

Creating a World Without ~~Violence~~

Cure
Violence



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in NGO Advisor's 2018 report on
the top 500 NGOs in the world,
and 1st among NGOs devoted to
preventing violence.

Violence is a contagious disease that can be prevented and, ultimately, cured.

To say that violence spreads like a disease is not a metaphor—it is what the science now shows. Violence meets the dictionary definition of a disease, and hundreds of studies now confirm that violence is contagious. This is very good news.

It is good news because we have highly effective and time-tested public health methods used worldwide to stop the spread of contagious diseases. We are now beginning to apply these methods to end epidemics of violence throughout the world.

For nearly 20 years, Cure Violence has worked with local partners to successfully reduce violence in some of the most violent communities in the United States and around the world by employing these epidemic control and behavior change methods.

Cure Violence has progressed from an innovative community violence prevention model to become the nationally and internationally recognized expert on the health-based approach to violence prevention. Cure Violence is now ranked 10th in NGO Advisor's 2018 report on the Top 500 NGOs in the world, and ranked 1st among non-governmental organizations focused on preventing violence.

The violence problem is not simple and many factors come into play—power, race, gender, class, religion, politics, and grievances. These factors are important, but only by seeing and treating violence as a contagious epidemic process can we immediately and reliably stop its spread and reverse its course—thereby saving lives and making our communities safe.

The model uses proven public health methods to stop the spread of violence.

The Cure Violence model is based on the World Health Organization’s approach to reversing the epidemic spread of infectious diseases such as AIDS, tuberculosis, and cholera. The model applies these same three proven strategies to stop violence. Trained, culturally appropriate workers interrupt the transmission of violence, prevent its future spread, and transform community norms.

The model has been successfully replicated in diverse settings, proving its effectiveness across a variety of communities, cultures, and ethnicities.

Three Strategies

1 Detect and Interrupt Potentially Violent Conflicts.

Violence interrupters are a new category of health workers who prevent violence by identifying and mediating potentially lethal conflicts in the community and following up to ensure conflict does not reignite.

2 Identify and Treat Individuals at the Highest Risk.

Outreach workers work with those at the highest risk to make them less likely to commit violence by talking in their terms, discussing the costs of using violence, and helping them to obtain the support and social services (e.g., education, job training, drug treatment) towards long term behavior change and changes in life course.

3 Mobilize the Community to Change Norms.

Workers engage community leaders, local business owners, residents, faith leaders, and particularly individuals at high risk, to shift the message and expectations and norms for the long term.

Credible Workers

Public health outreach regularly employs workers who share the same background and come from the same neighborhood as those who need to be reached—in this case those most at risk for violence. Cure Violence hires and trains violence interrupters and outreach workers who already have the trust of community members and are able to influence and change behavior.

The Cure Violence Theory of Change



Like an epidemic disease, violence clusters and spreads within geographic areas.

Recent advances in neuroscience, behavior science, and epidemiology now shape our understanding of how violence spreads and how people exposed to it process their experiences and then behave toward others.

Behavior Is Contagious

We know that people acquire behaviors through imitation, which is a process that scientists and educators sometimes call “social learning.” We also know that individuals adopt violent behavior through unconscious modeling of what they’ve observed and experienced. In other words, behaviors—including violence—transmit from one person to other individuals and groups. The physiological effects from both witnessing violence and the associated trauma accelerate the contagious nature of the behavior.

The 2012 Forum on Violence Prevention sponsored by the National Academy of Sciences’ Institute of Medicine reviewed dozens of studies on violence from various scientific disciplines. Forum participants

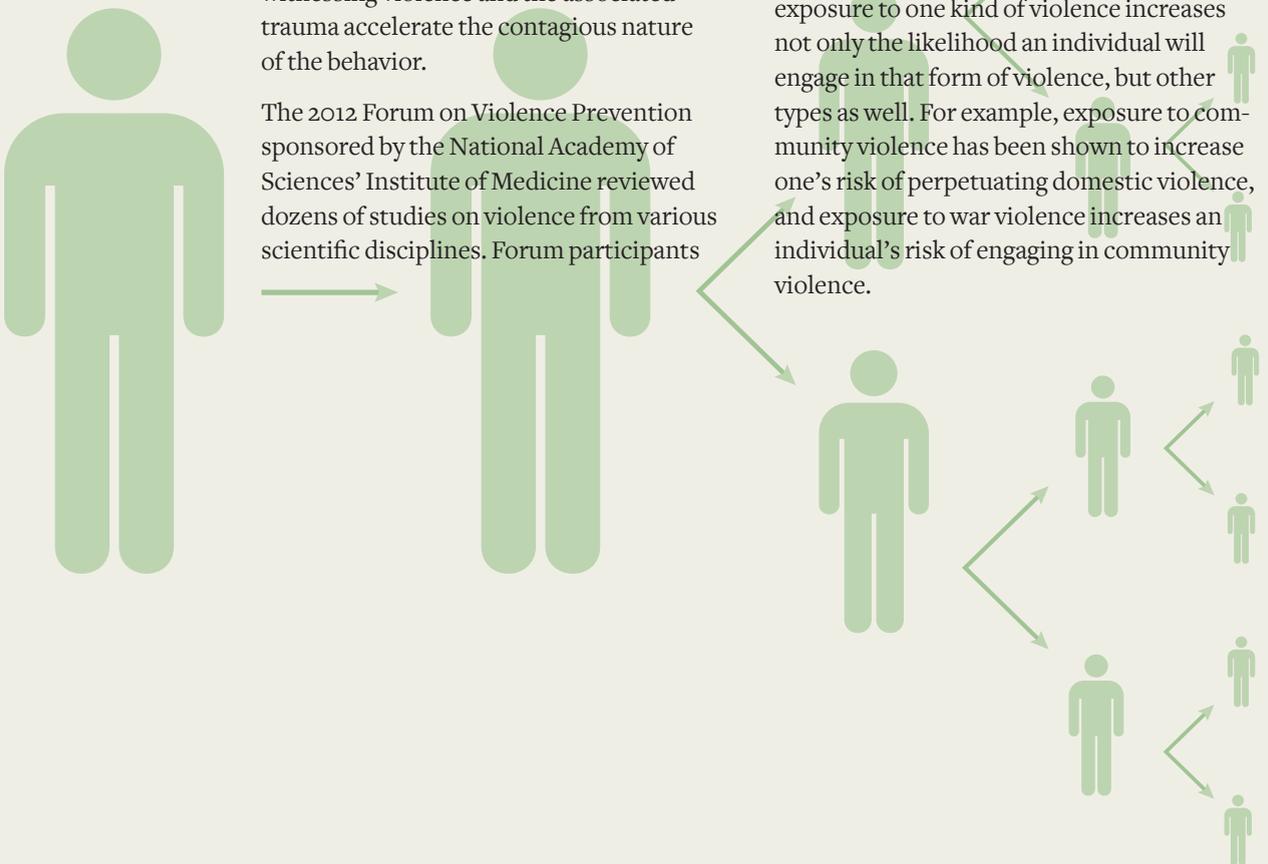
concluded that the brain processes violent input—observing violence or experiencing trauma from violence—just as the lung processes tuberculosis to produce more tuberculosis, or the intestines process cholera to produce more cholera. The brain processes violence to produce more violence, just like an infectious disease.

The Effects

For some people, violence-related trauma results in hyper reactivity that causes them to respond more aggressively to slight provocation, leading to rapid escalation of conflicts. For others, exposure to violence can lead to rage and an uncontrollable desire for revenge.

Violence can also “transmute,” which means exposure to one kind of violence increases not only the likelihood an individual will engage in that form of violence, but other types as well. For example, exposure to community violence has been shown to increase one’s risk of perpetuating domestic violence, and exposure to war violence increases an individual’s risk of engaging in community violence.

The brain processes violence by producing more violence, just like an infectious disease.



Multiple independent evaluations have proven the Cure Violence model to be effective.

Research conducted by Johns Hopkins University, University of Chicago, Northwestern University, the John Jay College of Criminal Justice, and others—and supported by the CDC, U.S. Department of Justice, and Robert Wood Johnson Foundation, among others—has shown large, statistically significant reductions in violence where the Cure Violence model is applied.

Beyond reducing violence at both community and individual levels, studies also show that the model helps people in neighborhoods get assistance with education, employment, parenting, and other issues that profoundly affect their lives.

LARGE REDUCTIONS IN VIOLENCE ACHIEVED IN TARGETED HOTSPOTS IN CITIES WHERE THE CURE VIOLENCE MODEL WAS IMPLEMENTED

UNITED STATES	City	Results
UNITED STATES	Baltimore	Up to 44% fewer shootings Up to 56% fewer killings >1 year with no shootings or killings in three communities
	Chicago	41% - 73% fewer shootings and killings 100% reduction in retaliatory killings 48% fewer shootings during rapid reduction pilot program
	Loiza (Puerto Rico)	50% decrease in killings in first year of implementation; maintained for two years
	New York	Up to 63% fewer shootings >1 year with no shootings or killings in multiple communities Improved police/community relations

INTERNATIONAL	City	Results
INTERNATIONAL	Honduras (San Pedro Sula)	73% - 85% decrease in shootings and killings
	Mexico (Cuidad Juarez)	>50% reduction in killings in 2016 Reduction in perceived number of disputes and conflicts
	South Africa (Cape Town)	53% fewer shootings 31% fewer killings
	Trinidad (Port of Spain)	67% reduction in woundings and attempted murders 33% reduction in calls to police reporting armed persons
	United Kingdom (Youth Prison Program)	95% reduction in group attacks 51% reduction in overall violence

Cure Violence helps cities reduce shootings and killings in violence-torn neighborhoods.

Any community that has a problem with violence should consider implementing the Cure Violence model. The Expert Training and Technical Assistance Center staff works with local implementation partners to replicate or adapt the approach in their cities. By training and deploying their own credible violence interrupters and outreach workers, target communities are able to reduce the numbers of shootings and killings in violence-torn neighborhoods.

In-depth training and technical assistance (TTA) is also available to implementation partners for a variety of program adaptations and enhancements, including citywide scaling, hospital response programs, school-based programs, and other consulting. Taken as a whole, these offerings constitute a comprehensive, health-based, violence prevention and response system that allows cities to address their local priorities.

Citywide Scaling

An implementation partner typically applies the Cure Violence model in a limited number of a city's "hotspots"—the areas with the highest rates of shootings and killings. TTA staff can assess a current partner's capacity to bring the model to 75% - 80% of the hotspots and help secure political and financial support by engaging key constituencies through return-on-investment projections and business case presentations.

Hospital Response Program

Implementation partners can receive TTA to replicate the Cure Violence Hospital Response Program, which creates formal partnerships with area hospital trauma centers. This program deploys hospital

responders—trusted community members with similar backgrounds to trauma victims—on a 24/7 basis when a gunshot, stabbing, or blunt trauma victim arrives. These trained responders intervene during the critical time period after a violent incident to prevent retaliation and interrupt the cycle of violence.

School-Based Program

Conflicts among neighborhood factions—often those concerning basic respect, turf, and identity issues—can spill over into a high school setting. Implementation partners can adapt the Cure Violence model to create on-site school programs where credible workers work with high-risk students to mediate conflicts that might otherwise turn violent and improve school attendance. In one school, more than 90% of conflict mediations were successful at preventing violent incidents.

Emergency Response/Rapid Reduction

Cure Violence successfully piloted an emergency response/rapid reduction model designed to curb violence in areas experiencing sharp spikes in shootings and killings. When this model was deployed in Chicago's most violent police district during what is typically the most violent month, the number of shootings decreased by 48% over a five-week period. This model is of particular interest to implementation partners in cities with significant upticks due to civil unrest and other causes.

Taken as a whole, these offerings constitute a comprehensive, health-based, violence prevention and response system that allows cities to address their local priorities.

Cities around the world have turned to the Cure Violence health approach to prevent violence.

Given Cure Violence's successes and unique vantage point, a wide range of institutions have approached the organization to adapt its model to prevent violence in new regions of the world.

The Cure Violence health approach has been implemented across 5 continents and 15 countries. Cure Violence provides a high-impact method to reduce violence, paving the way for increased investment and prosperity. The highly adaptable approach works with local partners to take into consideration the very particular local context at play in each community.

Latin America/Caribbean

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.

MEXICO—Local partner in Juarez began in 2014 with 30 interrupters funded by a public/private partnership. Sites had reductions in killings in 2015 and 2016, most sites having reductions of 50% or more. Program in Chihuahua began in 2017.

TRINIDAD—Local partners began implementation in 2015 in Laventille area of Port of Spain. Independent evaluation being conducted, with initial analysis showing a 67% reduction in woundings.

EL SALVADOR—In partnership with Save the Children and USAID, Cure Violence is providing training and technical assistance to 20 workers across multiple communities.

PUERTO RICO—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.

COLOMBIA—Local partner Fundacion Alvarallice began implementation in Cali in 2017. Cure Violence has conducted assessment visits in Barranquilla and Medellin, and is involved in discussions on the post-conflict peace process.

Middle East/North Africa

IRAQ—From 2008 to 2013, over 14,000 individuals were reached through outreach and more than 65 violence interrupters were trained in Basrah and two sites in Sadr City, resulting in close to 1,000 interruptions.

WEST BANK—In 2016-17, 25 community activists were trained and implemented projects in 4 communities—Bethlehem, Hebron, Jerusalem, and Nablus/Jenin—resulting in dozens of documented interruptions in refugee camps and schools and reaching scores of others through additional trainings.

SYRIA—In 2013, over 130 Syrians were trained in the health approach, mediation, behavior change, community mapping and violence detection. In 2017, Cure Violence assembled an international advisory team of experts and people with close ties to key stakeholders to work on reducing violence.

MOROCCO—In 2016-17, Cure Violence provided three trainings for a reintegration program to try to prevent radicalization and foreign fighter recruitment.

Other Regions

NIGERIA—In 2015, Cure Violence provided public health training for high risk groups.

KENYA—In March 2013, Cure Violence 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 2013. To date, staff have mediated more than 1,000 conflicts and 30 group interventions. An independent evaluation found a reduction of 53% in shootings and 31% in killings in 2014.

Cure Violence is spearheading a social movement to change society’s approach to violence.

Cure Violence believes violence is a health issue and that the health sector has the most powerful solutions.

A significant barrier stands in the way of adopting a public health approach to violence on a broad scale—the prevailing belief that violence is committed by “bad people,”—a moralistic lens that is prone to biases and reliant on law enforcement and the criminal justice system for solutions. This view predates the scientific understanding of violence as a health problem of exposure and contagion, and evidence that health methods such as interruption and behavior change are effective at stemming its spread and reversing its course.

Fundamental Shift

The movement aims to make a fundamental shift in the way our nation sees and deals with violence. The goals are to:

- Train and activate health leaders as **spokespeople** on violence
- Design a comprehensive health **system** for reducing violence and related social factors in health
- Amplify **language** that promotes the understanding of violence and inequity as health issues

- Promote **policies** that facilitate health sector solutions to reduce violence and inequity
- Guide communities and the health sector in **practices** that drastically reduce violence and inequity

National Health and Community Collaborative on Violence Prevention

Cure Violence is co-leading the National Health and Community Collaborative on Violence Prevention, a coalition of more than 400 leaders from health and related sectors drawn from the most violent cities in the United States. These leaders are leveraging evidence-based approaches to violence prevention to save lives and create a framework that can be implemented nationwide in impactful, sustainable, and equitable ways.

Partners in the collaborative include the Centers for Disease Control and Prevention, public health departments in major cities, leading universities, national health associations, renowned foundations, and a myriad of nonprofit organizations. The collaborative is also forming important relationships with criminal justice reform advocates, racial equity movements, law enforcement, city planners, and philanthropic benefactors whose goals align with the collaborative’s mission.

VOCABULARY	
Old View	Health View
Bad people	Learned behavior
Enemies	Negative norms
"Senseless" acts	Contagious process
Punishment	Interruption and behavior change
Intractable	Solvable
War	Epidemic

You can be part of the cure.

Cure Violence is making a meaningful difference right now—working with local partners to reduce shootings and killings and change norms in scores of neighborhoods at home, across the United States, and on five continents.

However, there is so much more work to be done, particularly in light of ongoing and emerging challenges—from violence in our communities to racial tensions, from mass shootings to conflict zones.

To expand the use of health-based violence prevention and transform how society views and treats the violence epidemic, concerned citizens, health professionals, and business and civic leaders can work together and invest in the vision of a world without violence.

With your involvement, ideas, and contributions we can save more lives and make our communities at home and around the world safer.

Together, we can make the vision of a world without violence a reality.

cureviolence.org/donate

Cure Violence Around the World*

15 Countries	United States
25 Cities	Canada
100 Neighborhoods	United Kingdom**
	Mexico
	Honduras
	El Salvador
	Trinidad
	Colombia
	Argentina
	Morocco
	Kenya**
	South Africa
	West Bank
	Iraq**
	Syria

*As of April 2018 **Former sites

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Cure Violence

