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A Social Norms Intervention to Reduce Coercive Sexual Behaviors Among Deaf and Hard-of-Hearing College Students

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Editor's Note

This Working Paper addresses two critical challenges for the social norms field: creating successful media campaigns to address issues such as sexual assault, and the tailoring of campaigns to the culture and concerns of specific populations, in this case Deaf and Hard-of-Hearing students on a college campus. This Working Paper is also notable because it is one of the only examples in the literature of a sexual assault intervention that has successfully decreased the incidence of assaults following the intervention. It is significant that an earlier sexual assault prevention social norms marketing campaign directed at the whole campus was not effective in reducing sexual assaults within the Deaf and Hard-of-Hearing population but the tailored campaign was. In this case four factors may have contributed to this success: the small size and homogeneity of the population, the skills and teamwork of the professional staff involved, extensive efforts to tailor the intervention to the Deaf and Hard-of-Hearing community, and the efficacy of the social norms approach itself. These findings support and extend the positive results reported by James Madison University's "A Man" campaign, another social norms marketing campaign addressing sexual assault that was the subject of Working Paper #5.

Sincerely,
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Literature Review.

A growing literature has documented sexual violence as a serious social problem in need of innovative approaches to effect widespread social change. In recent years there has been considerable interest in applying social norms theory to sexual assault prevention efforts. In addition it is imperative to adapt prevention efforts in culturally relevant ways to reach members of under-represented groups. These two issues are the focus of this Working Paper, which reports on a social norms intervention to reduce coercive sexual behaviors among Deaf and Hard-of-Hearing college students.

Several researchers have examined the use of social norms interventions to address health and social justice issues on college campuses. In regards to attitudes about sexual activity and forced sex, numerous authors have documented misperceptions about the frequency of sexual activity (Morgan, 1997), belief in rape myths (Boulter, 1997, Caruso, 1996), comfort with sexist comments (Kilmartin, et al., 1999) and willingness to force a woman to have sex (Schewe, 1999, cited in Berkowitz, 2003A). Some authors have explored the efficacy of using social norms interventions to reduce the incidence of sexual assault and/or related attitudes and behaviors. Kilmartin et al. (1999) developed a campaign to address bystander behavior among men when they hear sexist language about women with a one-month follow-up survey demonstrating a reduction in misperceptions about men's comfort level with sexist comments. Bruce (2002) implemented a social norms media campaign with messages designed to impact men's behavior in sexual relationships that demonstrated success in increasing the percentage of men who engaged in a number of behaviors likely to reduce the incidence of sexual assault.

Few researchers have utilized social norms interventions with under-represented groups. Heppner et al. (1999) found that Black men in a culturally relevant intervention were more cognitively engaged in rape prevention programming than the Black men in a "colorblind" intervention. In addition, White men in the culturally relevant intervention were not adversely affected. The authors state that, "the investigation demonstrates empirically that racial and ethnic minorities found the culturally specific intervention to be more relevant to them and provides at least initial evidence of the importance of designing interventions that are more personally relevant to racial and ethnic minority participants" (p. 24).

In the only study that investigated misperceptions about health issues among students from an under-represented group, Laird and Venable (2002) studied alcohol and other drug use misperceptions at a historically black university. Their study found, like previous studies at predominantly white institutions, that students overestimated the actual alcohol consumption and drug use by their peers.

In light of the above there is a clear need for more research to explore the effectiveness of social norms campaigns

Advice on How to Be an Effective Ally to the Deaf and Hard-of-Hearing Community

Because relatively few people have experience with the Deaf and HOH community, there are many misconceptions about its needs. Therefore, being an ally requires careful thought and sensitivity. Many of these issues are also relevant to working with other identity groups. In my experience, an effective ally:

1. Absorbs herself/himself into the culture and community, with an open-mind and good intentions.
2. Treats others equally, and stands back so that Deaf and HOH people are the primary ones to address Deaf-related topics, while providing a positive attitude and support.
3. Tries to relate to Deaf and HOH people's experiences, but knows that it is not possible to ever totally understand their experience. Therefore, an effective ally carefully considers what and how decisions affecting the Deaf community are made (for example: laws, policies, programming, communication modes or interpreting services).
4. Is aware of feelings at all times when interacting with or speaking about the community. An ally takes responsibility for putting aside fear and discomfort rather than placing it on others, and seeking support in figuring out why it exists. A lack of awareness of one's own feelings can have a significant and unhealthy impact on the community at all levels.
5. Ask Deaf and HOH people for their opinions and advice, with the understanding that members of the community do not always agree.
6. Understands the importance of letting go of one one's own biases and learning about the experiences of Deaf and HOH people themselves.

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to address sexual assault, as well as to explore how to develop interventions which are culturally relevant to members of under-represented groups.

Deaf and Hard-of-Hearing Students at RIT. At Rochester Institute of Technology (RIT), Deaf and Hard-of-Hearing (HOH) students comprise about 12% of the population. There is little research about the extent of sexual assault experienced by this population. Joseph et al. (1995) found that approximately one-fourth of Deaf college students reported having been forced to have sex against their will on at least one occasion. The study did not place an age limit on when these experiences occurred. Previous research has suggested that children who are Deaf and HOH are at an increased risk of sexual abuse than children with other disabilities and/or children with no disabilities (Sullivan et al., 1991; Sullivan et al., 1987; Knutson and Sullivan, 1993).

Research by Williams and White (2001) found that Deaf and HOH students report higher rates of sexual assault, with 9.2 percent of Deaf and HOH female students and 9.1 percent of Deaf and HOH male students reporting having experienced attempted intercourse against their will. With respect to actual intercourse against their will, Deaf and HOH men reported a higher rate than women, with 10.1 percent of men reporting such victimization compared to 6.6 percent of women. We are not clear on why the reports of actual intercourse against their will is higher for men than for women, which is clearly in contrast to other studies.

In working with Deaf and HOH people, an often misunderstood community, it is important to recognize that they may identify less with their "disability" (as hearing culture defines it) and more with the language of American Sign Language (ASL) and the culture expressed in large part through ASL, making them both a cultural and a linguistic minority. At RIT, we have a unique opportunity to explore effective interventions with this community, for several reasons. First, the Deaf and HOH community is somewhat self-contained, centered around a common geographic area on campus where many Deaf and HOH students reside, take classes, and participate in extra-curricular activities. Further, RIT as a whole and the National Technical Institute for the Deaf (NTID—which is one of the eight colleges of RIT)—have experience in applying social norms theory to alcohol use. NTID has focused efforts in this area for the past three years with positive outcomes, both in terms of self-reported use of alcohol and reduced alcohol-related conduct violations. NTID student leaders have been involved in educating the community about alcohol and social norms and the concept of social norms has become a part of the student culture.

We hope that this paper, by describing our work to reduce sexual assault through social norms interventions with Deaf and HOH students at RIT, will assist change agents in colleges and universities in developing social norms interventions tailored to the needs of under-represented groups on their campuses.

Collection of Baseline Data and Development of Interventions. In a survey administered in Spring 2000, we identified several misperceptions that RIT students held. The College Date Rape Attitude and Behavior Survey (CDRABS) (Lanier and Elliot, 1997) was used to assess students' rape supportive attitudes and behaviors and was expanded to include questions assessing perceptions of "most RIT male students" or "most RIT female students." Only data on students' behaviors and attitudes towards physical assault and sexual coercion are included here.

The resulting 121-item baseline survey was administered in the spring of

2000 to 175 Deaf and HOH undergraduate students in 10 randomly selected RIT courses. This effort was part of a larger study of 954 students on victimization experiences relating to sexual assault, relationship violence, sexual harassment and stalking, students' attitudes and behaviors toward such violence, and misperceptions about peer attitudes. In each classroom two questionnaires, one for men and one for women, were distributed. Although both instruments contained mostly identical items, the wording was changed to ensure that the proper sex was identified when asking questions relating to perceptions of their same-sex peers.

Selected items are presented in Table 1. The percentages in Table 1 include all respondents to the survey: Deaf, Hard-of-Hearing, and hearing. As shown, while most students reported engaging in behaviors that could reduce their risk of being a victim or perpetrator of sexual violence, a substantially lower percentage of students reported accurate perceptions of such behavior among their peers. For example, while approximately 68 percent of the sample reported they rarely or never had sex when their partner was intoxicated, only 8 percent of the sample correctly identified that protective behavior as a norm among their peers.

Based on this data, we first developed a campus-wide media campaign, with the input of students (all of whom were hearing) with the message: "Most (92%) RIT students stop the first time their date says 'NO' to sexual activity." This campaign was developed over a 6-month time period with students involved in the development of the media and in educating other students about the social norms campaign.

Feedback from Deaf and HOH students indicated that the language and design of this all-campus campaign was unclear to many of them. They reported confusion about whether the message about sexual activity referred to sexual intercourse, to "making out," to oral sex, or to all of the above. In addition, students felt that the social norms message needed to be presented more visually and explicated in group interventions. The phrase "sexual activity" needed to be presented in an alternative way, using American Sign Language, the primary and visual language among the Deaf.

As a result, we developed a new message that was clearer and culturally specific to Deaf and HOH students. We decided to use the RIT campus norm, "Most (92%) RIT students stop the first time their date says 'NO' to sexual activity," even though the Deaf and HOH norm was actually lower. (The norm for hearing students was 95.6%; for HOH, 78.2%; and for Deaf, 74.4%.) We felt that keeping the 92% norm would increase consistency across campus. In addition, we were reluctant to single out Deaf and HOH students as having a lower norm, because we did not want to contribute to stereotypes about Deaf people. Finally, we felt that the message would work because it still reflected the behavior of a majority of Deaf and HOH students. Thus, while we did not use the most "salient" norm for this population, we did tailor the presentation of the norm to accurately reflect the culture of the population and avoided reinforcing negative stereotypes.

One possible explanation for the lower percentages of Deaf and HOH students who engaged in the desired behaviors is that the original campus-wide campaign reflected the dominant, hearing culture's language preference and mode of communication. This realization reinforced our desire to develop an intervention that would be more accessible and appropriate for our Deaf and HOH students.

Our campaign was modeled on an earlier social norms campaign on alcohol use for Deaf and HOH students. The primary delivery strategy was t-shirts with the question, "What does 0-4 mean to you?" The numbers were designed in ASL handshapes. The media was complemented with a series of programming efforts that explained that most NTID students drink 0-4 drinks on a social occasion. This campaign was believed to be very understandable and effective with Deaf students, so we developed a similar format for our sexual assault norms campaign. We designed t-shirts with the question, "Does 9/10 mean some-

Table 1: Self –Reported Behaviors of RIT students and Perception of Peers (n=954, all students)

	Self-Reported Behaviors (% responded "rarely" or "never")	Perceptions of Most RIT Males/Females (% responded "rarely" or "never")
I stop the first time my date says 'no' to sexual activity.[1]	92	58
I have sex when I am intoxicated.	67	8
I have sex when my partner is intoxicated.	68	8
When I want to touch someone sexually, I try it and see how he/she reacts.	65	18
I stop sexual activity when asked to even if I am already aroused.[1]	83	17

[1] *Scores were reversed for these items (responded "always" or "most of the time"). Higher percentages indicate more positive behaviors.*

On Being an Ally to Under-represented Groups

I would like to speak briefly about my experiences as an ally to Deaf and Hard-of-Hearing students. As a person with greater societal privilege (higher job position, White, and hearing), I had a great deal of responsibility to remain aware of my privilege and not to unintentionally invoke it. At the same time, it was important for me to speak up, when relevant to my expertise in addressing sexual assault in general. This was at times a difficult line to walk. Based on my experience, I learned the following lessons, and they may be useful to others who seek to be an effective ally to groups of which they are not a member:

1) Immerse yourself in the culture and community. I found that the best way to increase my comfort level upon arriving at RIT was to attend as many Deaf events as possible. Not only did I become more familiar with cultural norms, history, and language, I experienced being a minority in this group, dependent upon a third party (an interpreter) for communication, and singled out as the one who needs to sit in the front and is unable to communicate fully with most people there. Thus, the best way to gain knowledge about an under-represented group as well as credibility as an ally is through direct experience with the culture and community.

2) Learn the language. Although I am not fluent in ASL, I have taken several ASL classes and attained an intermediate level of skill. I can usually communicate one-on-one in ASL and take the opportunity to use ASL whenever possible when it does not reduce the level of service for a Deaf person(s). For example, I usually communicate directly (without an interpreter) when working with a Deaf student individually and in small groups where I am familiar with the communication styles of those in attendance (and they are familiar with mine). However, when presenting a lecture or workshop or working with a student that I do not know, I use an interpreter, knowing that my skill level is not good enough to provide effective service in ASL. When working with a different language community even learning a few phrases in the community's language illustrates a willingness, as a member of the dominant group, to change in accordance with the oppressed groups' norms. Obviously, learning more of the language is even better, not only for demonstrating trustworthiness as an ally, but also for providing the best service possible.

3) Speak for yourself and from your own experience. Others may privilege your experience as a member of a dominant group known for working with an under-represented group. For example, a man working in a Women's Center may be given more attention, and his presence seen as validating the work of the Center. While such attention can feel gratifying, it can also de-value the experiences of members of the under-represented group. As a hearing person, if someone asks me about working with the Deaf community, I try to remain clear about my role as a hearing person and as an ally and refer them to a Deaf person for more information on Deaf experience.

4) Work through guilt and shame. It is very common for members of a dominant group to develop guilt and shame when confronted with the realities of oppression to which we may have, intentionally or unintentionally, contributed. Smolinsky (2002) has identified common ways in which people attempt to manage these feelings, including: blame (viewing Deaf and HOH people as being responsible for their own oppression), denial (denying that Deaf oppression exists or denies one's own privilege as a hearing person), projection (focusing on other people's oppressive attitudes and behavior while ignoring one's own), and paternalism (expressing sincere desire to "help" Deaf and HOH people while maintaining an attitude that being hearing is preferable and superior to being Deaf or HOH). In coping with these feelings, I found it helpful to discuss my experiences with other hearing people who were immersed in and/or working at being allies to Deaf and HOH people. This gave me the opportunity to work on my own issues while minimizing the impact on Deaf and HOH people, as well as limiting the likelihood of placing responsibility on them to educate and/or "take care" of me as a hearing person. These dynamics are likely whenever working to be an ally to another group, and self-awareness of these feelings, as well as a willingness to take responsibility for such feelings, are critical to being an ally.

5) Understand how oppressions, while expressed uniquely in various cultures and times in history, are inter-related. It was helpful to relate my own experiences as a member of non-dominant groups (working-class background, queer, and woman) to ways in which oppression might occur for Deaf and HOH communities; as well as to remember the multi-dimensionality of identities and experiences within the Deaf and HOH community. Recognizing the intersection of oppressions, as well as how dynamics of oppression are influenced by culture and history, has been key to my ability to internalize what it means to be a member of both dominant and oppressed groups, and to learn how I can develop skills to be a more effective ally to other groups.

6) Making Mistakes. Accept that you will make mistakes. We are all in the process of unlearning a lifetime's build-up of misinformation. Mistakes made, with an open heart, will be forgiven, and you will learn from them. Take responsibility for the consequences of your mistakes, clean up your mess, forgive yourself, and move on.

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thing to you?" on the front and "9/10 RIT/NTID students STOP when their date says NO to sexual activity" on the back with the numbers in handshapes. The presumption was that numbers would be easily understood, as a majority of students already understood the 0-4 concept. The abbreviation RIT/NTID is often used on campus to indicate NTID students as a part of the overall RIT community, signifying both separateness and relationship between RIT and NTID.

We developed a series of programs in Spring 2002 to educate students about appropriate behavior in intimate relationships and to discuss the social norms message. Approximately 250-300 Deaf and HOH students participated in the kick-off event, which was a late night event (10 pm-2 am) at the ice arena, publicized as "Skate and Debate." (Late-night programs have been found to be particularly effective in generating student attendance within the Deaf and HOH community, and sporting/social activities are also highly valued, in part because many students had little access to such activities with people who share a similar mode of communication prior to becoming a part of the Deaf community at RIT.)

While students were skating and socializing, a student organization, *Deaf Live Video*, conducted video interviews with a wide range of participants, asking them to guess the percentage of RIT/NTID students who stopped when their date said no to sexual activity. The responses to this question ranged from 25% to 95%, reinforcing the notion that many students had not been exposed to and/or did not understand the general RIT social norms message. These interviews were broadcast live on large screens around the ice rink. At midnight, the participants were gathered for a presentation. Part of the presentation was a skit that was developed and performed by Deaf students to reflect the meaning of the social norms message, "9/10 RIT/NTID students STOP when their date says 'NO' to sexual activity." Ten couples were presented, each of them having one of the partners attempt some form of sexual contact or touching. In the first nine couples, the initiator stopped immediately when asked; in the tenth, the skit ended to indicate that the initiator intended to continue. After the skit a Deaf student affairs staff member explained more about what the phrase "sexual activity" includes in the context of the skits, and handed out free t-shirts that had the hand shapes of "9/10" on the front and the social norms message on the back. In addition, Women's Center staff members were introduced as partners in this program and as resources for students who needed to talk about unwanted sexual activity.

This program was followed, later in the quarter, by the production of a student- acted and produced video to reinforce the 9/10 message. The video first depicted the 9/10 message—a performance of 10 couples with 9 that showed respect and the last couple experiencing a sexual misconduct. The selection of actors was intentionally diverse – we included a diversity of races, communication modes, students, staff, Deaf/Hard-of-Hearing/hearing and sexual orientations. The actors used ASL, and the video was also captioned in English to facilitate access for people whose primary language is not ASL. The video ended with information about available resources if viewers experienced a situation similar to the tenth couple's.

Other programs were also held on campus following this event, including a presentation with all Deaf Greek organizations on campus facilitated by a hearing and a Deaf staff member (the first and third authors) who worked together as partners in the development and implementation of all aspects of this initiative. Their relationship has served as a public model for how Deaf and hearing community members can work together respectfully. Their insights on how to be an effective ally to under-represented groups are offered elsewhere in this Working Paper (see sidebars on pages 2 and 4).

To summarize, this initiative is one in which understanding the culture and language of the target population was key. Whatever under-represented group one is working with, it is important to become familiar with the modes and channels of communication, to include and involve members of the group as full partners in the process, and to take lessons learned from best practices in prevention in general and tailor them to the needs of the community.

Outcome Data. In the spring of 2002, we re-administered our baseline survey to 987 undergraduate students in 55 randomly selected RIT courses to determine changes in coercive behaviors and perceived peer acceptance of such behaviors. Included in the sample were 194 Deaf and HOH students. Thirteen additional questions were added to assess which other programs the students attended and to determine which students were exposed to the social norms intervention. Students who reported exposure to the intervention were considered to be the treatment group, while those not exposed to the intervention were placed in the control group. Only the data for Deaf and HOH respondents is presented here.

The 194 Deaf and HOH students included 99 men and 95 women. The sample was predominately White (51%), with African-Americans making up the next largest percentage (18.6%). The majority of participants identified as Deaf (68.6%) compared to Hard-of-Hearing (31.4%).

Items used from the CDRABS are presented in Table 2. A comparison of the eight behavioral items for the entire Deaf and HOH sample reveals that the treatment group was more likely to report engaging in behaviors that could reduce their risk of being a victim or perpetrator of sexual violence on all eight items. In particular, the treatment group had a significantly more positive mean score for those who indicated they "stop the first time their date says no to sexual activity" (p=.000) and "I stop sexual activity when

asked to even if I am already aroused" (p=.000). Results for the remaining six questions were in the expected direction but were not significant. These findings are similar those of Bruce (2002).

The data also indicates that the treatment group reported more accurate perceptions of non-coercive sexual behaviors than the control group. In particular, the perceptions of the treatment group were more accurate than those of the control group for those who believe that most RIT males/females "stop the first time his/her date says no to sexual activity"($p<.05$) and "stop sexual activity when asked to even if he/she is already aroused"($p< .01$). For the six remaining items the differences between the groups were not significant, but the treatment group reported more accurate perceptions of peer behavior on 5 of the 6 items.

Only in the case of "when he/she wants to touch someone sexually he/she tries it and see how they react" did the control group report a higher positive mean score. In retrospect, we realized that this item is ambiguous because it is not clear what the desired behavior is. This belief is supported by student feedback that the measure is too vague to be a useful item.

In summary, students exposed to the social norms message were more likely to engage in protective behaviors and to accurately perceive their peers as engaging in these same behaviors. The fact that the two measures that were specifically targeted in the social norms interventions were the ones to show a statistically significant improvement supports the efficacy of culturally relevant, targeted social norms interventions to impact coercive sexual behaviors.

Finally, and most importantly, a comparison of pre-and post-intervention results indicates a substantial decline in the number of coercive sexual experiences experienced by Deaf and HOH women and men on all three items. Interestingly, given the 2000 results that men experienced higher rates of forced sexual intercourse, men reported a dramatic decline on this item in 2002 (from 10.1% to 1%). Selected items from the SES are presented in Table 3. This is especially significant when considering the fact that the previous all-campus, generic social norms marketing campaign was not effective with this population.

Table 2. Comparison of Self Reported Behaviors for the Sample between Treatment Group and Control Group

	Treatment (N= 126)	Control (N=64)	p
I stop the first time my date says no to sexual activity.*	1.14	1.53	.000
I have sex when I am intoxicated.	3.47	3.22	.239
I have sex when my partner is intoxicated.	3.49	3.34	.454
When I want to touch someone sexually, I try it and see how they react.	3.36	3.11	.294
I stop sexual activity when asked to if I am already sexually aroused.*	1.17	1.56	.000
When I hear a sexist comment I indicate my displeasure.*	3.09	3.31	.247
When I witness a male hitting on a woman and I know she doesn't want it, I intervene.*	3.06	3.33	.160
When I witness a situation in which it looks like a female will end up being taken advantage of, I intervene.*	2.90	3.19	.152

Means reflect the following scale: 1= Always 2= Most of the Time 3+ Sometimes 4= Sometimes 4= Rarely 5=Never
** lower means indicate more positive behaviors*

Challenges Faced. In delivering the large-scale programming described it was challenging to present the information to the large number of participants for a couple of reasons. The audience involved a diversity of people with different communication styles, including ASL and oral. (There are over 20 communication modalities that have been identified in the Deaf and HOH community, and even using ASL does not guarantee full and complete communication access for all participants.) The presentation was delivered in ASL and voice-interpreted; however, the vocal was not loud enough to be heard for those Deaf and HOH students who communicate orally.

In evaluating the social norms message, we discovered that the 9/10 fraction was still not completely clear. Some students felt it was similar to the signs for the letter "f" and "thumbs up." The fraction numbers as presented in the design looked like "9/11," when "9/11" has been frequently signed in the community and easily known or associated with the September 11 attack. The fraction numbers were also awkward to sign.

Next Steps. We have re-evaluated the presentation of the data and returned to 92%, rather than 9/10, while still retaining the ASL handshapes for 9/10. A small group norms-challenging interven-

Table 3- Comparison of Sexual Victimization Experiences Between Deaf and Hard-of-Hearing Men and Women in Baseline Data and Post-Intervention Data

	Baseline 2000 Men (n= 99)		Post Intervention 2002 Men (n=99)		Baseline 2000 Women (n=76)		Post Intervention 2002 Women (n=95)	
	%	n	%	n	%	n	%	n
Within the Last School Year								
Sexual touching against your will	22	22	4	4	22	17	17	16
Attempted sexual penetration (vaginal, anal or oral intercourse) against your will	9	9	1	1	9	7	2	1
Sexual penetration (vaginal, anal, or oral intercourse) against your will	10	10	1	1	7	5	4	4

tion (Far, 2001), including information about norms for both alcohol use and sexual behaviors, was given to first-year students during their orientation to NTID. For this program, the survey was changed to better reflect Deaf-appropriate language. A scenario was given: "Imagine you and your date go out for the first time. You want sexual activity with your date. Sexual activity means making out, fondling, intercourse, oral sex, etc. If the date says 'no' to sexual activity… 1) do you respect your date? 2) do you think most RIT students respect their date?" Choices were given on a Likert scale as in the large-scale survey. The word "respect" was used because it was perceived as a strong word by Deaf and HOH students. The results of this survey with first-year students indicated that 91% of them (Deaf and HOH only) said they stop when their date says "no" to sexual activity.

For the 2002-2003 academic year, we are implementing new methods of involving students in our efforts, including the development of a fund to contribute money to support relevant social norms programming and events implemented by student organizations. We have also established a sexual assault education committee that involves students. The committee is in the process of developing a show using invisible theatre that will take place during another late-night event for Deaf and HOH students.

For our next campaign, we will analyze the social norms data from our 2002 survey to determine where next to target our social norms message to impact the most students. Since we saw significant improvements in the areas targeted by past efforts, it makes sense to look at other problematic behaviors that may contribute to sexual assault and focus on those aspects for our next campaign

Finally, as a result of our educational efforts, official reporting of sexual assaults, as well as numbers of students seeking services for past sexual assault, has dramatically increased, especially within the Deaf and HOH community. We believe that this increased reporting is not due to increased sexual assaults within the community, but a result of heightened awareness about sexual assault as well as increased visibility of services. The results from post-tests support this hypothesis, and we are beginning the process of educating the community to put the increase in reports in a larger context.

Conclusion. This study demonstrates that social norms interventions are a promising practice for addressing sexual violence among college students. Although it was a preliminary study in a small sample size, it is also one of the only sexual assault prevention interventions to report an actual reduction in assaults in the target population. This is especially noteworthy because similar reductions did not occur in response to a generic, all-campus campaign. The study illustrates the necessity of involving the target audience, particularly when that audience is an under-represented group, in the development and implementation of interventions. While not every college campus has a sizable Deaf and HOH population, all campuses have under-represented populations, and it is clear that a "one size fits all" approach is less likely to be effective in effecting change with these populations. Future research should be conducted with under-represented populations to determine if culturally-relevant social norms interventions would produce a similar effect.

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