

WE CAN CURE VIOLENCE

Cure Violence is ranked the #9 NGO in the World by NGO Advisor (2020) 1st among organizations preventing violence

Cure Violence approaches violence with the understanding that violence is an epidemic process that can be stopped using the same health strategies employed to fight epidemics. This theory of change utilizes carefully selected and trained workers — trusted members of the communities we serve — to interrupt the contagion using a three-prong approach:



1. Detect and interrupt the transmission of violence.
Anticipate where violence may occur and intervene before it erupts.



2. Change the behavior of the highest potential transmitters.

Identify those at highest risk for violence and work to change their behavior.



3. Change community norms.

Influence social norms to discourage the use of violence.

The Cure Violence method was developed using strategies derived from the World Health Organization, and has won multiple awards. It has been promoted by the Institute of Medicine, the World Bank, the Inter-American Development Bank and others. Its work was featured in the 2014 New York Times best-seller "A Path Appears" and in the 2011 award winning documentary The Interrupters. The health approach is currently being implemented by local partners with great success throughout the world.

Cure Violence provides a low-cost, high-impact way to reduce violence in the most violent communities, paving the way for increased investment and prosperity. Our highly adaptable approach works with local partners to take into consideration the very particular political and other considerations at play in the community.

United States: Implemented by local partners in more than 50 sites in more than 25 cities. Independent evaluations have shown reductions in violence of between 41% to 73% in Chicago, 34% to 56% in Baltimore, and 63% in New York City.

Canada: Local partner Community Justice Society in Halifax started implementation in April 2014. Initial results from an independent evaluation show reductions in killings, shootings, and violent crime. In December, the Maskwacis Youth Initiative began implementing with 7 workers mediating over 100 conflicts.

Puerto Rico (US): Local partner Acuerdo de Paz began implementation in March 2012 in three target areas in Loiza. An independent evaluation found a 50% reduction in killings in 2012 that was maintained in 2013.

Trinidad and Tobago: Program implemented in 2015 in Laventille area of Port of Spain. Undependent evaluation found a 45% reduction in violent crime, 38% reduction in gunshot wound admissions, and a reduction in calls to police.

Jamaica: Providing training and technical assistance to 60 workers across multiple communities in Kingston and Montego Bay in partnership with UNICEF.

Mexico: Local partner in Juarez began in 2014 with 30 interrupters funded by a public/private partnership. Overall reductions in killings in 2015 and 2016, most sites having 50% or more reduction in 2016. Program in Chihuahua began in 2017.

Honduras: Local partners implemented an adaptation beginning April 2013 and currently have a staff of 10 interrupters who have interrupted over 1,000 potentially lethal conflicts. Site data shows an 88% reduction in shootings and killings and official data shows an 80% reduction in the target zone.

El Salvador: In partnership with Save the Children and USAID, providing training and technical assistance to 20 workers across multiple communities.

Brazil: Initial assessments conducted in Recife and Rio de Janeiro.

Colombia: Assessment and planning visits in Barranquilla, Medellin, and Cali. Discussions on post-conflict peace process ongoing.

Iraq: From 2008 to 2013, over 65 violence interrupters were trained in four sites in Basrah and two sites in Sadr City, resulting in close to 1000 interruptions.

Syria: In 2013, 133 Syrians were trained in Cure Violence methods with partners; 70% reported interrupting violence within 3 months. New work to begin in 2017-8.

☐ West Bank: 25 workers implementing projects in 4 communities: Bethlehem, Hebron, ☑ Jerusalem, and Nablus/Jenin. More trainings are being planned.

Morocco: Three trainings provided for a reintigration and re-entry program.

Nigeria: Public health training provided for high risk groups.

Kenya: In March 2013, partnered with Sisi Ni Amani-Kenya, PopTech, Medic Mobile, and Praekelt Foundation to successfully prevent violence during and after elections.

South Africa: Local partner VPUU began implementation in Cape Town in January of 2013. The staff has mediated more than 1,000 conflicts and 30 group interventions. An independent evaluation found a reduction of 53% in shootings and 31% in killings.

England: Local partner Surviving our Streets implemented the Cure Violence model in a youth prison in 2013. An independent evaluation found a 51% reduction in overall violence and a 95% reduction in group attacks.

A Proven Theory of Chan

An understanding of violence as an epidemic process; one that:

- Spreads across types of violence
- Interferes with development
- Has dramatic effects on children
- Responds to epidemic control

Independent Evaluations

- 1. CHICAGO (Northwestern Univ./USDOJ)
 41–73% drop in shootings
 100% reduction in retaliations
- 2. BALTIMORE (Johns Hopkins Univ./CDC)
 34–56% drop in shootings & killings
 Evidence of norm change
- 3. NEW YORK CITY (Center for Court Innovation/USDOJ) 20% lower rate of shooting
- 4. CHICAGO (University of Chicago/UIC)
 31% drop in killings
 19% drop in shootings
- 5. NEW YORK CITY (John Jay/Robert Wood Johnson) 37-50% drop in gun injuries Norm change - less violent
- **6.** PHILADELPHIA (Temple Univ./USDOJ) 30% drop in shootings
- 7. TRINIDAD (Arizona State Univ./IDB)
 45% drop in violent crime
 38% drop in gun shot wounds

Characteristics of Cure Violence

- Data driven, evidence-based
- Highly adaptable to different cultures, contexts and types of violence
- Hyper-local approach, working with local partners
- Credible workers with access and ability to change those committing violence

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How Cure Violence Can Help

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