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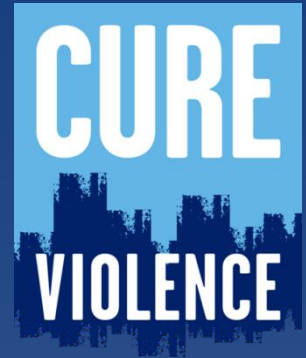
Moralism
Bad people

SCIENCE

**HEALTH PROBLEM
& SOLUTION**

Violence is Contagious

Health Approach



1. Violence behaves like a *contagious disease (epidemic)*
2. *Treating* violence like an epidemic gets *results* in communities

VIOLENCE

AS A

CONTAGION

*Population
characteristics*

Clustering

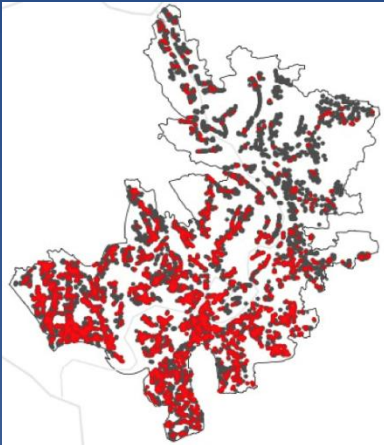
Epidemic waves

Transmission

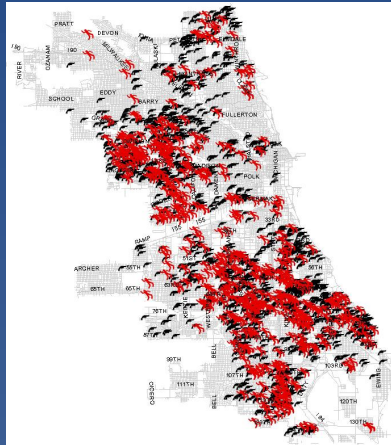
Violence Has Characteristics of Epidemics

1. Violence clusters - like a disease

Cholera



Violence

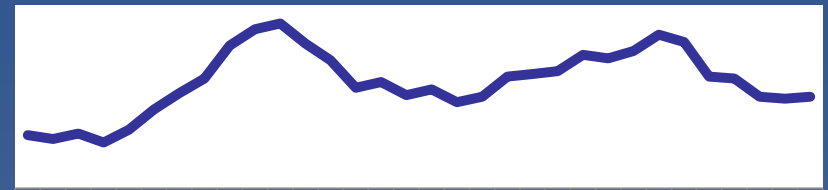


2. Violence spreads - like a disease

Influenza



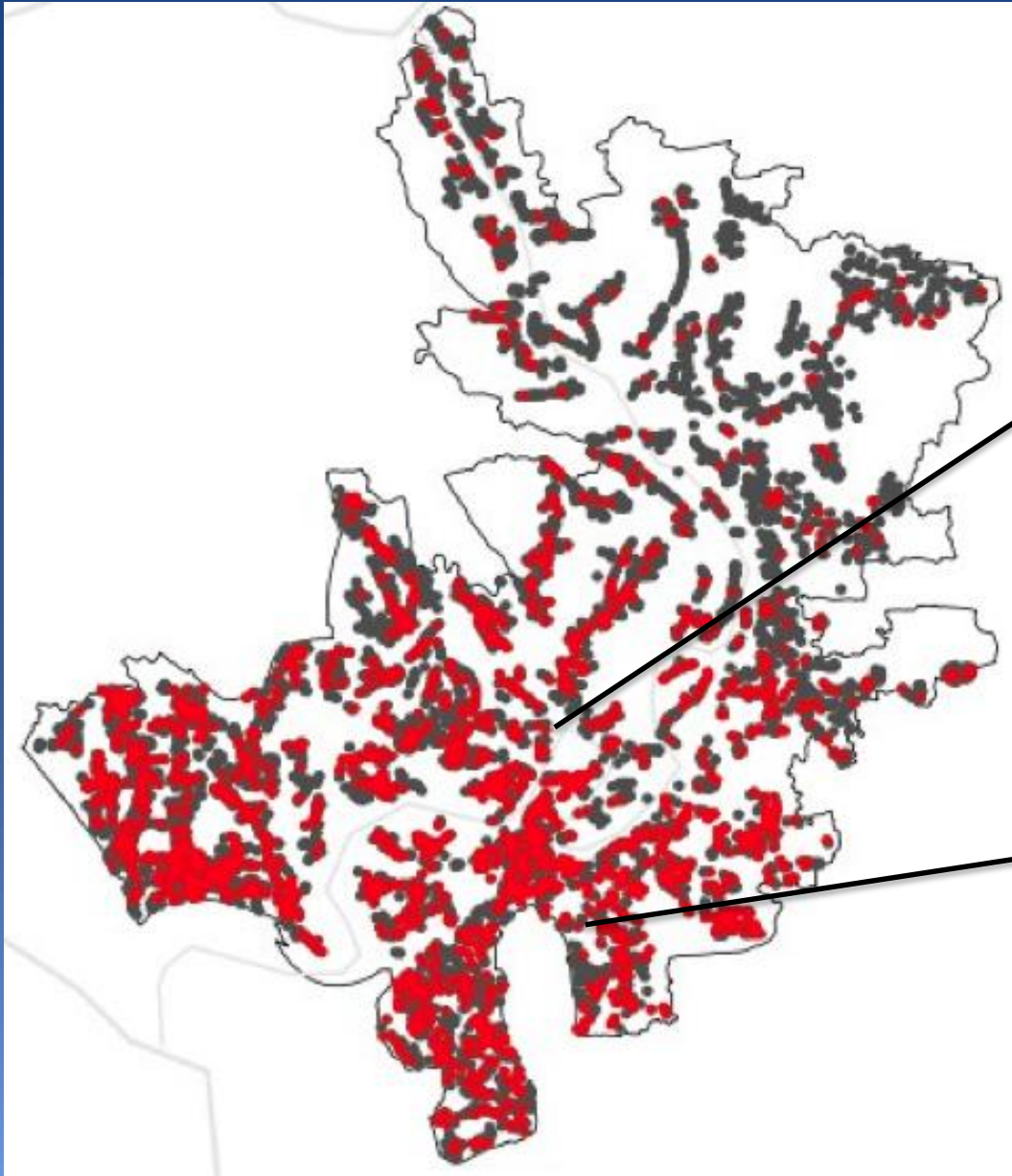
Violence



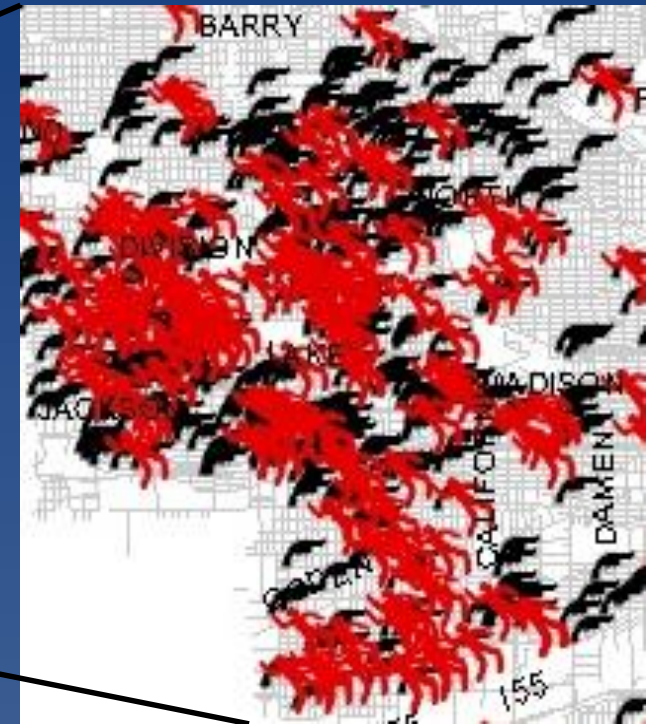
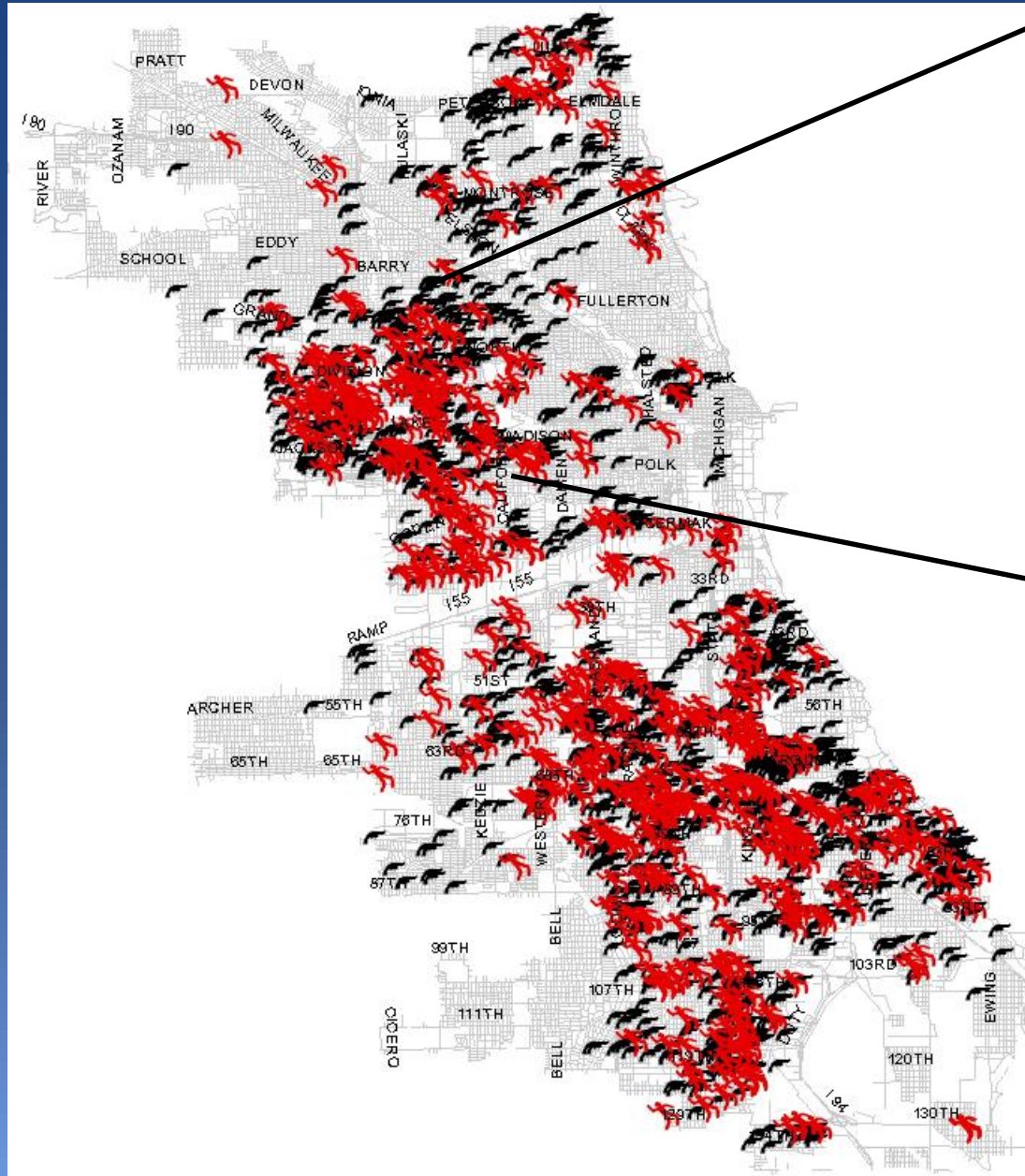
3. Violence *is transmitted* - through exposure, modeling, social learning, and norms.



Cholera in Bangladesh, 1983-2003



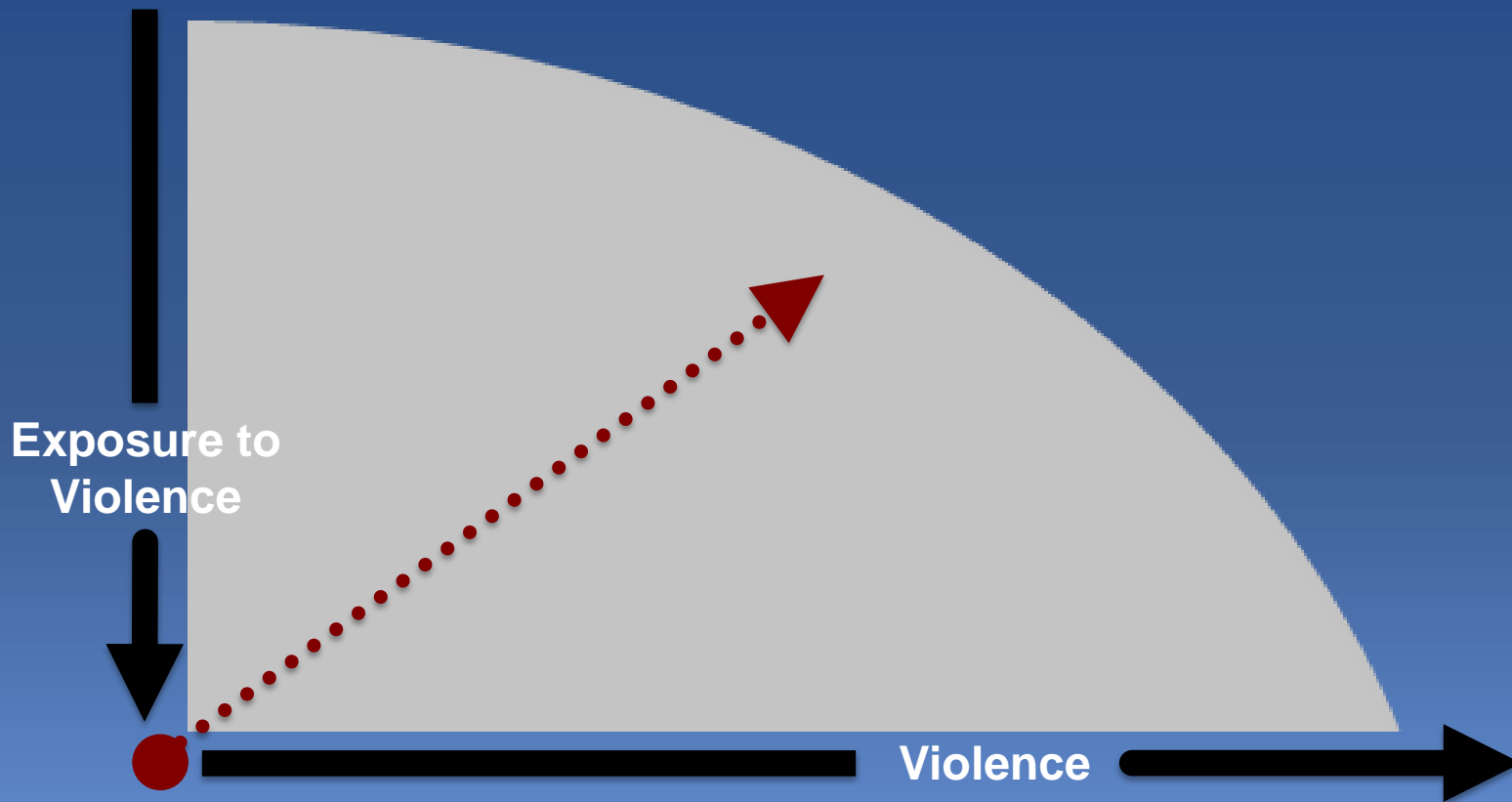
Violence in Chicago, 2010



CURE
VIOLENCE

Adapted by Cure Violence from CPD, 2010

TRANSMISSION OF VIOLENCE



Source: Mullins et al. 2004; Devries et al. 2011

Transmission across syndromes

community

family

spousal

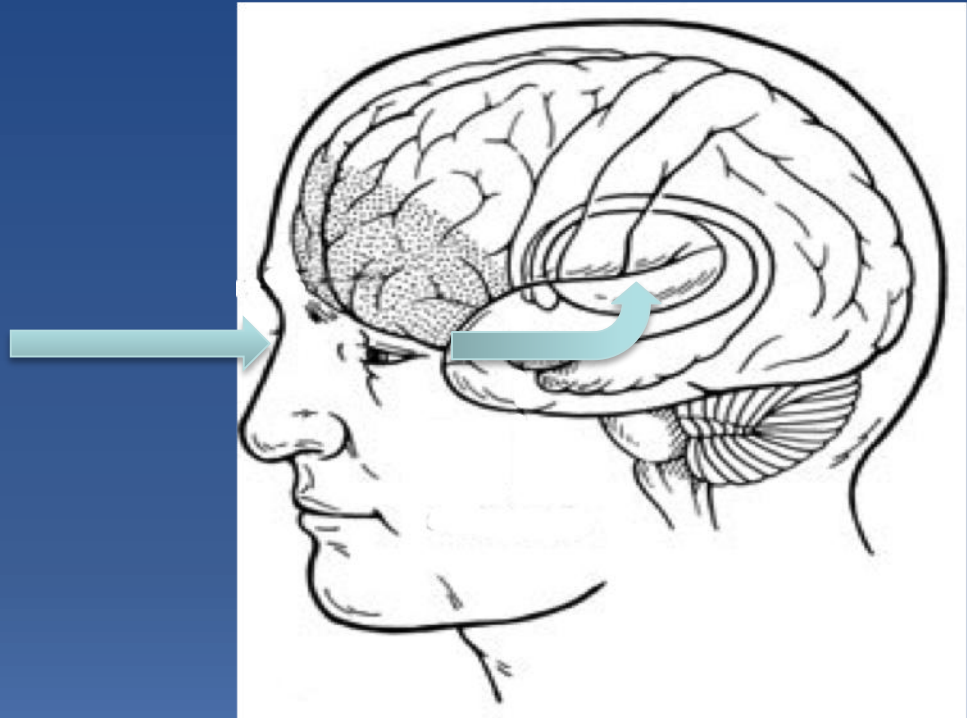
child

suicide

MEANS OF TRANSMISSION

VIOLENCE
TRANSMISSION


Observing
Witnessing
Trauma



**Most human behavior
is learned
observationally through
modeling.**

// Albert Bandura





The code of the street “is a set of prescriptions and proscriptions, or informal rules of behavior...”

// Elijah Anderson

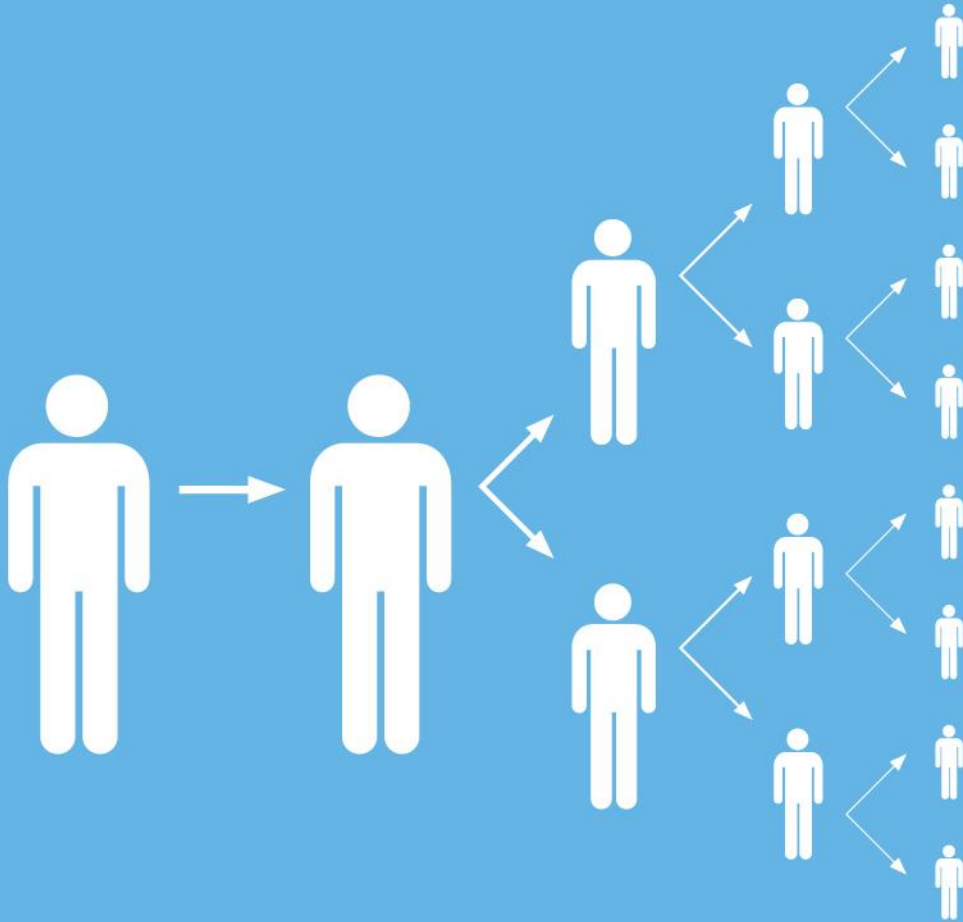
WE KNOW HOW TO STOP EPIDEMICS

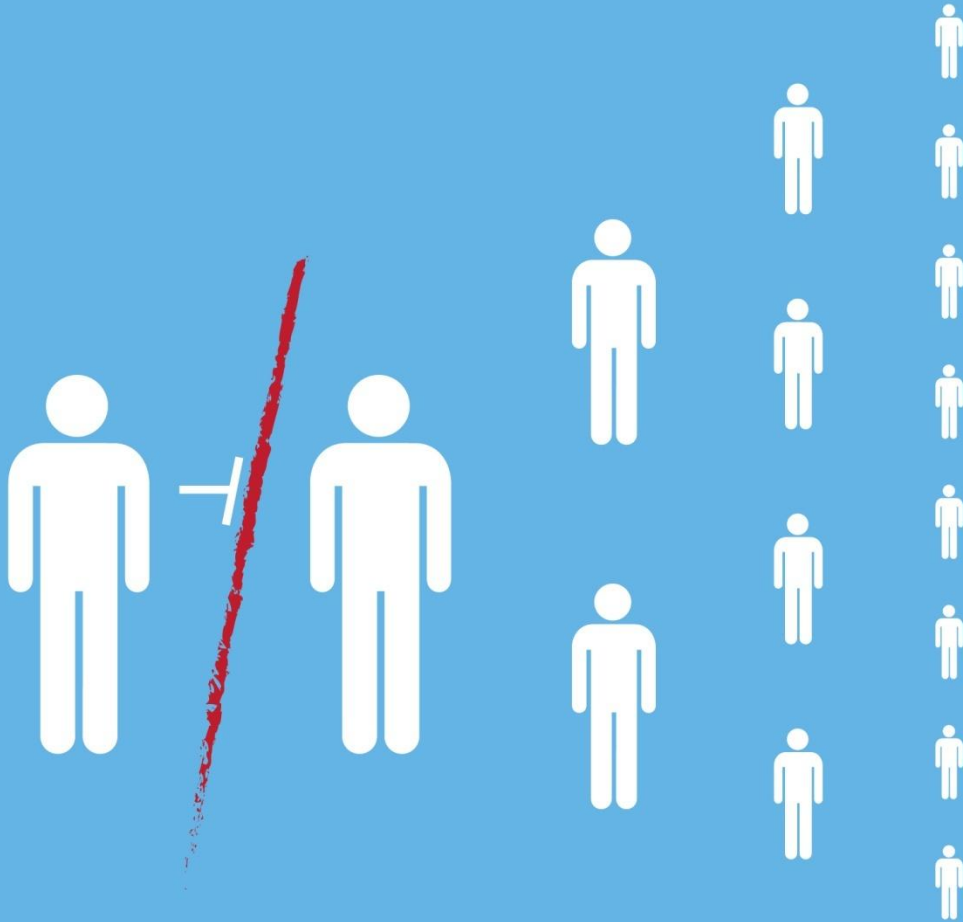
1. Interrupting transmission
2. Preventing future spread
3. Changing group norms

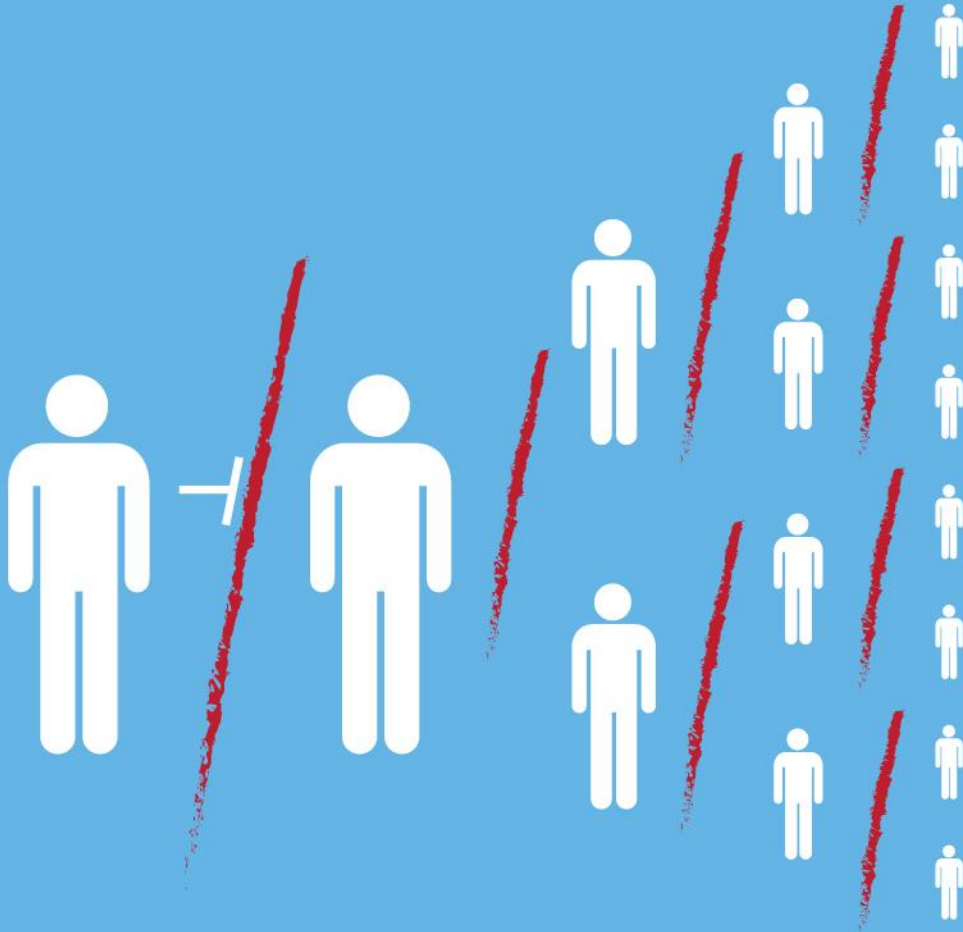


World Health
Organization

CURE
VIOLENCE







**To change group and
community culture we
need to view violence
through a health lens
and treat violence as a
health issue**

Old View

Bad People

Gang bangers

Isolated Incidents

Punishment

Intractable

Health View

Learned Behavior

Negative Norms

Contagious Process

Disease Control

Solvable

New language

exposure

behavior

susceptible

transmission

contagious

social pressure

trauma

interruption

behavior change

norm change



Building a Health System to Address Violence



State, County, and City Health Departments

- Implement epidemic control programs to prevent the spread of violence
- Analyze data on violence from hospitals, police, other sources, to provide improved health information
- Identify and disseminate evidence based strategies to prevent lethal events and spread of violence
- Lead social marketing efforts to change norms about violence and promote health behaviors that prevent violence

Hospitals, Doctors, Nurses, and Other Health Professionals

- Implement measures to properly detect and treat victims of violence
- Provide treatment for trauma suffered by victims of violence
- Conduct assessment for potential and prevention of potential retaliations
- Identify available resources in community
- Ensure integration with community outreach
- Provide intensive work and follow up with victims and families



Universities and Schools of Public Health

- Conduct research on the magnitude and impact of violence
- Conduct research on public health methods to prevent violence – changing behaviors, changing norms, and mediating conflicts
- Develop curriculum and offer classes on violence, behavior change, norm change, and mediation



The Larger System

- Criminal Justice
- Education
- Veteran's Affairs
- Child Welfare
- Faith-based Services
- Parks & Recreation
- Et cetera...



Changing Policy & Practice

- Additional federal, state, and city funding made available for the Health Approach
- Changing the language
- Building a National Coalition

Testimony of Ronal Serpas, Ph.D.

President's Task Force on 21st Century Policing

5th Public Listening Session On The Topic Of Training and Education

To begin, I would like to thank the task force for the invitation to testify. My name is Ronal Serpas. I am currently a Professor of Practice in the Criminal Justice Department at Loyola University New Orleans and a former Superintendent of the New Orleans Police Department, Chief of the Nashville Police Department and Chief of the Washington State Patrol. Today I speak to you as a board member and representative of the non-profit organization Cure Violence.

In communities where violence and crime are endemic, law enforcement has sometimes taken a warrior mentality – as police officers we were taught to “fight”

Cure Violence is ranked among the top 20 NGOs in the World

Global Geneva (2015)



Where it Began: CeaseFire Illinois



Jalon Arthur, MS
Program Director, CeaseFire Illinois

The Cure Violence Model

Detect and
Interrupt
Potentially Violent
Conflicts

Identify & Treat
Highest Risk

Mobilize the
Community to
Change Norms



Chicago: Two Independent Evaluations

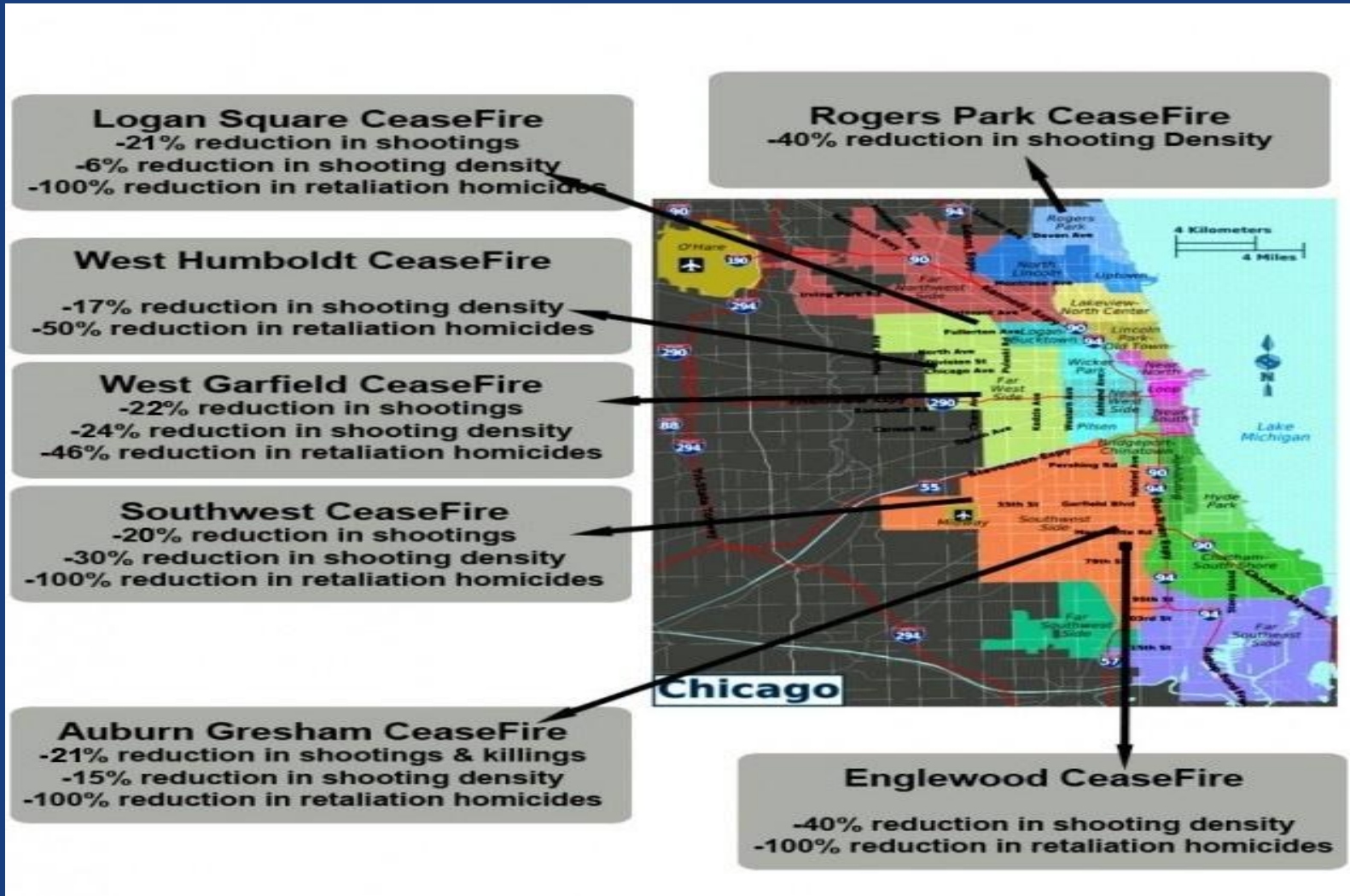


U.S. Department of Justice
(Northwestern University)
2009 (2004-2007)



McCormick Foundation
(University of Chicago)
(University of Illinois)
2014 (2012-2013)

DOJ Evaluation: 7 CeaseFire Chicago Communities





DOJ - Chicago Evaluation Findings

↓ **41 – 73%**

shootings and killings (overall effect seen)

↓ **16 - 28%**

shootings and killings (directly attributable)

↓ **15 - 40%**

shooting density

↓ **100%**

retaliation murders in 5 of 8 communities

85-97%

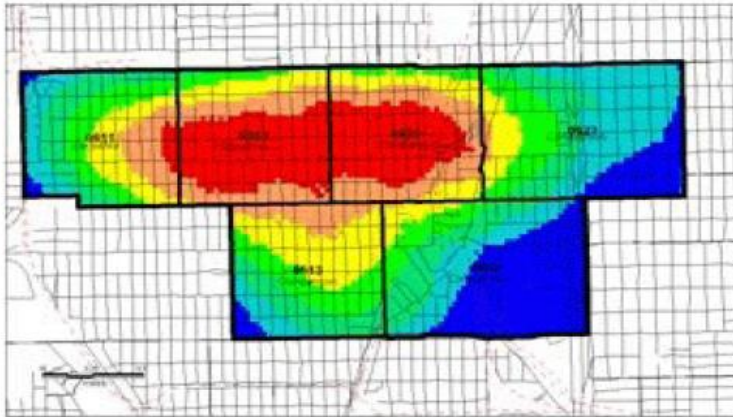
helped to jobs, school, out of gang

DEMONSTRATED EFFECTIVE

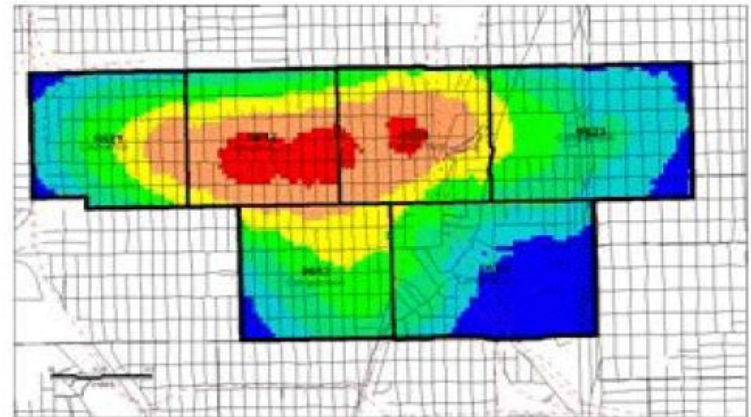
TO REDUCE SHOOTINGS AND KILLINGS

Changes in Shootings: Auburn Gresham

Before CeaseFire



After CeaseFire



Shootings per Square Mile



Participant Findings

THE RIGHT

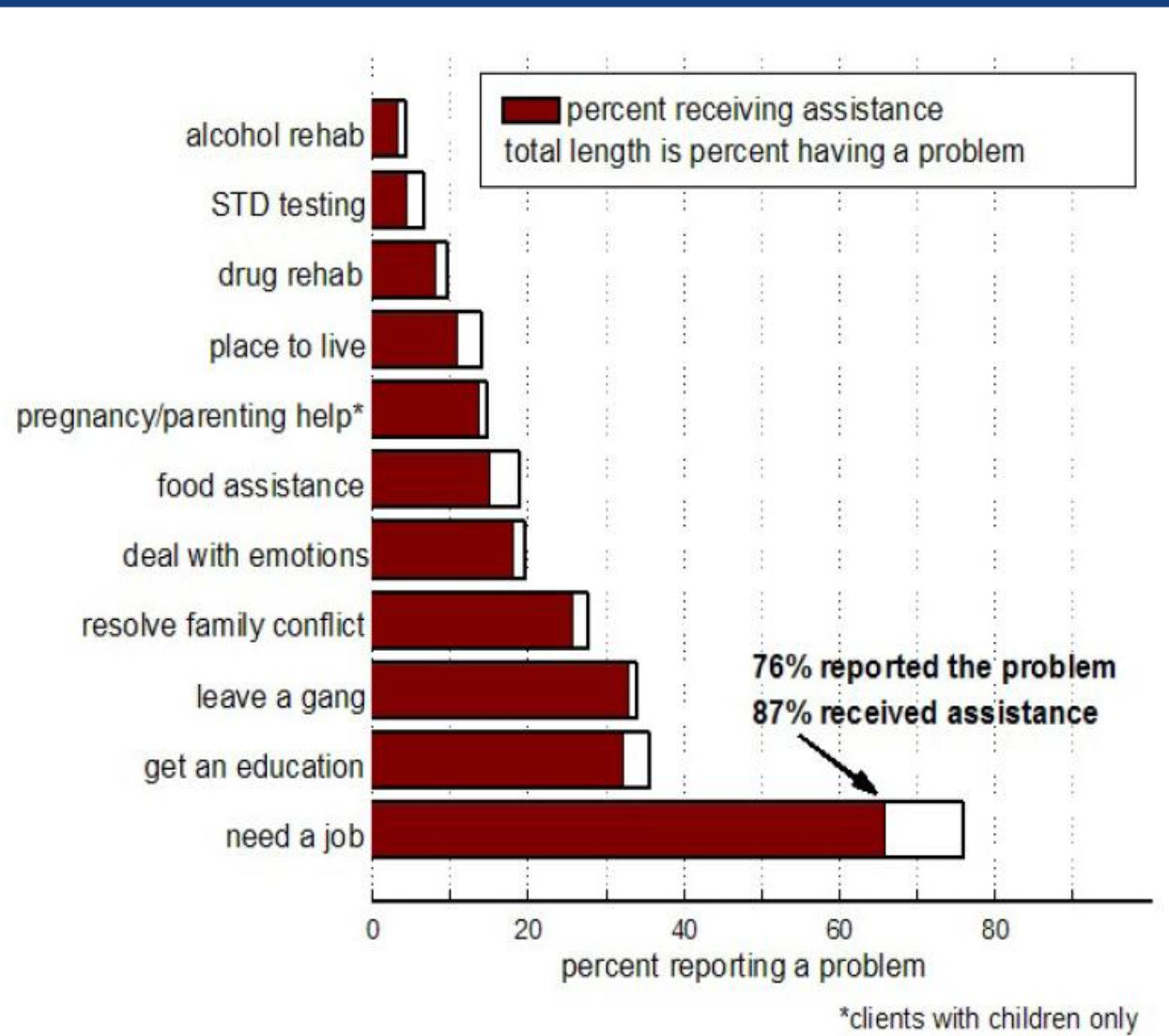
Outcomes: Program Participant Survey Highlights

(297 outreach clients surveyed anonymously)

- Of clients surveyed, 99% reported CeaseFire had a positive impact on their lives.
- Participants who sought help from their outreach workers for education, getting out of a gang, or getting a job were more likely to have received more education, gotten out of a gang or secured employment compared to other clients.
- Outreach workers were mentioned second only to parents as the most important person in the participant's life.

Source: Northwestern University, 2007

Participant Risk Reduction



Scientific Evaluation of CeaseFire in Two Chicago Police Districts (2012-2013)

CeaseFire Quantitative Evaluation
UIC Institute for Health Research and Policy

David Henry, Shannon Knoblauch,
and Rannveig Sigurvinsdottir

CeaseFire Qualitative Evaluation
University of Chicago (SSA)
Deborah Gorman-Smith and Franklin Cosey-Gay
Chicago Center for Youth Violence Prevention

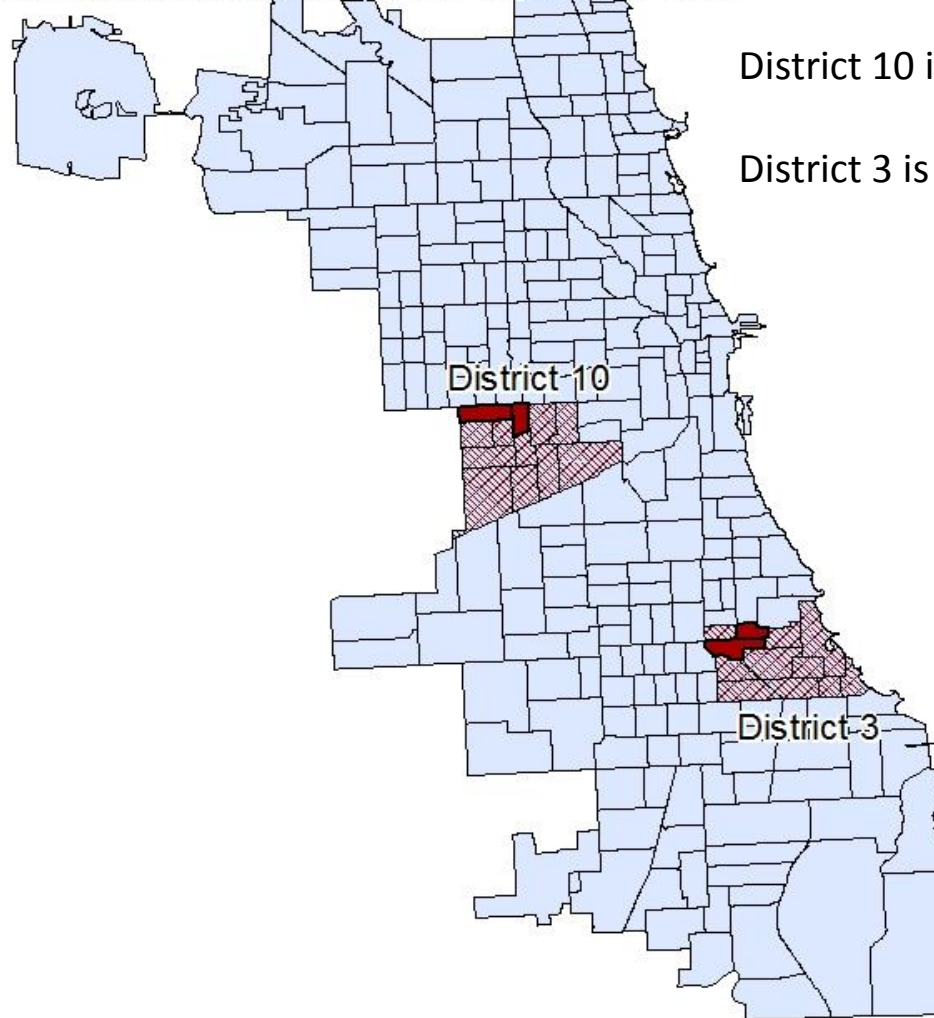


THE UNIVERSITY OF
CHICAGO

SCHOOL OF SOCIAL SERVICE ADMINISTRATION

DEFINING PROBLEMS. SHAPING SOLUTIONS.

Chicago Police Beats that Received CeaseFire
Services from September 2012 to September 2013



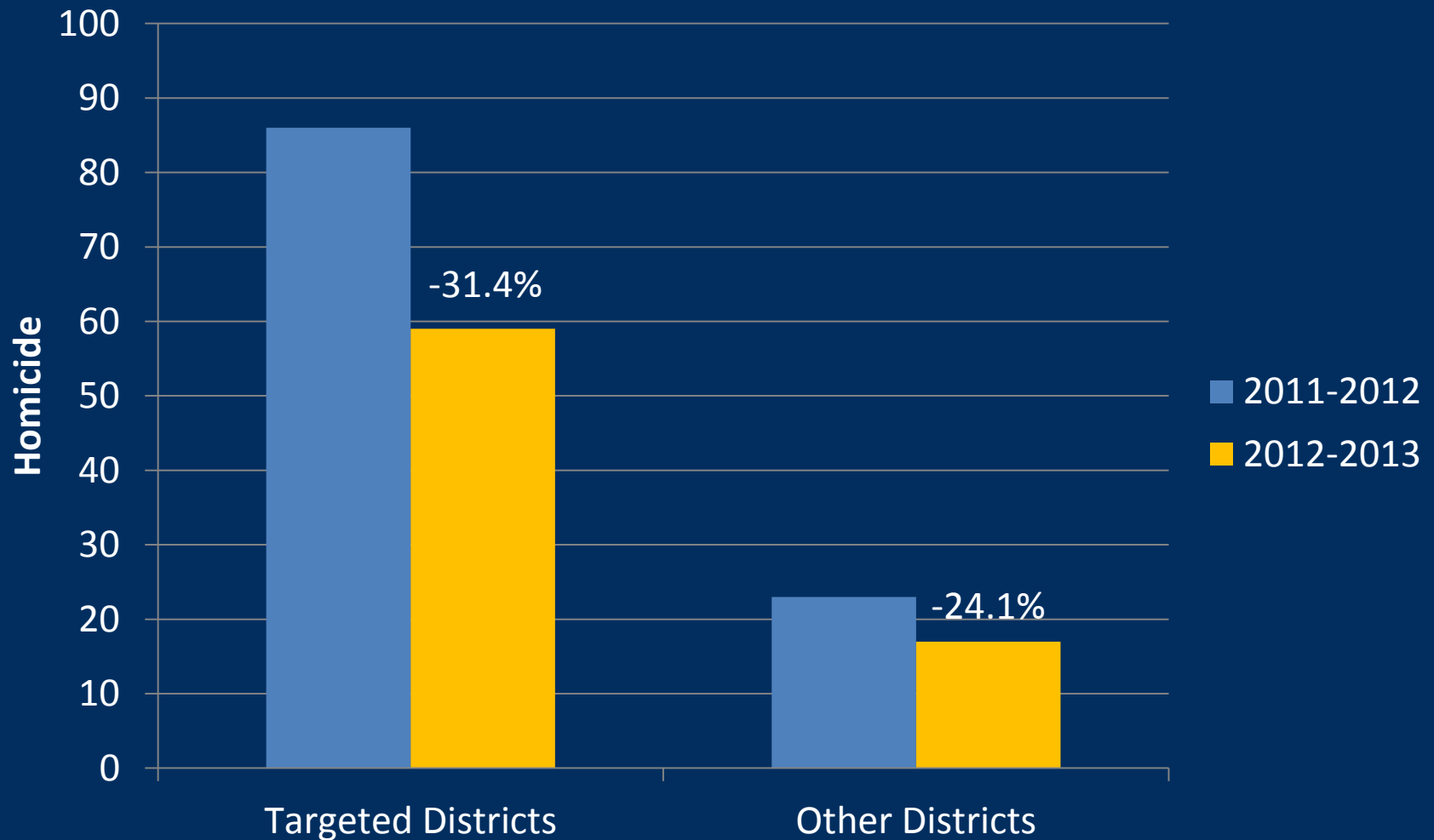
District 10 is North Lawndale

District 3 is Woodlawn

Key Quantitative Findings

- **31% reduction in homicide; 7% reduction in total violent crime; 19% reduction in shootings** in the targeted districts.
- The **effects of the intervention were immediate**, appearing within the first month, when CeaseFire workers arrived in the community, and were **maintained throughout the intervention** year.
- **Reduced levels of total violent crime, shootings, and homicides** were **maintained throughout the intervention** year in the targeted districts.

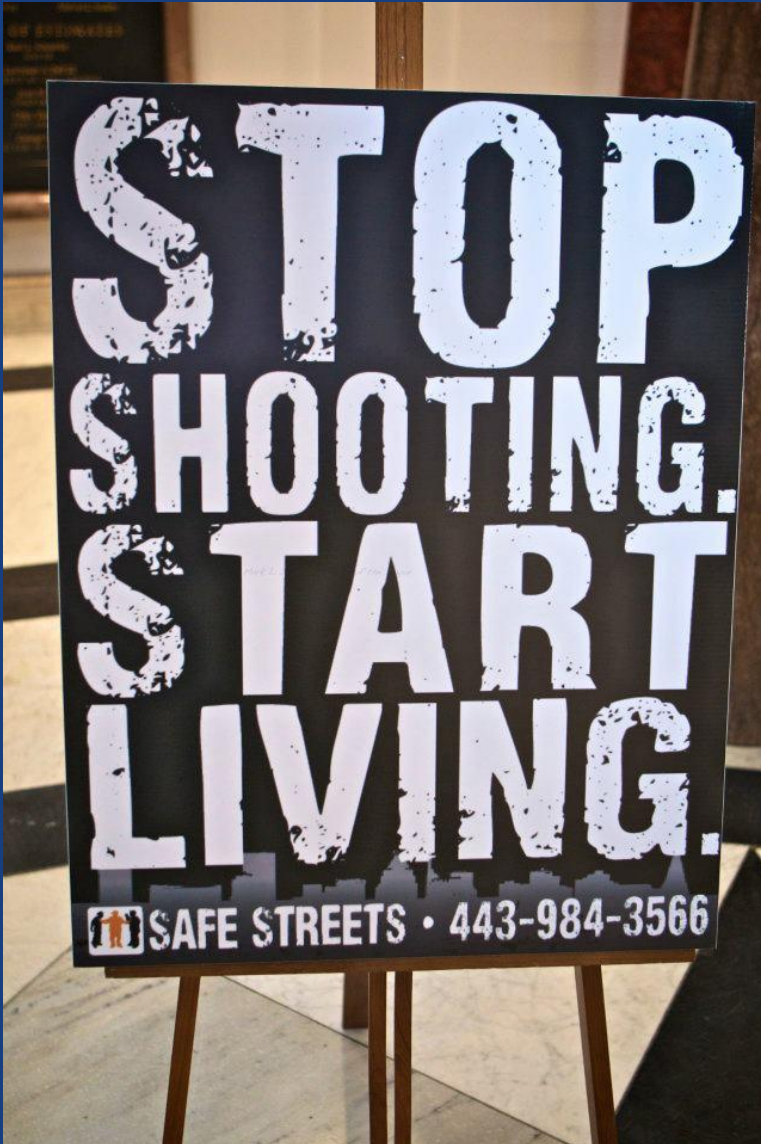
Goal of 10% reduction in homicide achieved



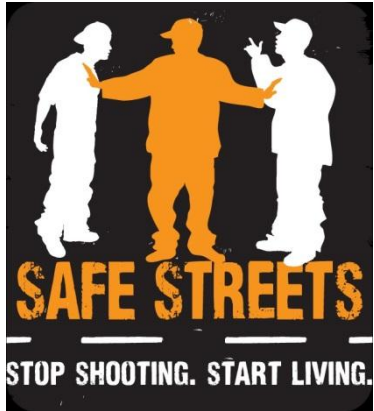
Key Qualitative Findings

- CeaseFire viewed by high-risk youth (clients and non-clients) as **effective** in **reducing violence** and **interrupting social isolation**
- Strategies used that were perceived as effective
 - *Interrupting Conflict*
 - *Mentoring*
 - Job Opportunities
 - Social Activities (get off the street)
 - Mobilization Activities
 - Education/Learning Skills

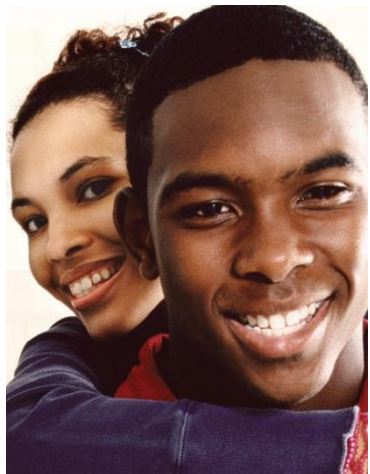
Safe Streets Baltimore



Youth Violence Prevention Programs



- [Safe Streets](#): Community-based outreach and conflict mediation to prevent shootings
 - Based on the [Cure Violence](#) Model
- [Operation Safe Kids](#): Collaboration between the Health Department and Department of Juvenile Services that provides intensive case management to high-risk juveniles from DJS' Violence Prevention Initiative (VPI)
- [Dating Matters®](#): CDC funded research and educational program for teen dating violence being implemented in 11 middle schools in Baltimore City.



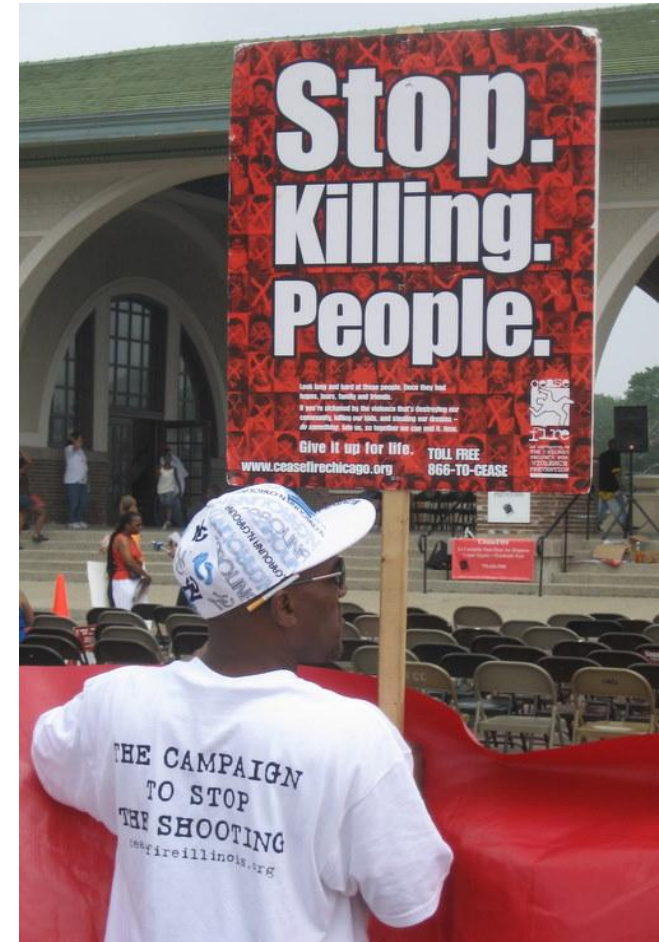


- Director
 - Dedra Layne, LGSW
- Community Liaison
 - (Vacant-to be Filled)
- Outreach Coordinator
 - Dante Barksdale, BSW

A Public Health Approach



- Stop shootings and killings by:
 - Working in communities that are disproportionately affected
 - Working with those most closely associated with the problem
 - Focusing on behavior change
 - Using data-driven approaches



The Team



- Site Director
- Violence Prevention Coordinator
- Outreach Supervisor
- Outreach Workers
- Violence Interrupter



Highest Risk Individuals



- Participants and key individuals meet at least four of the following:
 - 14-25 years old
 - Recently released from prison
 - Recently shot
 - Active in violent street
 - History of violence
 - Weapons carrier
 - Engaged in high risk activity

Site Overview



Name	Police Post #	Start Date	Community Partner	Non-Fatal Shooting Victims (CY 2014)	Firearm Homicide Victims (CY 2014)	Unique Shooting Incidents (CY 2014)	Mediations
McElderry Park ("East")	221	June 2007	Living Classrooms	4	1	4	170
Cherry Hill	924	Jan 2009	Family Health Centers of Baltimore	1	1	2	211
Mondawmin	736	Late Aug 2012	Greater Mondawmin Coordinating Council	2	0	2	283
Park Heights	612	Feb 2013	Park Heights Renaissance, Hopkins	5	2	5	219

Unsuccessful sites (2007): Madison-East End and Union Square. Crime data for Calendar Year 2014

Locations



Safe Streets East

2312 E. Monument Street

Office: 410-327-0414

Violence Interruption Coordinator:

Gardnel Carter

443-682-0600

Safe Streets Park Heights

3939 Reisterstown Road

Office: 410-664-4890 x ext. 204

Director:

James Timpson

443-248-2407

Safe Streets Mondawmin

2610 Francis Street

Office: 410-225-7010

Director:

Delaino Johnson

443-930-0596

Safe Streets Cherry Hill

631 Bridgeview Road

Office: 410-350-0081

Lead Violence Interrupter:

Warren Williams

443-286-3083

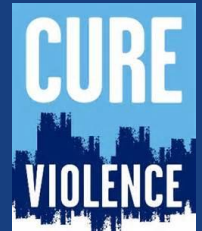
THANK YOU!

Lori Toscano, Director Health & Hospital Programs

Cure Violence

LToscano@uic.edu

www.CureViolence.org



Jalon Arthur, Program Director

CeaseFire Illinois

Jalona@uic.edu

www.ceasefireillinois.com



Dante Barksdale, Outreach Coordinator

Safe Streets Baltimore

Baltimore City Health Department

Dante.Barksdale@baltimorecity.gov

www.health.baltimorecity.gov/node/184



Dr. Daniel Webster, Director, Center for Gun Policy and Research,
Deputy Director for Research, Director, Center for the Prevention of
Youth Violence, Director, PhD Program in Health and Public Policy
Johns Hopkins University, Bloomberg School of Public Health

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