Methods of Exposure to Violence

Community
- Group/Gang Violence
- Collective
- Interpersonal Violence
- Civil War
- Riots

Media
- TV
- Movies

Family
- Parental violence
- Child Abuse

School
- Bullying

State Sanctioned
- Police violence
- Institutional violence

Susceptible

Outcomes
- Perpetuate violence
  (violent act, attempted violence, threat of violence)
- Additional victimization
Re-Understanding Violence
Reduces current inequity and promotes understanding

Moralism (not helpful)
Bad People
Bad Choice

Adverse Circumstances (contribute)

Transmission (exposure)

Science
Violence is a Social Determinant of Health
(and violence negatively affects the other determinants)

**Violence**

### Negative effects of violence on SDOH, including itself
- Education
- Economic Conditions
- Health Care System
- Built Environment
- Community Resources
- Community Cohesion
- Violence

### HOW violence affects other SDOH
- Diminished performance, lower attendance, decreased grad. rates
- Reduced business investment, reduced commercial activity
- Higher costs from violent injuries and increased chronic conditions
- Unsafe public spaces leading to reduced usage
- More resources to public safety; high demand due to trauma
- Reduced cohesion and sense of collective efficacy

**MORE VIOLENCE**

Plus violence causes even more violence
The public health approach is a four-step process that is rooted in the scientific method. It can be applied to violence and other health problems that affect populations.

https://www.cdc.gov/violenceprevention/about/publichealthapproach.html
Community Health Workers

- Credibility within the Community

- An understanding of the root causes and eventual effects of violence, both theoretically and experientially

- Skilled at modeling and explaining the need for changing community norms around conflict

- Committed to generational healing by working to shift cultural and behavioral norms around conflict away from violence, and towards mediation and mutually beneficial solutions to community problems
and
THE MODEL

INTERRUPT TRANSMISSION
- Mediate Conflicts
- Keep Conflicts ‘Cool’
- Prevent Retaliation

REDUCE HIGHEST RISK
- Assess Highest Risk
- Change Behaviors
- Provide Treatment

CHANGE COMMUNITY NORMS
- Respond to Shootings
- Organize Community
- Spread Positive Norms
Assessment Phases

- Phase 1: CVG 101 presentations
- Phase 2: Key stakeholder meetings
- Phase 3: Visit with key stakeholders, community groups, and potential workers
- Phase 4: Report with budget and plan
Figure 3

Changes in Gun Injuries and Shooting Victimization Before and After the Opening of Cure Violence Programs

Gun Injuries per Year

- Cure Violence: East New York
  - Before: 7.3
  - After: 3.7
  - Decrease: 50%

- Comparison Area: Flatbush
  - Before: 6.7
  - After: 6.3
  - Decrease: 5%

- Cure Violence: South Bronx
  - Before: 7.9
  - After: 5.0
  - Decrease: 37%

- Comparison Area: East Harlem
  - Before: 5.6
  - After: 4.0
  - Decrease: 29%

Shooting Victimization per Year

- Cure Violence: East New York
  - Before: 5.5
  - After: 4.7
  - Decrease: 15%

- Comparison Area: Flatbush
  - Before: 10.0
  - After: 8.5
  - Decrease: 15%

- Cure Violence: South Bronx
  - Before: 8.8
  - After: 3.3
  - Decrease: 63%

- Comparison Area: East Harlem
  - Before: 7.5
  - After: 6.3
  - Decrease: 17%
CHASM identifies three primary CHWVP roles:

1. Direct Service: Implementing a robust network of referral-based assistance that helps to support wrap-around services and social support for individuals and families.

2. Health Promotion, Community Organizers and Partners in Research: Developing, adapting and implementing training. This role also includes community level capacity building initiatives, advocacy, and equitable partnerships in research.

3. Executive Level Advocacy and Policy: Contributing to policy and strategic planning regarding decisions that impact the populations they serve and represent.
The Core Strategies of the CPrV approach are:

- **Community Professional Development**: CHWVP (Evidence Based)
- **Youth Leadership Development**: Youth Empowerment Solution (Evidence Based)
- **Repurposing the Built Environment**: Crime Prevention thru Environmental Design (Evidence Based)
- **Community Qualitative Research**: Community Based Participatory Research (Evidence Based)
- **Pedagogy of Empowerment**: Popular Education (Evidence Based)
- **Supportive Strategies**:
  - Multi-sectored Stakeholder Coalition (Evidence Informed)
  - Community Healing Initiative (Evidence Informed and Practice Based)
The Social-Ecological Framework

This model considers the complex interplay between individual, relationship, community, and societal factors. It allows us to understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. The overlapping rings in the model illustrate how factors at one level influence factors at another level.

https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html
<table>
<thead>
<tr>
<th>Focus</th>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should we do it!</td>
<td>Exploration/Adoption</td>
<td>Decision regarding commitment to adopting the program/practices and supporting successful implementation.</td>
</tr>
<tr>
<td>Work to do it right!</td>
<td>Installation</td>
<td>Set up infrastructure so that successful implementation can take place and be supported. Establish team and data systems, conduct audit, develop plan.</td>
</tr>
<tr>
<td>Work to do it better!</td>
<td>Initial Implementation</td>
<td>Try out the practices, work out details, learn and improve before expanding to other contexts.</td>
</tr>
<tr>
<td></td>
<td>Elaboration</td>
<td>Expand the program/practices to other locations, individuals, times- adjust from learning in initial implementation.</td>
</tr>
<tr>
<td></td>
<td>Continuous Improvement/Regeneration</td>
<td>Make it easier, more efficient. Embed within current practices.</td>
</tr>
</tbody>
</table>
Program Comparison

Both Programs:
- Utilize a public health approach
- Services provided by CHWs
- Require initial assessment
- Provide initial and ongoing support

CVG
- National/International
- NC sites in Charlotte, Greensboro, Durham
- Focus is gun violence
- $10,000 Assessment Fee
- Min $80,000 Annual Fee

CHASM
- Evidence based models used throughout US
- Originated in Wilmington, NC
- 5 Core Strategies - CHWVP
- $80,000-$85,000 Annual Fee
Costs to Implement Violence Interrupter programming

Year 1 Training and Support costs - $80,000-$90,000

Annual Program costs of wages and supplies - $280,000-$400,000 (4-6 staff)
Thanks so much for your patience, attention and awareness!