Treating Violence as a Contagious Disease

*Cure Violence* Aims to Reduce Shootings in U.S. Communities

**INTRODUCTION**

Violence is the leading cause of death among youth in some cities across the United States, and young men of color are disproportionately affected. Much like a contagious disease, it can spread from one person to the next as an act of violence triggers another and another.

*Cure Violence* was founded in 1999 at the University of Illinois at Chicago School of Public Health to halt the cycle of retaliation. Launched under the name CeaseFire, with funding through the Robert Wood Johnson Foundation Local Funding Partnerships program,1 CeaseFire was designed to engage youth and mediate high-risk conflicts before they turn violent. The model is being replicated in cities across the United States, under the name Cure Violence, and an evaluation is underway. See the Appendix for a list of those interviewed for this report.

**WHAT IS CURE VIOLENCE ABOUT?**

*Cure Violence* trains street-smart “violence interrupters” and outreach workers to work the streets, and sometimes the emergency rooms, of urban neighborhoods, tamp down on violence, and ultimately change social norms. They are credible messengers because they hail from the same communities as the young people they engage, often have been incarcerated, and, always, have turned their lives around.

**Violence as a Contagious Disease**

*Cure Violence* had its genesis in the global health experience of Gary Slutkin, MD. As chief of interventions and prevention for the World Health Organization, the epidemiologist had seen his fair share of infectious diseases, from tuberculosis in San Francisco and Somalia to HIV in Uganda. Slutkin understood how diseases can spread, and the kinds of interventions necessary to stop them.

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1 Some of the local *Cure Violence* affiliates, including CeaseFire Illinois and CeaseFire New Orleans, continue to use the original name.
But it was only when he returned to his hometown of Chicago in the mid-1990s that he began to see the parallels with violence. As he wrote in an Institute of Medicine Workshop Summary:\(^2\) “The problem of violence, like the great infectious diseases of the past, has been stuck—not because we do not care enough, nor because we do not have enough money devoted to it, but because we have made the wrong diagnosis. Wrong diagnoses, in particular moralistic diagnoses, usually lead to ineffective and even counterproductive treatments and control strategies.”

Slutkin went on to characterize the clinical features of violence with the same medical terminology used to describe other contagious disease. Individuals are more likely to be susceptible, he wrote, if they live in an environment in which violence is a well-established norm, and their exposure to violence increases the chances that they will become violent themselves. Other classic disease concepts, including modes of transmission, resistance, incubation period, and reactivation, are also relevant.

The next step was to figure out how to apply that analysis to finding a cure.

**Growing the Model in Chicago**

Early pilot tests of community-based violence prevention activities in Austin, a Chicago neighborhood with the city’s highest number of homicides, looked promising, and RWJF stepped forward to expand the work. In 1999, the Foundation began funding the University of Illinois at Chicago School of Public Health to field test CeaseFire, named after a Boston anti-violence project.\(^3\) CeaseFire engaged troubled and violent teens and also emphasized public education and community involvement. The John D. and Catherine T. MacArthur Foundation and the Chicago Community Trust provided the match required under the *RWJF Local Initiative Funding Partners Program*.

By 2004, with two rounds of RWJF funding, CeaseFire was either established or in the process of being implemented in 11 Chicago neighborhoods and at sites in four other Illinois cities. The story of the project’s early years is described in an *RWJF Anthology* chapter, “The Chicago Project for Violence Prevention.”\(^4\)

**On the National Stage**

As CeaseFire took hold in Illinois, it drew a substantial amount of local and national media coverage, invitations to present the model at professional conferences, a featured

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\(^3\) Grant ID# 37315 ($468,033, August 1, 1999 to July 31, 2003) and Grant ID# 49802 ($178,621, November 1, 2003 to April 30, 2005)

presentation on the television show *ER*, and a visit from then-First Lady Laura Bush. That attention, in turn, drew requests for technical assistance and written materials from a number of cities and states interested in replicating the model.

RWJF has committed some $14.7 million since 2006 to the University of Illinois at Chicago to support the replication of the CeaseFire model, changing the name of the national effort to *Cure Violence* in 2011.⁵

Separately, it began funding a 30-month, $2.94 million evaluation of the initiative in 2014, to be conducted by the John Jay College of Criminal Justice at the City University of New York.⁶ Three previous evaluations had been conducted on *Cure Violence*, but each had methodological limitations (see *Three Local Evaluations*). The Bridgespan Group in Boston,⁷ and Reos Partners in Cambridge, Mass.,⁸ received additional RWJF funds to help *Cure Violence* refine its business model and implement a plan for growth and sustainability.

**HOW DOES CURE VIOLENCE WORK?**

The heart of *Cure Violence*’s strategy is to gain the trust of those most likely to shoot others, or be shot themselves, and build on that trust to shift their thinking about the appropriate use of violence. Most of the participants are young men of color. The program works with them through outreach workers and violence interrupters.

Outreach workers act as mentors to a caseload of participants, establishing one-to-one relationships with high-risk clients whom they see multiple times every week, conveying a message of rejecting the use of violence. Outreach workers are also available to their clients during critical moments—when a client needs someone to help him avoid a relapse into criminal and violent behavior.

Outreach workers’ core task is to promote “cognitive restructuring,” explains Candace Kane, PhD, JD, chief operating officer at *Cure Violence*, to help them “recognize they have alternatives and can change their behavior and the way they think.”

Violence interrupters identify potentially lethal conflicts that might be brewing and respond with conflict mediation techniques designed to diffuse the tension. They are the ones likely to appear on the street or in a hospital emergency room after a shooting and

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⁵ Grant ID# 55535 ($3,020,345, February 1, 2006 to December 31, 2010); Grant ID# 68156 ($4,500,000, January 1, 2011 to September 14, 2013) and Grant ID# 70750 ($7,219,769, September 15, 2013 to September 14, 2016)

⁶ Grant ID# 71541 ($2,941,997, February 1, 2014 to July 31, 2016)

⁷ Grant ID# 67086 ($296,438, December 15, 2009 to March 14, 2010)

⁸ Grant ID# 71612 ($367,375, February 15, 2014 to November 14, 2014)
start talking to the victim himself, and to the friends and family who might already have gathered together to plan their retaliation.

Both outreach workers and violent interrupters advance the program’s long-term goal of changing social norms so that a violent response becomes an aberration, not an assumption.

“We are hearing more and more leaders from law enforcement saying, ‘We know we can’t arrest our way out of this problem.’ We need a public health approach.”—Thomas Simon, PhD, Acting Associate Director for Science in the Division of Violence Prevention at the Centers for Disease Control and Prevention (CDC)

Staff and Community Tied Together

Common ties generally bind Cure Violence staff and participants together. “We don’t bring people from the outside. We hire people who already have a vested interest in these communities,” explains Francisco Perez, MA, who directs the national program. “When they step out of their homes, they see the people who are dealing drugs on the corner. It is their friends, their family at risk.”

At the same time, he says, staff members “can tell these young men, ‘You know who I am. You know I did 15 years. Let me tell you what is going to happen if you keep on with this lifestyle.’” And often, he says, the response on the street is, “That’s Frank, man. He was one of the heavy guys in this neighborhood. I am not going to talk to my mother or a preacher. I’m going to talk to Frank and listen to what he will tell me about that life.”

“They don’t come with a credential from the University of Illinois. They come with a credential from Stateville Penitentiary.”—Francisco Perez, MA, National Director, Cure Violence

The backgrounds that make outreach workers and violence interrupters such effective messengers also make rigorous screening essential. Applicants know they will be subject to background checks and drug screening. Hiring panels typically include representatives from the neighborhood, law enforcement, and the faith community or other grassroots organizations. “We make sure there is a consensus that this individual has made the change in life and is legitimate, and not trying to pull the wool over our eyes and continue some kind of illegal activity,” says Perez.
On-the-ground staff members receive 40 hours of initial training, followed by periodic booster sessions. The goal is to train people who can work effectively on the ground, but also within the more formal structure of the lead organization, which is not always an easy mix to achieve.

**Coming to the Same Table**

Along with the street-level work, Cure Violence staff members sometimes organize group sessions, including meetings that bring rivals together. At one such get-together in Chicago, participants created a list of the petty reasons that lead to shootings—like Facebook postings, YouTube uploads taking credit for a violent act, feelings of being disrespected, and disagreements over women.

“Then we ask, ‘Do you consider yourself a petty dude?’” explains Jalon Arthur, MS, acting program manager of operations for CeaseFire Illinois. “Nobody likes to be called petty, but there are lots of guys who engage in violence for what they themselves call petty reasons.” From there, staff might ask, “You’ve said it is petty, so if a conflict arises, can you give a brother or sister a pass on that, and basically not engage in violence?”

The idea is to take small steps, challenge behavior, and slowly break down some of the barriers among neighborhood adversaries. “In the beginning, rival guys don’t even want to talk to each other, but once we start having these activities, mixing it up, and there is that trust because of the outreach workers, they start seeing, ‘Maybe this dude ain’t that much different from me,’ ” Arthur says. “These are the same people, but different geographic locations, different affiliations. There is a lot of commonality.”

See Sidebar, “On the Ground With Cure Violence” for other examples of how the program works.

**An Arm’s Length From Law Enforcement**

The relationship between Cure Violence and law enforcement can be delicate. Along with sitting on hiring panels, local police department representatives provide crucial data about who is doing the shootings, who is getting shot, and where and when shootings are most likely to occur. Tyronne Walker, who directs CeaseFire New Orleans, also points out that in the dark corners where violence interrupters often do their work, “we need law enforcement to really be able to recognize our staff.”

“\textit{In the Cure Violence model there is a tenet of having that respectful relationship with law enforcement.}” —Tyronne Walker, Director, CeaseFire New Orleans
At the same time, an inviolate pledge of confidentiality is essential to grow trust within the community, and to keep Cure Violence workers safe. “We are not an extension of law enforcement,” emphasizes Perez. “We do not share information with law enforcement.”

**Building the National Network**

The Cure Violence national office in Chicago provides training and technical assistance to replication sites across the United States, using RWJF funding to provide them without cost. These services are essential because it has been difficult for many of the sites to implement the model correctly.

To receive Cure Violence guidance, the sites must be located in areas with a long-standing history of violence and be able to fund the rest of the initiative. Public and private sources typically include some combination of federal Office of Juvenile Justice and Delinquency Prevention, state health departments, and state and local foundations. Typically, a community-based agency serves as the local lead, although it can also be a university or a local or state government agency.

In theory, technical assistance is provided with differing degrees of intensity, depending on whether a site is designated a “tier 1” demonstration site, meaning that it has complete fidelity to the Chicago model, or a “tier 2” site, which draws only partly on the model. However, there is not yet sufficient research to clarify which elements of the model are essential to bring about the desired changes, and the distinction between tier 1 and tier 2 sites is not always part of the equation when determining which sites to support. “We provide as much help to a site as we can, and as they will take,” explains chief operating officer Kane. “In my mind it is an artificial divide. It doesn’t influence what kind of support we give them.”

The first year after a project is launched requires a significant commitment from national staff. Using training curricula separately developed for management and for field workers, Chicago-based staff members go onsite to provide initial training and then return every few months. “We have to educate them from ground zero all the way up—from hiring the right kind of workers, to how to supervise and discipline those workers and how to be effective with those workers,” says Perez. In addition to weekly conference calls and Skype-based staff meetings, a designated person from the Chicago site is available on call around the clock.
HOW IS THE PROGRAM PROGRESSING?

According to the Cure Violence website, the model was operating at 52 sites in 22 cities by 2014:

- CeaseFire Illinois, the state branch of the national program, operates in 18 high-risk Chicago communities and in neighborhoods of seven other Illinois cities. Most of those projects are spearheaded by a local community-based organization, with two overseen directly by University of Illinois at Chicago staff.

- Among other communities that are closely replicating the design are Baltimore, Crown Heights (Brooklyn, N.Y.), Kansas City, Mo., New Orleans, Philadelphia, and Loiza, Puerto Rico. Baltimore’s Safe Streets Program, launched in 2007 by the city’s health department, was the first replication site outside Illinois and currently operates in four Baltimore communities.

- A statewide Cure Violence initiative in New York is run through the Division of Criminal Justice Services. The program, known as SNUG, or “guns” spelled backwards, currently operates in Albany, Buffalo, Mt. Vernon, Rochester, Syracuse, Yonkers, and New York City neighborhoods in Queens and Harlem.

- A number of other cities, including Columbus, Ohio; Kansas City, Mo.; Los Angeles, and Oakland, Calif., have adopted some components of the model.

Interest in Cure Violence, and requests for technical assistance services spiked after the program was showcased in The Interrupters, a documentary produced in 2011, which aired in local theatres and on Public Broadcasting System channels. The program also drew attention after being named one of the “top NGOs” of 2013 by The Global Journal (read the program’s description here).

One of the things I love about the model is the community involvement piece. There are so many people in these neighborhoods who want some way to respond. I find a lot of hope in the fact that there is a way for everyone to get involved.”—Amy Ellenbogen, MSW, SOS Project Director, Crown Heights, Brooklyn

“Cure Violence is a very important strategy for the field,” says Thomas Simon of the CDC, which helped to fund the Safe Streets project in Baltimore. “It is part of a comprehensive approach. Family-based and school-based prevention, mentoring

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9 The Interrupters aired on the Public Broadcasting System’s Frontline program and can be seen in its entirety here.

programs, changes to the physical environment, policy changes—all of these strategies are part of what should be put in place in communities to make a population-wide change in exposure to violence and risk for violence.”

**Three Local Evaluations**

Three evaluations have been conducted on local *Cure Violence* projects. While all of them indicate that the model has promise, they also share some significant limitations:

- **Ceasefire Chicago**: A 2008 evaluation, conducted at Northwestern University and supported by the Office of Justice Programs at the National Institute of Justice, looked at how the program had progressed in the city of its birth.\(^{11}\)

  The evaluators concluded: “Violence was down by one measure or another in most of the areas that were examined in detail. Crime mapping found decreases in the size and intensity of shooting hot spots due to the program in more than half of the sites. There were significant shifts in gang homicide patterns in most of these areas due to the program, including declines in gang involvement in homicide and retaliatory killings.”

- **Save Our Streets (SOS), Crown Heights, Brooklyn, N.Y.**: SOS was launched with federal funding\(^{12}\) in 2010 in the ethnically diverse community of Crown Heights, home to Caribbean, African-American, and Hasidic Jewish populations. More than one-quarter of its families live below the poverty line.

  The eight-person staff at SOS includes three outreach workers, four violence interrupters, and a program manager; the Crown Heights Community Mediation Center, where SOS is housed, provides leadership support. The Mediation Center is a demonstration project of the Center for Court Innovation, a public/private partnership in New York, which conducted the evaluation from January 2010 through May 2012.\(^{13}\)

  Evaluators from the Center for Court Innovation examined gun violence data 18 months prior to the implementation of SOS and 21 months afterwards. Average monthly shootings in Crown Heights fell by 6 percent, compared to increases of between 18 percent and 28 percent in three comparison areas, although these are not considered statistically significant.

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\(^{11}\) Skogan WG, Hartnett SM, Bump N, Dubois J. “Evaluation of CeaseFire-Chicago.” Available [online].

\(^{12}\) Two years of initial funding came from the U.S. Department of Justice’s (DOJ) Bureau of Justice Assistance as part of federal stimulus funds. Other funds came from the DOJ’s Office of Juvenile Justice and Delinquency Prevention.

“I find it very promising that we are working to change the stigma around violent behaviors,” says SOS project director Amy Ellenbogen, MSW. “It is incredibly powerful that we are moving away from saying ‘There are bad kids, bad people,’ to ‘There are people who have done bad things, people are sick, and we can help them.’”

- **Safe Streets, Baltimore**: Evaluators from the Johns Hopkins Center for the Prevention of Youth Violence examined data in four Safe Streets intervention neighborhoods and concluded that the program was associated with 5.4 fewer homicide incidents and 34.6 fewer nonfatal shooting incidents, on average, across all sites during the study period.\(^\text{14}\)

They also found that after Safe Streets was implemented, youth in target neighborhoods were four times more likely to have little or no support for using violence than young men in control neighborhoods. “By building trusting relationships, diffusing sources of conflict, and changing social norms surrounding gun use, Cure Violence has shown a significant reduction in gun violence for program participants,” concluded the evaluators.

Lori Toscano, MS, directs the program, which is housed in the Baltimore City Health Department. Given her background in probation, parole, and juvenile delinquency, Toscano finds it refreshing to move away from what she calls “enforcement-based thinking,” which focuses on removing individuals from the community. “I like the idea that violence is a learned behavior and that there is a way to change that behavior by providing new information and new skills rather than by incarcerating.”

**Broader Evaluation Gets Underway**

The three evaluations “certainly give us a basis for continuing the program,” says Laura Leviton, PhD, senior advisor for evaluation at RWJF. At the same time, she points out that all three “leave something to be desired.” Methodological limitations, concerns that some of the evaluated sites diverged from the Chicago model, and changes in community patterns of violent behavior and police responses unconnected to Cure Violence raised major questions about their conclusions.

“Everybody felt the results would be much more convincing if we had information about the experience of the men who were most at risk of either perpetrating violence or being victims,” Leviton explains. As a result of the need for more information on effectiveness, an RWJF-funded evaluation began in February 2014 to measure shifts in community norms that indicate that “it is really not cool to solve your problem at the point of a gun,” she explains.

Jeffrey A. Butts, PhD, MSW, director of the research and evaluation center at the John Jay College of Criminal Justice in New York City, is conducting the evaluation. Researchers will spend 30 months collecting data in four New York neighborhoods, each about 10-by-10 blocks in size, that have not previously participated in Cure Violence. Two, says Butts “will get intensive interventions designed to really change how the young men think about violence.” The other two will be used to make comparisons.

“So far, the studies have all been done during this period of declining crime nationwide. You can’t say that because shootings went down, Cure Violence is effective. We have to disentangle the environmental effects of falling crime rates from whatever the program is doing.”—Jeffrey Butts, PhD, MSW, Cure Violence evaluator

A unique feature of the evaluation is a sampling technique for the survey called “respondent driven sampling,” which has proven useful in reaching difficult-to-access populations. “Basically, we roll into a neighborhood, park a car, hang a sign that describes what we are doing, and then stop people who seem to fit our criteria,” explains Butts.

Survey participants will generally be men, ages 18 to 30, who live in the neighborhood. Each will get $30, plus three coupons which they can give to others in the neighborhood directing them to the researchers. The men who use the coupons and participate in the survey get the same $30 and three coupons, and the referrer gets an additional $10.

The survey respondents are asked how they would react to a number of hypothetical situations. For example, “You are at a club talking to a girl when a guy comes up and tells you she’s his girl” and “Some guys you and your friends don’t know try to take over the basketball court.” Potential responses include these: (1) ignore, (2) react verbally, (3) get physical, (4) pull a weapon, (5) use a weapon, and (6) not sure/decline.

The evaluators will be monitoring the interventions as they are implemented in New York and collecting data from law enforcement. Butts contends that “if the public health approach to violence reduction has merit, we should be able to see at least some indicators of norm change within our project period.”

Butts’ research team will also be working with the Chicago office for Cure Violence to document the program’s implementation at other sites in New York City, Philadelphia, and Oakland, Calif.
WHAT CHALLENGES DOES CURE VIOLENCE FACE AND WHAT DOES THE FUTURE HOLD?

Fidelity to the model. As sites around the country replicate Cure Violence with varying degrees of fidelity, and the broader evaluation moves forward, the program is at an important moment in its evolution. One key question is the extent to which the model can be modified and still meet its fundamental goals. “With scarce resources in government, people try to tweak this model beyond what it can really tolerate,” says RWJF’s Leviton.

But when asked how much flexibility is actually possible, she acknowledges, “We don’t know yet. That is part of what we are trying to find out.” The Chicago staff is developing criteria for licensing Cure Violence replication sites so “if we give someone a license, it means a certain thing,” says chief operating officer Kane. The team has not yet reached consensus on what those criteria will be.

Government support will ultimately need to replace philanthropy in order to institutionalize models that work to prevent violence, says Jane Lowe, PhD, a senior adviser for program development at RWJF. But involving government will plunge a public health initiative deep into local politics—for example, a mayor up for re-election may criticize the program if it does not quickly reduce gun violence.

Leadership and management. Some basic leadership and management issues also need to be addressed to strengthen Cure Violence at the national level. With the program embedded in a university, organizational structure has long been a challenge, says Lowe, noting “all of the pitfalls of trying to operate in grassroots communities out of an institution that is big and massive.”

Adds RWJF Program Officer Maisha Simmons, MPA, “Cure Violence in Chicago can do more to learn from other sites. It tends to be top down. Some sites have innovated beyond Chicago, but there hasn’t been that feedback loop. How do they take those lessons and integrate them into the model?”

In search of a network. Many of the sites have expressed interest in being part of a Cure Violence network, but just what that means is not clear. “There continue to be challenges in site cohesion,” says Simmons. “Many sites across the country want to understand what it means to be a site of Cure Violence when they are doing fundraising or advocating for themselves. And I think the program is still trying to figure that out. How do we begin to streamline this franchise-type model?”

Fragile communities. Sites also struggle with the reality that violence is only one of many issues in vulnerable communities. “We all know if you are going to end violence, you need basic things that are beyond this model,” Lowe warns. “You need access to jobs, good education, access to caring adults. You need to get these kids treated fairly and justly by the criminal justice system.”
“There are many external variables that are beyond the capacity of this program to solve. What is required is a broad systemic and holistic approach to the interconnected needs of young men in these communities.”—Jane Lowe, PhD, Senior Adviser for Program Development, RWJF

**Staffing.** At the site level, hiring and managing staff is a core challenge. The message outreach workers and violence interrupters sometimes get, says Ellenbogen, is: “‘We are hiring you because you are street credible, but we need you to become more professional and meet these high expectations for professionalism. But when you go out on the street, keep up your street credibility.’ That is a really uncomfortable and difficult tension that doesn’t get explicitly addressed.”

“You can get swallowed up by the case management needs of your own staff. I really, strongly recommend that someone be helping your staff. You need a boost of support for that role.”—Amy Ellenbogen, MSW, SOS Project Director

For now, it remains uncertain how widely the model can be expanded. “We are trying to figure out how to give the roots and wings to Cure Violence in a way that really keeps the forward momentum going, but also says maybe this model as it is now is not scalable in the way that we thought it would be,” Lowe says.

But the new thinking it has engendered—that the tools of public health are as essential as the tools of law enforcement to curb violence—is likely to endure. As Lowe says, “Once you get folks thinking about this as a public health issue, we can move forward.”
Sidebar

**ON THE GROUND WITH CURE VIOLENCE**

From turning a violent man into a program ally, to talking down a jealous former prisoner, to teaching kids to dream, the change that happens through *Cure Violence* usually begins with small steps. Here are some stories from some of the projects.

**Chicago, Where It Started**

**A Shooter Becomes an Ally**

No one in Chicago’s Englewood community was particularly surprised when a man we’ll call Walter was brought into Christ Hospital on the Southside. Walter was “a known shooter,” according to Jalon Arthur, MS, acting program manager of operations for CeaseFire Illinois, and this was his second gunshot wound within a month.

This time, Walter’s leg was severely injured. Released with care instructions that he failed to follow, he eventually lost his foot and was confined to a wheelchair. But that was not enough to alter his behavior. “He was still in a mood that was about violence, whether himself or the group that he affiliated with,” says Arthur. “There was still a lot of shooting going on.”

Walter’s relentless outreach worker began talking to him on a daily basis, month after month, and slowly, Walter began to respond. Arthur says, “He had a change of heart and he actually started meeting with his own group and getting them to stand down on some of the offensive behavior.” As his commitment to living a different kind of life grew, Walter agreed to participate in a video produced by *Cure Violence* to combat some of the negative messages that were appearing on local social media.

“His whole language, everything is changing with this guy,” remarks Arthur. “Because of the role he played in the past, it’s a big deal in the community. There have been a couple of guys from his group, main dudes, who have become participants in the program. They have come from him.”

**Risk Reduction Comes First**

Even before *Cure Violence* can change a man’s mindset, it tries to reduce his risk—encouraging him, for example, to step away from the social media where threats of retaliation are being exchanged or to avoid the house parties where high-risk activities occur. “It doesn’t mean how they view violence has changed at all,” acknowledges Arthur. But staying safe is a starting point.
Sometimes, a very simple solution is enough. In the Woodlawn neighborhood of Chicago, rival groups that had been shopping at the same liquor store agreed to designate an older, “neutral” person to make their purchases so they did not have to encounter one another. “They stayed on the defense, but we got them to come off the offense. It was a critical first step to get some of the violence down so we can get longer periods of peace,” continues Arthur.

“As we get change to keep them alive, keep them out of the system long enough, we can start to address their whole mindset, which affects their behavior down the line. We can mentor them, talk about the pros and cons of these types of behaviors, have them interact with other people from their population who have made some changes. ... Ultimately, it is something different for each person where that light bulb goes off.”—Jalon Arthur, MS, CeaseFire Illinois

“There Is Other Women Out There”

Everyone in the neighborhood was talking about what would happen when a man we’ll call Shaun was released from prison. “There was lots of talk that this brother was on his way home,” Arthur recalls. “The talk on the block was his girl, his main girl who had been with him while he was locked up, had been dealing with a dude from a rival group.” Violence was expected.

Arthur visited Shaun the day he arrived home. “He was already talking about moving on this dude, talking on the phone saying, ‘this is what we are going to do, we are going to eliminate this situation.’”

After waiting for an opening, Arthur began trying to turn Shaun’s perspective around, reminding him that if the neighborhood already knew his situation, most likely law enforcement did, too. “Man, you been gone for some calendars and you ready to put yourself in a situation where you ain’t going to have an out date? That don’t even make sense.”

Arthur showed Shaun pictures of beautiful women to remind him that he had plenty of other opportunities. “I’m like, ‘Who cares about that girl? Who cares about the dude? Do what’s best for you. If what’s best for you is to put your plan in place, let it be manifested. The brother’s eliminated, they come snatch you back, you end up doing life. If that’s not what’s best for you, then go move on to other things.’

“We got to bring it to them in a way that makes sense for them. That’s the benefit of having staff who can empathize with these guys and bring it down to language they can
understand,” says Arthur. The strategy is to reframe the way they look at the situation so they consider self-interest in a different light, and to recognize, “If I’m not doing violence, it ain’t because I’m scared. It’s because that don’t make sense for me.”

**Baltimore’s Safe Streets Project**

**Bringing People Together**

Cherry Hill, a neighborhood in southern Baltimore, had gone almost a year without a homicide—350 days, to be exact. But one tragic Tuesday, a 14-year-old was shot to death in his home.

Thirty minutes after receiving a phone call from the best friend of the victim’s mother, Safe Streets, which replicates Cure Violence in Baltimore, had juvenile crisis counselors on the scene. And the next evening, 150 people who lived and worked in the community, including friends and family of the victim, marched to call for an end to gun violence. “The goal is that every life has value, and no one should be shot over anything,” says Lori Toscano, MS, the program director. Heartbreaking though the killing was, many in the community were actually surprised to discover how long it had been since the last one. But that is what can happen when violence prevention programs become established, Toscano says. “People are outside more, and more engaged. There are more community partnerships and more dollars coming into the neighborhood for additional programming.”

**CeaseFire New Orleans**

**Asking About Dreams**

Tyronne Walker, Director of CeaseFire New Orleans, thinks an outreach worker’s most important contribution might be to encourage dreaming. “If these young men don’t start to dream and to think outside of their circumstances, they will be easier to influence to ride on someone when there is a beef, or to pop off in the midst of an incident. So our first question is, ‘What is your dream?’”

Many have not been asked that question since early childhood, and it often helps the trust-building process. “When they see how much we care, they are more likely to open up. And then we ask point blank about these risk factors,” Walker says. “Once they say, ‘I want to rock with CeaseFire, I want to give this a chance, I am serious about going in a different direction,’ then we work with them in developing goals. … Ultimately, we are trying to get them to move in the direction that reduces some of the risk factors we have identified.”
APPENDIX

People Interviewed for This Report
(Affiliations current as of the time of the interviews, May 2014)

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