

Question:

What is Public Health's Next Great Milestone?

Answer:

Making Violence a Rare Event.

From the Founder

Public health is one of the medical specialties with the greatest number of major achievements, but it's also nearly invisible. It labors—quietly—to develop approaches that make major health problems disappear. Public health is responsible for longer lifespans, the infrequency of childhood deaths, and the near elimination of many infectious diseases. That last achievement, in the field of infectious disease, is the category to which “curing violence” belongs.

With the support of people like you, curing violence will be the next great milestone of public health and of humankind. We know how to stop the pain, suffering and preventable loss that accompany violence. The evidence for the approach of treating violence like an infectious disease—making it no more than a rare event—grows yearly and is now solid.

During the past year, Cure Violence enhanced its organizational capacity; first, by bringing on a results-oriented chief operating officer from the private sector; and second, by boosting our internal capacity for strategic planning and impact. The results of these two improvements are already benefiting our business operations and strategic development, thus creating a safer future for all.

Programmatically, Cure Violence's work in the field continues to show strong results for communities in the US and internationally. From Baltimore to South Africa, the influence of our public health approach continues to mount. More than 10 external independent evaluations testify to the success of our approach.

It's exciting to see how the Cure Violence method applies successfully across myriad venues, including the reduction of prison violence in London and development of new approaches to reducing violent extremism in the Middle East. Our spirit of innovation continues, as well, as we adapt techniques to help reduce family violence and help in the management and care of trauma.

Innovative partnerships with other cities, countries, organizations, and health leaders expanded enormously in 2016. Cure Violence is woven into a healthcare tapestry of more than 100 organizations, along with the Centers for Disease Control and Prevention, the American Academy of Pediatrics, and so many others that are committed to changing language and policy while creating new systems to manage violence as a health-care issue.

Working with justice-reform organizations, individual communities, and colleagues across the US, Cure Violence has begun constructing a new foundation to reduce violence. More than 40 cities already have signed on. Internationally, we've enhanced connections with many NGOs, including UNICEF, Save the Children, and the Global Partnership to End Violence Against Children. We're exploring how to work in conflict zones.

Cure Violence was ranked the 14th-best NGO in the world, according to the NGO Advisor, and it's the No. 1 organization devoted to violence prevention. Cure Violence ranks higher than many organizations that have existed for 50-plus years and thus have access to far larger budgets. However, because of our results and ranking, many potential funders believe our financial resources are far greater than they actually are.

Looking ahead, I urge you to help us accelerate the process of making violence a thing of the past. Cure Violence doesn't have anywhere near the financial resources required to meet the rising demand for our work. We've accomplished a great deal with the financial support received to date, but to help more communities in our changing world, we need your help *today*. Please, join us in our determination to rid the world of violence.



Gary Slutkin, M.D.

*Founder and
Executive Director*

THE GOOD NEWS IS, STRONG EVIDENCE SUGGESTS THAT COMMUNITIES CAN ASSUME A FAR MORE SIGNIFICANT ROLE IN STOPPING VIOLENCE BEFORE IT STARTS.

Cure Violence: Much More than a Name

A Scientific Approach to an Epidemic

Changing the fundamental ways in which even the most highly educated people think about how to resolve a major societal problem is never easy. Consider, for example, the number of years that many millions of individuals continued to smoke cigarettes (and approximately 17 percent of Americans still do), well after the Surgeon General's influential 1964 report on smoking and health.

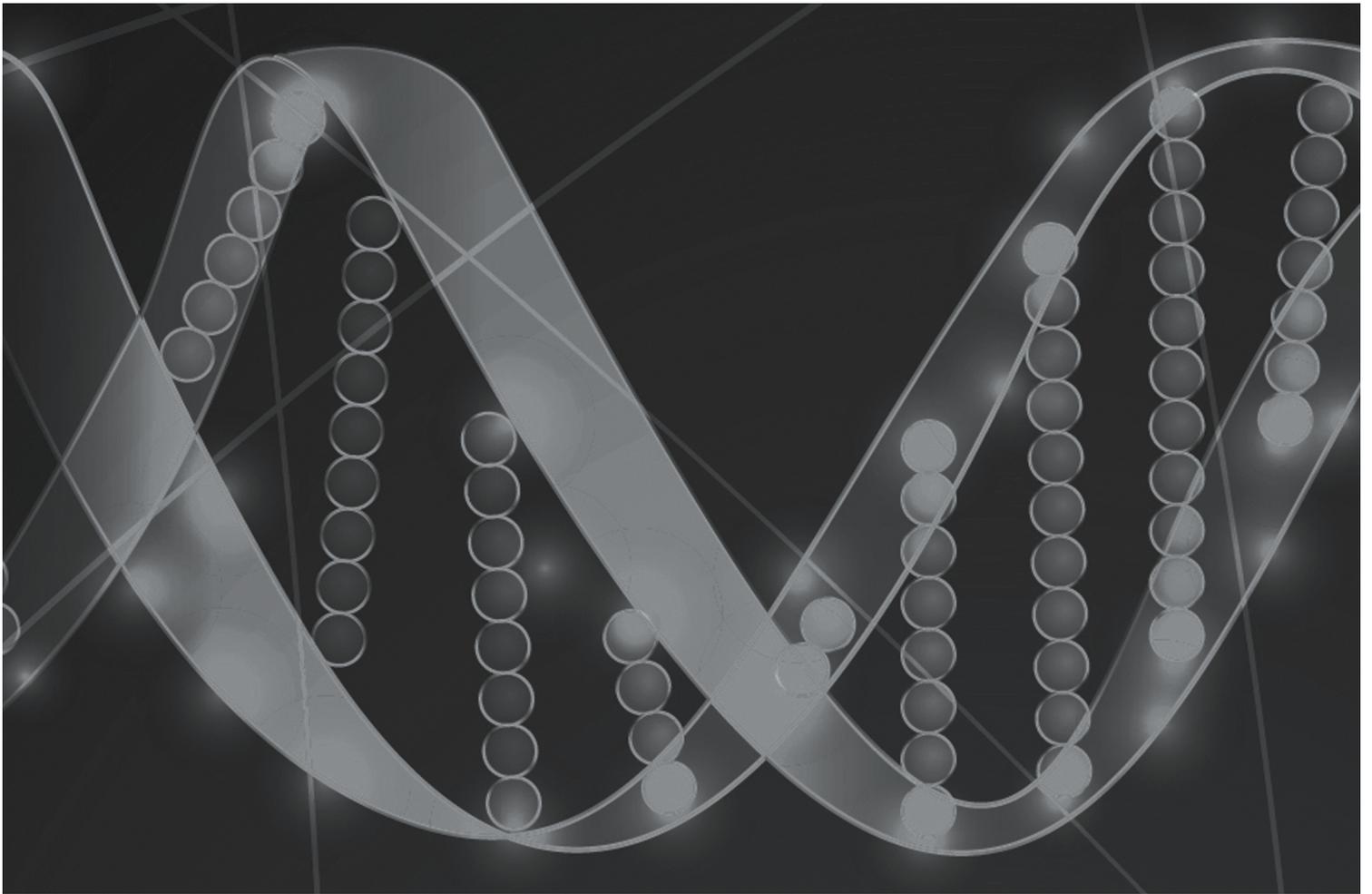
The growing and multifaceted effort to end or greatly reduce violence of every kind—from shootings to mass riots—is a battle reminiscent of smoking cessation. While it's an uphill fight, fortunately, new scientific research, including a landmark 2013 report by the Institute of Medicine, has proven that violence is contagious and that it behaves just like a communicable disease. Now that an understanding that violence is a health issue is growing year by year, our responses to violence are changing, too. And as that happens, we see more reductions in violence.

In 2016, Cure Violence marked 20 years of progress towards a very different understanding of America's violence epidemic. The more it and others research the problem, the better prepared our society becomes to succeed in our lifesaving quest.

When it comes to the issue of violence, there's no shortage of culprits. Most people agree we desperately need justice reform, but that undertaking alone will not solve the problem.

As always, language matters: Look at the very word "criminal." There's an assumption that people who are involved in acts of violence are "bad," and so-called bad people must be punished. We need to readjust our lens to that of viewing violence as a health problem, treating both the people and the problem differently. Otherwise, how can we heal?

Healing requires a methodical process, one that mirrors the way all epidemics are managed. First, identify and interrupt potentially violent events; second, effect meaningful behavior change to stop future similar events;



and third, change the norms and behaviors that perpetuate violence. Such health-based approaches include the use of specialized violence interrupters (spotlighted in the award-winning documentary, “The Interrupters”) and outreach workers.

Violence can be as insidious. It often shapes people in an unconscious and contagious manner, rather like a cold that one just feels “coming on.” This tenet offers some fascinating as well as practical explanations for how and why violence acts as (seemingly) mysteriously as it sometimes does. For example, why do some people who suffered abuse as children go on to abuse their own kids?

The good news is, there is strong evidence to suggest that the community itself can assume a far more significant role in stopping violence before it starts—particularly when community members collaborate with the health sector to achieve their shared vision. Unfortunately, the health approach to curing violence is seriously underutilized. However, buttressed by some of the new research

findings described here, there’s a clear path ahead for a societal shift in public policy toward new solutions.

Science has shown that people who grow up with repeated and long-term exposure to violence by either witnessing it firsthand or being traumatized by violent acts themselves—and who do not receive interventions and professional support to help them heal—are at high risk of repeating acts of violence (immediately, as well as over weeks, months and even generations). This is how transmission occurs.

Although additional funding is critical to expand existing initiatives, the most essential change we can make as a society is to look at the problem of violence differently. A health-based model helps us escape from this crisis while interrupting the spread of contagion. Multiple independent evaluations have proven the Cure Violence model to be effective. For example, targeted

neighborhoods in Chicago saw a 41 to 73 percent reduction in shootings and killings (when programs were fully funded); areas in Baltimore experienced 44 percent fewer shootings and 56 percent fewer killings. Impressive results have also been recorded in the 50-plus neighborhoods across nine countries where the Cure Violence model is in use, including a 90 percent violence reduction in Honduras.

The health approach toward curing violence places the value of human life as the ultimate priority—a premise we can all heartily support.

Cure Violence Ranks 14th Among NGOs Worldwide

No. 1 NGO Devoted to Reducing Violence

Cure Violence ranked 14th in NGO Advisor's 2016 report of the Top 500 NGOs and was the No. 1 NGO devoted to reducing violence. NGO Advisors' (formerly known as Global Geneva) report is one of the definitive international rankings of the world's top non-governmental organizations.*

Other NGOs named to the "Top 20" include Doctors Without Borders, Oxfam, Save the Children, Grameen Foundation, and Mercy Corps.

"We're very grateful for this ranking and see it as a recognition of both the importance of the work of reducing violence and the impact of the public health approach in addressing the problem," said Gary Slutkin, M.D., founder and executive director of Cure Violence. "We give great credit to our many partners in the U.S. and around the world who are doing such great work in making their communities safer by implementing health methods to treat violence."

Jean-Christophe Nothias, the ranking's founder, said a key reason he created the

rankings was simple: to shine a brighter light on the nonprofit sector. He says, "Nonprofits foster tremendous changes in society, but the scant publicity around their work leaves most of us in the dark."

Four years in the making, the Top 500 NGOs evolved from The Global Journal's Top 100 NGOs rankings that were published in 2012 and 2013, when Cure Violence was ranked 30th and 9th respectively. No rankings were issued in 2014, as its sponsors significantly revamped the methodology and restructured organizationally. When the rankings expanded to the Top 500 in 2015, Cure Violence was ranked 17th.

Along with the expansion, Swiss non-profit NGO Advisor enhanced its ranking methodology and integrated a number of changes recommended by academic researchers. "Our criteria for the rankings has further evolved from the original to a broader and more inclusive account of NGO activity," said Nothias. "The many criteria make possible a more nuanced understanding of all the great work the rankings try to highlight."

*Cure Violence was named the 12th leading NGO worldwide for 2017.

Research Shows Cure Violence Helps Create a Safer World for Children

Here's a startlingly statistic: More than one billion children are victims of violence every year, according to the Centers for Disease Control.

What issue could be more pressing than making the world safer for kids? As a child, observing violence in your home and/or community is not only frightening, it's fraught with health ramifications. Exposure to violence is damaging in myriad ways—harm to physical and emotional health, lowered educational progress, substance abuse, and even criminal activity. Because violence is contagious, kids who are subjected to it are at far higher risk for becoming violent themselves, thus continuing the cycle.

A study commissioned by the Bernard van Leer Foundation in 2015 revealed that children are deeply affected by their contact with the health workers who apply the Cure Violence model at sites around the world.

The research focused on children under age eight as well as their families. Its components included a survey, in-depth interviews, and focus groups among clients at four sites. The findings demonstrated that the positive effects included:

- less exposure to violence
- better parenting practices
- improved behavior by parents toward their children

- increased use of public spaces by families
- reduced fear of violence.

Impressively, 92 percent of respondents reported less violence in their homes due to exposure to the Cure Violence approach, and 95 percent of parents said their experiences with Cure Violence had transformed them into better mothers and fathers.

One parent recalled, “After a couple of months with a Cure Violence site in the neighborhood, everyone started coming out—popping up out of the blue and mingling with each other.”

The Bernard van Leer Foundation research confirmed what most people familiar with the model already knew: Cure Violence is uniquely able to create change in community norms and alter behaviors of those at highest risk for violence. As members of the communities they serve, Cure Violence outreach workers and violence interrupters often are akin to family members and are viewed as role models. From that vantage point, they reach a population that—in large part—is underserved by other community organizations. By doing so much good, Cure Violence health workers have a huge impact on youth, their communities, and the world at large.



A CONSENSUS DEVELOPED AMONG VIOLENCE INTERRUPTERS THAT INCORPORATING TRAUMA INSIGHTS INTO THEIR CASE MANAGEMENT SKILLS AND PARTICIPATION IN COMMUNITY EVENTS DEEPENED THE IMPACT OF THEIR WORK.

Taking an Integrated, Trauma-Informed Approach

Stronger Relationships and More Lives Saved

In June 2015, Cure Violence and the University of Illinois at Chicago (UIC) received a \$60,000 grant from Get IN Chicago, an organization headed by business leaders who identify the most promising practices to improve the lives and safety of Chicago's youth. To qualify, organizations needed to include trauma-informed and community-level responses to violence within 72 hours of a shooting or stabbing.

The grant supported a short-term project focused on the most violent beats of South Shore, a densely populated neighborhood on Chicago's South side. The results of the collaboration between Cure Violence and the Department of Psychiatry at UIC were quite successful: The beats experienced **no shootings** over two months and **no homicides** over a three-month period.

One reason the partnership clicked was a dynamic synergy between Cure Violence and the psychiatric team. When these disparate groups collaborated on the project, their various areas of expertise proved complementary. Together, they created and employed

a model that combined the proven track record of Cure Violence interrupter teams with the academic and clinical proficiencies of psychiatrists, other physicians, and researchers from the School of Psychiatry and public health schools at UIC. For the violence interrupters, a critical step—and one they've carried forward to subsequent assignments—is the hands-on training they received on trauma-based approaches.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) a trauma-informed approach:

- realizes the widespread impact of trauma and understands potential paths for recovery
- recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- responds by fully integrating knowledge about trauma into policies, procedures, and practices
- seeks to actively resist re-traumatization.

These kinds of more formalized techniques were new to most of the violence interrupters.



Typically, their expertise is working in the community by capitalizing on their knowledge of—and relationships with— individuals most in danger of shooting or getting shot. They stop shootings and prevent additional ones.

“The trauma piece has improved our ability to build relationships,” according to Rue, a Cure Violence worker in South Shore. “Now we open conversations with questions such as, ‘How are you feeling?’ Instead of just asking about what happened. The community feels like we are here to support them. I already see it making a difference. It’s increased our ability to save lives.”

“We use the mindfulness exercises to calm someone down when they’re talking about shooting. We tell them to close their eyes and imagine a safe place,” said another worker. “Most of all, when we talk to them about trauma, we talk about how all this violence, it isn’t normal. Their anger and emotions are related to things they’ve gone through— things that aren’t normal.”

Trauma-informed training included stress-relief techniques such as deep breathing and muscle relaxation. During the course of the project, Cure Violence workers shared these mind-body exercises with program participants, who learned to become comfortable and confident with them.

On a related front, proactive and preventive components of the project included intensive case management and community peace “summits.” Cure Violence already was using a set of screening factors to identify the young people who most needed support and guidance—often in the form of mentorship and case management services. These criteria include: street group or clique involvement, a key role and/or prior involvement in a violent event, a prior criminal history, or having been the victim of a shooting in the past 60 days.

At the project’s close, a consensus developed among violence interrupters that incorporat-

ing trauma insights into their case management skills and participation in community events deepened the impact of their work.

Note: Get IN Chicago provides counsel to funder and community-based organizations working to reduce youth violence and address the underlying, systemic issues that lead to it. The organization also studies and funds anti-violence initiatives focused on acutely high-risk youth, those who are at heightened risk for becoming victims or perpetrators of violence.

New Intervention Shows Rapid Reduction When Violence Spikes

The district encompassing Chicago's Englewood and West Englewood neighborhoods was already one of the most violent areas in the city. In the first six months of 2015, the district experienced an 85 percent increase in the number of shootings over the same period the previous year. To curtail the violence, Cure Violence tested a rapid reduction intervention designed specifically to address sharp spikes in shootings and killings. The 2015 pilot program was implemented during the month of July—which is typically the city's most violent month—with great success.

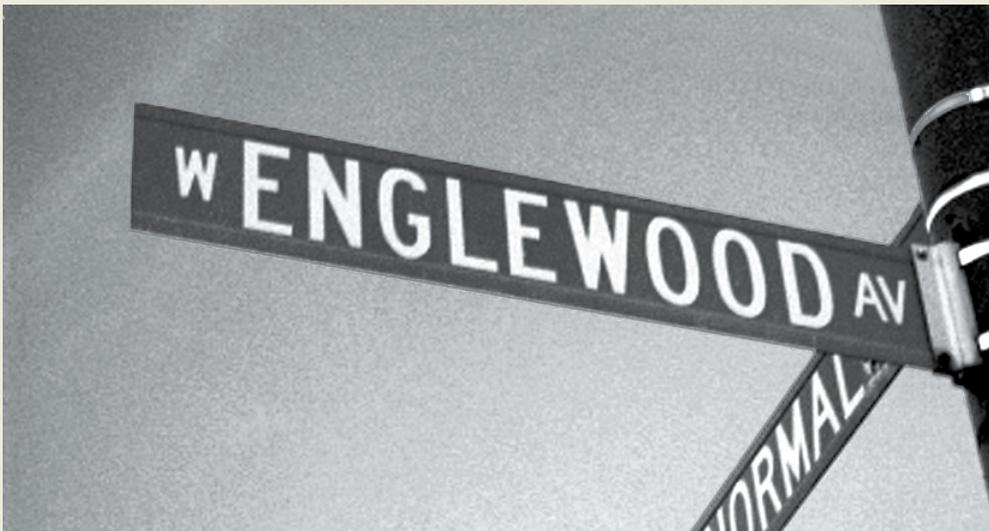
The area is characterized by complex gang, group and clique nuances, longstanding conflicts, and constantly shifting block-by-block group dynamics. Using its public health approach to stopping the spread of violence, Cure Violence partnered with Target Area Development Corporation, a local nonprofit organization, to carefully select and train “credible messengers” to work the streets across approximately 90 percent of the district. These individuals shared the same background and came from the same neighborhoods as would-be shooters and

potential victims. Most of them had not yet fully transitioned away from engaging in high-risk street activities.

The workers received compensation and took part in a specialized training to empower them to use their influence, credibility, and new skills to detect and interrupt potentially lethal clashes in their respective communities. During the month-long intervention, these workers mediated 115 conflicts and followed up with involved parties to ensure the conflicts did not reignite.

An independent analysis of the rapid reduction intervention conducted by the University of Chicago found that it was associated with a **48 percent decrease** in shootings compared to the previous July, and official police data showed a **71 percent decrease** in homicides. Englewood and West Englewood had no shootings or homicides over the July 4 weekend, a normally violent holiday in the district.

The rapid reduction intervention pilot program was **deployed in less than 10 days**. This promising approach can be invaluable in the future for cities that experience significant upticks in violence due to civil unrest and other causes.



ALTHOUGH SOME SO-CALLED EXPERTS GAVE UP ON CHERRY HILL, DECLARING IT UNSALVAGEABLE, SAFE STREETS INTERRUPTERS CARVED OUT A MAJOR ROLE IN PROVING THE NAYSAYERS WRONG.

More Than a Year Without a Murder

Baltimore's Safe Streets Celebrates

Safe Streets staff put their lives on the line, show up at anytime, and do everything in their power to resolve conflict. Most important, they make their presence known.”

That’s minister Cleo Walker of Cherry Hill Community Presbyterian Church talking; he’s a volunteer clergy for Safe Streets, a replication of the Cure Violence model in the Baltimore neighborhood of Cherry Hill. Walker observed firsthand the power of Safe Streets interrupters to act as change agents in the geographically small and isolated neighborhood located on the city’s far southwest side.

Some backstory on Cherry Hill: After WW II, it evolved into a hub for returning African American veterans. Despite high home ownership rates, the neighborhood was also home to the largest concentration of public housing units. Poverty was an enormous problem there. Where there’s persistent scarcity and people live in close proximity, tensions rise as naturally as a thermometer on an August afternoon. Over decades, with historical conflicts still seemingly on auto-play, Cherry

Hill split into three territories—Up the Hill, Down the Hill, and Hillside. Violence didn’t discriminate among street addresses; the entire area became one of Baltimore’s most troubled neighborhoods.

Although some so-called experts gave up on Cherry Hill, declaring it unsalvageable, Safe Streets interrupters carved out a major role in proving the naysayers wrong. To the astonishment of many observers, Cherry Hill marked a significant milestone on May 11, 2015: the neighborhood had gone 343 days with no shootings, and more than 400 days without a homicide. After Cherry Hill Police District Post #924 reported that remarkable news, Safe Streets-Cherry Hill celebrated with a community event. Despite a cold and overcast day, a spirit of sunshine shone through as celebrants—business leaders, city officials, police district leadership and local residents—gathered to mark the milestone.

Like every replication based on the public health approach of Cure Violence, Safe Streets’ credible messengers relied on their training toolkits to stop violence before it

occurred and/or to thwart retaliatory acts of violence. Like well-trained detectives, interrupters ferreted out the cues and clues that foretell potential violence. They recognized the patterns that must be transformed in order to create an environment in which dramatic change can occur. Speaking the language of the people with whom they interact, Safe Street interrupters changed behaviors and helped participants recognize for themselves that violence is an unacceptable method of conflict resolution.

The Safe Streets team mediated more than 700 conflicts between 2009 and 2014. In 2014 alone, they interceded in 211 troubling conflicts, most of which were deemed likely or very likely to have ended in a shooting without the benefit of Safe Streets mediation.

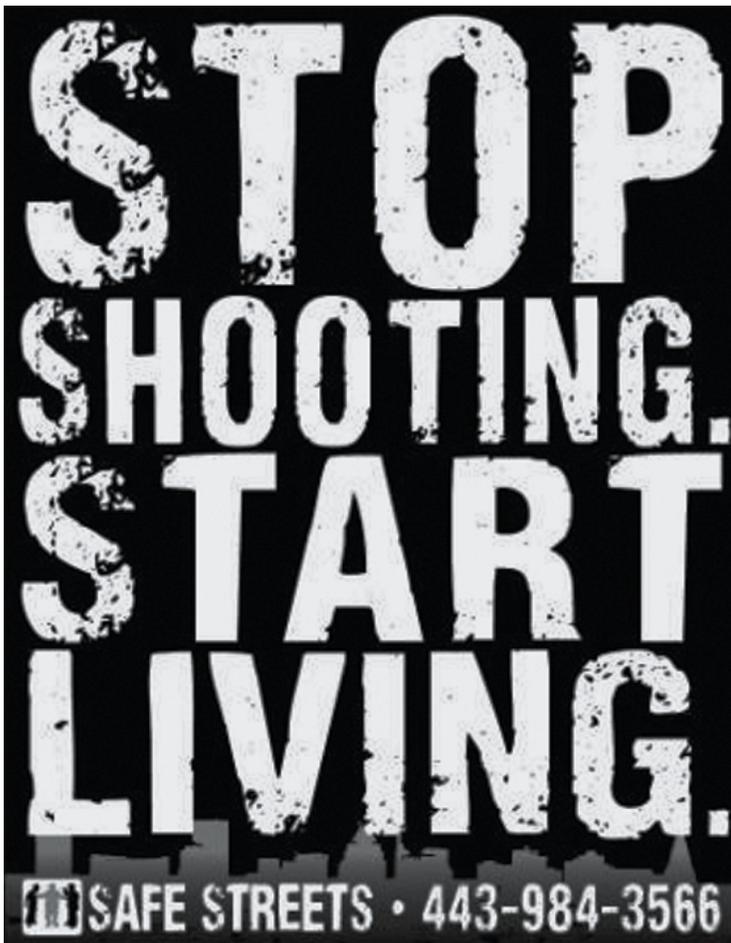
Minister Walker observed that Safe Streets staff created positive change despite daunting obstacles—such as the unemployment and

poverty that still plague Cherry Hill. Simply stated, it's a case of the right people in the right place at the right time. Because Safe Street team members are hired for their ability to identify, access, and work with individuals at highest risk for perpetrating or becoming victims of violence, they are among the most well equipped “experts” to quell potentially bloody or deadly scenarios. Staff are always on call, and community leaders know how to reach them.

“The Safe Streets Program planted the seeds to bring about change. Seeing that the workers changed themselves allowed other to see possibilities,” said Minister Walker.

Being a violence interrupter surpasses the definition of a job. For many, it's a way of life.

Violence interrupter Marcus Harris offered striking confirmation of the reverend's assessment: “I was once part of the problem, but now I help break the cycle I helped create.”



**"WE ENTHUSIASTICALLY SUPPORT CURE VIOLENCE'S
CURRENT EFFORTS TO DEVELOP SPECIALIZED TRAINING AND
EDUCATION FOR POLICE AND LAW ENFORCEMENT AGENCIES
AROUND THE WORLD."**

High Recognition for Resolving Disputes

*JAMS
Distinguished
Service
Award*

When Cure Violence was honored with the 2015 Warren Knight Distinguished Service Award by the JAMS

Foundation at a meeting of the American Bar Association's Dispute Resolution Section, it was an exciting occasion. Recognition by your respected peers is always an event worth celebrating, but this award is extraordinary because of the organization that bestows it.

JAMS is the premier provider of commercial dispute resolution services in the US. The mission of its nonprofit JAMS Foundation is two-fold: first, to provide financial assistance for conflict resolution initiatives with national and international impact, and, second, to allow organizations to share their dispute resolution experience and expertise for the benefit of the public interest.

In presenting the award to Cure Violence, David Brandon, managing director of the foundation, shared insights about its selection of Cure Violence:

"In light of the continuing violence that we see in many cities between police and the communities they serve, we enthusiastically support Cure Violence's current efforts to develop specialized training and education for police and law enforcement agencies around the world."

The foundation encourages the use of alternative dispute resolution (ADR), supports education at all levels about collaborative processes for resolving differences, promotes innovation in conflict resolution, and advances the settlement of conflict worldwide.

The award is named in honor of JAMS Founder H. Warren Knight, a pioneer in the development of alternative dispute resolution.

A Potent Force Against Contagion of Violence

AN OPINION PIECE about the pressing need for law enforcement officers to become more knowledgeable about the scientific basis of violence as a contagion, written by Ron Serpas, Ph.D., a member of the Cure Violence Advisory Board, was published in the *Wall Street Journal's* op-ed section in April 2015. Serpas formerly was a police superintendent in New Orleans and a police chief in Nashville. Here's a shorter version of the piece.

Dealing with America's contagion of violence requires stronger relationships between police and the communities they serve. To achieve this goal, the training of police officers must be revolutionized. At times, police officers act as if they're literally working in combat zones as they "fight crime" and spearhead "the war on drugs."

To enhance the relationships between high-risk communities and law enforcement, the latter often employs community-policing strategies. I believe that bonds between these two groups will strengthen if, in tandem, they adopt a health perspective—bolstered by training—regarding best practices for violence prevention.

The reasons for emphasizing the concept of violence as a public health issue are many, and they consistently are reinforced by studies and independent evaluations of the work

of Cure Violence. Neuroscience, behavioral science, and epidemiology each are medical specialties that contribute to the mounting knowledge base about violence prevention.

A 2013 report by The Institute of Medicine, "The Contagion of Violence," spells out exactly how individuals "catch" violence. Like all behaviors adopted by human beings, violence is learned; not random or haphazard. As a traumatic experience, it is associated with a range of profound mental health impacts—including impulsivity, depression, excessive stress, and more. The physiological effects of violence generate alterations in the neurochemistry of the brain and even in brain structure.

Changes in how law enforcement perceives and reacts to violence can lead to a more humane, effective, and equitable approach. As policies and perceptions evolve, individuals can prepare to break away from the blame game that all too often plays out between community members and law enforcement. In a critical shift, this sea change would move



us toward a clearer understanding of why some people—both in the community and within the ranks of law enforcement—display violent behavior.

Society's need for accountability, however, does not conflict with the much-needed health perspective. It goes without saying that a civilized society cannot operate without the rule of law. What's key is that the US is stalled in its ability to solve the problems of violence: A change is overdue. The health approach can help law enforcement transform from a warrior mentality to a guardian mentality. At its core, the public-health approach to the crisis of violence stems directly from preventing future violence by understanding what perpetuates it.

Development of a more complete understanding between the community and law enforcement will help each side humanize the other; it is fundamental to creating a stronger, more enduring relationship.

Furthermore, appropriate training will help law enforcement officers learn how to de-escalate violence, address high-risk individuals, and collaborate with community members to behave differently and to create new modes of thinking about violence. If society wants officers to succeed, these officers must be given building blocks that create an effective foundation.

Members of law enforcement are—and should be—guardians, not warriors. When police officers are trained to comprehend the science that lies beneath the contagion of violence, they will be a powerful force in achieving the eradication of this insidious disease.

"WE'RE REACHING A TIPPING POINT AS AN INCREASING NUMBER OF PEOPLE NOW UNDERSTAND VIOLENCE AS A HEALTH ISSUE AND SEE THE IMMENSE POWER OF PUBLIC HEALTH APPROACHES."

Entering a New Era of Thinking and Action

A New Nationwide System for Addressing Violence in the United States

Violence has been one of the critical health challenges facing the US and the world. In the US, it is a leading cause of death—killing thousands, injuring hundreds of thousands, and traumatizing millions. Violence is also the leading health disparity in the US, disproportionately impacting communities of color. The most common responses to violence have been punitive and moralistic—and they have failed to stop its spread.

A new approach is desperately needed, which is why Cure Violence has helped convene a collaborative of organizations to lead our country on a path towards a comprehensive health system that greatly reduces all forms of violence in the United States. The collaborative includes universities, schools of medicine, county and municipal public health departments, and violence prevention organizations.

The effort is co-led by three physicians who share a passionate belief in the power of public health to reverse the violence epidemic: David Satcher, M.D., former Surgeon General of the United States; Alfred Sommer, M.D., Dean Emeritus, Johns Hopkins Bloomberg School of Public Health; and Gary Slutkin, M.D., Professor of Epidemiology and International Health and founder and executive director of Cure Violence.

“The collaborative has grown exponentially as the message is now being heard,” said Charlie Ransford, Cure Violence’s senior director of science and policy. “We’re reaching a tipping point as an increasing number of people now see violence as a health issue and value the power of public health approaches. The time has come to create a whole new nationwide system for addressing violence.”

The objectives of the national collaborative, meant to serve as a model for other countries, are to:

- spread the understanding of violence as a health issue that can be prevented using health approaches



- increase availability of resources for health approaches to violence prevention
- develop and implement health and community systems to prevent all forms of violence.

This effort evolved from a growing body of scientific literature that demonstrates the ways in which violence behaves like other epidemics. A 2013 Institute of Medicine report, *The Contagion of Violence*, presents clear evidence that “violence begets more violence.”*

The challenging reality, however, is that a good deal of the science that identifies violence as a health problem is still relatively new. As an unfortunate result, there is still a lack of understanding that violence is a health issue; therefore, the most common “answer” to solving the growing issue of violent behavior still remains one that moralizes and punishes—and is ineffective and frequently harmful.

Studies show that a person is 30 to 1,000 times more likely to perpetuate violent

behavior after being exposed to violence, whether as a victim or an eyewitness. Social exposure to violence also increases the risk of violent behavior, and the numbers attesting to that grim reality are appalling: close contacts of victims of violence have up to 500 times the risk of violence.

The overwhelmingly positive news about this newly launched movement is that the Cure Violence track record is rock solid. For more than 15 years, it has successfully joined forces with other entities to reduce and prevent community violence in more than 60 communities in 31 cities in the United States and around the world.

As new strategies, milestones, and developments occur, Cure Violence looks forward to updating its supporters on the progress of this effort.

*Dr. Slutkin’s paper, “Violence is a Contagious Disease,” published within this report, serves as the fullest explanation of this idea.

**CURE VIOLENCE AND NONVIOLENT PEACEFORCE PARTNERED
IN A FIRST-EVER EFFORT TO PROVIDE PROTECTION FOR CIVILIANS
IN A CONFLICT ZONE.**

Cure Violence Expands Syria Partnership

A Shared Pledge Toward Peace

After a successful initial program in which Cure Violence trained more than 130 individuals in violence and conflict mediation techniques in 2013, its working relationship in Syria took an important next step this year through a partnership with Nonviolent Peaceforce* and local Syrian civil society organizations. The effort is ongoing.

Focused on violence interruption and the protection of unarmed citizens, the new EU-funded initiative represented a powerful step in line with meeting Cure Violence's ongoing goal of creating, sustaining, and advancing strategic partnerships.

In 2013, Cure Violence also began to explore and develop new programs while cultivating relationships with key Syrian civil leaders and organizations.

The 2016 project represented a first-ever effort to provide protection for civilians while also reducing violence. With guidance from local organizations, the Nonviolent Peaceforce methodology for citizen protection

has been combined with the public health approach of Cure Violence for application within Syria.

Importantly, the partnership and local civil society organizations share a commitment to creating a strong network. The theory is that, over time, these organizations will chip away at the boundaries that so often accompany religious, political and ethnic disparities—thus creating the possibility of a genuinely pluralistic and peaceful Syria.

The effort is substantial. Working side by side with Nonviolent Peaceforce and local organizations, Cure Violence has provided “train the trainer” expertise to more than 45 community leaders to work with an additional 2,000 individuals and organizations. Trainers focused on conflict mediation, norm change, civilian protection, and violence interruption. Project partners continue to offer support as the trainees apply their new knowledge by developing and launching violence interruption and civilian protection plans in their own communities.

**Nonviolent Peaceforce is a global nonprofit organization that protects civilians in violent conflicts through unarmed strategies to foster peace with local communities.*



Cure Violence Around the World



- **CURRENT PARTNERS**
- **EXPLORING PARTNERSHIPS**
- **PRIOR PARTNERSHIPS**



In 2016, the Cure Violence health approach was at work in nine countries, 31 cities, and 50+ neighborhoods. We look forward to expanding the model within the United States and in other nations in the years ahead.

CANADA

Alberta, Ontario
Halifax, Nova Scotia

EL SALVADOR

San Pedro Mazawal
San Salvador

HONDURAS

San Pedro Sula

JAMAICA

MEXICO

Chihuahua City
Ciudad Juarez

SOUTH AFRICA

Hanover Park/Capetown

SYRIA

TRINIDAD

Port of Spain

UNITED STATES

Albany, New York
Baltimore, Maryland
Buffalo, New York
Camden, New Jersey
Chicago, Illinois
Hempstead, New York
Jacobi Bronx, New York
Kansas City, Missouri
Loiza, Puerto Rico
Mt. Vernon, New York
New Orleans, Louisiana
New York City
Newburgh, New York
Philadelphia, Pennsylvania
Prince George County, Maryland
Rochester, New York
San Antonio, Texas
Syracuse, New York
Troy, New York
Wilmington, Delaware
Wyandanch, New York
Yonkers, New York

Cure Violence Founder Named 2015 Recipient of Order of Lincoln

Gary Slutkin, M.D., founder and executive director of Cure Violence, was honored for his work as a 2015 Recipient of the Order of Lincoln, the state's highest honor for professional achievement and public service. The Order of Lincoln was presented at the 51st Convocation of the Lincoln Academy in the chambers of the Illinois House of Representatives.

"This year's recipients of the Order of Lincoln have helped make Illinois and the world a better place," said Gov. Bruce Rauner, in presenting the awards to recipients.

"The work they have accomplished is admirable, and it is our privilege to honor them. Mr. Lincoln would be proud."

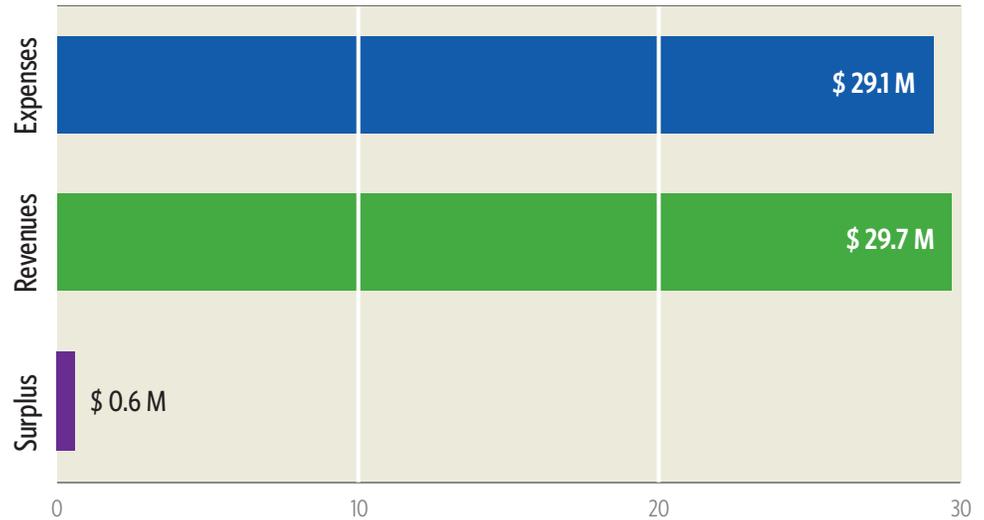
The Order of Lincoln was established in 1964 by Proclamation of Illinois Governor Otto Kerner, Jr., to honor individuals whose contributions to the betterment of humanity have been accomplished in Illinois, or, whose achievements have brought honor to the state because of their identity with it, whether by birth or residence, or whose dedication to the principles of public service inspire all Illinoisans to respond to what Lincoln called "the better angels of our nature."



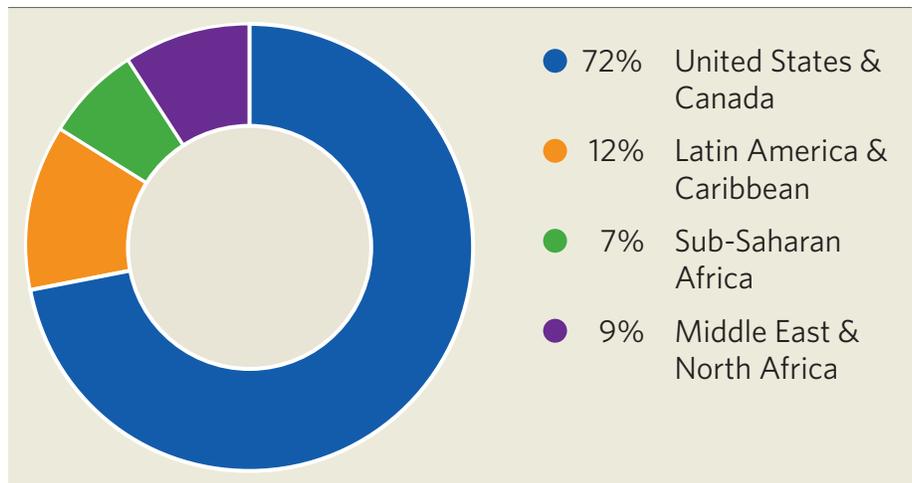
Financial Overview

July 1, 2015 – June 30, 2016

Budget



Revenue \$ 29,736,668



Note: Funding for implementation sites outside of Illinois goes directly to site partners.

¹ Includes CeaseFire Illinois, Baltimore, Camden, Kansas City, New Orleans, New York, Puerto Rico, Philadelphia, Prince George's County, Wilmington, San Antonio, and Oakland

² Includes training, research, administration, communication, and technical assistance for program sites

³ Includes Canada, Jamaica, South Africa, Trinidad, Morocco, Palestine, Syria, Honduras, El Salvador, and Mexico

REVENUES BY GEOGRAPHIC REGION

National Program Sites ¹	\$ 17,382,678
National Support ²	\$ 2,959,141
International Program Sites ³	\$ 8,094,848
International Support ²	\$ 1,300,001
TOTAL	\$ 29,736,668

Our Sincere Appreciation and Special Thanks

This list includes the various organizations, foundations, and special groups that have supported Cure Violence in the last year.

A heartfelt “thank you” to the many individuals and families who have generously contributed and continue to invest in Cure Violence.

Advocate Christ Hospital
Chicago White Sox Charities
Congregation Solel
Crane Construction Company, LLC
Croen Foundation, Inc.
Driscoll Health System
Dume Wolverine Foundation
Helen Brach Foundation
Irvin Stern Foundation
McMaster-Carr Supply Company
Michael Reese Health Trust
Mount Sinai Hospital
Northwestern Memorial Hospital
Polk Bros. Foundation
Public Good Software, Inc.
Richard and Diane Weinberg Family
Foundation
Robert R. McCormick Foundation
Robert Wood Johnson Foundation
Roger and Susan Stone Family Foundation
Save the Children International
Silver Foundation
St. Augustine’s Episcopal Church
Stillwaters Community Worship
Strides for Peace, Inc.
The Arthur & Patricia Hill Foundation
The Chicago Community Trust
The Conant Family Foundation
The Donnelley Foundation
The Elfenworks Foundation
The Fourth Presbyterian Church of Chicago
The Northfield Community Church
The Pritzker Pucker Family Foundation
The Smart Family Foundation, Inc.
TowerBrook Foundation
UIC School of Public Health
University Church
Wege Foundation

Cure Violence Advisory Board 2016

CO-CHAIRS

Jack Edwards
Senior Advisor, Ashoka

Kakul Srivastava
CEO, Project Sublime

MEMBERS

Caryn Adelman

Leon T. Andrews, Jr.
*Senior Fellow, National League
of Cities*

Anousheh Ansari
CEO, Prodea Systems

Charlie Beck
Chief, Los Angeles Police Department

John Cammack
*Managing Partner, Cammack
Associates, LLC*

Ann Christiano
*Professor, Dept. of Public Relations,
College of Journalism and
Communications, University of
Florida*

Michael F. Crowley
Independent Consultant

Oscar David
Capital Partner, Winston & Strawn

Harriet Edelman
Vice Chairman, Emigrant Bank

Richard Fishman
*Senior Advisor, Ashoka International
President, Thinking Machines*

Jeff C. Frazier
*Senior Vice President Americas,
Wynyard Group*

David Geller
CEO, Spryly

Imogen Heap
Musician

Dave Jaworski
CEO, Meta Media Partners LLC

Clifford M. Johnson
*Executive Director, Institute for Youth,
Education & Families,
National League of Cities*

Gary Kachadurian
President, The Kachadurian Group

Jeremy Kaufman
CEO, Kaufman Jacobs

Jeff McCleod
*Division Director, Homeland Security
& Public Safety Division, National
Governors Association*

Jenny Molina
*Vice Presidente de Mercadeo, Grupo
Agrolibano*

Dr. Peter Piot
*Director, London School of Hygiene
& Tropical Medicine
Former Under-Secretary General
of the United Nations*

Laurie O. Robinson
*Clarence J. Robinson Professor
of Criminology, Law & Society,
George Mason University*

Doug Rowan
Imaging Solutions

Steven Salzman, DO
*Trauma Attending, Presence Saint
Francis Hospital*

Tanarra Schneider
*Senior Director, Interaction Design,
Fjord - Part of Accenture Digital*

Ronal Serpas
*Professor of Practice, College of
Social Sciences,
Loyola University New Orleans*

Dr. Al Sommer
*Dean Emeritus, John Hopkins School
of Public Health*

David Wilhelm
*Founder & President, Woodland
Venture Management
Former Chairman, National
Democratic Committee*

EX-OFFICIO

Paul Brandt-Rauf
Dean, UIC School of Public Health

Gary Slutkin, M.D.
*Founder/Executive Director,
Cure Violence*

Cure Violence Staff 2016

ADMINISTRATION

Gary Slutkin, M.D.
Founder/Executive Director

Cameron Safarloo
Chief Operating Officer

Debra Pitts-Brown
Executive Assistant

Cynthia Eubanks
Executive Assistant

Debbie Eison
*Director, HR Organizational
Development*

Vicki Rachel
HR Associate

BUSINESS OFFICE

Melody Lewis-Engram
Director, Finance

Dan Albert
*Assistant Director
Administration*

Michelle Belcher
*Grants and Contracts
Administrator*

Amrit Ghimire
Accountant

COMMUNICATIONS

Anne Coulter
Director

Betsy Storm
Associate

DEVELOPMENT

Karen Volker
*Director, Strategic &
International Partnerships*

Daria Zvetina
Director, Grants

Andrew Albertson
Senior Advisor

INNOVATION AND DEVELOPMENT

Jalon Arthur
Director

PROGRAM/COMMUNITY DEVELOPMENT

Brent Decker
Chief Program Officer

Stephanie Davis
Manager, Research Operations

CEASEFIRE ILLINOIS – LOCAL

Mark Payne
Executive Director

LeVon Stone, Sr.
Director

Atara Young
*Director, Strategic Planning,
Policy & Partnerships*

Shelia Regan
Associate Program Director

DATA/EVALUATION/RESEARCH

Tina Johnson
Senior Research Specialist

Angalia Bianca
Research Assistant

INTERNATIONAL

Guadalupe Cruz
International Coordinator

Raul Gonzales
International Coordinator

Frank Sanchez
International Coordinator

NATIONAL

Lori Toscano
*Executive Director, National
Program*

Marcus McAllister
National Technical Assistant

Tim White
National Technical Assistant

Ricardo (Cobe) Williams
National Technical Assistant

SCIENCE AND POLICY

Charlie Ransford
Senior Director, Science & Policy

Shannon Cosgrove
Director, Health Policy

Kevin Stewart
*Training & Development
Specialist*

CURE VIOLENCE

1603 West Taylor Street | MC 923
Chicago, Illinois 60612
312-996-8775
cureviolence.org

@CureViolence
facebook.com/CureViolence

Cure Violence is located in the
School of Public Health at the
University of Illinois at Chicago.

