



**NYC Cure Violence**

**Quick Stats**

Agency	Program/Policy Start Date	Number Served Annually	Annual Budget
Department of Health and Mental Hygiene  Health and Hospitals Corporation	Spring 2012	TBD	FY 13: \$2,160,000

**Problem Statement**

Though New York City is the safest big city in America, violence remains concentrated in certain socially and economically deprived neighborhoods. Such neighborhoods tend to have lower rates of employment and educational attainment and are plagued with other social and health disparities. Young men exposed to these social conditions are at risk of both violence victimization and perpetration. Young men, especially those 15-24 years of age, may lack skills to avoid or mediate conflict and may be unaware of the consequences to themselves, their families and their neighbors; violence becomes a learned behavior. Furthermore, community members in violent neighborhoods often acquiesce to the violence, accepting it as 'normal' behavior and feeling powerless to stop it.

**Research and Evidence**

The Cure Violence (previously CeaseFire) program originated in Chicago in an effort to address gang violence and reduce retaliatory killings. Northwestern University's Institute for Policy Research conducted an evaluation of the program, funded by the National Institute of Justice. Researchers examined community-level and client-level outcomes, comparing changes in multiple indicators of violence (e.g., "hot spots" and retaliatory homicides) over time in targeted Cure Violence areas to matched areas that did not have Cure Violence. In every program area (seven catchment areas were examined), there was a substantial decline - that is, 15% to 40% - in shootings in the two years following the introduction of Cure Violence. At the same time, there was no comparable decline in shooting densities in four matched comparison areas. Also, the proportion of homicides due to retaliatory violence dropped to zero in four Cure Violence program areas; and in five Cure Violence program areas the levels of reciprocal homicides declined more than in the comparison areas.<sup>i</sup>

Recent rigorous evaluation of replication sites in Baltimore demonstrated similar success. Specifically, compared to areas without the Cure Violence program, neighborhoods in South Baltimore showed large program-related reductions in homicide and nonfatal shooting incidents.<sup>i</sup>

**Program Description**

Cure Violence is an evidence-based violence prevention program that works with communities that have high levels of gun violence. The strategy leverages experiences of young men of color to act as "credible messengers" of an anti-violence message, in order to prevent and reduce youth violence.

Community-based organizations (CBOs), working with staff at public hospitals, will replicate the Cure Violence model in three high-risk New York City communities, focusing on behavior change among the youth at highest-

<b>Expected Outcomes</b>	risk of victimization and perpetration, as well as community norms change. The Cure Violence model employs “violence interrupters” and outreach workers from the community who have themselves experienced violence and also have strong relationships with young adults, community leaders, and service providers. Violence interrupters stop conflicts before they happen, and outreach workers re-direct the highest-risk youth away from life on the streets. Outreach workers implement a detailed risk reduction plan that links youth with needed services. These connections result in the cooling of violence hot spots, in addition to positive outcomes for those who participate in the intervention. CBO staff also mobilizes the community to reject violence as a social norm. The project also engages the public hospital system, and partners with two Health and Hospitals Corporation (HHC) hospitals to work with family and friends of victims, provide follow-up services to patient participants, and support community mobilization activities.
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<b>Implementation Timeline</b>	Services started in spring 2012.
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<b>Target Population</b>	The program works with young people aged 15-24 years as well as with community organizations and the public in three high violence neighborhoods in New York City: Central Harlem, Crown Heights, and East New York.
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<b>Expected Outcomes</b>	<p>Cure Violence will:</p> <ul style="list-style-type: none"> <li>• Decrease the number of shootings/homicides;</li> <li>• Change violent behavior and attitudes about violence among high-risk youth</li> <li>• Increase referrals of high-risk youth to education, employment and/or other social and health services;</li> <li>• Increase the number of community members who reject violence</li> </ul>
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<sup>i</sup> Skogan WG, Hartnett SM, Bump N, Dubois J. *Evaluation of CeaseFire-Chicago*. Chicago, IL: Northwestern University; May 7, 2008. Available at:

[http://www.ipr.northwestern.edu/publications/ceasefire\\_papers/mainreport.pdf](http://www.ipr.northwestern.edu/publications/ceasefire_papers/mainreport.pdf)

<sup>ii</sup> Webster DW, Whitehill JM, Vernick JS, Curriero FC. Effects of Baltimore’s Safe Streets Program on gun violence: a replication of Chicago’s CeaseFire program. *Journal of Urban Health*, in press. **and** Webster DW, Whitehill JM, Vernick JS, Parker EM, (2012) *Evaluation of Baltimore’s Safe Streets Programs: Effects on Attitudes, Participants’ Experiences and Gun Violence*. Johns Hopkins Center for the Prevention of Youth Violence. Johns Hopkins Bloomberg School of Public Health, Baltimore, MD.