THE 5 REQUIRED COMPONENTS OF CURE VIOLENCE

Cure Violence is model with specific critera that are required for implementation.

The Cure Violence Epidemic Control (Health) Model is a data-driven, research-based, community-centric approach to violence prevention. Cure Violence maintains that violence is a learned behavior and that it can be prevented using disease control methods. The Cure Violence Model has specificity: there are three core and two implementing components that are required for it to be a Cure Violence program. Omission of any component does not allow work to be considered as Cure Violence and no anticipation of reduction in violence should be expected or attribution to change in violence can be ascribed to the Cure Violence model without meeting these criteria. This is beyond considerations of fidelity (which describes how well the required components are being implemented).

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1. Detect potentially violent events and interrupt them to prevent violence through trained credible messengers

- Formulate and regularly update (daily, weekly, and quarterly) a strategic plan of action for gathering information and assessing its accuracy and use
- Identify situations that are likely to result in violent acts, such as a prior shooting, group conflict, territory dispute, formation of new group, major arrest, anniversaries, release of key individual from incarceration, and ongoing conflicts by recruiting, selecting, training and supporting those that have the greatest access and trust to the highest and very highest risk
- Respond to shooting victims at partner hospitals by approaching the injured patient, as well as their family and friends, who may be planning to retaliate on their behalf
- Peacefully mediate conflicts using training in techniques such as creating cognitive dissonance, derailing, changing the thinking, changing the decision, providing information, buying time, and negotiating compromise
- It is critical that worker are able to maintain their credibility and access to the highest and very highest risk without undue confusion as to their roles

2. Provide ongoing behavior change and support to the highest-risk individuals through trained credible messengers

- Formulate and regularly update (daily, weekly, and quarterly) a plan of action that identifies a strategy for gathering information and assessing its accuracy and use
- Identify individuals in program area who are at highest and very highest risk for involvement in violence (based on established criteria) through personal connections and knowledge gained from spending time in the community
- Establish contact with highest and highest-risk individuals and groups, developing a relationship, imparting messages rejecting violent behavior, and working to change behaviors by recruiting, selecting, training and supporting those that have the greatest access and trust to the highest and very highest risk
- Each worker establishes a caseload of highest and very highest-risk participants who agree to be part of the program. Workers will have a predetermined number of participants (typically 10 to 20) within the first 4 months of work
- For each participant, the worker conducts an assessment and develops a risk reduction plan for reducing the participant's risk and shifting their behavior
- Workers meet with participants several times a week, including at critical times of need, developing a relationship and working to change behaviors through specific messaging designed to address issues faced by the participant
- Workers assist participants in dealing with a number of issues – such as education, employment, criminal justice, mental health, alcohol, drugs, trauma, reentry, and related life skills – through the utilization of existing social services
- Formal weekly staff meetings and regular supervisor reviews are conducted to discuss and update the current understanding of the violence in the community and the strategies for interrupting it
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3. Change community norms that allow, encourage and exacerbate violence in chronically violent neighborhoods to healthy norms that reject the use of violence.

- Workers and program staff hold group sessions to discuss and make collective decisions about a community response to violence
- The goals of the response are to spread correct information, change behaviors and norms, and teach methods of reducing violence
- The specific groups are determined locally, but may include: Cure Violence staff, highest and very highest risk individuals, friends and family of the highest risk, residents, business owners, and others
- Credible messengers and volunteers spread messages that discourage the use of violence through public education materials such as posters and fliers
- Door-to-door canvassing, participating in events in the community, and distribution of materials through clergy, schools, and other community partners has proven effective
- Program staff host events and activities in the area, at times during late hours, to spread messages about rejecting the use of violence.
- Program staff host responses to every shooting where community members come together and express the rejection of violent behavior and norms

4. Continually analyze data to ensure proper implementation and identify changes in violence.

- The implementing agency or monitoring partner measures changes in violence in the target areas and comparison areas
- "Inputs" are measured – efforts undertaken by field staff and partner organizations to stop violence and change thinking related to violence
- The implementing agency or monitoring partner provides regular feedback to program staff on violence levels and implementation changes
- Supervisors and workers conduct an analysis of every shooting that occurs in or near their target area to determine the causes, the necessary response to prevent a retaliatory act of violence, a community response, the reason the shooting was not prevented and what the program site can improve to prevent shootings in the future
- To be certified as a Cure Violence sites, program sites must use the Cure Violence database

5. Provide training and technical assistance to workers, program managers and implementing agency covering the necessary skills to implement the model correctly

- The implementing agency is provided training by Cure Violence national training staff on how to manage a site
- Workers are provided with an initial 40 hours of training as well as quarterly, booster training sessions
- The Cure Violence technical assistance staff will provide a tool kit with the essential materials for implementing the Cure Violence model
- The Cure Violence technical assistance staff will provide an embedded worker for the initial implementation
- The Cure Violence technical assistance staff will work closely with the site – including weekly phone calls and quarterly site visits and assessments and provide regular management and worker booster training
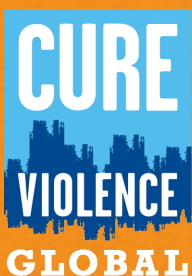
How Cure Violence Can Help

- A proven theory of change - across types of violence
- Training in implementing health approach
- Community assessment
- Interruption and outreach training
- Cure Violence Model replication
- Immediate and sustained reductions in violence

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