

Cure Violence

October, 2018

Tools of Change Illustrated

- ▶ Neighbourhood Coaches and Block Leaders
- ▶ Norm Appeals
- ▶ Vivid, Personalized, Credible, Empowering Communication
- ▶ Word of Mouth

Initiated by

- ▶ Gary Slutkin, U. of Illinois at Chicago

Location

- ▶ Multiple locations across the United States Latin America, Middle East, Africa, and the United Kingdom.

Partners

- ▶ Large municipalities such as Chicago, New York and Cape Town.
- ▶ Small and mid-sized municipalities such as Kansas City, Baltimore, Durham, and Yonkers.
- ▶ Latin American municipalities in countries such as Honduras, El Salvador, and Colombia
- ▶ Middle East communities in countries such as Iraq, Syria, and Morocco
- ▶ Prisons
- ▶ Schools

Results

- ▶ Reductions in shootings and gun injuries of 25% to 73%

Introduction

Cure Violence shows it can be effective to treat violence using a health approach– i.e. to treat it as a contagion rather than as a problem of bad people. The intervention relies heavily on peer influencers and norm appeals. It has had multiple independent evaluations – all showing large statistically significant reductions in violence.

Background

Note: To minimize site maintenance costs, all case studies on this site are written in the past tense, even if they are ongoing as is the case with this particular program.

Cure Violence was developed in 2000 by Gary Slutkin, M.D., an epidemiologist at the University of Illinois at Chicago’s School of Public Health. Launched in West Garfield, **which at that time was Chicago’s most violent community**, the approach reduced shootings by 67% in its first year and by 42% over three years. In 2004, it expanded to 15 communities and homicides in Chicago dropped by 25%. The program name was changed to Cure Violence in 2012, and by the end of 2015 it was being implemented in 23 cities in North and Central America.

Getting Informed

Returning to Chicago after working in Africa, epidemiologist Gary Slutkin was shocked by the city’s relatively high crime rate. He noticed three

similarities with the epidemics he had previously been working with: (1) they clustered in particular times and places, (2) they self-replicated - one incident led to another, and (3) they increased in waves. He wondered if similar mitigation approaches might work. That meant treating violence as a contagion that infected people, rather than a problem with bad people.

While working to stop the spread of TB in the US, and then the spread of AIDS and cholera in Africa, he learned that people were most receptive to advice delivered by peers.

Prioritizing Audiences

The program focused on those currently involved in violence or at very high risk for involvement in violence.

Delivering the Program

Cure Violence used three main strategies to prevent violence:

1. Detect and interrupt potentially violent conflicts
2. Identify, treat and foster positive behavior change among high-risk individuals, and
3. Mobilize the community to change norms.

Using a health approach to reduce the risk of “infection”, and recognizing the importance of communicating through peer networks, the program hired peers from each community to change behaviors and norm and intervene in disputes. Outreach Workers and “Violence Interrupters” were employed and trained to identify high-risk situations and persons by patrolling specific neighbourhoods and utilizing their existing networks. They then intervened before disagreements escalated into violence and

worked with the highest risk to change behaviors and norms. (*Neighbourhood Coaches and Block Leaders, Norm Appeals, Word of Mouth*)

Violence Interrupters and Outreach Workers used their street credibility to change behaviors and interrupt conflicts. They also modeled and taught community members better ways of communicating with each other and how to resolve conflicts peacefully.

1. Detect and interrupt potentially violent conflicts

Trained violence interrupters and outreach workers prevented shootings by identifying and mediating potentially lethal conflicts in the community, and following up to ensure that the conflict did not reignite.

- *Preventing Retaliations* – Whenever a shooting happened, trained workers immediately worked in the community and at the hospital to cool down emotions and prevent retaliations – working with the victims, friends and family of the victim, and anyone else connected with the event.
- *Mediating Ongoing Conflicts* – Workers identified ongoing conflicts by talking to key people in the community about ongoing disputes, recent arrests, recent prison releases, and other situations and used mediation techniques to resolve them peacefully.
- *Keeping Conflicts ‘Cool’* – Workers followed up with conflicts for as long as needed, sometimes for months, to ensure that the conflict did not become violent.

2. Identify, treat and foster behavior change among those at highest risk

Trained, culturally-appropriate outreach workers worked with the highest risk community members to make them less likely to commit violence, by meeting them where they were, talking to them about the costs of using violence, and helping them to obtain the social services they needed – such as job training and drug treatment.

- *Accessing Those at Highest Risk* – Workers utilized their trust with high-risk individuals to establish contact, develop relationships, and begin to work with the people most likely to be involved in violence.
- *Changing Behaviors* – Workers engaged with high-risk individuals to convince them to reject the use of violence by discussing the cost and consequences of violence and teaching alternative responses to situations. For example, this involved talking about what would happen to their girlfriend or children if they went to prison, or how their mother would feel if something happened to them. Workers also taught their clients new methods of behavior, such as how to deescalate conflicts, save face in a confrontation, and stop a friend from being violent. (*Vivid, Personalized, Credible, Empowering Communication*)
- *Providing Treatment* – Workers developed a caseload of clients who they worked with intensively – seeing them several times a week and assisting with their needs such as drug treatment, employment, and leaving gangs.

These workers were trained in methods of persuasion, alternatives to violence, detection

and diagnosis of violent behavior, appropriate referrals for client issues, as well as a number of other areas and learn the methods that could be used to encourage new positive behaviors such as conveying new information, teaching new skills applicable to the new behaviors, practicing, developing opportunities for positive peer reactions, and avoiding negative peer reaction. The program tried to maintain relationships with all of the city's gangs and violent cliques.

3. Mobilize the community to change norms.

Workers engaged leaders in the community as well as community residents, local business owners, faith leaders, service providers, and the high risk, conveying the message that the residents, groups, and the community did not support the use of violence. (*Norm Appeals*)

- *Responding to Every Shooting* – Whenever a shooting occurred, workers organized a response where dozens of community members voiced their objection to the shooting
- *Organizing Community* – Workers coordinated with existing block clubs, tenant councils, and neighborhood associations to assist; they also established new ones
- *Spreading Positive Norms* – The program distributed materials and hosted events to convey the message that violence was not acceptable

By 2018, The Cure Violence Health model had been implemented in large cities such as New York City, Chicago, Baltimore, San Antonio and New Orleans, and also in smaller cities like Kansas City, Syracuse and Albany, and all over the world – from San Pedro Sula, Honduras to Cape Town, South Africa.

Measuring Achievements

The program emphasized continual data collection and monitoring. Program success was measured using the rates of reported crimes and violent injuries.

In May 2008, Dr. Wesley G. Skogan, at Northwestern University, completed a three-year, independent, Department of Justice-funded report finding large reductions in violence attributable to the program. There have been more than a dozen additional studies showing similar effects. Additionally, in Chicago in 2015 and 2016, budget cuts and subsequent budget reinstatement provided a *reversal design* opportunity to see the impacts on the city's crime rates.

Financing the Program

In 2018, Cure violence received \$5.4 million funding in Chicago (from state and city police budgets) and \$17.2 in New York. Across the US, programs received about \$40 million in funding.

Results

The Cure for Violence Health Model has since had multiple independent evaluations showing large statistically significant reductions in violence.

Chicago

When first introduced in Chicago, the approach reduced shootings by 67% in its first year and by 16-34% over three years. In 2004, it expanded to 15 communities and homicides in Chicago dropped by 25%.

A 2009 NIJ/Northwestern University evaluation analyzed seven communities in Chicago over three years. It found that the program reduced shootings and killings by 41% to 73%, with retaliatory shootings eliminated in five of seven communities examined.

During 2015 budget cuts eliminated program workers in 13 of 14 communities; homicides began increasing within a month and the following year was **Chicago's deadliest in nearly two decades**. In the one community where it continued, violence continued to go down. In 2017 funding was restored and murders dropped by 16%.

Baltimore

A 2012 CDC/Johns Hopkins evaluation of 4 communities in Baltimore credited the program with reducing shootings and killings by up to 34-56%. Community norms were influenced, even with those who did not directly participate in the program, and the reductions in violence spread to surrounding communities as well.

New York

New York's program yielded a 37% to 50% reduction in gun injuries in two communities; a 63% reduction in shootings in one community; a 14% reduction in attitudes supporting violence, with no change in controls; and an 18% reduction in killings across 13 program sites while matched controls had a 69% increase (2004-2013).

Philadelphia

In Philadelphia, a 2017 evaluation found a 30% reduction in shootings, comparing the 24 months before the implementation of CeaseFire

to the 24 months after implementation. In the five hotspot areas, CeaseFire was associated with a statistically significant reduction in both total shootings (victims of all ages) and shootings of individuals between the ages of 10 and 35.

Lessons Learned

Violence can be treated effectively using a health approach– i.e. treated as a contagion rather than as a problem with bad people.

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Resources

Online Video: ‘The Interrupters’ is a critically acclaimed 2011 documentary telling the story of three Cure Violence workers who try to protect their Chicago communities from the violence they once employed.

<http://www.pbs.org/wgbh/pages/frontline/interrupters/>

Reports and additional details:

Program website: <http://cureviolence.org/>

TED talk:

https://www.ted.com/talks/gary_slutkin_let_s_treat_violence_like_a_contagious_disease?language=en

NY Times article:

<https://www.nytimes.com/2018/05/08/opinion/fi>

[ghting-street-gun-violence-as-if-it-were-a-contagion.html](#)

Background paper: Seeing and Treating Violence as a Health Issue

<http://cureviolence.org/wp-content/uploads/2018/04/KnowViolenceCV.pdf>

CNN article:

<https://www.cnn.com/2015/10/05/health/gupta-stopping-violence/index.html>

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For step-by step instructions in using each of the tools noted above, to review our FULL collection of over 170 social marketing case studies, or to suggest a new case study, go to www.toolsofchange.com

This case study is also available online at <http://www.toolsofchange.com/en/case-studies/detail/715>

It was compiled in 2018 by Jay Kassirer based on information on the Cure Violence website and the additional web pages listed above.

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