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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

2. Violence spreads - like a disease
   Influenza

3. Violence is transmitted - through exposure, modeling, social learning, and norms.
Cholera in Bangladesh, 1983-2003

Ruiz- Moreno, 2009
Violence in Chicago, 2010

Adapted by Cure Violence from CPD, 2010
TRANSMISSION OF VIOLENCE

Exposure to Violence → Violence

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

community

spousal

family

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
To change group and community culture we need to view violence through a health lens and treat violence as a health issue.
<table>
<thead>
<tr>
<th>Old View</th>
<th>Health View</th>
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<tbody>
<tr>
<td><strong>Bad People</strong></td>
<td><strong>Learned Behavior</strong></td>
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<tr>
<td>Gang bangers</td>
<td><strong>Negative Norms</strong></td>
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<tr>
<td>Isolated Incidents</td>
<td><strong>Contagious Process</strong></td>
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<tr>
<td>Punishment</td>
<td><strong>Disease Control</strong></td>
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<tr>
<td><strong>Intractable</strong></td>
<td><strong>Solvable</strong></td>
</tr>
</tbody>
</table>
New language

exposure
behavior
transmission
susceptible
social pressure
contagious
trauma
interruption
behavior change
norm change

G. Slutkin, 2010
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
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)  

McCormick Foundation (University of Chicago)  
(University of Illinois)  
2014 (2012-2013)
DOJ Evaluation: 7 CeaseFire Chicago Communities

Logan Square CeaseFire
-21% reduction in shootings
-6% reduction in shooting density
-100% reduction in retaliation homicides

West Humboldt CeaseFire
-17% reduction in shooting density
-50% reduction in retaliation homicides

West Garfield CeaseFire
-22% reduction in shootings
-24% reduction in shooting density
-46% reduction in retaliation homicides

Southwest CeaseFire
-20% reduction in shootings
-30% reduction in shooting density
-100% reduction in retaliation homicides

Auburn Gresham CeaseFire
-21% reduction in shootings & killings
-15% reduction in shooting density
-100% reduction in retaliation homicides

Rogers Park CeaseFire
-40% reduction in shooting Density

Englewood CeaseFire
-40% reduction in shooting density
-100% reduction in retaliation homicides
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

Skogan, 2009
Changes in Shootings: Auburn Gresham
Participant Findings

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

- Alcohol rehab
- STD testing
- Drug rehab
- Place to live
- Pregnancy/parenting help*
- Food assistance
- Deal with emotions
- Resolve family conflict
- Leave a gang
- Get an education
- Need a job

76% reported the problem
87% received assistance

*Clients with children only

CeaseFire Quantitative Evaluation
UIC Institute for Health Research and Policy
David Henry, Shannon Knoblauch, and Rannveig Sigurvinisdottir

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

STOP
SHOOTING.
START
LIVING.
SAFE STREETS • 443-984-3566

HEALTH DEPARTMENT
CITY OF BALTIMORE
BALTIMORE MARYLAND

1797
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
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
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

Sources: Spergel, 1995; Farrington et al, 1998; Wilkinson, 2009; Buss & Abdu, 1995
## Site Overview

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

Locations

**Safe Streets East**
2312 E. Monument Street  
Office: 410-327-0414  
Violence Interruption Coordinator: Gardnel Carter  
443-682-0600

**Safe Streets Mondawmin**
2610 Francis Street  
Office: 410-225-7010  
Director: Delaino Johnson  
443-930-0596

**Safe Streets Park Heights**
3939 Reisterstown Road  
Office: 410-664-4890 x ext. 204  
Director: James Timpson  
443-248-2407

**Safe Streets Cherry Hill**
631 Bridgeview Road  
Office: 410-350-0081  
Lead Violence Interrupter: Warren Williams  
443-286-3083
THANK YOU!

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www.CureViolence.org

Jalon Arthur, Program Director
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Dante Barksdale, Outreach Coordinator
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Baltimore City Health Department
Dante.Barksdale@baltimorecity.gov
www.health.baltimorecity.gov/node/184

Dr. Daniel Webster, Director, Center for Gun Policy and Research,
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