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TREAT AND, ULTIMATELY, CURE VIOLENCE  
USING A HEALTH APPROACH**

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## **THE POSITIVE EFFECTS OF THE CURE VIOLENCE MODEL FOR FAMILIES AND CHILDREN**

**A summary of prior studies and new surveys showing less exposure and improved safety for families and children**



*Abstract: The severe, enduring, and costly effects of violence on children and families are well documented. This report presents the findings from a Bernard van Leer Foundation supported study examining the effects of the Cure Violence Model for children and families. The study utilizes a survey, in-depth interviews, and focus groups to ask clients of programs implementing the Cure Violence Model about the effects of the program for children and families and how the program has changed the ways in which they interact with children and families.*

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## Executive Summary

Preventing violence is vitally important for children and families. Over 1 billion children are victims of violence every year. Additionally, many more children and families are negatively affected by growing up around violence, which has been linked to significant harm to a child's mental and physical health. Exposure to violence has also been linked to negative long-term outcomes, including lowered educational outcomes, substance abuse, and criminal activity. Perhaps most significantly, violence is contagious, such that those who are exposed to violence are at a much higher risk for becoming violent themselves, and thus perpetrating the cycle of violence in their homes and communities.

### Summary of Key Findings

As a result of the Cure Violence model:

- Children and families perceived to be exposed to less violence
- Highest risk treat children better due to Cure Violence Model
- Children and families have increased feeling of safety due to Cure Violence
- Children and families have increased use of public spaces due to the Cure Violence Model
- Norms regarding violence changed by the Cure Violence Model

The Cure Violence Model is an evidence-based, epidemic reversal approach to reducing violence that applies the same techniques used to stop other epidemics such as HIV/AIDS and tuberculosis. Community health workers are hired from the community and chosen for their access and credibility among the highest risk population. These community health workers are also carefully trained in methods of detection, mediation, behavior change, and norm change. The program is currently implemented in more than 50 sites in 25 cities in seven countries (currently, Mexico, Honduras, El Salvador, Trinidad and Tobago, South Africa, Canada, and the United States). The Cure Violence Model is actively promoted by the National Governors' Association, National League of Cities, U.S. Conference of

Mayors, National Institute of Justice, World Bank, and others.

Four independent evaluations have confirmed that the program has consistently large reductions in violence, up to 70% in its program areas. These large reductions suggest that the Cure Violence Model improves community conditions, which would invariably benefit children and families, as well as the whole community and city. One previous evaluation of the Cure Violence Model has demonstrated some specific effects of the program for children and families. The Skogan evaluation found that the Cure Violence Model involved many clients who are young parents and received assistance on, among other things, methods of becoming a better parent and dealing with conflicts at home. The report also found that the program often dealt with domestic violence conflicts and assisted clients with many domestic issues, including making home visits.

This current study examines how this program specifically affects children under the age of 8 years as well as the families of these children. The study includes a survey, in-depth interviews, and focus groups among clients at four program sites. The results demonstrate that Cure Violence Model sites have had deep effects on young children and families, including less exposure to violence for children and families, better parenting practices by clients of the program, better behavior directed at children in general by clients, increased use of public spaces by children and families, and reduced fear of violence among children and families.

Some key findings included:

- **96.7%** of respondents believed that the Cure Violence Model resulted in **less exposure to violence in the community** for their children
- **92.4%** reported **less exposure to violence in their home** for their children due to the Cure Violence Model
- **95%** thought that the Cure Violence Model made them a **better parent**

The interviews provided some more detail, showing that clients had improved interactions with other children in the community. One client explained, "It's different now to where you look at a little kid





and you're like man, I don't want to see his mother cry over him losing his life due to the streets. I try to be a positive role model just how I was taught by [the Cure Violence Model]."<sup>1</sup>

The study also discovered that the Cure Violence Model had an effect on community norms relating to violence. Part of this process included exposing the most violent in the community to a different perspective. One client described, "You get to just see the world from a whole different point of view, not just the box that we're living in."

All of these effects of the Cure Violence Model lead to an improved feeling of safety in the community resulting in more use of public spaces and more opportunities for children and families to interact with others in their community. One person reported, "After a couple months ago, last month, everybody started coming out. Popping up out the blue, mingling. Walking around, standing back outside."

Importantly, the study found that the Cure Violence Model is uniquely situated to create these changes in the community norms, in the behavior of the highest risk, and in the experiences of the young children and families in the community. Community health workers implementing the Cure Violence Model are from the community they serve and are therefore seen as "family" and as leaders in the community. This allows them to reach a population that is largely not being reached by any services, yet they are having such a huge impact on our youth, our communities, and our cities.

<sup>1</sup> Cure Violence Model adaptations are locally named and do not call themselves by the Cure Violence name. For clarity and consistency, each of the reference to their local name in the interviews or literature will be replaced by "[Cure Violence Model]".

## Background

There are an unacceptable number of children who are victims of violence. It is estimated that more than 1 billion children – half of the children in the world – are victims of violence every year (CDC 2015). Children under 15 make up about 8% of homicides globally – approximately 36,000 victims in 2012 (UNODC 2013) - and children up to 8 years old account for nearly 3% of homicides in the United States (FBI UCR 2013).

Beyond the direct victims, there are countless children that are exposed to violence in their communities and homes. Many studies have shown that people who experience severe violence or live in environments with chronic violence can have serious effects on their mental health, physical health, and overall outcomes. This effect is particularly true among children, who for many reasons are more susceptible to the effects of exposure to violence.

## Effects of Violence on Children

Young people who are exposed to violence are at significantly increased risk many psychological problems, including serious and sometimes overwhelming anxiety and depression (Martinez & Richters 1993; Gorman-Smith & Tolan 1998; Hurt et al. 2001; DuRant et al. 1995; Singer et al. 1995; Rosenthal 2000); disassociation (Putnam 1997); antisocial behavior (Miller et al. 1999; Schwab-Stone et al. 1995); psychological disorders, impaired intellectual devel-



opment, truncated moral development, pathological adaptations (Craig 1992; Garbino et al. 1992); and increased levels of stress (Schuler and Nair 2001). Exposure to violence can also lead to several maladaptive responses including aggression, impulsivity, stress, and exaggerated and inappropriate startle responses (Martinez & Richters 1993; Gorman-Smith & Tolan 1998; Hurt et al. 2001; DuRant et al. 1995; Singer et al. 1995; Rosenthal 2000; Schuler and Nair 2001; Mead 2010).

### Effects of Violence on Children

- Serious anxiety & depression
- Disassociation
- Antisocial behavior
- Impaired intellectual development
- Increased stress
- Aggression
- Impulsivity
- Exaggerated startle response
- Physical effects on brain structure
- Increased risk of chronic disease
- Decreased school achievement
- Decreased IQ
- Increased risk of delinquency
- Increased risk of drug abuse

Exposure to violence can also have a physical effect (Slutkin, 2013). For example, violence affects the brain by changing the neurochemistry including degrading monoamine neurotransmitters (MAOA), altering neuroendocrine responses, and changing the brain structure (such as hippocampal volume and prefrontal cortex abnormalities) (Child Welfare Information Gateway 2015; McCrory, De Brito, & Viding 2010; Mead 2010; Wilson, Hansen, & Li 2011; Hanson et al. 2010; Perry 2001). Exposure to violence has also been linked to increase risk of future life threatening conditions. Adults reporting exposure to violence as children had increased risk of heart disease (2.2x), cancer (1.9x), stroke (2.4x), lung disease (3.9x), diabetes (1.6x), and hepatitis (2.4x) (Felitti et al. 1998, Carver et al. 2008), making exposure to violence as a child one of the most important causes of future disease.

Additionally, exposure to violence has been shown to affect children's long-term life outcomes in many ways. Many studies document a link between exposure to violence and lowered school functioning (Saigh, Mroueh & Bremner 1997; Mathews, Dempsey, & Overstreet 2009; Hurt et al. 2001) and student achievement (Schwab-Stone et al 1995; Kracke 2001). Exposure to violence has been associated with *lower IQ* and reading scores (Delaney-Black et al. 2002); lower grade point averages (Hurt et al.

2001; Bowen & Bowen 1999); decreased rates of graduation (Grogger 1997); and impairments in concentration (Bell & Jenkins 1993; Osofsky et al. 1993; Schuler & Nair 2001). Children exposed to violence have also been shown to be more likely to develop an arrest record (Weist, Acosta, & Youngstrom 2001), to become delinquent (Zinzow et al. 2009), to abuse drugs (Killpatrick et al. 2000; Zinzow et al. 2009); and to use alcohol (Taylor & Kliwer 2006; Schwab-Stone et al. 1995).

### The Contagion of Violence – How Violence Begets Violence

An accumulation of evidence is now showing that violence behaves like an epidemic disease – such that exposure to any type of violence as a victim or witness increases one's risk of behaving violently (Slutkin 2013). In particular, children who are exposed to violence are at risk of becoming violent themselves, perpetuating the cycle in their communities (Kracke 2001; Fowler et al. 2009; Guerra, Huesmann, and Spindler 2003; Schwab-Stone et al. 1995), and those with chronic exposure show more than 30 times greater risk of future violent behavior than low exposure, with more moderate exposure having an elevated but intermediate risk (Spano et al. 2010). Exposure to high levels of chronic community violence, in addition to the physical and mental effects, is thought to “train” youth to believe aggressive responses are normal, acceptable, and expected, thus perpetuating the cycle of violence (Gorman Smith & Tolan 1998). This may suggest that in some urban communities, even youth not personally inclined toward physical aggression, respond to conflict with violence as a means of “fitting in” (Anderson 1999).

An important mediator in this process is the effect of exposure to violence on parents of young children. Parents exposed to high levels of violence are at risk of resorting to harsh or inconsistent disciplining strategies due to the anxiety and depression triggered by environmental hostility (Hill and Herman- Stahl 2002). This study and others suggest that parenting, and parental distress, may function as a mediator of community violence exposure for children, with the intensity of parental exposure to community violence predicting harsher parenting practices. For instance data from the Fragile Families

and Child Well-Being Study indicated that mothers with moderate and high levels of community violence exposure, including witnessing and victimization, were, respectively, 2.1 and 2.4 times more likely to engage in higher levels of both physically and psychologically aggressive parenting (Zhang 2010).

## The Cure Violence Model and Past Research Findings

This study aims to examine potential effects for children and families of the Cure Violence Model, a health-based violence prevention program that typically interacts with youth ages 15 to 24 who are involved in violence. The Cure Violence Model recognizes that violence acts like an epidemic disease and therefore adapts the methods that are used to stop other epidemics, such as AIDS (Slutkin et al. 2006; Ransford et al 2013). The Cure Violence Model includes the following main components:



**1. Detect and interrupt the transmission of violence** by anticipating where violence may occur and intervening before it erupts.



**2. Change the behavior of the highest potential transmitters** by identifying those at highest risk for violence and working to change their behavior.



**3. Change community norms** by influencing social norms to discourage the use of violence.

A central characteristic of the program is the use of credible messengers as community health workers – people from the same communities who are trusted and have access to the people who are most at risk of perpetrating violence. This can include hiring people who have formerly been involved in violence, but have changed their behavior. By having access and trust, Cure Violence workers are able to talk about violent behavior and persuade high-risk individuals to resist behaving violently. Intensive and specific training is also required, but hiring the right people is essential to the access, trust and credibility required – as for all community health workers attempting to access hard to reach populations of any type (McDonnell 2011).

The program is currently implemented in more than 50 sites in 25 cities in seven countries (currently, Mexico, Honduras, El Salvador, Trinidad and Tobago, South Africa, Canada, and the United States). The Cure Violence Model is actively promoted by the National Governors' Association, National League of Cities, U.S. Conference of Mayors, National Institute of Justice, World Bank, and others.

### Cure Violence Model Independent Evaluations

- **Chicago (2009):** 41% to 73% drop in shootings
- **Baltimore (2012):** Reductions in killings of up to 56% and in shootings of up to 44%
- **New York (2013):** Gun violence 20% lower
- **Chicago (2014):** 38% greater decrease in homicides and a 15% greater decrease in shootings
- Many more sites have had large reductions, but are awaiting evaluation, including in Mexico, Honduras, and South Africa.

The model has been externally evaluated four times, each showing large statistically significant reductions in gun violence. Studies by Northwestern University and Johns Hopkins University showed 41 to 73 percent reductions in shootings in neighborhoods in Chicago (Skogan et al. 2009) and 34 and 56 percent decreases in Safe Streets communities in Baltimore (Webster et al. 2012), while an evaluation



by the Center for Court Innovations showed that the area in Brooklyn in which the program operated went one year without a killing and had 20 percent fewer shootings compared to the trend in the neighboring communities (Picard-Fritsche and Cernaglia 2013). An evaluation of the program from 2012-2013 in Woodlawn and North Lawndale districts of Chicago found a 31% reduction in homicides in the two target districts (Henry et al. 2014).

Importantly, these large reductions were found to be “*instant*” and “*persistent*” by one study, meaning that the reductions in violence happened immediately after the program was implemented and sustained while the program was active (Skogan et al. 2009). Another study found that the large reductions “appeared *within the first month* after initiation” of the Cure Violence Model (emphasis added) (Henry et al. 2014).

All four evaluations of Cure Violence Model adaptations have found large and statistically significant reductions in violence due to the program (Skogan et al. 2009; Webster et al. 2012; Picard-Frische & Cerniglia 2013; Henry et al. 2014). These reductions suggest that the communities were made safer and reduced the risk of exposure to violence for children, families, and other members of the community. In this manner, all evaluations of the Cure Violence Model have found positive effects for children and families.

The Skogan evaluation looked a little deeper at the effects of the program for children and families and reported on several important findings. First, the report found that the community health workers implementing the Cure Violence Model often dealt with issues related to domestic violence, children, and families. These efforts involving children and families occur because many clients have children in their lives – their own children, siblings, and others. The study reported that Cure Violence workers’ assessments of their clients showed that 92% had children to support. Couple this finding with the concurrent finding that 95% of this same group had a felony record, 86% were members of gangs, 81% had never had a job, and 77% had been a victim of a shooting – and it is evident that there are many children and families facing a difficult future if their parents are not helped to get on the positive path.



The Skogan study also conducted confidential interviews with 297 clients of the program and found that Cure Violence workers provided “counseling and mentoring” on a variety of topics including conflicts with their families and parenting assistance. On the demand for parent assistance, the report found that “Sixty-one percent indicated that they would like to become better parents, and 80 percent had expressed this concern to their Cure Violence workers.” The study also found that 27% of clients reported having needed assistance to resolve a family conflict and 15% of clients with children needed parenting/pregnancy help. These confidential interviews revealed that over 90% of these clients reported that their needs were met as a result of their contact and support from the Cure Violence workers and the program.

Cure Violence workers were found to frequently conducted home visits to assess problems that clients faced at home. The report related that “A full 87 percent of clients reported that their outreach worker visited them at home, and 53 percent reported that [Cure Violence] provided assistance to their parents or other family members.” The report continued, “Home visits allowed outreach workers to understand the entirety of challenges faced by clients.” And this understanding led to assisting clients with a variety of problems, including problems with their families. As the report states, “If clients were involved in abusive relationships with parents or partners, outreach workers would attempt to work with them to deal with the conflict.” One outreach worker, who was raised in a challenging home environment herself, said of her clients, “it’s a bumpy

road, and some are still one fall away from needing to be picked up. I help them.” Many clients were walking this bumpy road while living with their parents and siblings.

The Cure Violence workers played an important role in their lives offering guidance on how to be better parents, deal with conflicts at home, and overcome the issues that they faced. Skogan stated that, “One striking finding of the interviews was how important [Cure Violence] loomed in their lives; after their parents, their outreach worker was typically rated the most important adult in their lives. Well below [Cure Violence] came their brothers and sisters, grandparents.” Skogan continued, “Many of these clients emphasized the importance of being able to reach their outreach worker at critical moments in their lives – times when they are tempted to go back on drugs, get involved in illegal forms of employment, or when they felt that violence is imminent, either on their part or someone else’s.”

## Cure Violence Model Adaptations for Children

While the program was originally developed to prevent community violence in urban communities, because all violence is contagious, the Cure Violence Model is adaptable to other forms of violence. The model has been adapted to prevent sectarian violence in Iraq, which resulted in close to 1,000 conflicts that were successfully interrupted in Basra and Sadr City. In the United Kingdom, the model was adapted to prevent violence in the Cookham Wood Youth Offenders Institute, which resulted in a 95% reduction in group attacks and a 38% reduction in overall violent incidents. In Kenya, the model was successfully adapted to prevent election violence during the 2013 national elections through use of text messaging and combating misinformation. The 2013 elections were markedly more peaceful than the 2007-8 elections, which had resulted in 1,300 deaths, thousands of people displaced, and a devastating effect on the entire region.

### Current Adaptations for Children

- High School Outreach
- Youth Community Leaders Supplement
- Youth Prison Adaptation

Similarly, some Cure Violence Model sites have adapted the model to address violence affecting a younger population. In Chicago, the team implementing the Cure Violence Model adapted the model for a school-based program at the Orr Academy High School in West Garfield Park. Initial results have shown Orr students who receive the Cure Violence Model curriculum are less likely to fight or participate in conflict. Consequently, the number of shootings and killings in the neighborhood around Orr have declined and the Cure Violence Model curriculum was adopted for all Orr freshmen and sophomores” (Cure Violence 2015).

In New York, the team from Save Our Streets developed a program to supplement the Cure Violence Model by to empowering young people, ages 14-17, to become community leaders and organizers. This component combines experiential workshops and service learning opportunities to help participants develop leadership skills and real-world work experience.

Many other sites also interact with children and families in a much more informal manner – helping schools to manage conflicts on their grounds, providing assistance to younger siblings and children of clients, assisting families of victims, improving behaviors of people in the community who interact with children, establishing new norms that protect children and families, and interacting with children and families during activities and events. To date, evidence of the Cure Violence Model’s interactions and impacts for children and families have been lacking. This report hopes to both assess the current research as well as offer some initial evidence on the effects of the Cure Violence Model on children and families.

## Current Study on Effects of the Cure Violence Model for Children and Families

The Cure Violence Model is hypothesized to affect children and families in three primary ways (*see figure 1 – Logic Model*). First, the Cure Violence Model has been proven to reliably reduce shootings and killings in its program sites. This reduction will mean fewer victims who are children, fewer children and families exposed to the violence as direct witnesses, and fewer children and families who traumatically lose a close friend or family member.

Second, both the reduction in violence and the presence of Cure Violence workers will help to reduce fear of violence in communities. This reduced fear of violence could directly affect the mental and physical health of community members as well as affect the ability of community members to use parks and other public spaces.

Third, the Cure Violence workers can change the behavior and norms among the highest risk such that they are not only unlikely to become violent, but actually become positive role models in their home and community. These transformed individuals along with the Cure Violence workers themselves offer children in the community increased positive interactions in the community.

To gather data on the degree to which the Cure Violence Model is having these hypothesized effects, a survey, interview, and focus group were conducted across 4 Cure Violence Model communities.

### Study Method

Subjects for this study were chosen among participants of the Cure Violence Model across four sites – New Orleans, Cicero (IL), Chicago (Little Village), and Chicago (West Garfield Park). In each site, Cure Violence workers were asked to recruit clients of the Cure Violence Model above the age of 18 who either were parents of young children or had young children in their household. Participation in the survey was completely voluntary and the subjects were compensated for their time.

### Study Methods

- 85 Surveys completed
- 20 In-depth interviews
- 4 Focus groups
- Participant in study were clients of the program who were parents of or lived with young children

The surveys were conducted at the Cure Violence-affiliate office using a written survey. A survey administrator was present to explain the survey and answer any questions. More in-depth interviews were conducted with a subset of participants utilizing a set of interview questions. Additionally, focus groups with a group of five or more participants were conducted to discuss questions in more detail. The interviews and focus groups were recorded and later transcribed to assist in analysis.

A total of 85 surveys were completed. Of these, 19% (16) either did not record an age of child with which they were closely associated or recorded an age above 8 years old. For the purposes of this study, these surveys were excluded from the analysis. Of the remaining respondents, 65% were male and 94% were not married with an average age of 22 (range of 18 and 31 years old). Respondents reported being active with the Cure Violence Model an average of 30 months. Regarding relationship to the young children in their lives, 45% reported being either a parent or stepparent and 41% reported being a sibling.<sup>2</sup>

For the interviews, in each community five surveys were randomly marked and the participants were offered the opportunity to answer a few questions verbally with the answers being recorded. Additionally, focus groups were conducted and recorded with five members of the community that were recruited by the Cure Violence workers for being knowledgeable about the program.<sup>3</sup>

<sup>2</sup> As appropriate, we will occasionally refer to the results of only the parents.

<sup>3</sup> For both the interviews and focus group, the recordings from Cicero were inadvertently deleted and were not available for this analysis.





## Findings – Effects of the Cure Violence Model for Children and Families

### Children and families directly affected by and involved in the Cure Violence Model

The Cure Violence Model targets those most likely to be involved in violence. In most communities this means that the program primarily works with individuals between the ages of 16 and 24 for its outreach services. However, the Cure Violence Model is a community-wide intervention that seeks to involve all members of the community in its activities and messages. These interactions are the primary mechanisms by which the new norms and behaviors spread throughout the community. Through activities, events, as well as being seen as a positive resource in the community, the Cure Violence workers are able to challenge attitudes on the use of violence and convey new understanding and skills to people of all ages in the community.

The interviews and focus groups confirmed this community-wide involvement and activities were characterized as community-wide activities that involved many different segments of the community. One focus group member said, “They don’t have no age barrier to who they want to help.” Another commented, “[T]hey don’t just care about one individual. They care about the whole community, and it’s crazy, because it’s a lot of people, a lot of people that they help”

Several interviewees indicated that children and families in particular were involved in Cure Violence activities in which they were present. One

respondent commented, “I got two little nephews, they always come to [Cure Violence] events. They always go to every event they have. They like going to [Cure Violence] events.” Another added, “Whenever we have a community engagement, the kids will be out ... Yeah, I will see kids under eight participating in events that [Cure Violence] give.”

The respondents also indicated that the Cure Violence Model worked with the entire community and the overall affects of the program were perceived as happening throughout the community. One respondent said, “With [Cure Violence] being here, I can honestly say that it made a positive impact on everybody in this community.” Another commented, “[Cure Violence] reached out not just to us, but to parents and people in the community and informed them of what they could do.”

### Children exposed to less violence due to the Cure Violence Model

The effects of exposure to violence on children are very important, both for the very serious mental and physical effects, as well as for the behavioral outcomes associated including the perpetuation of this endemic violence. This current study was designed to assess the levels of violence exposure perceived by clients involved in the Cure Violence Model and was not designed as a scientific study of effects of the program on the rates of violence in these communities – which several studies have already examined. This study is specifically trying to capture the experience of exposure by asking people about the perceptions of people in the community, which is highly relevant to the effects that this violence has on them.

The survey indicates that 96.7% of respondents felt their children were exposed to less violence on the streets due to the Cure Violence Model. This response is understandable given their reported experience with the program. Of all respondents, 91.1% reported that Cure Violence workers had mediated a conflict for them. Additionally, 88.7% reported that they had personally mediated a conflict successfully; indicating that the skills passed on from Cure Violence workers may have been utilized by clients.

**Table 1:**

***Less exposure to violence for children in the community and at home and less likely to behave violently by parents as a result of Cure Violence***

	Never True	Sometimes True	Mostly True
As a result of Cure Violence, my child is <u>exposed to less violence on the streets</u>	3.2%	43.5%	53.2%
As a result of Cure Violence, my child is <u>exposed to less violence at home</u>	7.6%	31.8%	60.6%
In the last year, a Cure Violence local worker helped me to <u>resolve a conflict</u> without use of violence	9.0%	25.4%	65.7%
In the past year, I have <u>personally mediated a conflict</u> that could have become violent	11.3%	38.7%	50.0%
In the past year, I have been <u>less violent</u> due to my work with Cure Violence	3.0%	35.8%	61.2%
I feel I am <u>less likely to act violently</u> due to my work with Cure Violence	5.9%	26.5%	67.6%

Additionally, 92.4% of respondents believed that their children were exposed to violence at home due to the Cure Violence Model. This would seem to indicate that the program was having a positive effect on domestic violence and improving overall relations inside homes. Specifically, survey respondents indicated that they felt that they have behaved less violently (97.0%) and were less likely to behave violently in the future (94.8%).

***The Cure Violence Model gets the highest risk to treat children in the community better***

Another effect of the Cure Violence Model is that in changing the behaviors and norms around violence of those most involved in violence, the entire community benefits due to those individuals behaving

more positively to everyone around them, in particular children who are most vulnerable. "It helped me think more. Instead of you going out and not using your mind, it give you a way to think, be a better person."

Of particular importance, the Cure Violence Model helped clients with children to be better parents to their own children. Of the survey respondent with children that they were biological or step parents to, 97.1% thought that the Cure Violence Model had made them better role models for their children; 95.0% thought the program had made them better parents; 97.7% believed their relationship with their child had improved; and 95.1% believed that they spent more time with their children.

**Table 2:**

***Role modeling and better parenting as a result of Cure Violence***

	Never True	Sometimes True	Mostly True
As a result of Cure Violence, I am a <u>better role</u> model for my child	2.9%	22.1%	75.0%
As a result of Cure Violence, I am a <u>better parent</u>	5.0%	23.3%	71.7%
As a result of Cure Violence, my <u>relationship with my child is better</u>	1.7%	26.7%	71.7%
As a result of Cure Violence, I spend <u>more time with my child</u>	4.9%	26.2%	68.9%

The in-depth interviews and focus groups suggested that these improved relationships spread outside the family to other children within the community as well. One respondent explained, "It's different now to where you look at a little kid and you're like man, I don't want to see his mother cry over him losing his life due to the streets. I try to be a positive role model just how I was taught by [Cure Violence], giving me that helping hand, that different outlook in life, that positive way to think instead of the hell with it, gangbang, steal, sell drugs." Another respondent offered, "[The Cure Violence outreach worker] showed me a lot of love, so now when I see these kids, I'm not just going to disregard them as hey, you're your mom's problem. When I see him, I'm like yo, why ain't you in school? Why ain't you doing something productive?" Another offered, "It change your whole thought process, different incidents, you just think different about."

*"I try to be a positive role model just how I was taught by [Cure Violence]"*

Another expanded on the idea of being a role model, "It's kind of like a domino effect. The other children see that, or the younger children see this kind of behavior kind of changes, and maybe don't want to become a gang banger, maybe they want to join soccer, maybe they want to go to the library."

#### Decreased fear of violence in community, increased feeling of safety

The survey found that the effects of the Cure Violence Model went beyond the improvements in rates of violence, and also included feelings of safety imbued by the presence of Cure Violence workers. One respondent explained simply, "When you see one of them orange shirts, it's a safety." Another offered, "You feel like, okay I'm cool, [Cure Violence] around. I know ain't nothing going to happen to me. I can go to the court or I can go up to the park. I can take my childrens out because I know that they give back and that's what they're there for."

And these feelings of safety existed both on the streets as well as the safety that the Cure Violence Model local office offered. One respondent

explained, "If a child feel like they're in danger, they know they can come in here and be safe." These comments were confirmed by the survey, which found that among the clients who were parents or step-parents, 97.0% said that their children feel protected by Cure Violence workers.

#### Use of public spaces increased due to the Cure Violence Model

The interviews offered several testaments to the effects of the Cure Violence Model on the use of public spaces, including parks. One respondent explained, "Simply put, the work that [Cure Violence] do puts in people's mind that it's a safer community, so parents have it in their mind that it's a little bit more safer than in the past. That trickles down to the kids and allowing the kids to have more fun and be more outside." Another offered, "At first wasn't nobody come outside, because it was a lot of killing and shooting going on. After a couple months ago, last month, everybody started coming out. Popping up out the blue, mingling. Walking around, standing back outside."

Of survey respondents that were parents, 95.4% reported that their own children were able to play outside more. And this was also true for the youngest in the communities. "The kids I know that's under eight, they used to be scared of even standing on the porch, play, sit on the porch and play with their toys, because there were so many kids getting killed, innocent kids getting killed because of what happened. Now, kids, they coming outside, they coming out to us, they come running up and down the street, riding they bikes, going to the park."

*"Parents ... feel safer in allowing the kids to go into the parks because everyday I'll see somebody on a [Cure Violence] staff in my community."*

This increased use of public space was also directly tied to the Cure Violence Model, particularly due to their relentless work and emphasis on being present in the community. "Parents, should I say parents, feel safer in allowing the kids to go into the parks because everyday I'll see somebody on a [Cure Violence] staff



in my community. Whether they're walking around, talking to different community residents, everyday I see somebody with a [Cure Violence] uniform in my community."

*Cure Violence workers provides leadership for whole community*

The Cure Violence workers also filled a very important and seldom discussed role of providing leadership in establishing positive norms and providing much-needed positive events and forums to spread these new norms. One resident offered, "I feel like it's not so much a help, but like a leadership for the hood. You know what I'm saying? Like a brotherhood. You know what I'm saying? They come or they call them of if you're looking for a job, community service, a helping hand. They're like big brothers." Another added, "It's more like a brotherly hood and a leadership to their community."



While the roles of police are clearly needed, one respondent offered that the Cure Violence workers filled an important unfilled niche by offering methods of settling disputes without having to resort to calling police. "My opinion is, instead of sometimes calling law enforcement, they be [Cure Violence] around. Instead of saying every cause has an effect and instead of you getting locked up for something, they can come around and talk to you and try to sitch out the differences and try to work out the differences between the two parties and try to sitch out there and talk about it there and squash the beef so the hood and the community can be cool for our younger youth can come out and play and be kids."

Part of this ability to be leaders in the community was due to the fact that they were viewed as credible messengers within the community. Many in the interviews and focus groups referred to Cure Violence workers as "family" or "best friends" or "big brothers." One respondent offered, "Everybody in this community is thinking [Cure Violence] is family. They feel that they can come talk to them."

*"Everybody in this community is thinking [Cure Violence] is family. They feel that they can come talk to them."*

Another resident explained, "Because [Cure Violence], you feel me, they already did this, you feel me? What people are doing today; they already did this, and they can tell that what they did ain't get them nowhere so they trying to show people they route and a route that they need to take. Since they already took that route, they don't want them to go down the same route, you know?"

Additionally, the approach taken by the Cure Violence worker, one that has been carefully trained by the Cure Violence organization, is effective with the population most involved in violence. "It's a positive thing. They don't judge you for what you're doing for this. They try to understand you and without judging you. You feel free to talk." Another offered, "When [Cure Violence] talk to you, they don't lecture you. They keep it real with you. They say it to where you already know."

*The Cure Violence Model Addresses a Population Left Behind*

If violence exposure is understood as a vital factor in the development of children and all people, then addressing those most likely to become violent becomes crucial. This high-risk population is particularly difficult to access and few programs are able to have any affect on their behavior. Individuals that are actively involved in violence are often very isolated from people that can help them change. One client of the program offered, "People don't want to waste their time on people like us. People give up too fast on us. People in school, they don't care. It's like man, he's a gangbanger, he's the same as them all. Disrespectful, he don't care about nothing."

The Cure Violence Model is one of the few programs to interact with the population that is actively involved in violence. One person explained, "It's a big influence, a big influence on people that don't have nobody to look up to." Another added, "I think they're a great asset to the community because they are able to interact with the youth to feel that everyone hasn't gave up on them."

The Cure Violence workers play an important role in their clients' lives. Part of this role is in listening to those most affected by violence and offering advice. One client explained, "He lets me vent, gives me advice. Shows me things that I don't know." Another offered, "If you at a bad time and you need help, they're going to be the ones to help you." Another explained, "They talk to us on a one-on-one basis, try to understand us, ask us questions about our lifetime, our goals, what we have achieved... to me, it makes me feel like somebody really cares."

In order to play this role, a worker needs to be available to their clients at all times. "He's always there. If I need him, I know I can call him and he'll pick me up or tell me to meet him somewhere, we'll go out to eat, and just letting me vent without, again, being judgemental. He won't say nothing negative to me, he'll just be like okay, I understand, you're upset, but think about it before you go and react."

The role also includes helping individuals to address all of the issues in their lives that contribute to their risk of involvement in violence. One client shared, "They try to encourage us to be more successful, in education, school-wise, make smart decisions." Because there is this level of trust and credibility, the difficult conversations that are needed to change behaviors can take place. Another client added, "I talked to him, he talked to me about wanting to give me a job, wanting to help me out as a friend, not as a social worker, not as a [Cure Violence] person, but as a person himself, being involved in that."

#### The Cure Violence Model Changes Community Norms

Cure Violence also affects children and families by affecting the norms that affect the entire community. The Cure Violence Model spreads the message that violence is not acceptable. One interviewee

explained, "[P]eople are angry, heated, wanting to go take that anger out and feel better just because they shot somebody or something. With these guys, they flip the whole script."

One primary method that Cure Violence workers achieved this change in norms is by exposing those most affected by violence to different perspectives. One client

offered, "You get to just see the world from a whole different point of view, not just the box that we're living in, but outside of the box looking in and looking out, both ways." For individual clients, this has affected the way in which they understand the acceptability of the use of violence. A client explained, "[W]e get to meet the opposite side at the crosstown and kind of bond. It makes you think ... you start seeing him as a person, so now, instead of just an object, oh, I'm going to go kill this dude, well, that's a person. His mom is going to cry. It helps a lot."

*"You get to just see the world from a whole different point of view, not just the box that we're living in."*

## Conclusion

The Cure Violence Model is an evidence-based, epidemic reversal approach to reducing violence that has been proven effective at making communities safer in communities by multiple studies. Prior studies have shown safer conditions for children, and one evaluation provided some evidence of effects for children and families, there is a need for more research to examine the effects of the Cure Violence Model for children and families.

This study has offered evidence of the effect of the program for children and families. Results from the surveys, interviews, and focus groups indicated that the Cure Violence Model reduced exposure to violence for children and families, better parenting practices by clients of the program, better behavior directed at children in general by clients, increased use of public spaces by children and families, and reduced fear of violence among children and families.

### Summary of Finding

- Children involved in Cure Violence activities
- Children perceived to be exposed to less violence due to Cure Violence Model
- Highest risk treat children better due to Cure Violence Model
- Increased feeling of safety due to Cue Violence
- Use of public spaces increased due to the Cure Violence Model
- Community-wide norms regarding violence changed by the Cure Violence Model

While providing strong evidence for effects of the Cure Violence Model for children and families,

this study had a limited scope and several limitations. Notably, the participants of the study were also clients of the program, which could suggest a favorable bias towards the program. Additionally, comparison communities were not examined to determine if similar changes occurred in other communities at the same time. There is great need for follow up studies on the Cure Violence Model to determine more specific effects related to children and families.

While focusing on early childhood is important, we must understand that children grow up in and are heavily influenced by their environment. The investments currently being made – in education, health care, nutrition, and other areas – are being compromised. To fully realize the returns on the great investments being made for children and families, it is essential that we address the exposure to violence among children and families.



## References:

- Anderson Elijah. (1999) *Code of the Street: Decency, Violence, and the Moral Life of the Inner City*. New York: W.W. Norton
- Carver et al. (2008). Playing it safe: The influence of neighbourhood safety on children's physical activity. *Health and Place* 14 (2008) 217-227.
- Centers for Disease Control and Prevention. Violence Against Children Survey (VACS) [Online]. (2015) National Center for Injury Prevention and Control. Centers for Disease Control and Prevention (producer) [2007] Available from URL: [www.cdc.gov/injury](http://www.cdc.gov/injury).
- Child Welfare Information Gateway. (2015). Understanding the effects of maltreatment on brain development. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- Cohen, Jacqueline and George Tita. "Diffusion in Homicide: Exploring a General Method for Detecting Spatial Diffusion Processes." *Journal of Quantitative Criminology*, Vol. 15, No. 4, 1999.
- Craig, S.E. (1992). The Educational Needs of Children Living with Violence. *Phi Delta Kappan* 74(1, Sep 10): 67-71. EJ 449 879.
- Delaney-Black V., Covington C., Ondersma S. et.al. (2002). Violence Exposure, Trauma, and IQ and/or Reading Deficits Among Urban Children. *Arch. Pediatr. Adolesc. Med.* 2002; 156 (3): 280-285.
- DuRant, R. H., Getts, A., Cadenhead, C., Emans, S. J., & Woods, E. R. (1995). Exposure to violence and victimization and depression, hopelessness, and purpose in life among adolescents living in and around public housing. *Developmental and Behavioral Pediatrics*, 16, 233-237.
- Federal Bureau of Investigation. (2013). Uniform Crime Report. Available at: <http://www.fbi.gov/about-us/cjis/ucr/>.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults - The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245-258. doi: 10.1016/s0749-3797(98)00017-8.
- Fowler P.J., Tompsett C.J., Braciszewski J.M. et al. (2009) Community violence: a meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. *Development and Psychopathology*. Vol. 21. Iss. 1 January 2009. pp 227-259.
- Garbarino, J., N. Dubrow, K. Kostelny, and C. Pardo. (1992). *Children in Danger: Coping with the Consequences of Community Violence*. San Francisco: Jossey-Bass. ED 346 217. Not available from EDRS.
- Gorman-Smith, Deborah and Patrick Tolan. (1998) "The role of exposure to community violence and developmental problems among inner-city youth." *Development and Psychopathology* 10:101-116.
- Guerra, N. G., Huesmann, L. R., & Spindler, A. J. (2003). Community violence exposure, social cognition, and aggression among urban elementary-school children. *Child Development*, 74(5), 1507-1522.
- Hanson, J. L., Chung, M. K., Avants, B. B., Shirtcliff, E. A., Gee, J. C., Davidson, R. J., & Pollak, S. D. (2010). Early stress is associated with alterations in the orbitofrontal cortex: A tensor-based morphometry investigation of brain structure and behavioral risk. *Journal of Neuroscience*, 30, 7466-7472.
- Hedberg Mitch. (2003). Strategic Grill Locations [CD]. Comedy Central.
- Henry, D., Knoblauch, S., & Sigurvinsdottir, R. (2014). The Effect of Intensive CeaseFire Intervention on Crime in Four Chicago Police Beats: Quantitative Assessment. Chicago, IL: Robert R. McCormick Foundation.
- Hill Nancy E, Herman-Stahl Mindy A. Neighborhood Safety and Social Involvement: Associations with Parenting Behaviors and Depressive Symptoms among African American and Euro-American Mothers. *Journal of Family Psychology*. 2002;16(2):209-19.
- Hurt, Hallam MD; Elsa Malmud, PhD; Nancy L. Brodsky, PhD; Joan Giannetta, BA(2001). Exposure to Violence: Psychological and Academic Correlates in Child Witnesses. *Pediatrics and Adolescent Medicine* Vol. 155 No. 12.

- Kracke K. (2001). Children's Exposure to Violence. The Safe Start Initiative. US Department of Justice. Office of Justice Programs. Office of Juvenile Justice and Delinquency Prevention. Fact Sheet April 2001.
- Martinez, P, and Richters, J. E. (1993). The NIMH community violence project: II. Children's distress symptoms associated with violence exposure. *Psychiatry*, 22-35.
- Mathews T., Dempsey M., Overstreet S. Effects of exposure to community violence on school functioning: the mediating role of post traumatic stress symptoms. *Behav. Res. Ther.* 2009. Jul; 47(7):586-91.
- McCorry, E., De Brito, S. A., & Viding, E. (2010). Research review: The neurobiology and genetics of maltreatment and adversity. *Journal of Psychology and Psychiatry*, 51, 1079–1095.
- McDonnell, Jerome. (Host) (2011, August 24). Cease-Fire employs public health methodology to fight urban violence [Audio Podcast]. Retrieved from <http://www.wbez.org/episode-segments/2011-08-24/ceasefire-employs-public-health-methodology-fight-urban-violence-90962>
- McDonnell, Jerome. (Host) (2011, August 24). Cease-Fire employs public health methodology to fight urban violence [Audio Podcast]. Retrieved from <http://www.wbez.org/episode-segments/2011-08-24/ceasefire-employs-public-health-methodology-fight-urban-violence-90962>
- Mead, Hilary K.; Theodore P. Beauchaine; And Katherine E. Shannon. (2010). Neurobiological adaptations to violence across development. *Development and Psychopathology* 22: 1–22
- Miller, L., Wasserman, G., Neugebauer, R., Gorman-Smith, D., & Kamboukos, D. (1999). Witnessed community violence and anti-social behavior in high-risk urban boys. *Journal of Clinical and Child Psychology*, 28, 2–11.
- Perry, B.D. *The neurodevelopmental impact of violence in childhood*. Chapter 18: In *Textbook of Child and Adolescent Forensic Psychiatry*, (Eds., D. Schetky and E.P. Benedek) American Psychiatric Press, Inc., Washington, D.C. pp. 221-238, 2001
- Picard-Fritsche, S., & Cerniglia, L. (2013) *Testing a Public Health Approach to Gun Violence*. New York: Center for Court Innovation.
- Putnam, F. W. (1997). *Dissociation in children and adolescents: A developmental perspective*. New York: Guilford.
- Ransford, C. L., Kane, C., Slutkin, G. (2013). Cease-Fire: A Disease Control Approach to Reduce Violence and Change Behavior. In Eds. Akers, T. & Waltermauer, E. *Epidemiological Criminology*. Routledge.
- Rosenthal, B. S. (2000). Exposure to community violence in adolescents: Trauma symptoms. *Adolescence*, 35, 271–284.
- Saigh P.A., Mroueh M., Bremner J.D. (1997). Scholastic impairments among traumatized adolescents. *Behav. Res. Ther.* 1997 May; 35(5): 429-36.
- Schuler M E; Nair P. Witnessing violence among inner-city children of substance-abusing and non-substance-abusing women. *Archives of Pediatrics & Adolescent Medicine*. 2001;155(3):342-6.
- Schwab-Stone, M., Ayers, T., Kaspro, W., Voyce, C., Barone, C. Shriver, T., et al. (1995). No Safe Haven: A study of violence exposure in an urban community. *Journal of the American Academy of Child and Adolescent Psychiatry*, 10, 1343–1352.
- Singer, M. I., Anglin, T. M., Song, L. Y., & Lunghofer, L. (1995). Adolescents' exposure to violence and associated symptoms of psychological trauma. *Journal of the American Medical Association*, 273, 477-482.
- Skogan, W., Harnett, S. M., Bump, N., & DuBois, J. (2009). *Evaluation of CeaseFire-Chicago*. Chicago: Northwestern University Institute for Policy Research.
- Slutkin, G. (2013). "Violence Is a Contagious Disease." *The Contagion of Violence*. Institute of Medicine. Available at: [www.cureviolence.org/wp-content/uploads/2014/01/iom.pdf](http://www.cureviolence.org/wp-content/uploads/2014/01/iom.pdf).
- Slutkin, G. et al "How Uganda reversed its HIV epidemic." *AIDS Behavior* 10.4 (2006): 351-60.

Spano, Richard, Craig Rivera, and John Bolland. (2010). Are Chronic Exposure To Violence and Chronic Violent Behavior Closely Related Developmental Processes During Adolescence? *Criminal Justice and Behavior*. 37:1160.

United Nations Office on Drugs and Crime. (2013). Global Statement on Homicide. Available at:

Webster, D. W., Whitehill, J. M., Vernick, J. S., & Parker, E. M. (2012). Evaluation of Baltimore's Safe Streets Program: Effects on Attitudes, Participants' Experiences, and Gun Violence. Baltimore, MD: Johns Hopkins Center for the Prevention of Youth Violence.

Wilson, K. R., Hansen, D. J., & Li, M. (2011). The traumatic stress response in child maltreatment and resultant neuropsychological effects. *Aggression and Violent Behavior*, 16(2), 87–97.

Zhang, S., Anderson S. (2010). Low income single mothers' community violence exposure and aggressive parenting practices. *Children and Youth Services Review*. Vol. 32. Iss. 6. June 2010. Pp 889-885.