



The U.S. Department of Education's

**HIGHER
EDUCATION
CENTER**

for Alcohol,
Drug Abuse, and
Violence Prevention

PREVENTION UPDATE

Primary Prevention of Violence

Stopping Campus Violence Before It Starts

Violence is a serious problem on college campuses. For example, [a nationally representative study](#) of college women concluded that nearly 5 percent of college women are victims of attempted or completed rape annually and up to 25 percent may be assaulted by the end of their college years. The [National Study of Student Hazing](#) found that 55 percent of respondents involved with a student organization or team reported experiencing a hazing incident. Based on results from 117 institutions administering the National College Health Assessment [in the spring of 2009](#), 7.4 percent of students were in a physical fight, 4.6 percent were physically assaulted, and 2.4 percent were in a physically abusive intimate relationship in the past 12 months. [Other types of campus violence](#) include hate and bias crimes, riots, stalking, and homicide.

What Is “Primary Prevention?”

In “Public Health Policy for Preventing Violence” ([Health Affairs, Winter 1993](#)), which focused on interpersonal violence, the authors called for “a new vision” for addressing violence. They stated, “Fundamental to this vision is a shift in the way our society addresses violence, from a focus limited to reacting to violence to a focus on changing the social, behavioral, and environmental factors that cause violence.”

The World Health Organization (WHO) called for a similar focus on primary prevention in its 2002 [World Report on Violence and Health: Summary](#). This report examines violence in a broad array of forms, including interpersonal violence, self-directed violence (such as suicide and self-injury), and collective violence (including armed conflict, genocide, and terrorism). The report states, “Violence is often seen as an inevitable part of the human condition—a fact of life to respond to, rather than to prevent. Encouraged by the success of public health approaches to other environmental and behavioural-related health problems, these assumptions are changing.” The report calls for giving greater priority to primary prevention of violence . . . “That is, measures to stop it from occurring in the first place.”

The literature on primary prevention of violence does not call for the adoption of specific programs or policies but rather suggests a paradigm shift in the way practitioners approach violence. Primary prevention means asking the question, “Why is violence happening in the first place?” in order to identify and change the underlying conditions that lead to violence. A number of factors contribute to violent incidents at the peer, institutional, community, and policy levels, in addition to individual factors. According to the WHO, these factors can then be addressed with targeted interventions across these levels simultaneously. Understanding local factors that contribute to violent incidents is critical to inform program development, because the specific factors that lead to violence may differ by type of violence and context. Other key concepts in a public health approach to addressing violence include focusing on the health of whole populations rather than individuals, ensuring that programs and policies incorporate best practices based on current research and science, tailoring interventions to specific community conditions and perceptions, and working in partnerships.



May 2010

[Draft 2010-1]

Other work has further elaborated on these general lessons from specific types of violence. For example, the 2004 Centers for Disease Control and Prevention (CDC) publication [Sexual Violence Prevention: Beginning the Dialogue](#) states, “Our working definition of sexual violence prevention . . . is population-based and/or environmental and system-level strategies, policies, and actions that prevent sexual violence from initially occurring.” CDC recommends that practitioners engage in a community-specific planning process that relies on research and data to inform decisions at each step. The steps are (1) define the problem, (2) identify risk and protective factors, (3) develop and test prevention strategies, and (4) ensure widespread adoption. Following this process enables planners to tailor interventions to the specific type of violence and its determinants.

Implications for Campuses

While much of the dialogue about primary violence prevention has occurred in the research on community violence prevention efforts, those who focus on campus violence prevention can benefit from this work. This primary violence prevention concept already has begun to make its way into campus prevention. One example is the American College Health Association’s 2008 publication [Shifting the Paradigm: Primary Prevention of Sexual Violence](#), a toolkit that encourages the adoption of comprehensive primary prevention efforts that employ a combination of strategies to address multiple contributing factors. These factors include knowledge and attitudes that support violence, skills to intervene in violence and its precursors, norms, and policy and enforcement approaches to convey community standards.

University of Kentucky

The [Green Dot Strategy developed at the University of Kentucky](#) is a comprehensive approach to violence prevention that capitalizes on the power of peer and cultural influence. Informed by social change theory, the model targets all community members as potential bystanders and seeks to engage them, through awareness, education, and skills-practice, in proactive behaviors that establish intolerance of violence as the norm, as well as reactive interventions in high-risk situations—resulting in the ultimate reduction of violence. Specifically, the program proposes to target socially influential individuals from across community subgroups. The goal is for these groups to engage in a basic education program that will equip them to integrate moments of prevention within existing relationships and daily activities.

University of North Carolina

The University of North Carolina Injury Prevention Research Center’s PREVENT project is a three-part online training designed to orient practitioners to the key concepts of primary prevention. To learn more, see [Orientation to Violence Prevention](#).

Resource

The U.S. Department of Education’s Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention publication [Preventing Violence and Promoting Safety in Higher Education Settings: Overview of a Comprehensive Approach](#) describes a process to develop or revise comprehensive campus prevention.

This Prevention Update (offering an overview of current topics, news, legislation, research, or innovations in the field) was funded by the Office of Safe and Drug-Free Schools at the U.S. Department of Education under contract number ED-04-CO-0069/0005 with Education Development Center, Inc. The contracting officer’s representative was Phyllis Scattergood. The content of this Prevention Update does not necessarily reflect the views or policies of the U.S. Department of Education, nor does the mention of trade names, commercial products, or organizations imply endorsement by the U.S. government. This Prevention Update also contains hyperlinks and URLs for information created and maintained by private organizations. This information is provided for the reader’s convenience. The U.S. Department of Education is not responsible for controlling or guaranteeing the accuracy, relevance, timeliness, or completeness of this outside information. Further, the inclusion of information or a hyperlink or URL does not reflect the importance of the organization, nor is it intended to endorse any views expressed, or products or services offered.