


www.cvg.org



In many US
cities,
HOMICIDE is
the LEADING
CAUSE OF
DEATH



Moralism
Bad people

SCIENCE

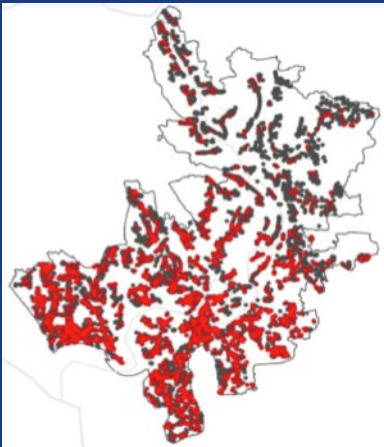
**HEALTH PROBLEM
& SOLUTION**

Violence is a Health Issue

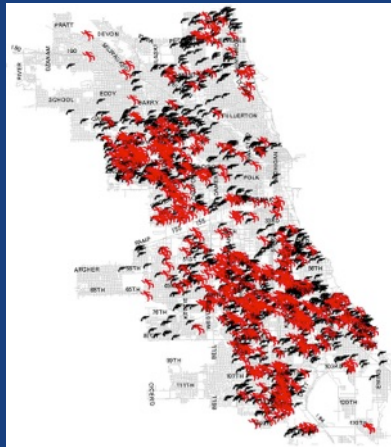
Violence Meets the Definition of Epidemic

1. Violence clusters - like a disease

Cholera



Violence

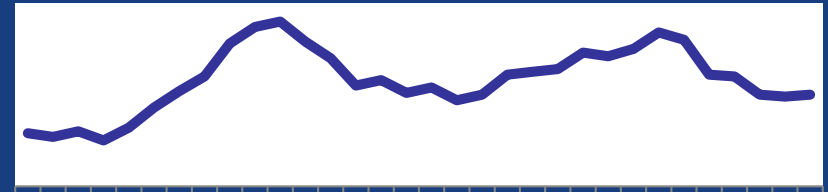


2. Violence spreads - like a disease

Influenza



Violence



3. Violence is transmitted - through exposure, modeling, social learning, and norms.



What Is Known About The Transmission of Violence?

1

Social Learning



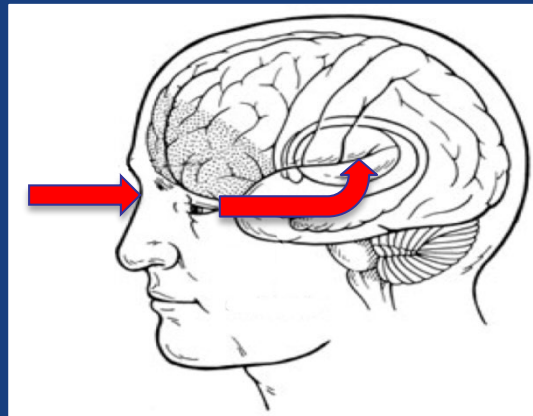
2

Social Norms



3

Neurological Effects

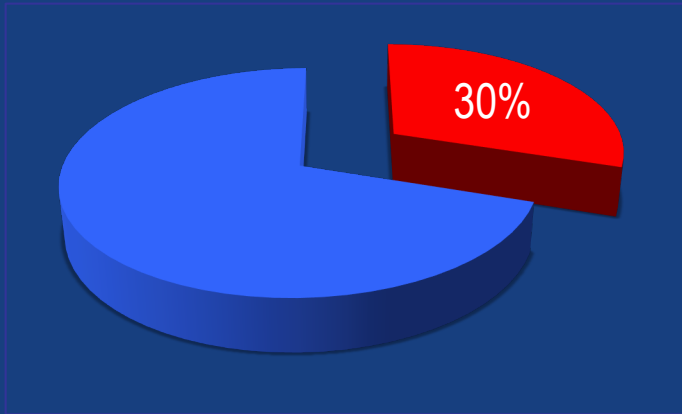


4

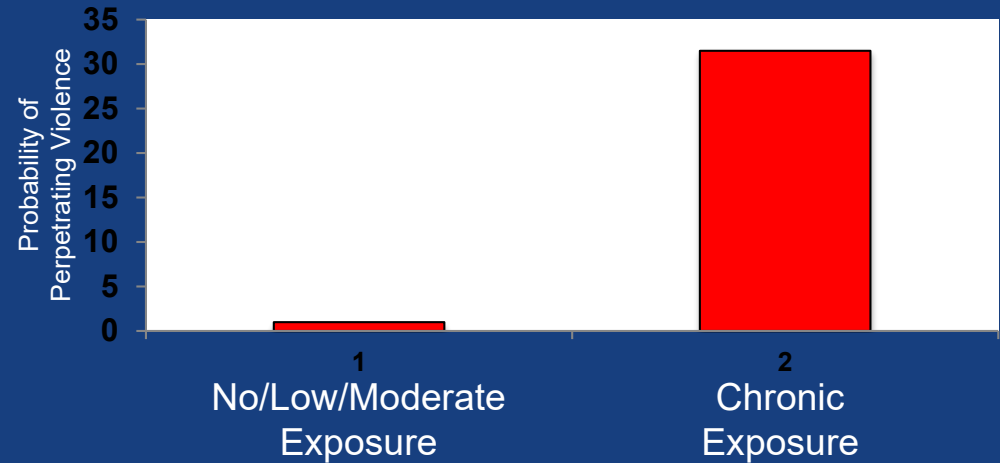
Modulating Factors

Exposure to Violence → Perpetration of Violence

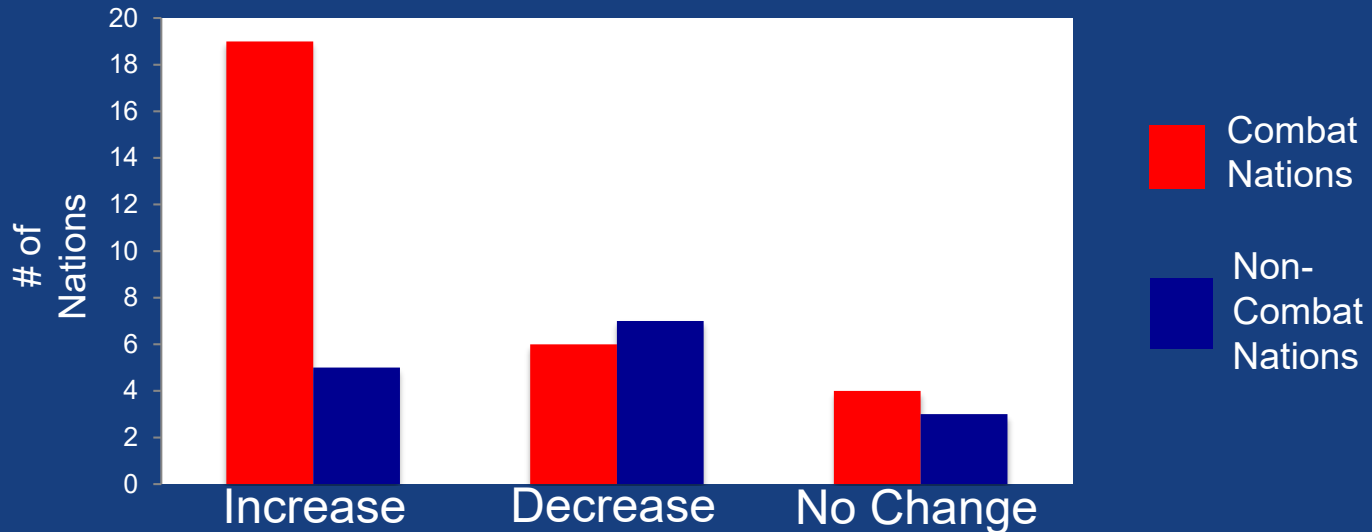
Child Abuse Victims Becoming Abusers



Chronic Exposure to Community Violence Associated with Perpetration



Community Violence Increases Post War (WW1 & WW2)



TRANSMISSION OF VIOLENCE



Transmission across syndromes

community

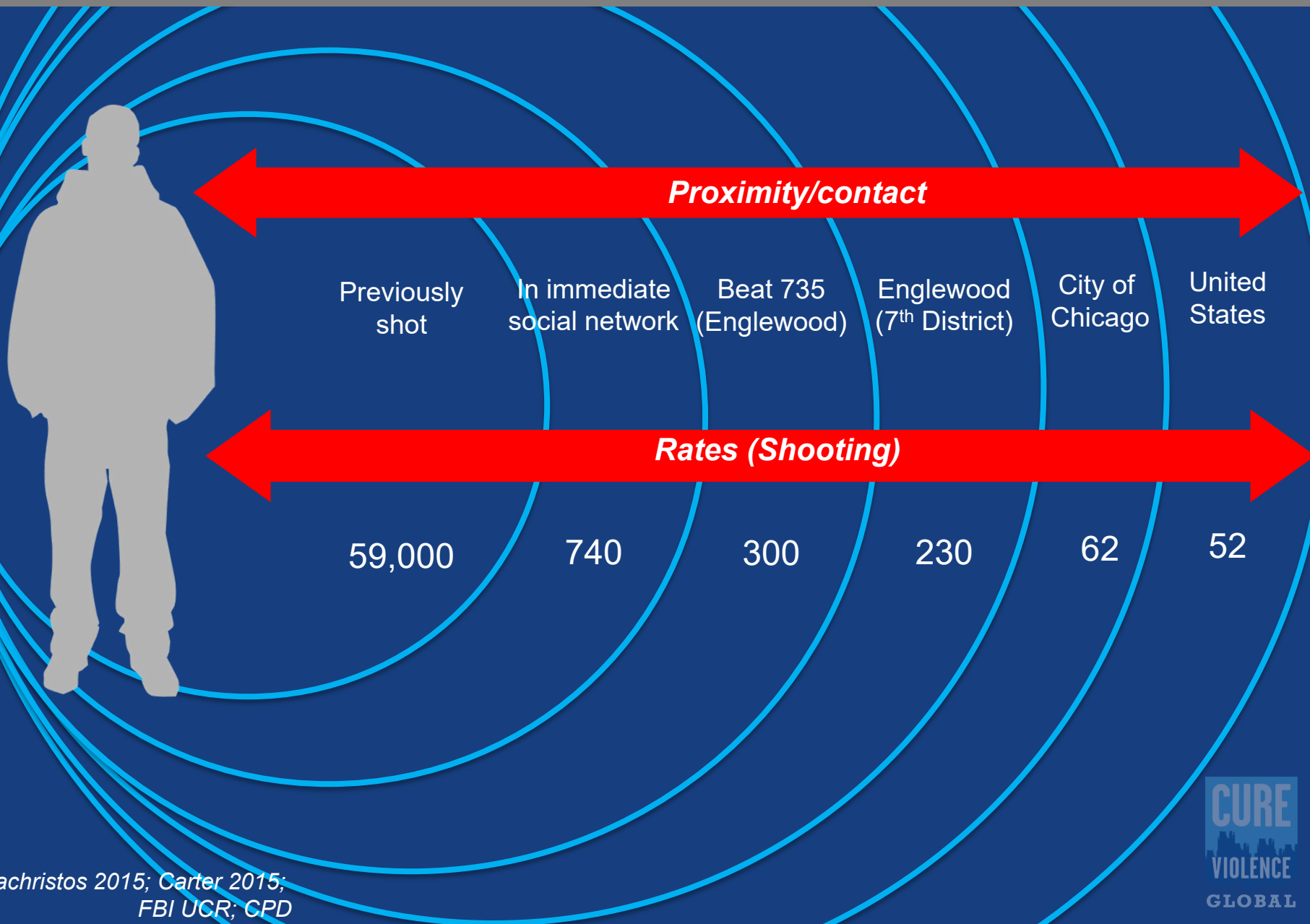
family

spousal

child

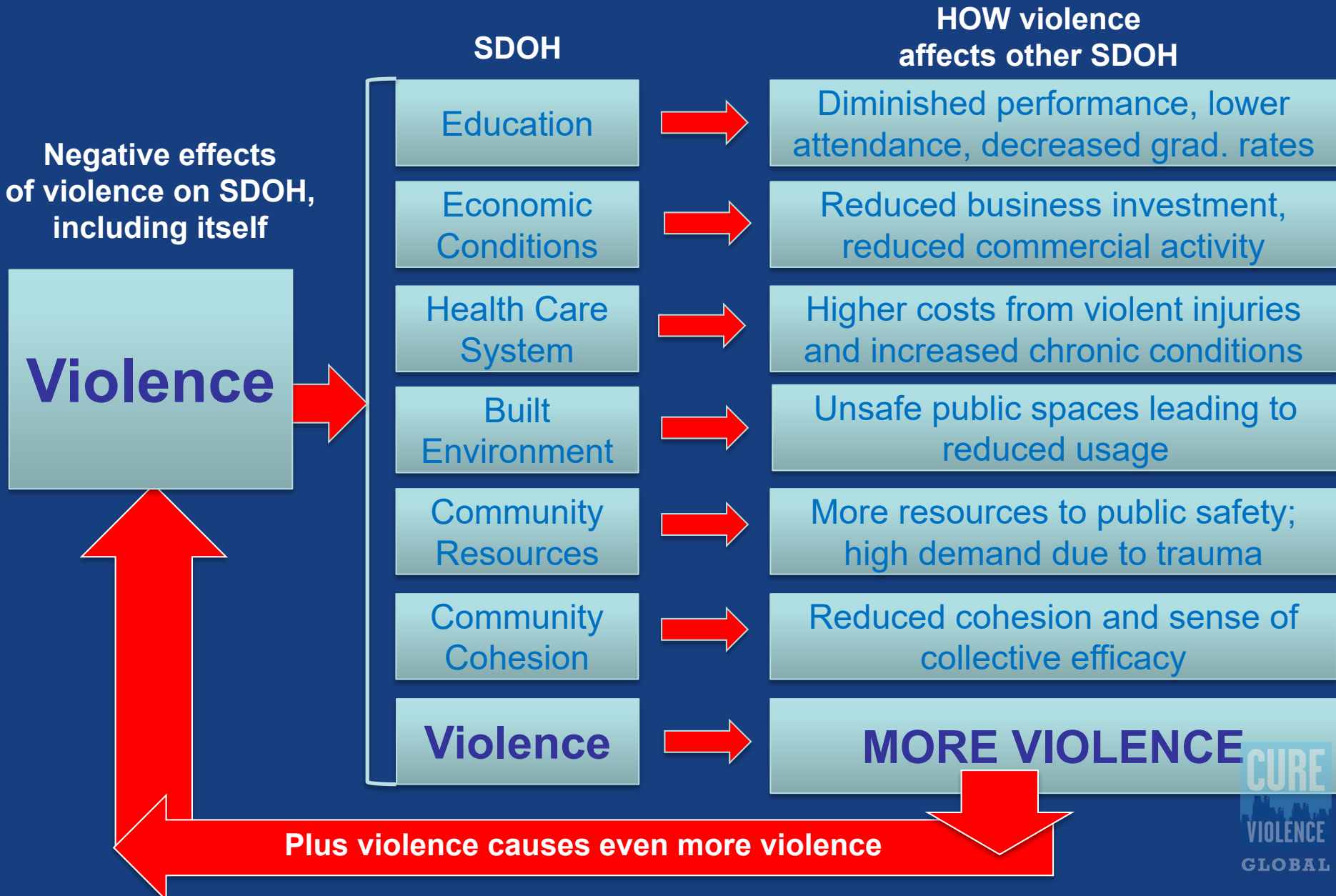
suicide

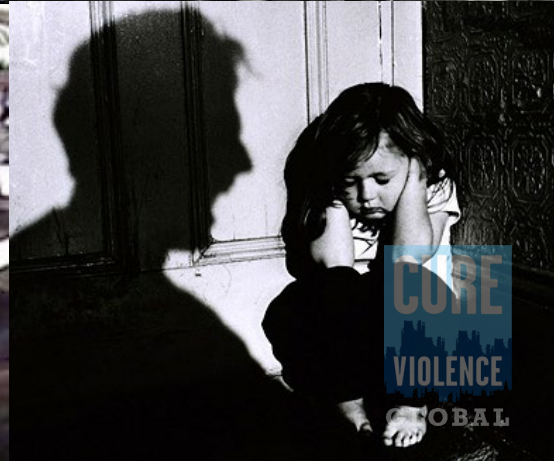
Increasing exposure, increasing rate of symptoms



Violence is a Social Determinant of Health

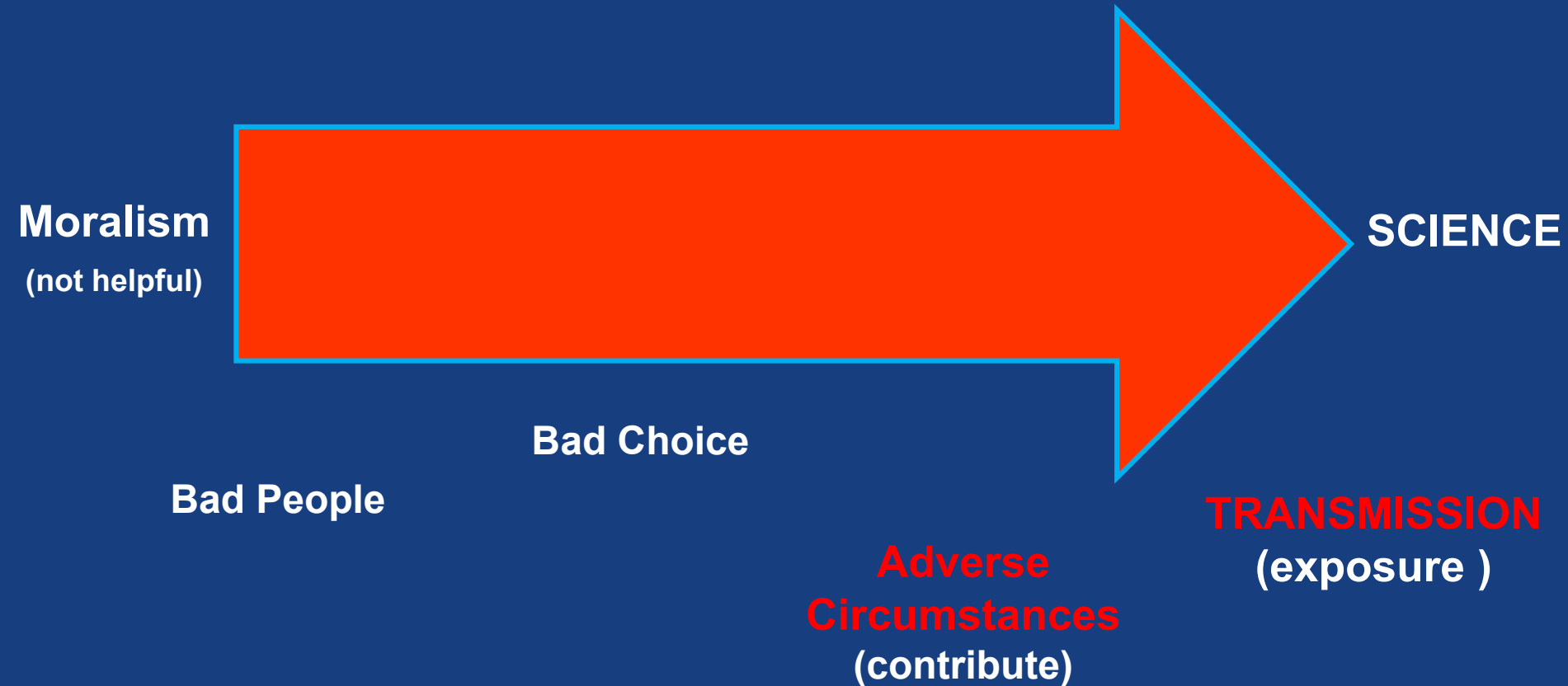
(and violence negatively affects the other determinants)





Re-Understanding Violence

Reduces current inequity and promotes understanding



WE KNOW HOW TO **STOP** EPIDEMICS

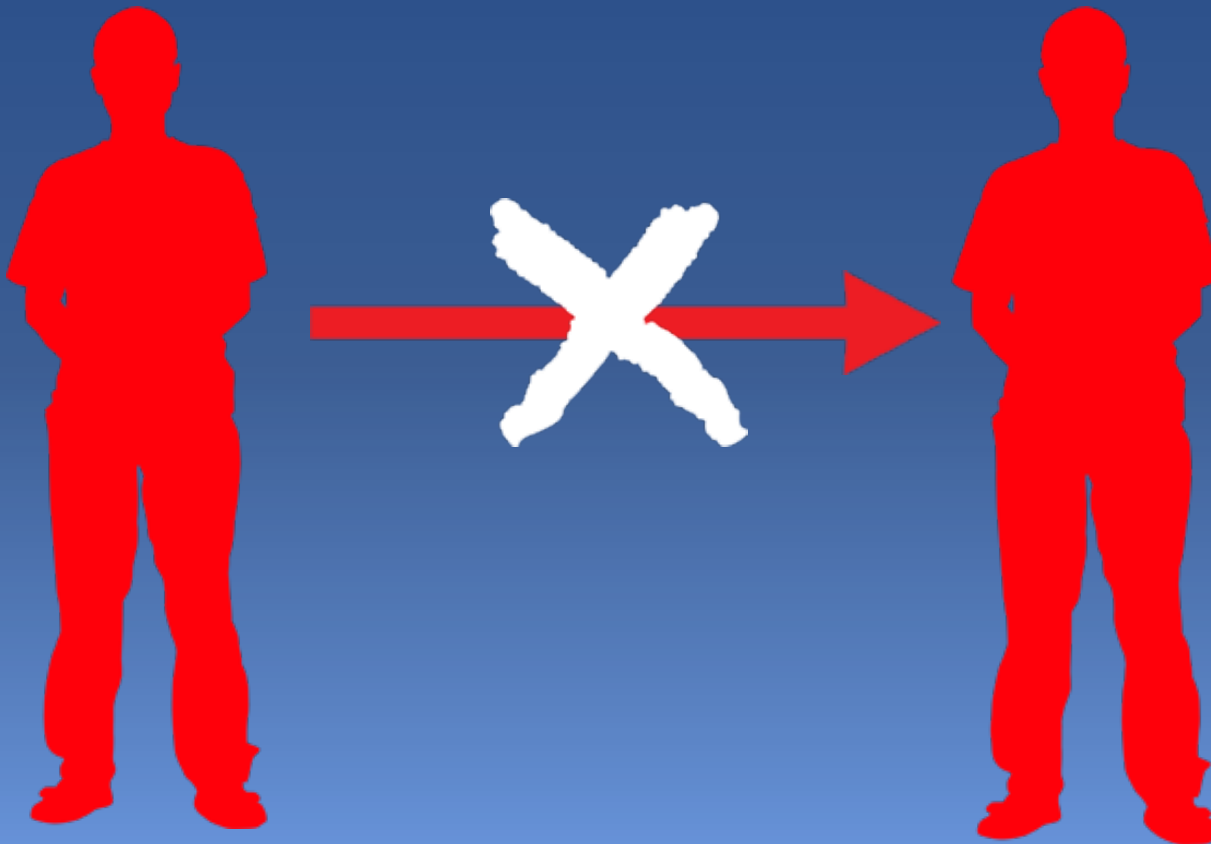
1. Interrupting transmission
2. Preventing future spread
3. Changing group norms



World Health
Organization

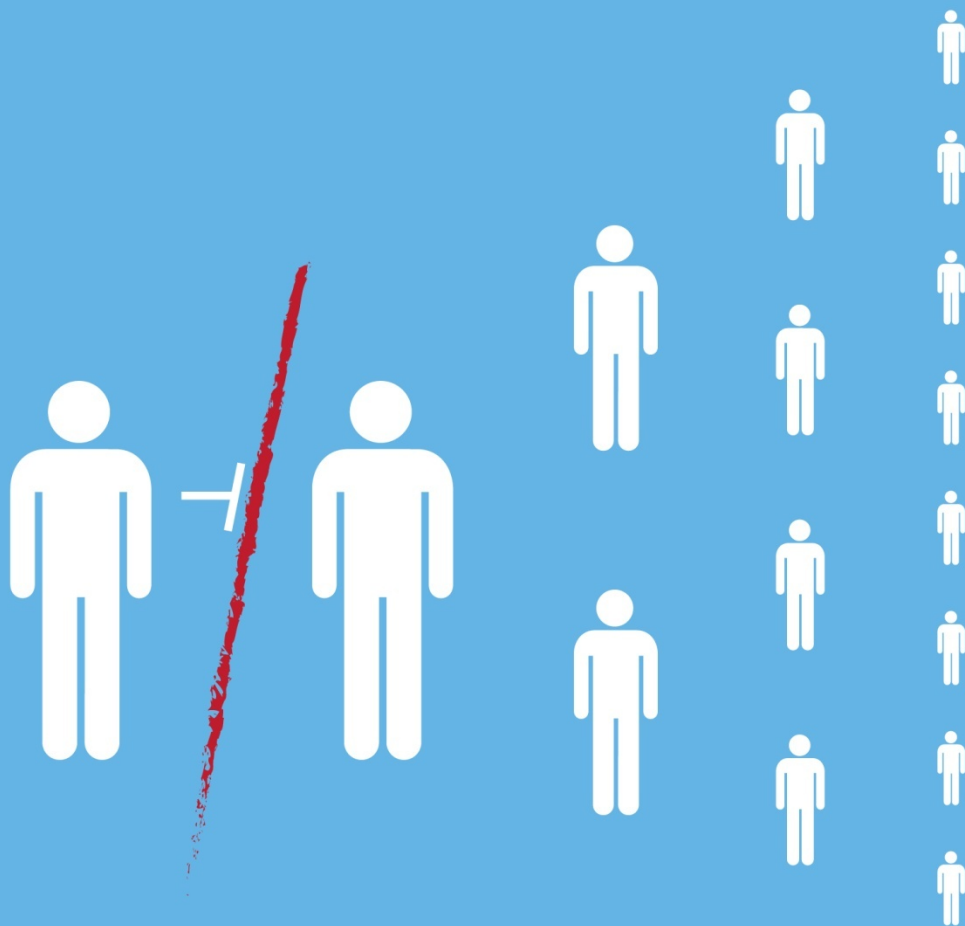
STOP EPIDEMICS by:

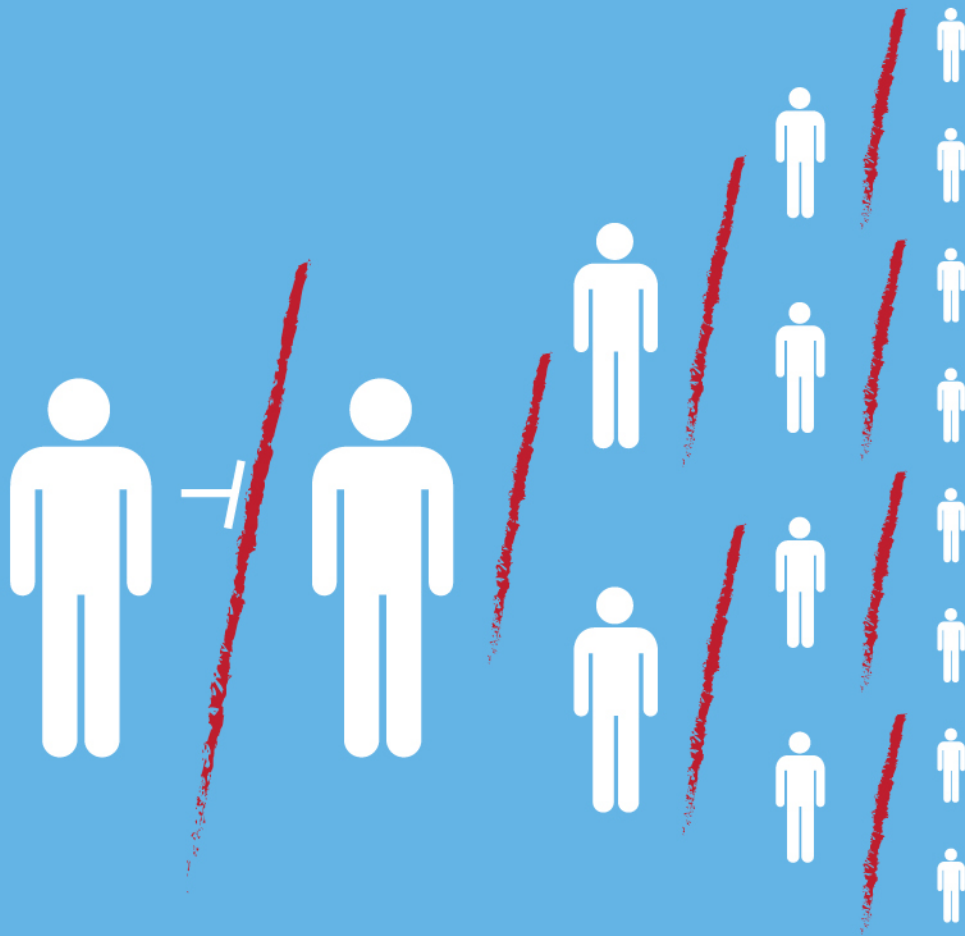
1. Interrupting transmission



IDENTIFY & TREAT THOSE AT HIGHEST RISK FOR INVOLVEMENT IN VIOLENCE









CURE
VIOLENCE

DETECTION & INTERRUPTION

CURE
VIOLENCE
GLOBAL

Credible Messengers



STOP EPIDEMICS by:

1. Interrupting transmission

2. Preventing future transmission

3. Changing group norms



World Health
Organization

CURE
VIOLENCE

CHANGE BEHAVIOR
of highest risk

CURE
VIOLENCE
GLOBAL

Photograph by Ed Kashi

A photograph of three men standing in a snowy residential neighborhood. The man on the left, wearing a tan jacket and glasses, is looking towards the other two. The man in the middle, wearing a black jacket, is looking at the man on the right. The man on the right, wearing a black quilted jacket and having a tattoo on his face, is looking back at the man in the middle. They are standing on a snow-covered street next to a green car. In the background, there is a white van, a fence with colorful graffiti, and a hot air balloon with an American flag design. The sky is overcast.

CHANGE BEHAVIOR



CHANGE BEHAVIOR

STOP EPIDEMICS by:

1. Interrupting transmission
2. Preventing future transmission
3. Changing norms




World Health
Organization

CHANGE NORMS





CHANGE NORMS



DON'T SHOOT.

I want to grow up.

CHANGE NORMS

CeaseFire Hotline
866-TO-CEASE
www.ceasefireillinois.org



Stop. Killing. People.

Each time we hear of these deaths, these lives lost, babies, sisters, families and friends.
If you're sickened by the violence that's destroying our communities, killing our kids and shooting our doctors -




Don't Let 6x9 or 6 Feet Under Be Your Only Choices

Don't Shoot!

S.O.S.

Save Our Streets
Crown Heights For information: 347.401.1595



STOP SHOOTING. START LIVING. 1-888-SNUGEN

Don't Let 6x9 or 6 Feet Under Be Your Only Choices. Man Up! Inc. Get help now! Call 1-888-SNUGEN

Safe Streets STOP SHOOTING. START LIVING.

Parents De Matar

1-888-SNUGEN

Man Up! Inc.

STOP SHOOTING. START LIVING.

CURE VIOLENCE GLOBAL

Old View New View

Bad People

Learned Behavior

Gang bangers

Negative Norms

Isolated Incidents

Contagious Process

Punishment

Disease Control

Intractable

Solvable

A photograph of a prison interior, showing a long, arched corridor with a barred window on the right. The image is used as a background for the text.

**Moving us AWAY from the punitive approaches
that traumatize people and society**



TOWARDS the health understanding and approach that provides care and healing

It Works



“I just shook my head in disbelief at what they could do And it works. It’s really changed my view about what’s possible.”



“I’ve seen this work; I’m in the middle of watching this work. I firmly believe in it.”

INDEPENDENT EVALUATIONS



Chicago
Shootings
and
Killings

41% -
73%

Philadelphia
Shootings

-30%

Baltimore
Killings

-56%

New York
City
Shootings

-63%

Behavior/Norm Change

Baltimore (Johns Hopkins)

- Norms on violence were changed
 - People in target area much less likely to accept the use of a gun to settle a dispute;
 - **4 times** more likely to show little or no support for gun use

Chicago (Northwestern)

- Program participants were asked if there was an adult in their life whom they trusted and on whom they could rely
 - 52% identified outreach workers as that person
 - Second only to their parents (66%)

Six Blocks, 96 Buildings, Zero Shootings: New Recipe at the Queensbridge Houses

About New York

By JIM DWYER JAN. 19, 2017



VISION

A world without violence

MISSION

*Reduce violence globally using disease control
and behavior change methods*

Training and Technical Assistance



- Systems/Framework Development
- Model Replication (Single, Multiple, Citywide, Statewide)
- Model Adaptation: Domestic Violence, CVE
- Strategic Planning
- Data Analysis/Mapping
- Working with the Highest Risk
- Community Norm Change
- Program Management

HEALTH SYSTEM to PREVENT VIOLENCE

www.violenceepidemic.org

Violence is among the most significant health problems not only because of death and injury, but also because of the harm, fear, and trauma caused to families and communities. It leads to a broad range of mental and physical health problems that disproportionately impact children, youth, and communities of color. In communities around the country, health approaches - integrated across sectors - are working to save lives. All communities can and should benefit from a drastic reduction of violence. This framework was created by the Violence as a Health Issue Collaborative, which is led by David Satcher, MD, MPH; Al Sommer, MD, MHS; and Gary Slutkin, MD and includes representatives from over 40 cities, 40 national organizations and over 400 health and community practitioners. The Framework will guide local government and organizational leaders to improve and systematize their efforts in violence prevention - making our country safer, healthier and more equitable.



= Outreach workers, violence interrupters, hospital responders, and community health workers



ENSURING AN EQUITY LENS

- Changing perceptions
- Increasing accountability
- Aligning resources in partnership with communities

SCHOOLS
Unlearning Violence



MENTAL HEALTH
Better Connection Strategies for Healthier Communities



ACADEMIC MEDICAL CENTERS
Research Done Right



FAITH-BASED INSTITUTIONS
Preaching Violence Prevention



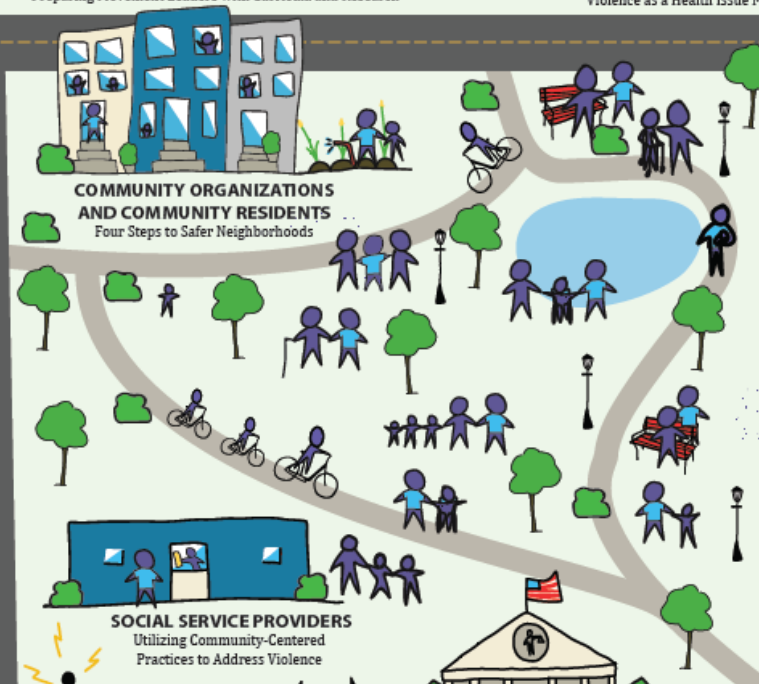
SCHOOLS OF PUBLIC HEALTH
Preparing Movement Leaders with Curricula and Research



PUBLIC HEALTH DEPARTMENTS
Coordinating, Developing, and Funding the Violence as a Health Issue Movement



HOSPITALS AS ANCHOR INSTITUTIONS
Working for Their Communities



**COMMUNITY ORGANIZATIONS
AND COMMUNITY RESIDENTS**
Four Steps to Safer Neighborhoods



SOCIAL SERVICE PROVIDERS
Utilizing Community-Centered Practices to Address Violence



LAW ENFORCEMENT AND THE JUSTICE SYSTEM
Supporting Public Health Contributions and Ensuring Accountability Towards a Healthy/Equitable System

COMMUNITY INFORMATION SYSTEMS
Monitoring Trends of Violence Nationwide



EMERGENCY DEPARTMENTS AND ACUTE CARE FACILITIES
Identifying and Supporting Individuals and Families at Risk



HEALTH CARE SYSTEM
Economics, Violence Prevention and Policy



BEHAVIORAL HEALTH CARE
Integrated Medical and Behavioral Health Systems



EARLY CHILDHOOD DEVELOPMENT CENTERS AND THE CHILD WELFARE SYSTEM
Starting off Strong



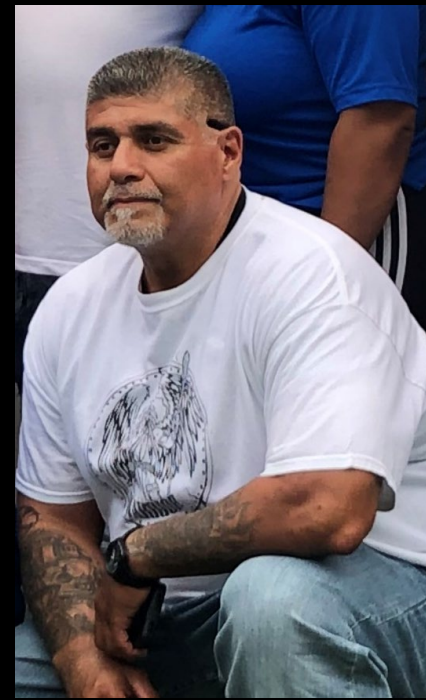
PRIMARY CARE
Establishing a Safe Environment and Making Connections

MEDIA
Changing the Dominant Narrative

Ellen Lovelidge (@lovelidge.com) 2017

**VIOLENCE
GLOBAL**

CURE VIOLENCE GLOBAL TTA Team



Replicating the Cure Violence Model



**DETECT AND
INTERRUPT
POTENTIALLY
VIOLENT
CONFLICTS**



**TREAT THOSE AT
HIGHEST RISK FOR
INVOLVEMENT IN
VIOLENCE**



**GROUP AND
COMMUNITY
NORM CHANGE**



**DATA AND
MONITORING**



**TRAINING AND
TECHNICAL
ASSISTANCE**

CORE COMPONENTS

IMPLEMENTING COMPONENTS

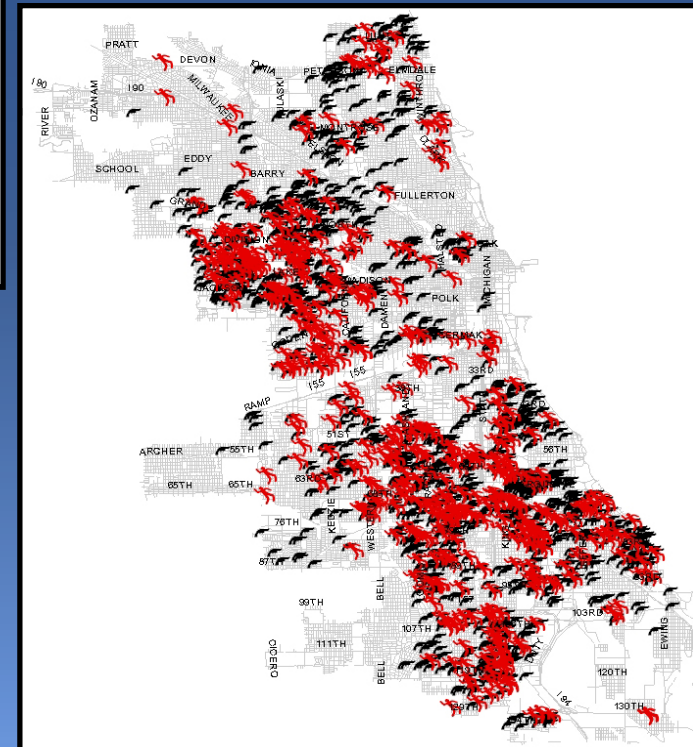
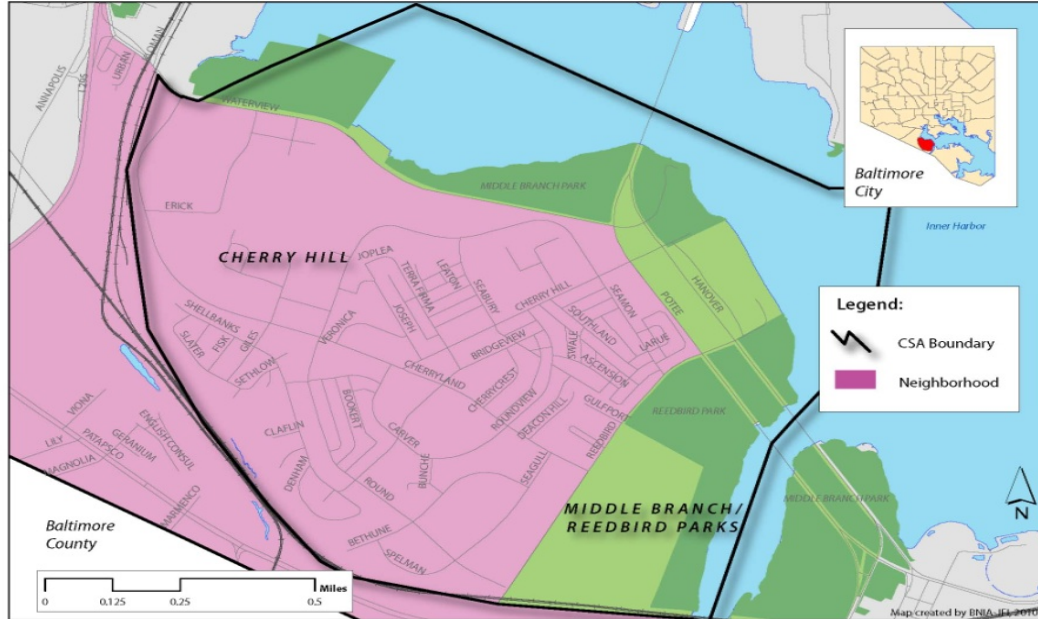
Critical Elements of the Model

The Right...

- Community
- Lead Agency & Implementing Organization(s)
- Partners
- Approach
 - ❖ Workers with the Right skills & Right credibility/suitability/support
 - ❖ Data Analyses
 - ❖ Participants
 - ❖ Messages and Messengers

The Right: Community

Cherry Hill Community Statistical Area



The Right: Lead Agency & Implementing Organization(s)

Lead Agency

- Frequently Health Department
- Roles & Responsibilities

Implementing Organizations

- Mission consistent with the model
- Strong ties to the target community
- History of working with highest-risk individuals
- Supportive of a non-traditional approach to violence reduction



The Right: **Partners**

- Mayor's Office
- Law Enforcement
- Hospitals
- Faith Community
- Service Providers
 - ❖ Education
 - ❖ Job Readiness
 - ❖ Employment
 - ❖ Substance Abuse
 - ❖ Mental Health



The Right: Approach

- Continuous Data Analyses (efficient & effective)
 - Hot Spots
 - Hours (incidents vs. operation)
 - Groups
 - Mapping
 - Incident Review
- Working with the Right Participants
 - Highest Risk
- Right Messages & Messengers

The Right: Approach

The Right Staff with the Right Skills

MUST BE:

- Able to relate to highest risk
- Credible
- Suitable
- Connected to target community
- Street-smart
- Professional



The Team

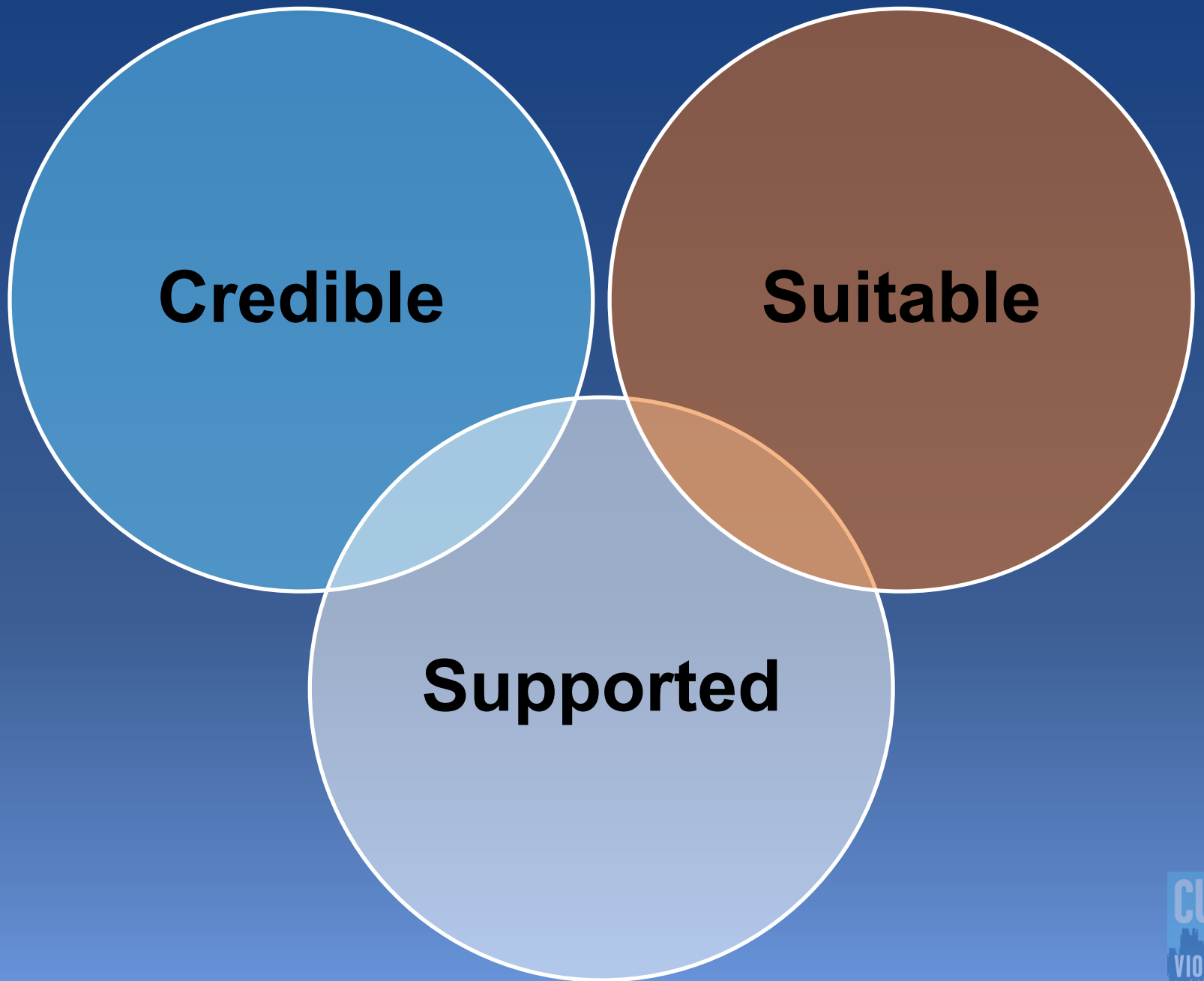
Program Manager

Outreach Supervisor

Outreach Worker

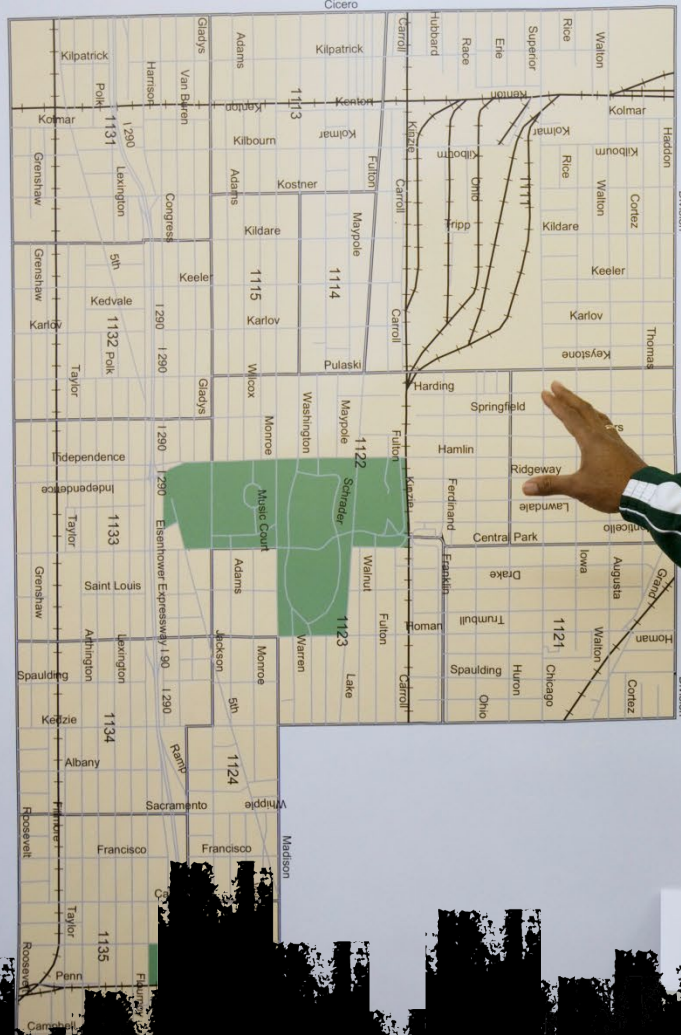
Violence Interrupter





The Right Approach: **Who We Work With**

- **Gang/group/cliقة/crew/etc. Involvement**
- **Key Role in Gang/group/cliقة/crew/etc.**
- **Prior Criminal History**
- **High-Risk Street Activity**
- **Victim of shooting**
- **Between the ages of 14 and 25**
- **Recently released from incarceration**
- **Weapons carrier**



CURE VIOLENCE

Communicator

sense of humor

relate to population

empathy

judgemental

hardworker

faithful

ethics

social skills

meet people where they're at

not discriminating

persistent

self-care

desire

good listener

advocate

compassion

good partner

patient

humility

vision

solidarity

on point

services

determination

dance

lead by example

sincere

confidence

tted

common sense

le car

nar

eful

creative

under

Using Data Strategically

Select Language



Announcements

Reminders

Showing 0 record(s).

Participant	Contact	Organization	Start Date
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Shootings and Homicides

Region

Search

Site

Search



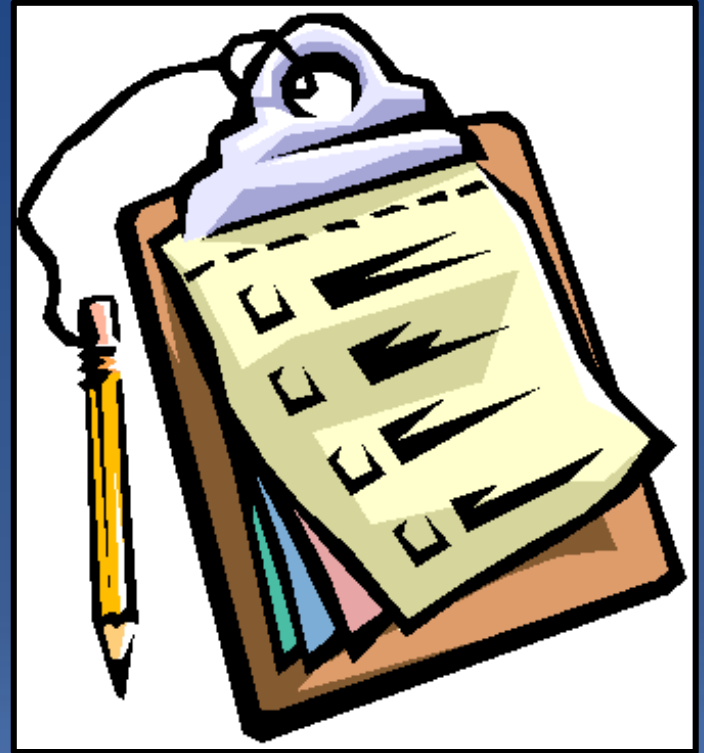
Pending conflict mediations

Assessment

- Data Analysis
- Target Area Analysis
- Feasibility of Implementation
- Recommendations

Pre-Implementation

- Project Coordination
- Official Data Review
- Stakeholder Coalition Development
- Identification of Partners
- Staff recruitment



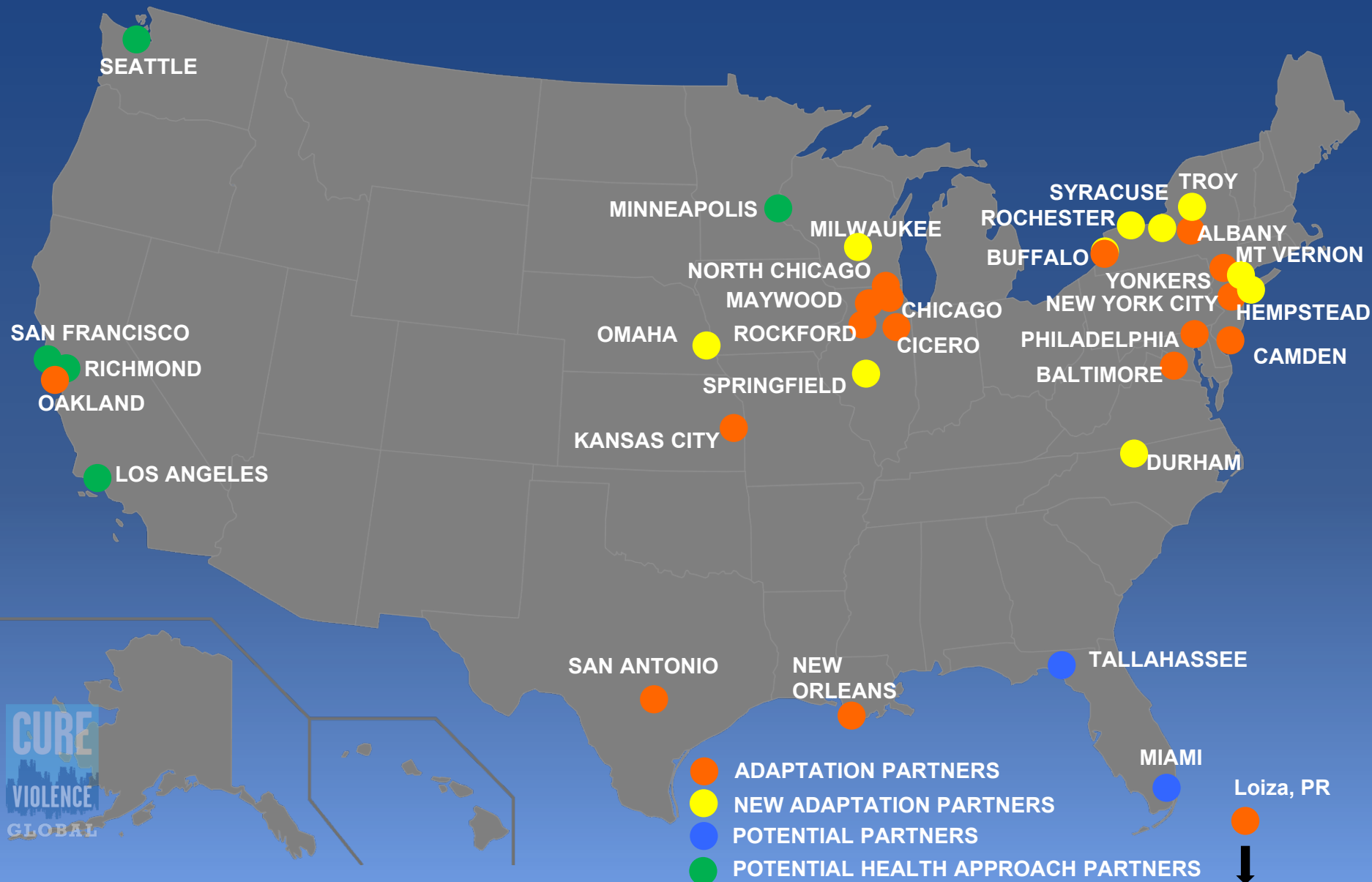
Cure Violence Assessment Visit Schedule 2017

Day	Meeting Description	Objective
Day 1	Agenda Briefing+ Review with sponsor of visit	<ul style="list-style-type: none"> Clarify agenda to ensure agenda will allow all objectives to be met: Determine Potential Target Areas; Determine Target Population; Determine Potential oversight/Community based partners; and Identify potential workers (do they exist?)
	Cure Violence 101 Workshop: ½ day meeting with representation from key entities and/or government agencies/organizations/offices/etc. who will be visited over the course of week	<ul style="list-style-type: none"> Background/orientation to as many individuals and institutions as possible to facilitate the conversations during the week Screen 20 min documentary and/or Interrupters film (Depending on time)
Day 2	Official Data Review meetings: Mayor's Office; Health Department; Police Department; Office(s) of (Youth) Violence Prevention (or other city/state wide efforts); and Level 1 Trauma Unit(s)	<p>Visualize Need/Determine Potential Target Area(s):</p> <ul style="list-style-type: none"> Identify of chronic "hot spots" where shootings and killings have persisted for multiple years Demographic information for both victims and offenders (age and gender) Reasons/motives given for shootings and killings Types of weapons used Days of the week and during which time period(s) are violent incidents most likely to occur <p>Determine Target Population:</p> <ul style="list-style-type: none"> Determine who is most likely to be involved in a shooting or killing: age range, race, criminal history, gang affiliation, etc.; Who are the most violent groups in the target area? Who is at highest risk to be involved in the violence? What are common risk factors for the groups and individuals? Of all the violent groups and individuals, who should be the focus of the program? Number of target population in each proposed target area
Days 2-3	Community Partner Meetings: Potential Oversight Agency (if not at city/state level) and Community Based Partners that work in potential target areas (including faith based organizations)	<p>Determine best potential oversight and community based partners:</p> <ul style="list-style-type: none"> Organization has a mission in sync with Cure Violence health based model Have strong ties to the community where they are based (and where they would be implementing Cure Violence) Have prior experience with the target population Be able to recruit potential workers Have the ability to hire and work with people who have criminal histories/come from the groups in conflict in target area

Implementation

- Selection of Community Based Partner(s)
- Staffing
- Facilitation of training
 - Violence is a Health Issue
 - Cure Violence 101
 - Violence Interruption and Reduction Training (VIRT)
 - Management Training
 - Database Training
 - Specialized Trainings, based on needs assessment
 - Trauma 101
 - Roles for Community and Faith Leaders
 - Engaging the Highest Risk
 - Spokesperson
 - Hospital Intervention Training, if applicable
 - School Intervention, if applicable

CURE VIOLENCE U.S. ADAPTATION PARTNERS



Adaptations



On-going Technical Assistance



Cost

Varies by community dependent upon:

- Cost of living
- Levels of violence
- Size of target area
- Available resources
- Additional adaptations

Site Level

\$350,000 - \$850,000 per site

- 85% of costs are salaries/fringe
- All funding stays at the community level

CV Training & Technical Assistance (TTA)

Assessment Visit: Approx. \$7,500

Yearly TTA: \$50,000 - \$250,000*

- Violence Intervention Reduction Training
- Hiring
- Strategic Planning
- Management
- Database
- Violence is a Health Issue
- Becoming a Spokesperson
- Trauma 101
- Boosters

*Dependent on level of implementation and/or TTA needs



\$76.9 Million

Estimated savings resulting from use of Cure Violence health model in Chicago in 2014. More than 10% are government savings.



\$8.1 Million

Estimated first year cost saving in the first Cure Violence community in Chicago's West Garfield Park in 2000.



\$17.96

Cost/benefit for Cure Violence in Chicago - for every \$1 spent there were nearly \$18 in savings. Costs specifically paid by government sources saved \$2 for every \$1 spent.

The ROI of Cure Violence

Return on Investment

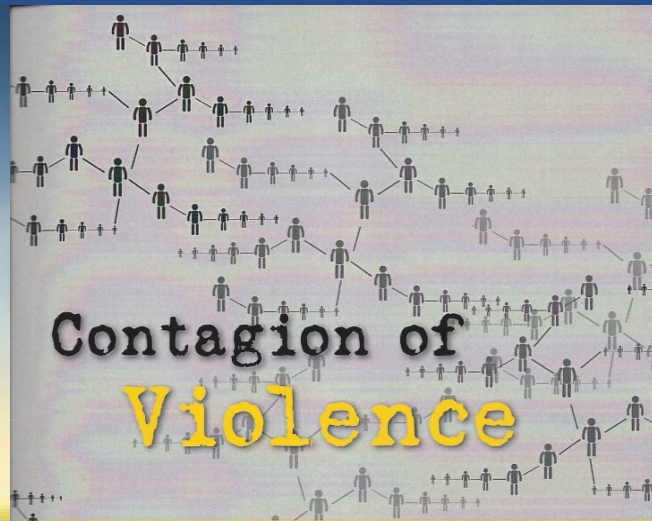
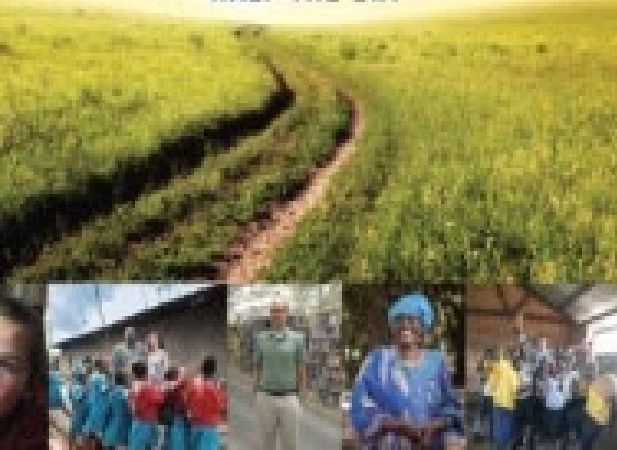
“Cure Violence....the approach
that will come to prominence.”
- *The Economist*

A PATH APPEARS

TRANSFORMING LIVES,
CREATING OPPORTUNITY

Nicholas D. Kristof
and Sheryl WuDunn

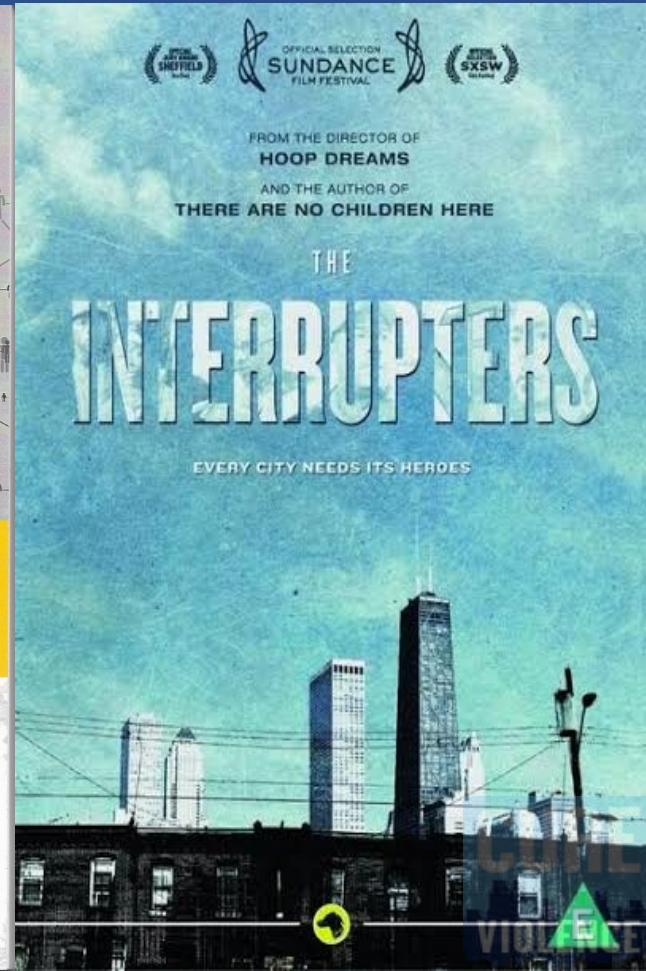
OUTSIDE OF THE #1 BEST SELLER
HALF THE SKY

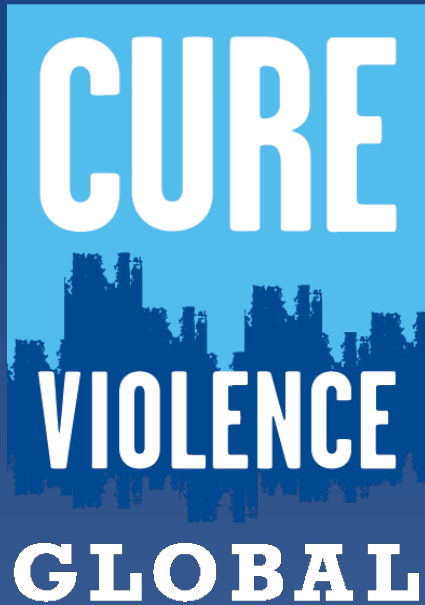


FORUM ON GLOBAL VIOLENCE PREVENTION

WORKSHOP SUMMARY

INSTITUTE OF MEDICINE AND
NATIONAL RESEARCH COUNCIL
OF THE NATIONAL ACADEMIES





Thank you!

For Additional Information Visit:
www.cvg.org