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Charles Ransford, MMP
R. Brent Decker, MSW, MPH
Gary Slutkin, MD
Cure Violence

Cure Violence Model Adaptation for Reducing Prison Violence

Abstract

Prison violence is a significant problem that results in serious health problems for incarcerated persons, including increased risk of behavioural problems, serious injury, and death. The disciplinary and management approaches that are typically employed for reducing violence in prisons have limitations; moreover, they do not change the norms or behaviors that drive violence.

The Cure Violence model to stopping violence is an epidemic control model that reduces violence by changing norms and behaviors and has been proven effective in the community setting. In 2013, the Cookham Wood Youth Offender Institute adapted the Cure Violence approach to the prison setting, implementing a program that included hiring incarcerated persons as workers and training them in methods of norm change and behavior change.

The results from this pilot project showed sharp decreases in violence: 95% reduction in group attacks, more than 50% reduction in all other forms of violence, and large reductions in the use of force by prison staff. These results suggest that the Cure Violence approach can be a very effective method for stopping violence in prisons, including violence affecting incarcerated youth.

CURE VIOLENCE

1603 West Taylor Street | MC 923
Chicago, Illinois 60612
312-996-8775
cureviolence.org

@CureViolence
facebook.com/CureViolence

Cure Violence Model Adaptation for Reducing Prison Violence

The program implemented in 2013 in Cookham Wood was adapted from the Cure Violence Health Model for the prevention of violence, which works by interrupting violent events, changing violent behaviours, and changing community norms.

In many countries, violence in prison is commonplace, and rates of assaults and deaths in these settings are much higher than in the general population. Statistics on the magnitude of the problem are not widely available because, unlike violence that takes place outside prison, assaults in prisons are not tracked as crimes. One study estimated that the actual rate of violence may be as much as 11 times greater than what is reported.[i] In the United States, it is estimated that prison assault rates were 18 times higher for males and 27 times higher for females than in the general population, with about 21% of incarcerated persons experiencing an assault over a six-month period and about 40% of these assaults resulting in injury.[ii] While data on international rates of prison violence is not widely available, reports indicate significant problems in many countries throughout the Americas, Asia, Africa, and Europe.[iii]

Prison violence is typically handled using disciplinary and management approaches, sometimes involving the use of force, solitary confinement, restraints, or other harsh forms of punishment, which can be administered inhumanely and cause serious health problems in the individuals subjected to them.[iv] Even when they are practiced with care, disciplinary and management approaches require substantial resources in order to deal with multiple factions and individuals involved in a large, complex prison system.

HMYOI Cookham Wood is a Young Offender Institute (Cookham Wood) in the county of Kent in southeast England that houses male prisoners under the age of 18. In order to address a significant violence problem, Cookham Wood decided to go beyond disciplinary and management approaches by piloting a health-based model that used epidemic control techniques for stopping violence. The program implemented in 2013 in Cookham Wood was adapted from the Cure Violence Health Model for the prevention of violence, which works by interrupting violent events, changing violent behaviours, and changing community norms.

The Cure Violence Health Model treats violence as an epidemic process that spreads through exposure and therefore adapts the methods used to stop other epidemics to stop violence.[v vi] The epidemic control method detects and interrupts violent events, identifies and treats the highest risk, and changes norms to discourage the use of violence. A central characteristic of the Cure Violence model is the use of "credible messengers" as workers—individuals from the same communities who are trusted and have access to the people who are most at risk of perpetrating violence.

The Cure Violence Health Model has been externally evaluated several times, with each evaluation showing large, statistically significant reductions in gun violence. In the United States, the model has been implemented in more than 50 communities and has had reductions of greater than 70% in shootings and killing. Cure Violence has also been adapted to address violence in communities in Latin America, the Middle East, and Africa.

The Cookham Wood adaptation represents the first time that the Cure Violence Health Model has been used to address violence in prisons. This paper will describe the implementation of the CV prison program in Cookham Wood, report on the effectiveness of the program, and suggest ways in which this model could be implemented more widely to reduce violence in prisons. Our report on the effectiveness of the Cookham Wood program will draw heavily on the independent analysis performed by Daniel Silverstone and Matt Scandrett ("Silverstone Report") of the London Metropolitan University.[vii]

Problem of Prison Violence Globally

In many places around the world, prisons are extremely violent places. However, data on violence in prisons is lacking globally because, unlike violence that takes place outside prison, assaults in prisons are considered disciplinary or management problems in correctional facilities and therefore are not tracked as crimes.[viii] Yet the problem of violence in prisons shows no sign of abating: "With the decline of HIV and TB rates, injuries are now the most common health problem in correctional facilities." [ix x]

Reports of people killed in prison are more available. In the Americas in 2014, the homicide rate among prisoners (56.7 per 100,000 prisoners) is three times higher than the homicide rate for the general population in these countries.[xi] As a specific example, a total of 506 people were killed in Venezuelan prisons in 2013, and as many as 6,163 prisoners have been murdered and 16,208 injured since 1999.

Data on assaults is more difficult to obtain. In the United States in 2004, a total of 15.9% of state prisoners and 8.3% of federal prisoners reported having been injured since admission due to a fight.[xii] In 2000, a total of 52,307 assaults by incarcerated persons were reported—a rate of 14.6 per 1,000. There were also 606 major incidents that involved more than five incarcerated persons and serious injury or damage (state facilities only).[xiii]

The rate of violence in prison is much higher than violence outside prison and results in a very dangerous, inhumane environment. The seriousness becomes all the more important with the trend of mass incarceration around the world and particularly in the United States.

An estimated 10.2 million people are held in penal institutions globally, almost half of whom are held in the United States, Russia or China.[xiv] The world prison population rate is about 144 per 100,000, with the United States having the highest prison population rate in the world at 716 per 100,000.[xv] In the United States at the end of 2014, there were an estimated 2,224,400 persons incarcerated, with approximately 6,851,000 persons under supervision of the U.S. adult correctional system—about one in 36 adults.[xvi]

http://www.mirror.co.uk/news/uk-news/rise-brutal-attacks-cookham-wood-6490392

Problem of Violence at Cookham Wood

Cookham Wood Youth Offender Institute was built in 1978 in Kent, England, and is situated between two other Youth Offender Institutes—Rochester and Medway Secure Training Centre.[xvii] Cookham Wood was originally an adult female prison with a female juvenile unit. To reduce capacity pressures in London and the South East region, Cookham Wood was converted to a juvenile center for young men ages 15 to 18 in May 2008.[xix]

Cookham Wood had an operational capacity of 131 male juveniles through 2013. During the one-year implementation of the Cure Violence model in 2013, the number of incarcerated youth fluctuated

between a low of 84 and a maximum of 122. In January 2014, work was completed on new accommodation and education facilities that increased Cookham Wood's capacity to 179.[xx] The establishment serves the courts from Kent, Sussex and London.[xxi]

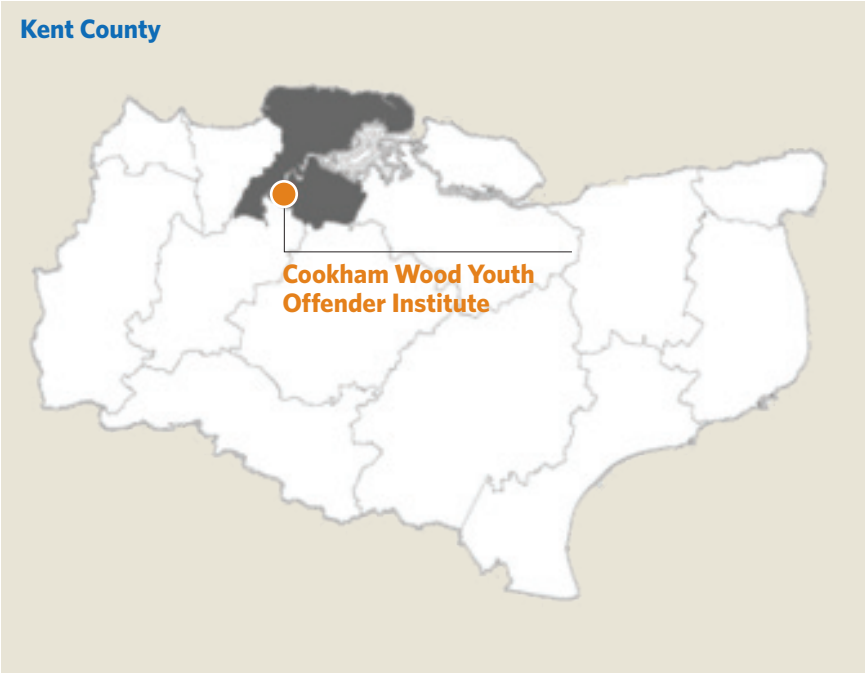
Cookham Wood has a significant problem with violence. A year before the Cure Violence model was implemented, violence was described in a report on Cookham Wood as "our major concern." [xxii] The reason for the concern was twofold: the harm done to incarcerated persons and prison staff and the disruption of attempts at rehabilitation.[xxiii]

The number of incidents at Cookham Wood was significantly higher than that in similar facilities; one incident, in January 2012, led to the death of a 15-year-old youth.[xxiv] Violent incidents at Cookham Wood were increasing and the nature of the violence was escalating. [xxv] Violent incidents doubled in the first quarter of 2012, and management staff became more concerned about group assaults that could result in serious injuries or death.[xxvi]

While prison officials recognized the problem and worked hard to address it, internal reports acknowledged the limitations of the typical disciplinary and management approaches. Cookham Wood housed individuals from an average of 30 recognized gangs, with about one-third of the youth having gang affiliations.[xxvii]

The large numbers of gangs and high-risk individuals creates extreme difficulties. One report stated, "It must also be acknowledged that the task of keeping certain factions apart in Cookham Wood is problematic and time consuming, a difficulty exacerbated by the layout of the prison."[xxvii] Faced with increasing and more serious violence and a limit in the effectiveness of typical approaches, the governor of Cookham Wood decided to employ the Cure Violence Model.[xxix]

Cure Violence Adaptation in the United Kingdom



Cure Violence Model: Components and Effectiveness

The Cure Violence Model is an epidemic control approach to violence prevention. It recognizes and addresses the contagious nature of violence by adapting the World Health Organization's model for addressing other epidemics. [xxxii] The Cure Violence Model has three 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.

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A central characteristic of the Cure Violence model is the use of credible messengers as workers—individuals from affected communities who are trusted and have access to the people who are most at risk of perpetrating violence.

3. CHANGE COMMUNITY NORMS by influencing social norms to discourage the use of violence.

A central characteristic of the Cure Violence model is the use of credible messengers as workers—individuals from affected communities who are trusted and have access to the people who are most at risk of perpetrating violence. This access and trust enables workers to talk about violent behavior credibly and persuade high-risk individuals to change. Intensive and very specific training is required, but hiring the right workers is essential to get the access, trust and credibility required for the job, as for all health workers attempting to access hard-to-reach populations of any type.[xxxiii]

This model also introduces two new types of health worker. First, Violence Interrupters (VIs) are highly trained community health workers that specialize in detecting and interrupting conflicts. Some VIs specialize in responding to conflicts in the community while others focus on responding to shootings at hospitals to prevent retaliation. Second, violence prevention Outreach Workers are similar to other types of outreach workers, but are specially trained to work with persons who are involved in and traumatized by violence.

The Cure Violence approach is being implemented in more than 50 communities across nine countries and has been independently evaluated multiple times, with each evaluation showing large, statistically significant reductions in gun violence. Studies by *Northwestern University* and *Johns Hopkins University* showed 41% to 73% reductions in shootings in

neighborhoods in Chicago[xxxiv] and as much as a 56% decrease in killings in Baltimore.[xxxv] An evaluation by the *Center for Court Innovations* showed that the area in New York City in which the program operated went one year without a killing and had 20% fewer shootings compared to the trend in the neighboring communities. An evaluation of the program from 2012-2013 in Chicago found a 31% reduction in killings in the two target districts.[xxxvii]

The international adaptations of the Cure Violence model have also demonstrated large reductions in shooting and killings, although formal evaluations are needed to determine causality. Implementation in three communities in San Pedro Sula, Honduras, coincided with 73% to 88% reductions in shootings and killings.[xxxviii] In the target community in Cape Town, South Africa, there has been a reduction of 52% in gang-related killings.[xxxix] In Loiza, Puerto Rico, there was a 50% reduction in killings associated with the first year of implementation of the program.[xl] And in Ciudad Juarez, Mexico, the rate of killing dropped by 24.3% where the Cure Violence model was implemented.[xli]

Adaptation of the model required the new tactic of hiring incarcerated persons as workers for the program, since fellow prisoners would be the most credible messengers available.

Cure Violence Adaptation at Cookham Wood

Whenever the Cure Violence model is implemented in a new setting, a comprehensive assessment is conducted to determine the nature of the violence problem, the characteristics of those involved, and, crucially, the characteristics of credible messengers. While the broad components of the model do not change, how the program looks on the ground may change substantially depending on the specifics of the situation. The goal always remains the same—to reduce violence.

Surviving Our Streets (SOS), a violence prevention organization based out of London, oversaw the implementation of the Cure Violence replication at Cookham Wood. SOS staff regularly visited Cookham Wood to provide support and training for the VIs and were consulted about situations in the prison. Since the turnover of prisoners is rapid, SOS staff also needed to be continually looking for new candidates as workers.[xlii]

In adapting the Cure Violence model to address prison violence, SOS needed to address the obvious difference of environment—namely, this program would need to be implemented inside a prison. [xliii] Adaptation of the model required the new tactic of hiring incarcerated persons as workers for the program, since fellow prisoners would be the most credible messengers available. The individuals identified to take on the role of Violence Interrupters in prison were carefully trained in the model, including the use of mediation and conflict resolution techniques.[xliv] The workers were not compensated monetarily, however their participation was noted in their records and potentially could be used in determination of parole and other potential benefits. Over the course of the program, about 28 people were trained as VIs.[xlv]

The Silverstone Report found that the program was successful in hiring credible messengers to do the work. One incarcerated person commented, "They have been through this [so] it shouldn't be hard for me." Another offered, "Someone who hasn't been through this can't talk to me, 'cause I won't listen."[xlvi] Programs without credible messengers are often not effective because the workers are not trusted, which deters high-risk individuals from wanting to be involved. As one person succinctly put it, "[D]on't trust other ones... [could be] snitches." [xlvii]

Participants' comments about their interactions with programs demonstrate how essential credible messengers are to

Photo by Jason Featherstone

changing behaviors. "Many young people said that they benefited from the programmes, but also said that they found those delivered by 'credible messengers' such as the violence reduction programme delivered by the organisation Surviving Our Streets, to be the most relevant. In our survey, a creditable 54% of young people said they thought that offending behaviour programmes would help them when they were released from prison." [xlviii]

Initial training for the program occurred from October 8 to 12, 2012. The program started one day a week in November 2012, and in February 2013 it increased to two days a week. Program activities were not well documented and therefore little can be reported on the strength of implementation of the program. Prison reports indicate that Violence Interrupters had completed about 90 mediations between January and October 2012, [xlix] which would indicate a strong and active program. The full Cure Violence program ceased activities after December 2013, but SOS continues to provide programming for prisons.

An additional adaptation of the model was in the focus on youth. The Cookham Wood is a youth facility with male prisoners between the ages of 15 and 18. This replication of the Cure Violence model is, therefore, the first time the program has been specifically targeted to only youth. While Cure Violence programs in communities regularly involve youth, these programs also include a significant number of adults since the targeted age is typically 16 to 24 years old. [l]

The model was also adapted to conform to the restrictions inherent to prisons.

TABLE 1

Reduction in Violence Among Youth in Cookham Wood

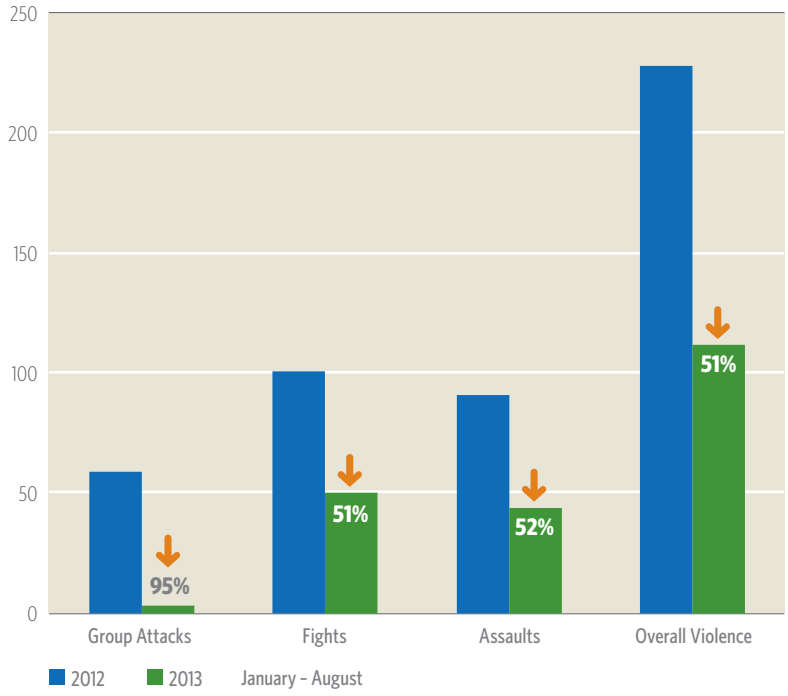
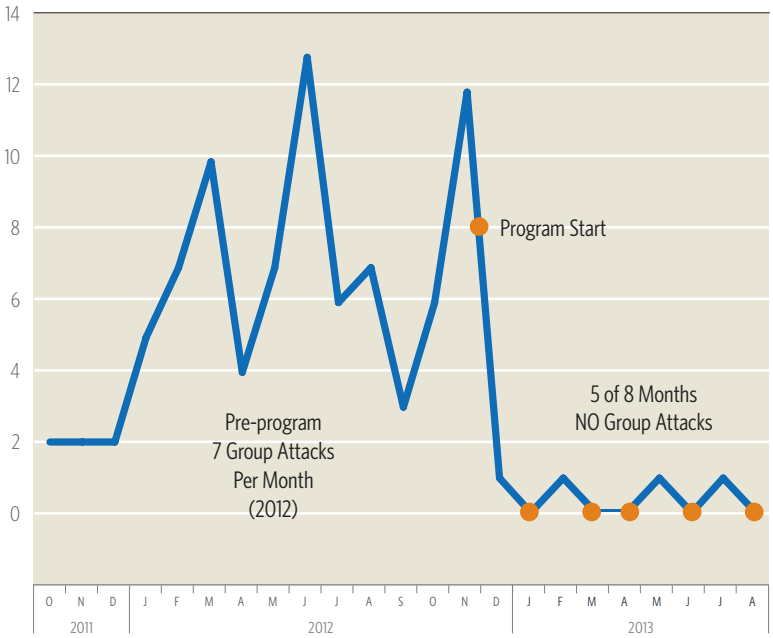


TABLE 2

Reduction in Group Attacks Among Youth in Cookham Wood



The major limitation was that the SOS team was only able to operate in the prison for two days per week. The limited days of implementation constrained SOS's ability to interact with clients and change behaviors associated with violence. One participant offered, "The program is great as it is but need more time slots." [li] However, while the SOS team only operated two days per week, the trained workers were in the prison and actively working the entire time.

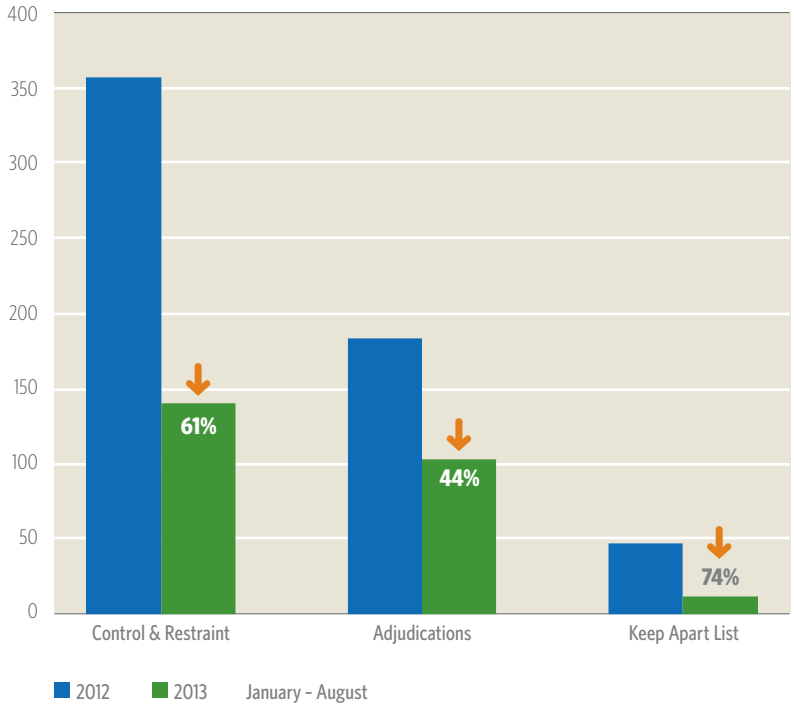
Effects of the Cure Violence Prison Program on Violence

The intended effect of the Cure Violence program was to reduce violence among youth in Cookham Wood. The primary metrics included assaults, fights,[1] overall violence, and group attacks. As illustrated in Table 1, the implementation of the program coincided with large drops in all four measures of violence when comparing the number of each incident from January to August 2013 to the number during the same period the previous year. The number of fights, assaults, and overall violence decreased by more than 50%, and the number of group attacks dropped by nearly 95%—almost eliminating this type of highly dangerous event.[lii] The reduction in the group attacks is particularly noteworthy, going from an average of seven attacks per month to averaging less than one, with no group attacks occurring in five of eight months (Table 2). These reductions are not only large, but the evaluators described them as "a rapid and

[1] *Assaults are defined as one-sided intentional use of force and fights as multiple sided. Also, "during the period of the evaluation the definition of a 'fight' was changed to include play-fighting and incidents of play-fighting have subsequently been included with non play fighting into this category in the YOI figures. The programme evaluated was specifically designed to reduce incidents of real, rather than simulated violence and therefore this category is less useful than it might have been." (Silverstone and Scandrett 2015).*

TABLE 3

Reduction in Use of Discipline and Management Approaches



sustained reduction." Additionally, while the program was in place, there were fewer incidents of self-harm proportionally compared to the mean number of incidents of self-harm in the year of 2012.[liii]

Violence decreased by another measure as well—the number of times that prison staff utilized various disciplinary or management approaches. Again, a comparison of this measure from January to August 2013 to the same period the previous year showed large reductions across the board. The number of times that control and restraint was used dropped by 61%, the number of adjudications dropped by 44%, and the number of times that a "keep apart" list was utilized dropped by 74% (Table 3).

In addition to indicating less violence, these reductions in disciplinary or management approaches also indicate a reduction in the number of times that harsh methods were used. Since these methods can become violent themselves, they have the potential to traumatize individuals and create other associated negative outcomes.

Overall, the data and independent analysis show that the implementation of the program coincided with "a sustained reduction in the number of assaults on young people" and that overall the Cookham Wood prison "was a less violent place." The program also coincided with an "almost total cessation of group attacks for the duration of the SOS program." [liv] Reduced violence was evident not only in the data, but also in the perception of both staff and incarcerated youth that violence had been reduced and that Cookham Wood was feeling "*generally safe.*" [lv]

Since no other significant changes (e.g., staff changes, new initiatives, or other modifications) took place at the Cookham Wood prison during the time of the analysis, the evaluators believe that "it is very likely that any reduction has been caused by the intervention of SOS." [lvi]

The inspectors of Cookham Wood also believed in the effectiveness of the program, stating, "The attempts to reduce violence using some creative and thoughtful initiatives, including the violence interrupters, Surviving Our Streets and team around the child, were commendable. Although it was too early to make a judgment about their effectiveness, the early signs were positive." [lvii]

Effects of the Cure Violence Prison Program Outside of Prison

While the program is focused within the prison and only tries to prevent violence within its walls, analysis showed that the program affected violence outside the prison as well. The primary reason for this

result is that violence within the prison can often be linked to violence in the community, because violent events within the prison can provoke retaliatory violence outside the prison. "A common refrain from prisoners who had been assaulted was that they would revenge their attack on the outside once released or they would immediately instruct associates to target their assailants' families or friends." [lviii]

Although no data is available to demonstrate the magnitude of the program's effects on violence outside the prison, the Silverstone Report offered qualitative evidence of this impact.

> *"One of the disputes resolved by SOS was between two inmates, one of whom (A) had already sent out associates to target another inmate's family home (B). This had been reported back to B, as had the threat that he would be seriously attacked on his release. Although inmate B had the upper hand in the YOI and had been victimising Inmate A, he considered this a credible threat but would not have been able unaided to resolve the situation. The intervention of SOS staff in setting up a successful mediation meant that the violence in the prison estate was curtailed as was the threat of violence outside. This is a significant benefit of the programme although not one recorded in the quantitative data."* [lix]

Increases After Program Shutdown

While the best evidence of an effective program can be found in what happens after implementation, additional evidence can be gleaned from what happens when a program is implemented at a diminished level or discontinued. The Cure Violence prison program unfortunately experienced both situations.

First, since the program employed people who were incarcerated, its staffing levels fluctuated based on turnover within the prison. This fact allowed for a comparison between full and partial implementation.

The Silverstone report found that the levels of program staffing coincided with decreases and then increases in violence in the prison. When there were higher levels of program staffing during the first three months of the program, there was a sustained and rapid reduction that occurred, "where violence dropped by over 80% in January and 60% in February."

However, in March and April of the program period, the majority of Violence Interrupters were either transferred or released, leaving one wing of the prison completely uncovered. This 60% reduction in program staffing coincided with a slight rise in violence, and two large group conflicts subsequently occurred in the uncovered wing.[lx]

Secondly, the program was discontinued after one year, offering the opportunity to examine levels of violence after the program ended. While official data is not available for analysis, there are numerous reports of increases in violence in Cookham Wood in the following years. For example, in the year following the removal of the program, an inspector reported that, "The number of recorded violent incidents was high and rising, and some were serious with evidence of concerted attacks on individuals. The use of weapons was not uncommon: during a recent lockdown search 30 weapons were discovered. *Useful initiatives to challenge the perpetrators of violence, as well as to support victims had lapsed* [*emphasis added*], and monitoring and linkages to safeguarding structures were weaker. Use of force was similarly high, and we were not confident that all instances we observed were justified, or that arrangements to ensure accountability were sufficiently robust." [lxi]

The report offered more detail, "Some incidents were very serious and involved gangs of boys attacking a single boy. CCTV recordings showed groups of children

kicking and punching each other. The use of weapons was not uncommon and we saw many incidents where they had been used against unarmed boys." [lxii]

This increase in violence among those incarcerated also led to increases in the use of force by staff at the prison. "Use of force was high and had increased since our last inspection. We were not confident that all spontaneous incidents of use of force were justified, particularly when force, sometimes including the use of pain infliction, was used to gain compliance from children." [lxiii]

In the subsequent year, the violence at the prison seemed to get worse. One inspection report stated, "The number of adjudications had doubled since the previous inspection and the system was in disarray, with more than 200 remanded cases, some for serious violence. A number were already out of time and many more were not likely to be resolved so that boys who had committed serious offences were not being punished." The report continued, "In our survey, many more young people said they felt unsafe than at our previous inspection." [lxiv]

Conclusion

By all measures, the adaptation of the Cure Violence model to reduce violence in prison was extremely effective.

The adaptation of the Cure Violence Health Model to a prison setting was a significant step in advancing the utilization of the epidemic control approach to reducing violence. To date, the program has been primarily used to address community violence in many areas of the world. Frequently, these community applications have included instances of domestic violence as well. The program has also been adapted to address other types of violence, including election violence, sectarian violence, and school-based violence. However, the Cookham Wood program was the first Cure Violence adaptation to address prison violence, as well as the first to focus solely on youth.

By all measures, the adaptation of the Cure Violence model to reduce violence in prison was extremely effective. The implementation of the program was found to coincide with a drop in fights, assaults, and overall violence by more than half. Importantly, group attacks, which have the greatest risk of injury, were nearly eliminated, dropping by 95%.

Furthermore, the program also was found to coincide with reductions in the use of force by prison staff. Control and restraints dropped by 61% and adjudications dropped by 44% during the implementation period. Minimizing use of force is important in order to mitigate the trauma suffered by incarcerated persons.

A most notable finding is that the program was able to achieve such large drops in violence while operating only two days per week and with very low staffing levels. The limited days of implementation constrained workers' ability to interact with clients and change behaviors associated with violence. One participant offered, "The program is great as it is but need more time slots." [lxv] The limited number of staff had a significant effect on the program's reach, and meant that the program was unable to cover the entire prison when some staff were lost due to releases or transfers.

Although the Cookham Wood Cure Violence adaptation was very effective and achieved a large reduction in violence, the program was not renewed following its first year. In the years following the cessation of the program, violence by all measures went up: assaults, fights, group attacks, and use of force. While this outcome is unfortunate, it does provide further evidence of the effectiveness of the

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Stopping prison violence should be a priority, not only for the well-being and rehabilitation of those incarcerated, but also for the health and well-being of our communities.

Cure Violence model in reducing violence in the prison.

Prison violence is a very serious problem throughout the world. Violence inside prisons spreads to create violence outside of prisons, both because conflicts spread past the prison walls and because incarcerated individuals exposed to violence in prison are at an elevated risk of being violent after they are released. Stopping prison violence should be a priority, not only for the well-being and rehabilitation of those incarcerated, but also for the health and well-being of our communities. Prisons should be evaluated in part by the level of violence that takes place within its walls and the overall health and well-being of those who live there

Stopping violence in prison and preventing its spread to our communities requires more than disciplinary and management approaches. These types of approaches may be able to quell violence in the short term, but they have not been effective at changing the behaviors and norms that perpetuate violence. Furthermore, as groups and factions evolve, it becomes tremendously difficult for prison staff to respond efficiently and effectively to conflicts.

The Cure Violence approach offers a method for preventing violence, both in the short term and in the long term by changing violent behaviors and norms. The model has been proven effective in stopping violence in communities around the world, and now it has been shown effective in stopping prison violence.

Feltham Young Offenders Institute
One-Day Session

In addition to the program at the Woodham Cook youth detention facility, the Surviving Our Streets organization also implemented a one-day session at the Feltham Young Offenders Institute. The pilot program targeted the most serious repeat offenders, all of whom had been convicted of using a knife, with the goal of challenging their attitudes towards carrying a weapon and becoming involved in violence. [lxvi]

The session was led by staff who, due to their background and experience, had the credibility and trust with the participants to conduct this session. One Behaviour Management Officer from the prison reported that he was "[*o*]*verwhelmed by how Jason got all the young people to engage within the programme and the fact that he brought so much heart and passion into his stories and work.*" Another stated that it was "*brilliant how the young people related to Jason within his struggle and previous lifestyle.*" [lxvii]

The Feltham session involved a discussion about the consequences of using violence as well as a graphic, street-based scenario played out with rubber knives to demonstrate that knives cannot be used for protection.

Surveys were taken before and after the session to determine changes in attitudes related to use of violence. The survey results found that 100% of the participants had changed their attitudes about weapon carrying. Before the session, 80% had stated that they thought knives could be carried for protection. After the session, none of the participants promoted the idea of carrying a knife.

Overall, the participants found the session very effective. One participant reported, "*No one has ever put it like that before.*" Another stated that it "[*m*]*ade me think about things differently*" [lxviii]

The Feltham program does not reflect a Cure Violence program. However, it does utilize some of the methods used to challenge norms around the use of violence. Furthermore, this program is an example of another health approach that should be considered in society's efforts to curb violence.

Notes

[i] Bowker, L. (1980). Prison victimization. New York: Elsevier North Holland.
[ii] Wolff, Nancy and Jing Shi. (2009). Contextualization of Physical and Sexual Assault in Male Prisons: Incidents and Their Aftermath. Journal of Correctional Health Care.
[iii] Allen, R. (2015). Global prison trends 2015. *Penal Reform International.*
[iv] Bowker, L. (1980). Prison victimization. New York: Elsevier North Holland.
[v] Slutkin, G. "Violence Is a Contagious Disease." The Contagion of Violence. Institute of Medicine. Available at: www.cureviolence.org/wp-content/uploads/2014/01/iom.pdf. (2013): 94-111
[vi] Ransford, C. L., Kane, C., Slutkin, G. "Cure Violence: A Disease Control Approach to Reduce Violence and Change Behavior." In Eds. Akers, T. & Waltermauer, E. *Epidemiological Criminology.* Routledge. (2013): 232-242
[vii] Silverstone, Daniel And Scandrett, Matt. (2015 Unpublished Draft Report). Evaluation: *Surviving Our Streets.*
[viii] Sung, H.E. (2010). Prevalence and risk factors of violence-related and accident-related injuries among state prisoners. Journal of Correctional Health Care, 16(3), 178-187.
[ix] Sung, H.E. (2012). Nonfatal violence-related and accident-related injuries among jail inmates in the United States. The Prison Journal, 90(3), 353-468.
[x] Institute of Medicine. (2014). The Growth of Incarceration in the United States: Exploring Causes and Consequences. Jeremy Travis and Bruce Western, Editors
[xi] Allen, R. (2015). Global prison trends 2015. *Penal Reform International.*
[xii] Bureau of Justice Statistics. (2004). Medical Problems of Prisoners. Available at: http://www.bjs.gov/content/pub/html/mpp/tables/mppt06.cfm
[xiii] Stephan, J. J., & Karberg, J. C. (2003). *Census of state and federal correctional facilities, 2000.* US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
[xiv] Walmsley, Roy. (2003). World Prison Population List. International Centre for Prison Studies. University of Essex.
[xv] Walmsley, Roy. (2003). World Prison Population List. International Centre for Prison Studies. University of Essex.
[xvi] Glaze, L. E., Kaeble, D., Minton, T., Tsoutis. A. (2015). Correctional populations in the United States, 2014 Available at: http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5519 .
[xvii] Independent Monitoring Boards. (2013) HM YOI Cookham Wood Annual Report of the Independent Monitoring Board 1st August 2011 – 31st July 2012.
[xviii] HM Chief Inspector of Prisons. (2013). Report on an unannounced inspection of HMYOI Cookham Wood. http://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/03/cookham-wood-2013.pdf
[xix] Independent Monitoring Boards. (2013) HM YOI Cookham Wood Annual Report of the Independent Monitoring Board 1st August 2011 – 31st July 2012.
[xx] HM Chief Inspector of Prisons. (2014). Report on an unannounced inspection of HMYOI Cookham Wood. http://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/03/cookham-wood-2014.pdf
[xxi] Independent Monitoring Boards. (2013) HM YOI Cookham Wood Annual Report of the Independent Monitoring Board 1st August 2011 – 31st July 2012.
[xxii] Independent Monitoring Boards. (2013) HM YOI Cookham Wood Annual Report of the Independent Monitoring Board 1st August 2011 – 31st July 2012.
[xxiii] Silverstone, Daniel And Scandrett, Matt. (2015 Unpublished Draft Report). Evaluation: *Surviving Our Streets.*
[xxiv] Independent Monitoring Boards. (2013) HM YOI Cookham Wood Annual Report of the Independent Monitoring Board 1st August 2011 – 31st July 2012.
[xxv] Silverstone, Daniel And Scandrett, Matt. (2015 Unpublished Draft Report). Evaluation: *Surviving Our Streets.*
[xxvi] Independent Monitoring Boards. (2013) HM YOI Cookham Wood Annual Report of the Independent Monitoring Board 1st August 2011 – 31st July 2012.
[xxvii] Independent Monitoring Boards. (2013) HM YOI Cookham Wood Annual Report of the Independent Monitoring Board 1st August 2011 – 31st July 2012.
[xxviii] Independent Monitoring Boards. (2013) HM YOI Cookham Wood Annual Report of the Independent Monitoring Board 1st August 2011 – 31st July 2012.
[xxix] Silverstone, Daniel And Scandrett, Matt. (2015 Unpublished Draft Report). Evaluation: *Surviving Our Streets.*
[xxx] Slutkin, G. (2013a) Violence Is a contagious disease. In Institute of Medicine (ed.), Contagion of Violence: Forum on Global Violence Prevention. Fairford, UK: National Academies Press. Available online at www.cureviolence.org/wp-content/uploads/2014/01/iom.pdf (accessed September 26, 2016).
[xxxi] Ransford, C. L., Kane, C., Slutkin, G. "Cure Violence: A Disease Control Approach to Reduce Violence and Change Behavior." In Eds. Akers, T. & Waltermauer, E. *Epidemiological Criminology.* Routledge. (2013): 232-242
[xxxii] Heymann, D. L. 2008. Control of communicable diseases manual, 19th ed. Edited by D. L. Heymann. Washington, DC: American Public Health Association.
[xxxiii] McDonnell, Jerome. (Host) (2011, August 24). CeaseaFire 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-methodoloagy-fight-urban-violence-90962
[xxxiv] Skogan, W., Harnett, S. M., Bump, N., & DuBois, J. (2009). Evaluation of CeaseFire-Chicago. Chiacago: Northwestern University Institute for Policy Research.
[xxxv] Webster, D. W., Whitehill, J. M., Vernick, J. S., & Parker, E. M. (2012). Evaluation of Baltimore's Safe Streets Proagram: Effects on Attitudes, Participants' Experiences, and Gun Violence. Baltimore, MD: Johns Hopkins Center for the Prevention of Youth Violence.
[xxxvi] Picard-Fritsche, S., & Cerniglia, L. (2013) Testing a Public Health Approach to Gun Violence. New York: Center for Court Innovation.

Notes

[xxxvii] Henry, D., Knoblauch, S., & Sigurvinsdottir, R. (2014). The Effect of Intensive CeaseFire Intervention on Crime in Four Chicago Police Beats: Quantitaative Assessment. Chicago, IL: Robert R. McCormick Foundation.

[xxxviii] Ransford, CL, Decker, RB, Slutkin, G. (2016). Report on the Cure Violence Model Adaptation in San Pedro Sula, Honduras. Available at: http://cureviolence.org/wp-content/uploads/2016/08/Report-on-the-Cure-Violence-Adaptation-in-San-Pedro-Sul.pdf

[xxxix] Data source: Argus, Thursday October 8th 2015 (Cape Town newspaper article based on official Cape Town Police data)

[xl] Data source: University of Puerto Rico, Official Police data

[xli] Data source: Mesa De Seguridad Y Justicia De Ciudad Juarez

[xlii] Silverstone, Daniel And Scandrett, Matt. (2015 Unpublished Draft Report). Evaluation: *Surviving Our Streets.*

[xliii] Silverstone, Daniel And Scandrett, Matt. (2015 Unpublished Draft Report). Evaluation: *Surviving Our Streets.*

[xliv] Silverstone, Daniel And Scandrett, Matt. (2015 Unpublished Draft Report). Evaluation: *Surviving Our Streets.*

[xlv] HM Chief Inspector of Prisons. (2013). Report on an unannounced inspection of HMYOI Cookham Wood. http://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/03/cookham-wood-2013.pdf

[xlvi] Surviving Our Streets (2013). Cure Violence. (Unpublished slides)

[xlvii] Surviving Our Streets (2013). Cure Violence. (Unpublished slides)

[xlviii] HM Chief Inspector of Prisons. (2013). Report on an unannounced inspection of HMYOI Cookham Wood. http://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/03/cookham-wood-2013.pdf

[xlix] HM Chief Inspector of Prisons. (2013). Report on an unannounced inspection of HMYOI Cookham Wood. http://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/03/cookham-wood-2013.pdf

[l] Skogan, W., Harnett, S. M., Bump, N., & DuBois, J. (2009). Evaluation of CeaseFire-Chicago. Chiacago: Northwestern University Institute for Policy Research.

[li] Silverstone, Daniel And Scandrett, Matt. (2015 Unpublished Draft Report). Evaluation: *Surviving Our Streets.*

[lii] Surviving Our Streets (2013). Cure Violence. (Unpublished slides)

[liii] Silverstone, Daniel And Scandrett, Matt. (2015 Unpublished Draft Report). Evaluation: Surviving Our Streets.

[liv] Silverstone, Daniel And Scandrett, Matt. (2015 Unpublished Draft Report). Evaluation: Surviving Our Streets.

[lv] Silverstone, Daniel And Scandrett, Matt. (2015 Unpublished Draft Report). Evaluation: Surviving Our Streets.

[lvi] Silverstone, Daniel And Scandrett, Matt. (2015 Unpublished Draft Report). Evaluation: *Surviving Our Streets.*

[lvii] HM Chief Inspector of Prisons. (2013). Report on an unannounced inspection of HMYOI Cookham Wood. http://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/03/cookham-wood-2013.pdf

[lviii] Silverstone, Daniel And Scandrett, Matt. (2015 Unpublished Draft Report). Evaluation: *Surviving Our Streets.*

[lix] Silverstone, Daniel And Scandrett, Matt. (2015 Unpublished Draft Report). Evaluation: *Surviving Our Streets.*

[lx] Silverstone, Daniel And Scandrett, Matt. (2015 Unpublished Draft Report). Evaluation: *Surviving Our Streets.*

[lxi] HM Chief Inspector of Prisons. (2014). Report on an unannounced inspection of HMYOI Cookham Wood. http://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/03/cookham-wood-2014.pdf

[lxii] HM Chief Inspector of Prisons. (2014). Report on an unannounced inspection of HMYOI Cookham Wood. http://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/03/cookham-wood-2014.pdf

[lxiii] HM Chief Inspector of Prisons. (2014). Report on an unannounced inspection of HMYOI Cookham Wood. http://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/03/cookham-wood-2014.pdf

[lxiv] HM Chief Inspector of Prisons. (2015). Report on an unannounced inspection of HMYOI Cookham Wood. http://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/03/cookham-wood-2015.pdf

[lxv] Silverstone, Daniel And Scandrett, Matt. (2015 Unpublished Draft Report). Evaluation: *Surviving Our Streets.*

[lxvi] Surviving our Streets (2012b). Evaluation for Feltham Young Offenders Institute June 2012 BMG Knife Awareness Week Pilot.

[lxvii] Surviving our Streets (2012b). Evaluation for Feltham Young Offenders Institute June 2012 BMG Knife Awareness Week Pilot.

[lxviii] Surviving our Streets (2012b). Evaluation for Feltham Young Offenders Institute
June 2012 BMG Knife Awareness Week Pilot.

CURE VIOLENCE

1603 West Taylor Street | MC 923
Chicago, Illinois 60612
312-996-8775
cureviolence.org

@CureViolence
facebook.com/CureViolence

Cure Violence is located in the School of Public Health at the University of Illinois at Chicago.