behaviours (eg driving without seat belts), behavioural health concerns (eg obesity), accidents, youth violence, and rape (Mercy, 1993; Potter, Powell & Kachur, 1995) suggests the promise of prevention based approaches and the potential for large scale interventions to reduce prevalence rates of public health concerns.

Given the strong case that exists for the efficacy of sexual violence prevention, it is hard to understand why it has been so difficult to garner support for comprehensive prevention initiatives. However, a number of factors, including the high demand for victim/offender treatment funding, the lack of empirically-based prevention programming, the impact of multiple funding sources with differing agendas, and the lack of integrated program evaluation may help explain this situation. Historically in the US, the creation of national child abuse reporting laws in the mid-1970s led to the recognition of child sexual abuse as a problem of immense proportions. At the same time, Diana Russell (1995) among others began to reveal the hidden prevalence of rape. In response, funding was directed to create assessment and treatment resources, first for child victims and adult survivors and then later for perpetrators. The demand for services quickly outstripped available funding. While monies were made available for prevention research and programming, they paled in comparison to the investment in victim and offender treatment services. This funding imbalance has persisted over time.

Many of the existing prevention programs have been sharply criticised for lacking an empirical foundation (Kaufman, Barber, Mosher & Carter, 2002). For example, school-based prevention

educational programs in the US have sought to prevent child sexual abuse by teaching school-aged children to ward off potential incidents. For more than 30 years this type of intervention has persisted despite a lack of strong empirical support for the approach, criticism that adults rather than children should be responsible for child safety, and a lack of outcome findings to support its efficacy (that is, findings that link these programs to sustained changes in children's behaviour or reductions in rates of abuse). This approach has, however, proved to be very inexpensive and is easily disseminated through public schools, reaching many children. Unfortunately, the paucity of prevention funding has encouraged the development of low cost programs, often it seems, with greater attention paid to cost than to effectiveness.

It is misleading to suggest that there is a uniform agenda

In the US, prevention efforts (namely research and programming) have been supported by a broad array of government agencies, private foundations, and state offices; each of which has differing missions, agendas and intentions. While on the one hand this has increased the overall availability of funding, it has also contributed to the fragmentation of the sexual violence prevention agenda. In fact, it is misleading to suggest that there is a uniform agenda. Rather, prevention initiatives differ somewhat based on an organization's or agency's particular prevention goals. While there is overlap in some of what the larger not-for-profit prevention organizations (such as Generation 5, Darkness to Light, Prevent Child Abuse America) do, they can also be quite divergent in their programming. The Centers for Disease Control (CDC), one of a number of federal agencies that has funded prevention research and programming in the US, has made great strides to foster the use of a public health approach to the prevention of sexual violence. Further, it seems that the Home Office has provided similar direction for prevention efforts in the UK. That said, the CDC, like other governmental and private funding sources, has its own set of funding priorities, revises its agenda each year and, of course, is limited to the proposals that are submitted in any given funding cycle.

There has also been a notable absence of program evaluation activities associated with prevention programming over time. Unfortunately, this represents a major lost opportunity. Given more than a quarter century of prevention programming, we should know more about which approaches work and with whom. The reality, however, is that many program staff have lacked the skills necessary to develop programme

evaluations and funds have not been available to hire external consultants. As a result, there has been little process or outcome data available to evaluate the efficacy of these approaches.

Finally, the sexual violence prevention field has been slow to generate theories and models that can serve as a foundation to support and direct prevention initiatives. While the recent involvement of federal funding sources (Centers for Disease Control, National Institute for Justice, the home office for example) in supporting sexual violence prevention has increased the scientific rigour associated with prevention programs, it has done little to foster the development of basic theory and models. In most fields, these organising frameworks foster the prioritisation of efforts and offer direction for the development of both research and prevention programming.

The strategic use of prevention theories and models

At present, the sexual violence prevention field lacks a scientifically based, comprehensive agenda to organise and direct its efforts. Developing and nourishing basic theory and prevention models provides a unique opportunity to establish an empirically derived plan of action. Using such an approach offers a variety of advantages over current practice. First, focusing on a small number of promising theories and models offers a focal point to encourage the adoption of a collaborative agenda across governmental and private funding agencies.

Second, such an approach offers the potential to simultaneously address long- and short-term prevention needs. In other words, we can continue to address immediate prevention needs by providing services that test particular model components. At the same time, we can work toward evaluating the efficacy of the overall model through a commitment to assessing its components over time. This would encourage funding agencies to commit to examining promising models across funding cycles (ie for multiple years) to fully assess their utility.

Third, this approach promotes the involvement of policy makers, researchers, prevention specialists and treatment professionals as collaborators in sexual violence prevention. Researchers would contribute the construction of models, the expertise to design studies to assess the model's efficacy, and the skills to interpret study findings. Prevention specialists would offer clinical expertise, insights regarding community needs, feedback about the effectiveness of particular prevention strategies, and information regarding the model's fit with their community experience. Policy makers would provide a broader perspective that includes knowledge about community resources, potential funding sources, community rules and regulations, and agency networks available for participation. Treatment providers would offer

information regarding risks as well as the breadth of offenders' patterns of perpetration. By working in tandem, these professionals would increase the potential for successfully developing, testing, and modifying prevention models.

Fourth, a model based approach would encourage the integration of a program evaluation component into each and every prevention initiative. In this way, we would maximise our understanding of the impact of a diverse array of prevention strategies serving a broad spectrum of individuals. The presence of strong evaluation components would not only help identify effective approaches, it would also allow us to terminate ineffective programs and make better use of these funds. Further, utilising models to organise prevention research and intervention may help address the long standing problem of how to demonstrate successful prevention outcomes (ie how do you convincingly show that your prevention initiative caused something NOT to happen?). Successfully testing model components may offer intermediate steps to confirm the effectiveness of prevention strategies. This process may involve first clarifying that model components reflect reality (such as confirming the presence of a specific constellation of risk factors) and then demonstrating that a particular intervention can reduce these risks in a given community.

Finally, supporting the validity of models that can guide a sexual violence prevention agenda would provide a much stronger case for seeking increased funding. Presenting findings to funding agencies that both reflect incremental progress to support overarching empirical models and highlight positive outcomes for particular prevention strategies, while cutting out ineffective approaches would demonstrate the development of a scientifically-based agenda as well as attending to the creation of cost-effective approaches.

Promising prevention models

A variety of models may be proposed for consideration within this framework. However, it may be particularly advantageous to select those that have been successfully applied to other related public health concerns. The following models fit this criteria and are offered to illustrate promising starting points for a shift to prevention planning from this perspective. The Social Norms Model has been used extensively to address problem drinking on college campuses and more recently to combat sexual assault at colleges and universities. The Situational Prevention Model has been successfully applied to general crime prevention in a variety of venues. Its potential adaptation to address child sexual abuse is described below.

The Social Norms Model

Preventive approaches based on a social norms theory were developed approximately twenty years ago and applied initially to college campus alcohol abuse

(Perkins & Berkowitz, 1986). In general, the theory suggests that individuals may base inappropriate or dangerous behaviours on the belief that these actions are normal for their peer group, their community or society in general, when in fact they are not (Berkowitz, 2003). For example, a young man may persist in ignoring his date's requests to stop touching her breasts while they are kissing as a result of the combination of beliefs that most women say 'no' when they really mean 'yes' and that most of his peers commonly ignore women's requests to stop in such situations. Social norms theory suggests that young men will be less likely to engage in inappropriate sexual behaviour if they are exposed to the true norms related to this situation (namely that women saying 'no' really mean 'no' and that the majority of young men respect the limits placed on them by women). It is important to note that since both attitudes and behaviour influence the actions of self and others, both can be targeted with a social norms intervention (Perkins and Berkowitz, 1986).

bystander situations

Social norms theory can also be extended to 'bystander' situations, that is, instances in which individuals refrain from confronting others' problem attitudes or behaviour because they believe them to be normal. For example, a male office worker's sexually provocative comments to female colleagues may be tolerated because of the belief that it is common practice or that other males do not typically intervene in such situations. Victims of sexual abuse may also deny or justify their perpetrator's actions because of the misperception that the perpetrator's behaviour is normal (Baer, Stacy & Larimer, 1991; Pollard, Freeman, Ziegler, Hersman, & Goss, 2000). In these situations, bystanders may fail to act to prevent harassment or abuse because of a variety of social misperceptions.

The literature on bystander behaviour suggests that most people want to respond but may not do so for three primary reasons (Latane & Nida, 1981): (1) they may see that others are not doing anything and assume that there isn't a problem (social influence); (2) they may fear doing something that may cause embarrassment (audience inhibition); or (3) they may assume that if they do not do anything someone else will (diffusion of responsibility). Each of these reasons may be influenced by social norms and misperceptions may contribute to the climate that allows the problem to continue (Perkins, 1997).

Many early prevention efforts sought to increase knowledge, advertise health risks and highlight the negative impact of risky attitudes and behaviour.

Unfortunately, these approaches proved to be largely ineffective in changing target behaviours. In contrast, interventions based on social norms have shown considerable promise, effecting change in both attitudes and behaviour (Perkins & Berkowitz, 1986; Perkins, 2002). In part, this may be due to the approach's broader focus on both environmental factors and the larger culture in which individuals live (Perkins, 2003).

prevention among college males

As previously noted, many of the successes tied to social norms based prevention approaches have been associated with the reduction of alcohol abuse among college students. The model has, however, been applied to the prevention of sexually inappropriate and sexual assault behaviour among college males with positive outcomes. For example, Kilmartin and others (Kilmartin, 1999) designed a poster and media based campaign to reduce the tolerance of male bystanders for sexist language about women at Mary Washing College. Results of the campaign indicated a reduction in men's misperceptions about other men's comfort level with language of this nature.

Bruce (2002) developed and implemented a social norms campaign to enhance men's intimate behaviour toward women and reduce sexual assaults on the James Madison University (JMU) campus. The information collected indicated positive attitudes and behaviour among the majority of males across campus. To dispel misperceptions a poster campaign was marketed on campus containing the following three messages: (1) 'A man always prevents manipulation; three out of four JMU men think it is NOT okay to pressure a date to drink alcohol in order to increase the chances of getting their date to have sex'; (2) 'A man talks before romance; most JMU men believe that talking about sex does not ruin the romance of the moment'; and (3) 'A man respects a woman; nine out of ten JMU men stop the first time their date says 'no' to sexual activity'. Following the campaign, there was a significant increase in the percentage of men who said that they 'stop the first time a date says no to sexual activity' the number of men who said that 'when I want to touch someone sexually, I try to see how they react'.

Finally, White and his colleagues (White, Williams & Cho (2003) describe a campus-wide media campaign developed to promote appropriate and responsible sexual behavior in the deaf and hard of hearing community at Rochester Institute of Technology. T-shirts were the primary vehicle for the messages, but a series of other promotional events was

incorporated as well (including a 'skate and debate' at a local ice-rink, a student-acted and produced informational video). A comparison of pre- and post-intervention measures of sexually coercive experiences indicated a significant decline following the campaign.

A situational prevention model of child sexual abuse

Situational factors have been effectively utilised in crime prevention (Clarke, 1995) and represent a category of risk factors that may strengthen a public health approach to the prevention of child sexual abuse (CSA). Situational factors represent 'precipitators' within the crime setting itself that may prompt, provoke, pressure or permit an individual to offend (Wortley, 2001). According to Wortley (2001), 'environmental cues tempt us, jog our memory, create expectations, evoke moods, stimulate us, warn us, and set examples for us to follow'. Situational crime prevention is based on the premise that much of crime is contextual and opportunistic and that altering the context will diminish opportunities for crime (Design Against Crime Report, 2000). Changing the crime situation involves focusing on the reduction of opportunities for criminal behavior, increasing the risk of detection and minimising the rewards for probable offenders (Clarke & Homel, 1997). The emphasis in situational crime prevention is on modifying environmental factors that provoke offenders' attitudes and motives as well as create opportunities for the commission of crimes. Clarke and Homel (1997) suggested strategies that: (1) increased offenders' perceived effort to perpetrate a crime; (2) increased the risks associated with the crime; (3) reduced anticipated rewards; and (4) removed excuses that made offending more acceptable. Examples of situational prevention approaches include increasing lighting and video surveillance in parking structures, increasing signs to clarify consequences for shoplifting, and designing housing projects to decrease anonymity, increase interaction, and reduce opportunities for crime (Wortley, 2001).

Typically, situational approaches have tended to focus on environmental factors in public spaces, crimes against property, and the behavior of individuals perpetrating crimes against strangers (Clarke, 1995, Clarke & Homel, 1997). As such, it is not surprising that efforts have not been undertaken to apply this approach to the problem of child sexual abuse; a problem predominated by intra-familial violence and typically committed in private spaces (such as the victim or offender's home). In fact, evidence suggests that as many as 90% of victims knew their offender prior to the onset of abuse (Finkelhor, 1994). While specific estimates are unavailable, it seems that the majority of sexual offenders targeting non-stranger victims utilize a broad array of approaches to foster the success of their abusive advances. Despite this, a situational

perspective may offer some insights into CSA perpetrated by offenders known and unknown to the victim.

A Situational Prevention Model to address child sexual abuse

In situational crime prevention, opportunities that facilitate crime are identified and prevention measures are sought to reduce crime opportunities and to deflect offenders. Adapted from the work of R V Clarke (1995) the model presented in Figure 1 maintains a similar overall structure, but provides factors in each category specific to CSA and integrates research on offender 'modus operandi' (Kaufman, Mosher, Carter, Estes, 2005). The purpose of the model is to describe the situational factors that influence opportunities for CSA and the interplay between these opportunities and offender factors. As such, the Crime Opportunity Structure is at the heart of this model. Opportunities are most directly influenced by the victim's situation (eg walking alone to school), target locations (eg parks), and the involvement of facilitators (eg alcohol use by the victim and/or the offender). These direct influences (ie victims, target locations, facilitators) are more generally shaped by lifestyle and routine activities (eg parent's work demands, time with babysitters) as well as the characteristics of the physical environment (eg lack of privacy in the home, abandoned buildings in the neighborhood) in which they live. There is also a critical interplay between the crime opportunity structure and offender specific factors (the number of offenders in the area, or quality of offenders' supervision). This interplay involves both offenders' perceptions of the risks and opportunities to commit CSA as well as their motivation to commit CSA. Model components are all affected by the prevailing socio-economic structure (eg particular demographics, geography, economics, legal institutions) and associated sub-cultural influences (eg local judicial practices, use of traditional criminological theory, local systems' control over offenders). Taken together, this model offers a framework for exploring dimensions that contribute to CSA opportunities, the role of the modus operandi in shaping these factors, and prevention strategies that may be employed to address these factors.

Future directions

Utilising a foundation of empirically based models would offer a strategic mechanism for creating a comprehensive prevention agenda. To move in his direction a number of critical steps would be required including:

- 1 a commitment from policy makers and funding agencies to work toward a comprehensive prevention agenda based on empirically developed models and support for multi-year, multi-study investigations of promising models to fully determine their efficacy;

- 2 the identification of promising theories and models;

- 3 adequate funding and the establishment of a coordinated set of objectives across funding agencies and policy setting bodies;

- 4 establishment of bidirectional linkages between prevention research and programming activities to foster community-based testing and evaluation of model derived prevention strategies;

- 5 development of work groups that would involve researchers, prevention specialists, offender and victim treatment professionals and policy makers to foster a dynamic and collaborative process around the development and modification of guiding models; and

- 6 adoption of program evaluation as a requirement of all prevention funding and the establishment of technical assistance capabilities to ensure that agency staff can design and complete high quality evaluation components.

Prevention efforts have become an everyday part of daily life. From public service announcements on the television and radio to health promotion materials distributed in the workplace and in schools, prevention initiatives pervade our lives. There has never been another time in our history when the public has been so attuned to health promotion materials and so open to their messages. To capitalise on this opportunity to increase public safety, we must reexamine our operating assumptions and strive to craft a more effective process to organise and direct sexual violence prevention.

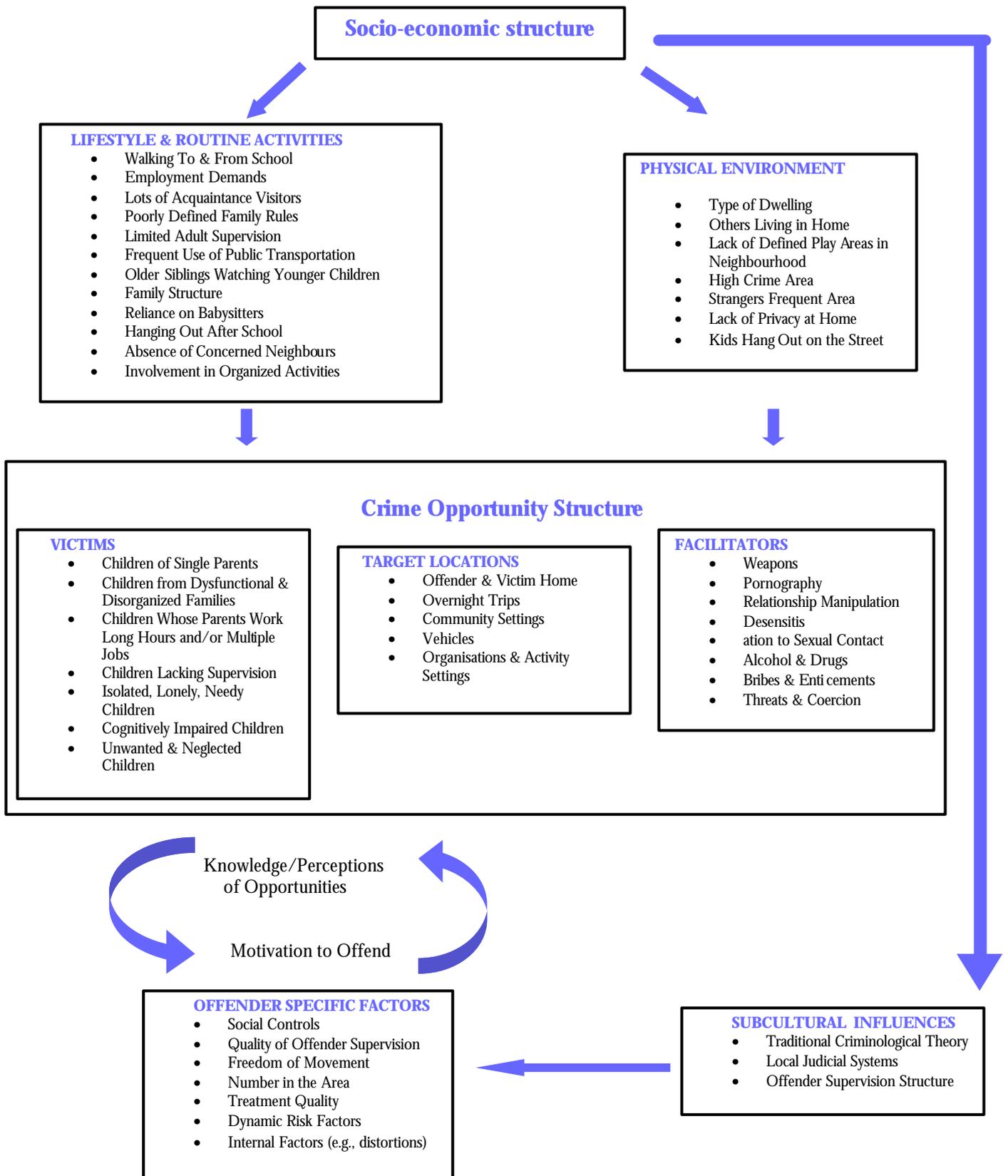
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Figure 1: Situational Prevention Model of child sexual abuse



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