The Health Approach to violence prevention

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Cure Violence

The movement to change America’s norms and responses
“a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity.”

Preamble to the Constitution of the World Health Organization as adopted 19 June - 22 July 1946; signed by the representatives of 61 States, and entered into force on 7 April 1948.
“a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity.”

obviously **impossible** while there is violence!

Preamble to the Constitution of the World Health Organization as adopted 19 June - 22 July 1946; signed by the representatives of 61 States, and entered into force on 7 April 1948.
VISION
World without violence.

MISSION
Reduce violence globally
using disease control and behavior change methods

GUIDING PRINCIPLES
1. Understanding that violence is a health issue
2. Individuals and communities can change for the better
3. Community partners and strategic partnerships are keys to success
4. Rigorous, scientific, professional ways of working essential for effectiveness.
Violence Has Characteristics of Epidemics

1. Violence **clusters** - like a disease

Cholera

Violence

2. Violence **spreads** - like a disease

Influenza

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

Violence
Cholera in Bangladesh

Homicides in Chicago

1983-2003

2010
TRANSMISSION OF VIOLENCE

Exposure to Violence

Source: Mullins et al. 2004; Devries et al. 2011
Child Abuse Victims Becoming Abusers

30%

Community Violence Increases Post War (WW1 & WW2)

Chronic Exposure to Community Violence Associated with Perpetration

<table>
<thead>
<tr>
<th>Exposure to Violence</th>
<th>Probability of Perpetrating Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>No/Low/Moderate</td>
<td></td>
</tr>
<tr>
<td>Chronic</td>
<td></td>
</tr>
</tbody>
</table>

- Probability bars for No/Low/Moderate and Chronic Exposure

- Bar chart showing:
  - Increase
  - Decrease
  - No Change

- Nations distribution:
  - Combat Nations
  - Non-Combat Nations

Exposure to Violence ➞ Perpetration of Violence
On an average day in the U.S.

- 39 people are murdered
- 180 are shot and wounded
- 30,000 children are abused
- 28,000 people are hurt by a significant other
- 117 people commit suicide
In an average year in the U.S.

- 60,000 lives are lost due to violence
- 490,000 years of life are lost due to violence
- $450 billion is spent on violence related injuries
- Countless people are exposed to the enduring affects of trauma from violence
Violent trends in U.S.

• 20 cities are experiencing spikes in homicides and shootings
• Suicide rates are at a 30 year high
• Serious injuries related to child abuse have increased by 5% since 2000
• Domestic violence continue to peak during holidays and major events
• Nearly 1,000 people have been killed by police
What Is Known About The Transmission of Violence?

1. Social Learning
   - Modeling
   - Mirror Neurons

2. Social Norms
   - Scripts

3. Neurological Effects
   - Desensitization
   - Hyper-arousal
   - Stress

4. Modulating Factors
   - Dose
   - Prior immunity
   - Context
   - Age
Violence is a Social Determinant of Health
(and violence negatively affects the other determinants)

Negative effects of violence on SDOH, including itself

Violence

SDOH

Education
Economic Conditions
Health Care System
Built Environment
Community Resources
Community Cohesion

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
Violence is by far the \textit{largest of all} health inequities.

<table>
<thead>
<tr>
<th>Rates</th>
<th>White</th>
<th>Black</th>
<th>Racial Inequity Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence (death)</td>
<td>4.5</td>
<td>27.8</td>
<td>6.2 : 1</td>
</tr>
<tr>
<td>Diabetes (diagnosed)</td>
<td>* 5.9</td>
<td>9.3</td>
<td>1.6 : 1</td>
</tr>
<tr>
<td>Obesity (prevalence)</td>
<td>** 32.6</td>
<td>47.8</td>
<td>1.5 : 1</td>
</tr>
<tr>
<td>Heart disease (death)</td>
<td>187.3</td>
<td>262.2</td>
<td>1.4 : 1</td>
</tr>
<tr>
<td>Asthma (prevalence)</td>
<td>7.4</td>
<td>9.9</td>
<td>1.3 : 1</td>
</tr>
</tbody>
</table>

* Per 100,000
** Per 100
# Violence Disparity

## Getting WORSE

### Heckler Report

### Health Disparity

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>1985</th>
<th>2013</th>
<th>Disparity Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>30% Higher</td>
<td>30% Higher</td>
<td>No change</td>
</tr>
<tr>
<td>Cardio/Stroke</td>
<td>20% Higher</td>
<td>30% Higher</td>
<td>Up 50%</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>70% Higher</td>
<td>30% Higher</td>
<td>Down 57%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>110% Higher</td>
<td>100% Higher</td>
<td>Down 9%</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>110% Higher</td>
<td>110% Higher</td>
<td>No change</td>
</tr>
<tr>
<td>Accident (&amp; homicide)</td>
<td>70% Higher</td>
<td>10% Higher</td>
<td>Down 85%</td>
</tr>
<tr>
<td>Homicide</td>
<td>400% Higher</td>
<td>470% Higher</td>
<td>Up 18%</td>
</tr>
</tbody>
</table>
STOPPING CONTAGIONS

1. Interrupt transmission
2. Prevent future spread
3. Change group norms
1. INTERRUPT TRANSMISSION

Credible
On your side
Validate
Get emotion down
Distract
New thoughts
Reframe
Ask (complex) questions
2. CHANGE BEHAVIORS

Resource at critical times
New role models
New rewards
Problem solving
New information

Skills, practice
Avoiding situations
Helping friends not do it
Getting/walking away
3. NORM CHANGE

Multiple messengers
Response to shootings
Group efforts
Moving us **AWAY from** the punitive approaches that traumatize people and society
TOWARDS the health understanding and approach that provides care and healing
Chicago Shootings and Killings

- 41% - 73%

Baltimore Killings

-56%

New York City Shootings

-20%
Innovation & Development

Model Adaptations: adapting Cure Violence model to other forms of violence (e.g., violence against women, children, etc.) and other areas (e.g., re-entry, trauma, etc.) that contribute to violent outcomes

Technology Innovations: developing and applying cutting-edge technology to enhance program efficiency and outcomes
Pilot Model Adaptations
Most Violent District - Most Violent Month

Rapid Reduction Model (District 007)
- Zero shootings & homicides July 4th Weekend
- 71% reduction in homicides
- 48% reduction in shootings
- 115 conflict mediations

District 007 July Data

<table>
<thead>
<tr>
<th>Year</th>
<th>Shooting</th>
<th>Homicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>4</td>
<td>27</td>
</tr>
<tr>
<td>2014</td>
<td>7</td>
<td>24</td>
</tr>
<tr>
<td>2015</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>2016</td>
<td>9</td>
<td>39</td>
</tr>
</tbody>
</table>
Pilot Model Adaptations
Reduce Violence- Treat Trauma

Trauma Model Core Elements
• New Focus: individual vs. community outcomes
• Targeted Group: ages 13-19 meeting high risk criteria
• Integrated Staffing Pattern of Outreach Workers & Clinical Therapist (Health Workers)
• Integrated Training Design
• Trauma Group Sessions (*highest risk; community*)
• Trauma-Informed Care Integrated into program activities

Communities
• South Shore (southeast side)
• Roseland (south side)
• North Lawndale (west side)
Trauma-Informed Care: Integration into Program Activities

Outreach & Interruption

Introducing Trauma-Informed Techniques
Developmental Evaluation to Inform Implementation

Effective elements identified during evaluation

- Integrated staffing strategy (trained clinicians & outreach workers)
- Identifying highest risk for violence & trauma (highest need)
- Conducting trauma screens & clinical referrals
- Responses to violent events
- Trauma groups (participants advanced through stages of change)
Model Adaptations Under Development

Domestic Violence

Countering Violent Extremism

IPV

Child Maltreatment
Technology

- Phone App
- Social Media
- Video Game
Technology
(saving lives with technology)

- Most effective strategies
- Improve conflict mediation outcomes
- Save more lives

Cure Violence
Interrupter Phone App

“Innovation distinguishes between a leader and a follower.”

~ Steve Jobs
Innovations-Technology

- Enhance detection & Interruption
- Send targeted messages
- Monitor shifts in social media behavior
- Community Alerts

“Geofeedia is the leading location-based social media monitoring platform.”
Innovations-Technology

Cure Violence Video Game

Utilize gaming platform to generate social impact
The Orlando terrorist may be dead but the virus that poisoned his mind is very much alive.

By investing health, in both immediate intervention and upstream prevention, with urgency, compassion and most importantly, with action, we can cure violence, prevent further tragedy and end this national public health crisis.

“Thinking of this epidemic of preventable deaths as an infection that can be diagnosed, treated and perhaps cured, I feel more hopeful than I have been in a long time.”
Re-Understanding Violence
(reduces current inequity promoting understanding)

Moralism (not helpful)

Bad People
Bad Choice
Adverse Circumstances (contribute)
Contagion (exposure dependent)

Science
The **Movement Towards Violence as a Health Issue**

**Mission:** Reduce violence (family, community, institutional)

**Goals:** Change policy, practice, language
Why a movement:

Today, the common way of looking at violence and the people who commit violence is still that of “bad people” . . .

. . . resulting in racial bias, inequitable treatment, and “criminalizing”
. . . facilitating abuses of power and further trauma
. . . blocking health approaches – in understanding, funding, practice, etc
1. **Develop common understanding and language** among health and community groups, leaders, and sectors to greatly elevate violence as a health issue

2. **Increase policies to support health approaches** to violence prevention

3. Change practices **to increase the utilization of health and community solutions** to violence prevention

4. Examine opportunities for the health approach to **advance racial and health equity**

5. **Develop additional multi-sector partnerships and coalitions** to strengthen the Movement and its relationship to [coalesce, amplify, potentiate the efforts of related movements] (community, criminal justice reform, racial equity)
State, County, and City Health Departments

- Implement epidemic control programs to prevent the spread of violence
- Assess and 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
- Track and monitor data to assess impact of strategies & refine practices
Hospitals, Doctors, Nurses, and Other Health Professionals

- Implement measures to properly detect and treat victims of violence
- Conduct assessments of the types, severity, and amount of violence that the hospital treats
- Identify available resources in community
- Assessment for potential and prevention of potential retaliations
- Provide treatment for trauma suffered by victims of violence
- Integration with community outreach
- 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

Communities Affected by Violence

- Deploy community health workers with the responsibility to address violence
- Link to health departments and other government agencies to manage programs that treat violence as a health issue
Comprehensive (Larger) System - Multiple Sector

- Law enforcement
- Courts
- Prisons
- Probation/Parole
- Education
- Veteran’s Affairs
- Child Welfare
- Faith-based Services
- Parks & Recreation
- Libraries
- Built environment
- Faith community
## Partners in the Movement*

*currently referred to as Health/Community Collaborative on Violence Prevention

<table>
<thead>
<tr>
<th>100 Million Healthier Lives</th>
<th>Futures without Violence</th>
<th>New York City Dept. of Health and Mental Hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance Peace</td>
<td>Johns Hopkins School of Public Health</td>
<td>Philadelphia Dept. of Behavioral Health and Disability Services</td>
</tr>
<tr>
<td>Alameda Health Department</td>
<td>Kansas City Health Department</td>
<td>Policylink</td>
</tr>
<tr>
<td>Albert Einstein Medical Center</td>
<td>Los Angeles Health Department</td>
<td>Prevention Institute</td>
</tr>
<tr>
<td>American Public Health Association</td>
<td>Lurie Children’s Hospital</td>
<td>Robert Wood Johnson Foundation</td>
</tr>
<tr>
<td>Avielle Foundation</td>
<td>Morehouse School of Medicine</td>
<td>Safe States Alliance</td>
</tr>
<tr>
<td>Baltimore City Health Department</td>
<td>My Brother’s Keeper</td>
<td>San Francisco Dept. of Public Health</td>
</tr>
<tr>
<td>Berkeley Media Studies Group</td>
<td>Natl. Assoc. for the Advancement of Colored People</td>
<td>Seattle Human Services Dept.</td>
</tr>
<tr>
<td>Boston Public Health Commission</td>
<td>Natl. Assoc. of County and City Health Officials</td>
<td>Trust for America’s Health</td>
</tr>
<tr>
<td>Centers For Disease Control and Prevention</td>
<td>Natl. Children’s Alliance</td>
<td>University of Illinois at Chicago</td>
</tr>
<tr>
<td>Childhood Domestic Violence Assoc.</td>
<td>Natl. Collaborative for Health Equity</td>
<td>University of Chicago</td>
</tr>
<tr>
<td>Children’s Hospital of Philadelphia</td>
<td>Natl. Health Collaborative on Violence and Abuse</td>
<td>University of California San Francisco</td>
</tr>
<tr>
<td>CommonHealth ACTION</td>
<td>Natl. Network of Hospital-Based Violence Intervention Programs</td>
<td>University of Delaware</td>
</tr>
<tr>
<td>Drexel School of Medicine</td>
<td>Natl. Network of Public Health Institutes</td>
<td>Washington D.C. Office of the Chief Medical Examiner</td>
</tr>
<tr>
<td>Einstein Medical School</td>
<td>New Orleans Health Department</td>
<td>Youth ALIVE!</td>
</tr>
</tbody>
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As of 4/2016

*Co-chairs Dr. David Satcher, Dr. Al Sommer (100 people representing 70 agencies)*
Health approach = health institutions leading violence prevention work, including hospital interruption or community outreach programs.
**Words Matter...**

<table>
<thead>
<tr>
<th>Gun Term</th>
<th>Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Fire</td>
<td>Being Criticized</td>
</tr>
<tr>
<td>“You’re killing me!”</td>
<td>“You’re too much!”</td>
</tr>
<tr>
<td>Worth a shot</td>
<td>Worth trying</td>
</tr>
<tr>
<td>“Son of a gun!”</td>
<td>“Darn!”</td>
</tr>
<tr>
<td>Aim for</td>
<td>Hope to achieve</td>
</tr>
<tr>
<td>Bite the bullet</td>
<td>Just do it</td>
</tr>
<tr>
<td>Old View</td>
<td>New View</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Bad People</td>
<td>Learned Behavior</td>
</tr>
<tr>
<td>Gang bangers</td>
<td>Negative Norms</td>
</tr>
<tr>
<td>Isolated Incidents</td>
<td>Contagious Process</td>
</tr>
<tr>
<td>Punishment</td>
<td>Disease Control</td>
</tr>
<tr>
<td>Intractable</td>
<td>Solvable</td>
</tr>
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</table>
Long Term View

Neighborhood and family violence are treated and prevented by the health sector in partnership with law enforcement and other sectors.

The health sector and community work together in a systematic way through health, fairness and equity lenses.

Violence is reduced in the U.S. cities.

A delineated set of unfair and harmful practices that in 2015 are common are reduced by 70%.
Thank you!

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CureViolence.org