In many US cities, HOMICIDE is the LEADING CAUSE OF DEATH
Violence is a Health Issue
Violence Meets the Definition of Epidemic

1. Violence clusters - like a disease

Cholera

2. Violence spreads - like a disease

Influenza

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
Child Abuse Victims Becoming Abusers

30%

Community Violence Increases Post War (WW1 & WW2)

Chronic Exposure to Community Violence Associated with Perpetration

Exposure to Violence ➔ Perpetration of Violence

Probability of Perpetrating Violence

No/Low/Moderate Exposure

Chronic Exposure

# of Nations

Increase

Decrease

No Change

Combat Nations

Non-Combat Nations

Combat Nations

Non-Combat Nations
TRANSMISSION OF VIOLENCE

Exposure to Violence

Violence

Source: Mullins et al. 2004; Devries et al. 2011
Transmission across syndromes

community
spousal
family
child
suicide
Increasing exposure, increasing rate of symptoms

- Previously shot: 59,000
- In immediate social network: 740
- Beat 735 (Englewood): 300
- Englewood (7th District): 230
- City of Chicago: 62
- United States: 52

Proximity/contact

Rates (Shooting)

Papachristos 2015; Carter 2015; FBI UCR; CPD
Violence is a Social Determinant of Health
(and violence negatively affects the other determinants)

Violence

Negative effects of violence on SDOH, including itself

SDOH

Education
Economic Conditions
Health Care System
Built Environment
Community Resources
Community Cohesion
Violence

HOW violence affects other SDOH

- Diminished performance, lower attendance, decreased grad. rates
- Reduced business investment, reduced commercial activity
- Higher costs from violent injuries and increased chronic conditions
- Unsafe public spaces leading to reduced usage
- More resources to public safety; high demand due to trauma
- Reduced cohesion and sense of collective efficacy

MORE VIOLENCE

Plus violence causes even more violence

Violence is a Social Determinant of Health (and violence negatively affects the other determinants)
Re-Understanding Violence

Reduces current inequity and promotes understanding

Moralism (not helpful)

Bad People

Bad Choice

Adverse Circumstances (contribute)

TRANSMISSION (exposure)

SCIENCE
WE KNOW HOW TO STOP EPIDEMICS

1. Interrupting transmission
2. Preventing future spread
3. Changing group norms
STOP EPIDEMICS by:

1. Interrupting transmission
IDENTIFY & TREAT THOSE AT HIGHEST RISK FOR INVOLVEMENT IN VIOLENCE
DETECTION & INTERRUPTION
STOP EPIDEMICS by:

1. Interrupting transmission

2. Preventing future transmission

3. Changing group norms

World Health Organization
CHANGE BEHAVIOR of highest risk
CHANGE BEHAVIOR
CHANGE BEHAVIOR
STOP EPIDEMICS by:

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

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

STOP SHOOTING. START LIVING.

Don't Shoot!
S.O.S.
Save Our Streets
Crown Heights
For information: 347.401.1595

Paren De Matar

CURE VIOLENCE GLOBAL
<table>
<thead>
<tr>
<th>Old View</th>
<th>New View</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad People</td>
<td>Learned Behavior</td>
</tr>
<tr>
<td>Gang bangers</td>
<td>Negative Norms</td>
</tr>
<tr>
<td>Isolated Incidents</td>
<td>Contagious Process</td>
</tr>
<tr>
<td>Punishment</td>
<td>Disease Control</td>
</tr>
<tr>
<td>Intractable</td>
<td>Solvable</td>
</tr>
</tbody>
</table>
Moving us **AWAY** from the punitive approaches that traumatize people and society
TOWARDS the health understanding and approach that provides care and healing
“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
- 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
Violence is among the most significant health problems not only because of deaths 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 stop harm. All communities can and should benefit from a robust reduction of violence. This framework was created by the Violence as a Health Issue Collaborative, which is led by Dr. David Selby, MD, MPH, Ale Sweeney, MD, MPH, and Gary Shabaz, 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.

Ensuring an Equity Lens
- Changing perceptions
- Increasing accountability
- Aligning resources in partnership with communities

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

Emergency Departments and Acute Care Facilities
Identifying and supporting individuals and families at risk

Healthcare System
Economics, Violence Prevention and Policy

Behavioral Health Care
Integrated and Medical Behavioral Health Systems

Early Childhood Development Centers and the Child Welfare System
Starting off strong

Social Service Providers
Utilizing community-centered practices to address violence

Community Information Systems
Monitoring trends of violence nationwide

Law Enforcement and the Justice System
Supporting public health contributions and ensuring accountability towards a healthy, equitable system

Primary Care
Establishing a safe environment and making connections

Media
Changing the dominant narrative

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

Academic Medical Centers
Research done right

Mental Health
Better connections for healthier communities

Faith-Based Institutions
Preaching violence prevention
CURE VIOLENCE
GLOBAL TTA Team
Replicating the Cure Violence Model
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
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)
  o Hot Spots
  o Hours (incidents vs. operation)
  o Groups
  o Mapping
  o Incident Review

• Working with the Right Participants
  o 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/clique/crew/etc. Involvement
- Key Role in Gang/group/clique/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
Using Data Strategically
Announcements

Reminders
Showing 0 record(s).

Shootings and Homicides

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
<table>
<thead>
<tr>
<th>Day</th>
<th>Meeting Description</th>
<th>Objective</th>
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</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Agenda Briefing+ Review with sponsor of visit</td>
<td>• 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?)</td>
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</tbody>
</table>
|        | 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 | • 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) | Visualize Need/Determine Potential Target Area(s):  
• 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  
**Determine Target Population:**  
• 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) | Determine best potential oversight and community based partners:  
• 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
  o Violence is a Health Issue
  o Cure Violence 101
  o Violence Interruption and Reduction Training (VIRT)
  o Management Training
  o Database Training
  o 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
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
The ROI of Cure Violence
Return on Investment

$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.
“Cure Violence….the approach that will come to prominence.”

- The Economist
Thank you!

For Additional Information Visit:
www.cvg.org