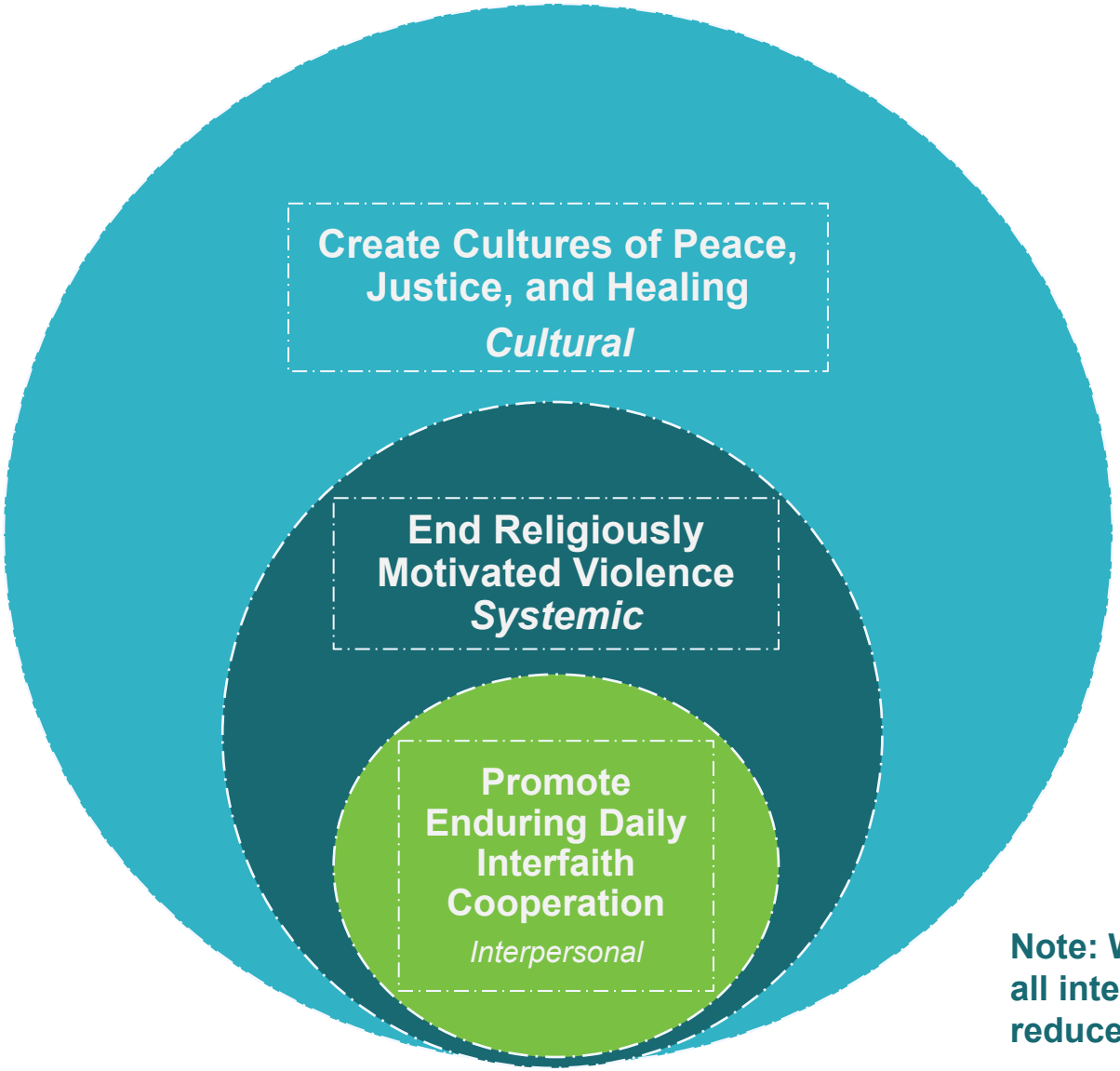
RETHINKING HOW WE VIEW VIOLENCE

Karen Volker
Director of Partnership and Violence Prevention

uri

Applying a Health Approach to Reducing Religiously Motivated Violence

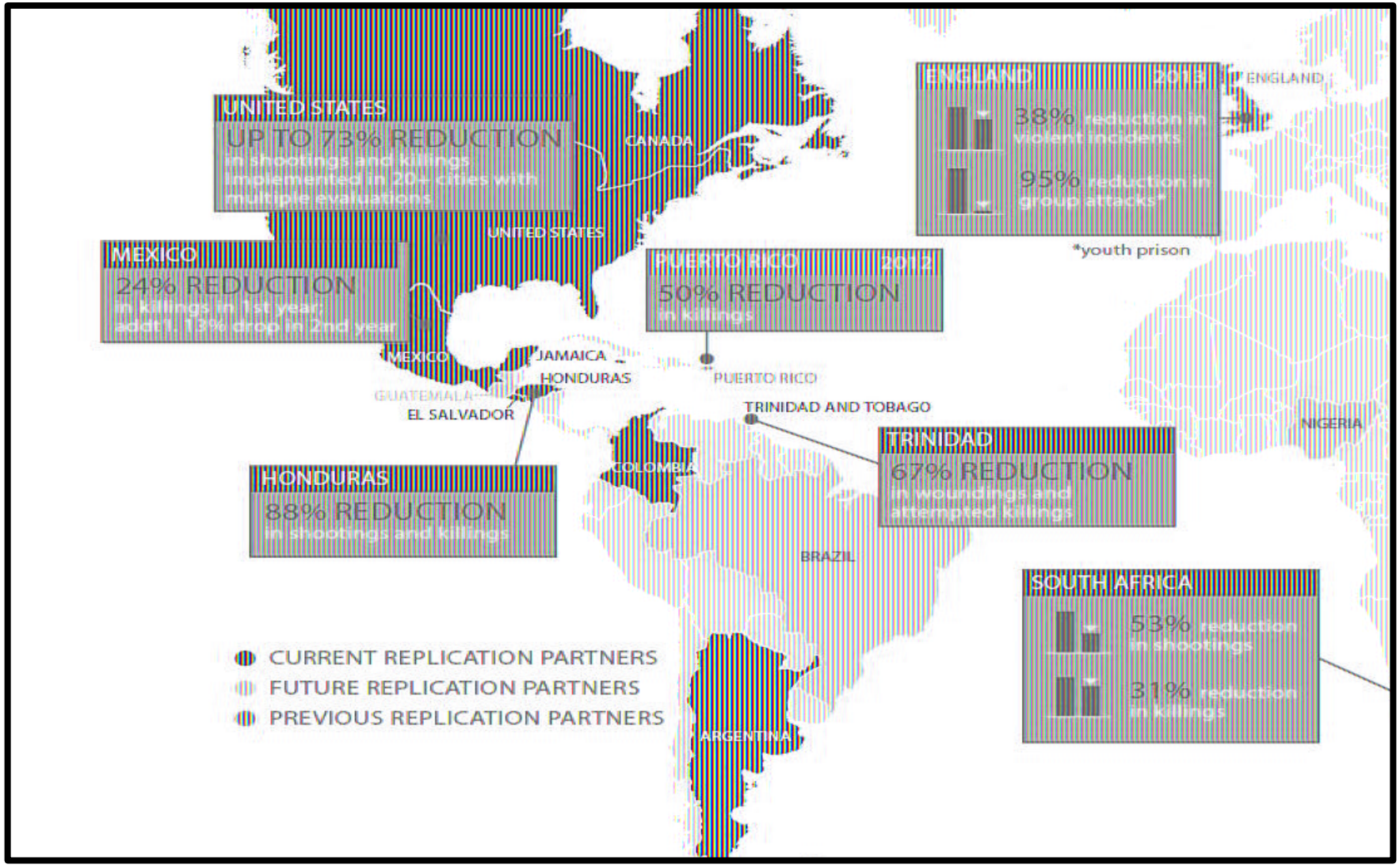


Note: We are focused on all interfaith efforts to reduce violence

The health approach to preventing violence is based on the approach developed by *Dr. Gary Slutkin*, founder of Cure Violence Global.

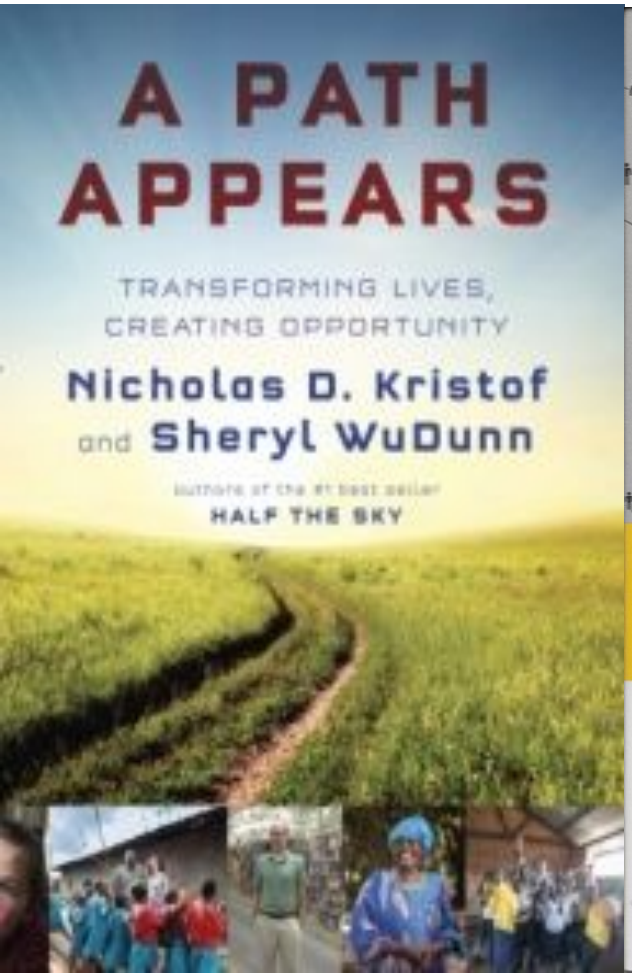
www.cvg.org

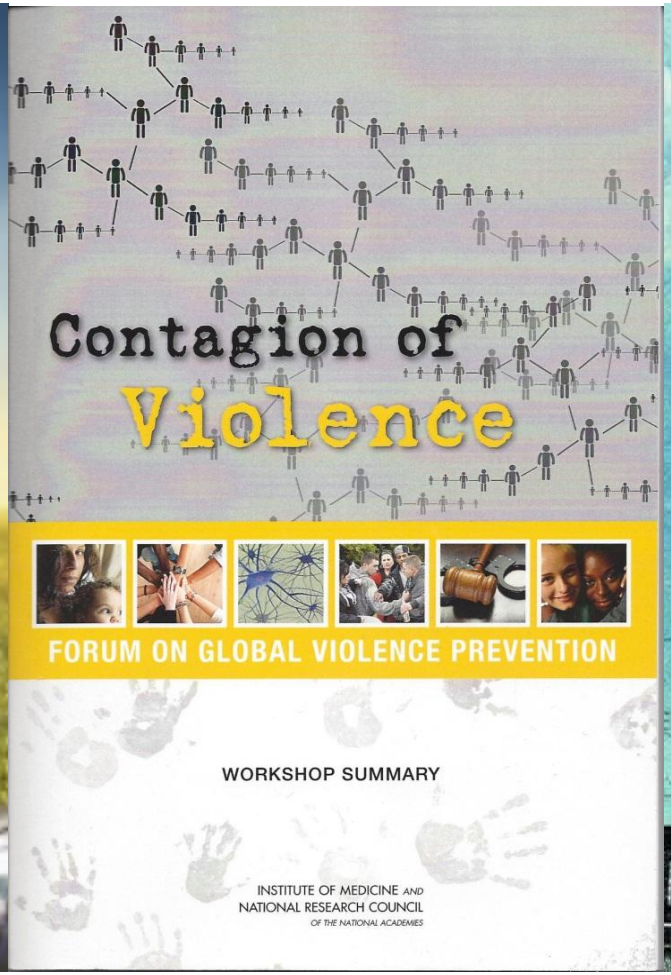
Proven Results & Many Adaptations

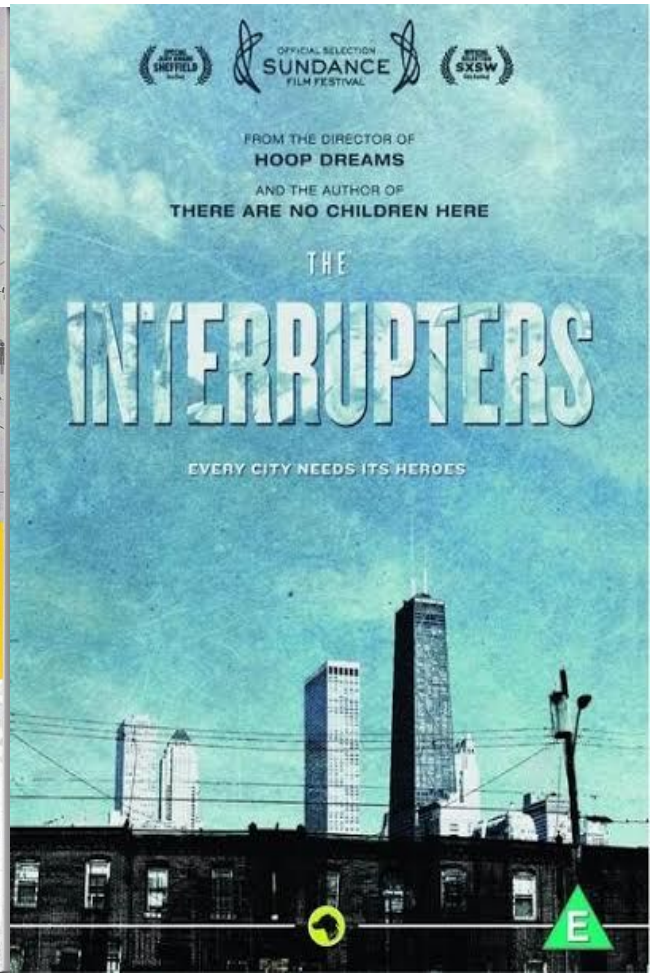


“Cure Violence….the approach that will come to prominence.”

- The Economist

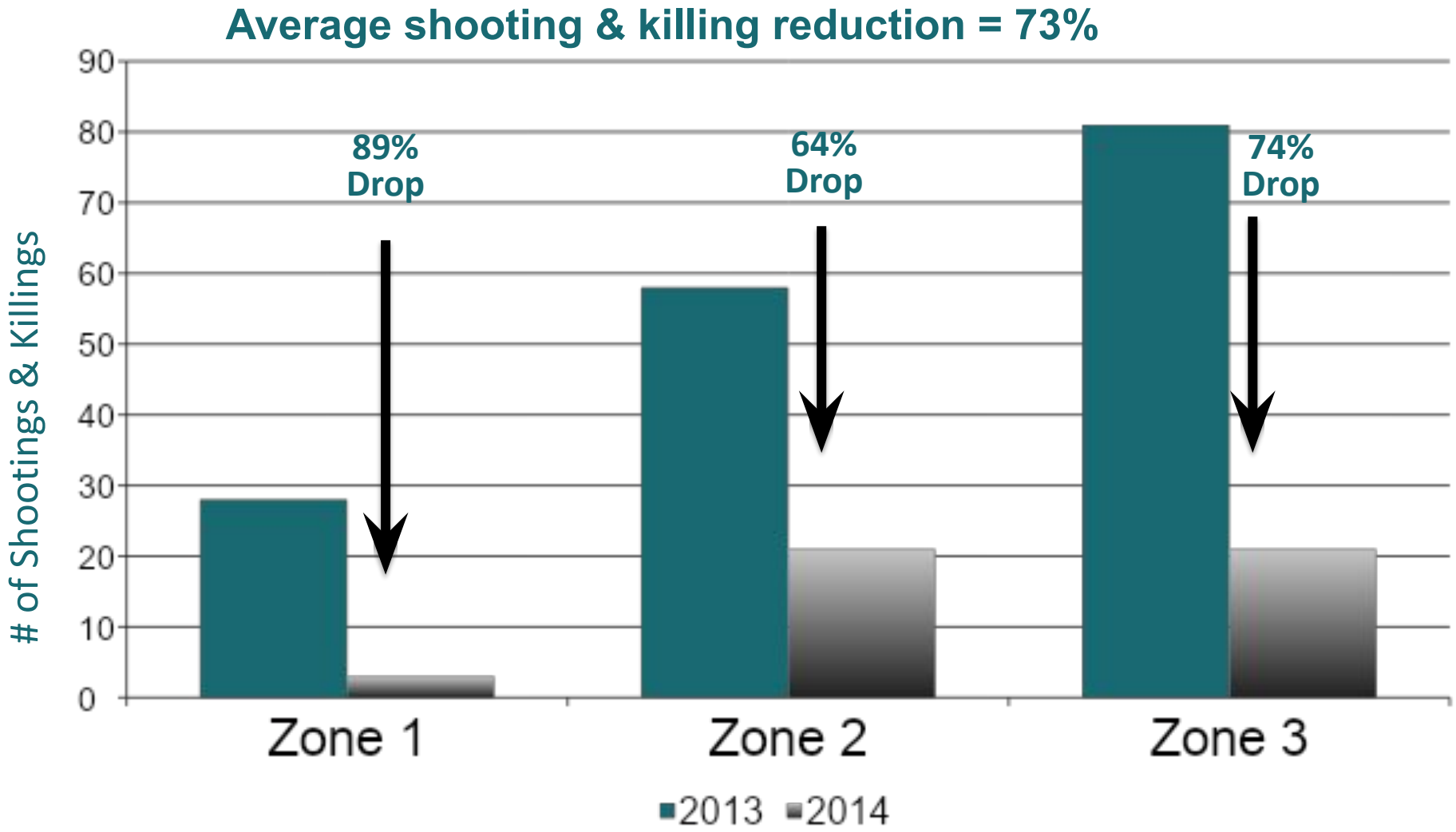






Cure Violence – Example of International Adaptation Partners

Cure Violence San Pedro Sula, Honduras

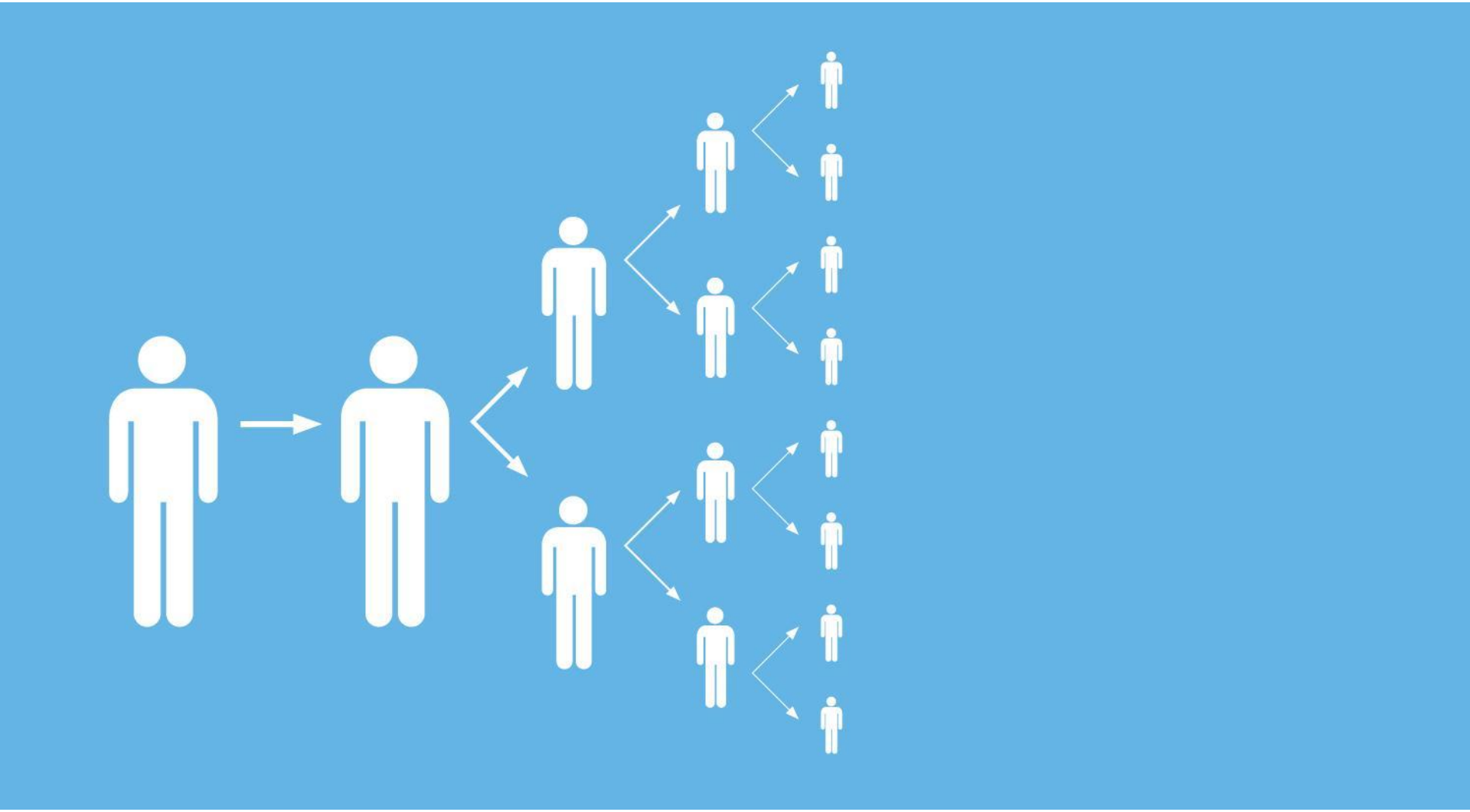


Ransford, et al. (2016). Report on the Cure Violence Model Adaptation in San Pedro Sula, Honduras.. Chicago, IL: University of Illinois at Chicago.

Measured Success - Global

	Shootings and Killings	Other	Ref
Ciudad Juárez, Mexico	- 50% to -75% killings	Community much safer	Observatorio Ciudadano, 2016
San Pedro Sula, Honduras	-88% shooting & killings (avg. 5 sites)	Streak to 17 mos.	Ransford, 2017
Trinidad	- 38% shootings - 39% killings - 45% violent crime	-50% violent crime	Maguire, 2018 (unpub)
Cape Town, S. Africa	-14% killings	-29% attempted killings	Ransford, 2017 (unpub)
Halifax, Canada	-100% killings	Pro-social attitudes, more	Ungar, 2016
Puerto Rico	- 53% killings		PR site reports
UK prison	-51% violence -95% group attacks		UK Prison eval, 2014

If Violence is an Epidemic Health Problem…



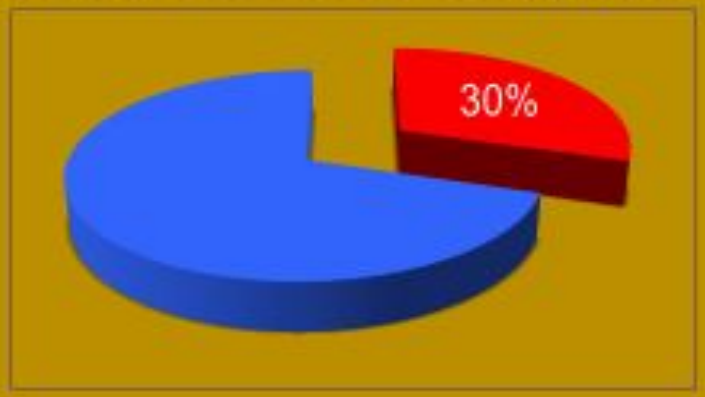
Then it can be treated with a health approach…

What as a Health Approach?

Multiple Studies have demonstrated the contagious nature of violence

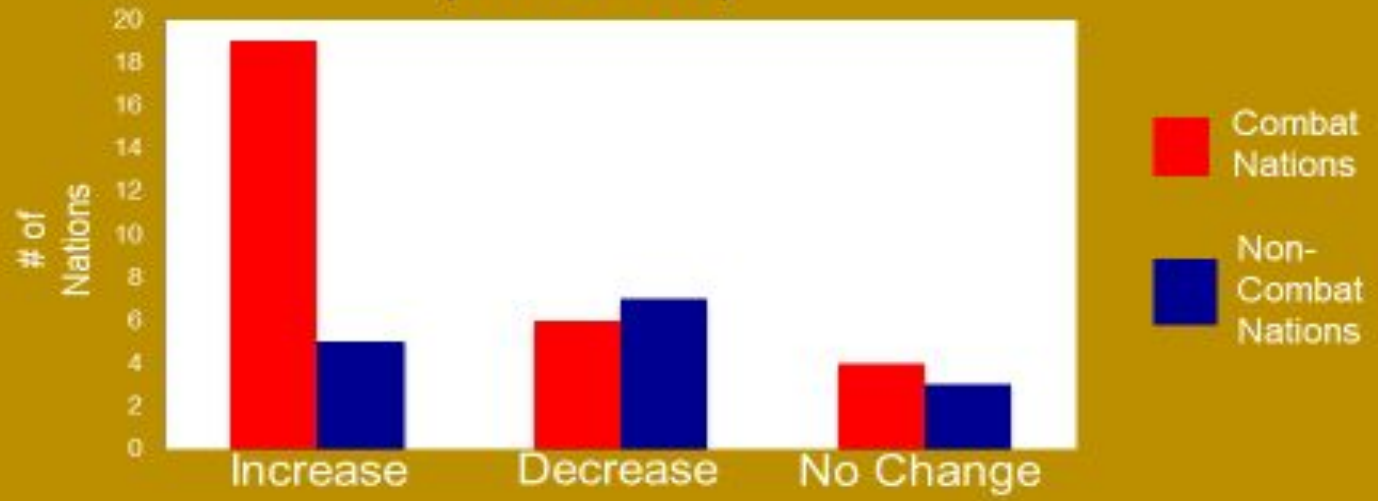
Exposure to Violence ➡ Perpetration of Violence

Child Abuse Victims Becoming Abusers

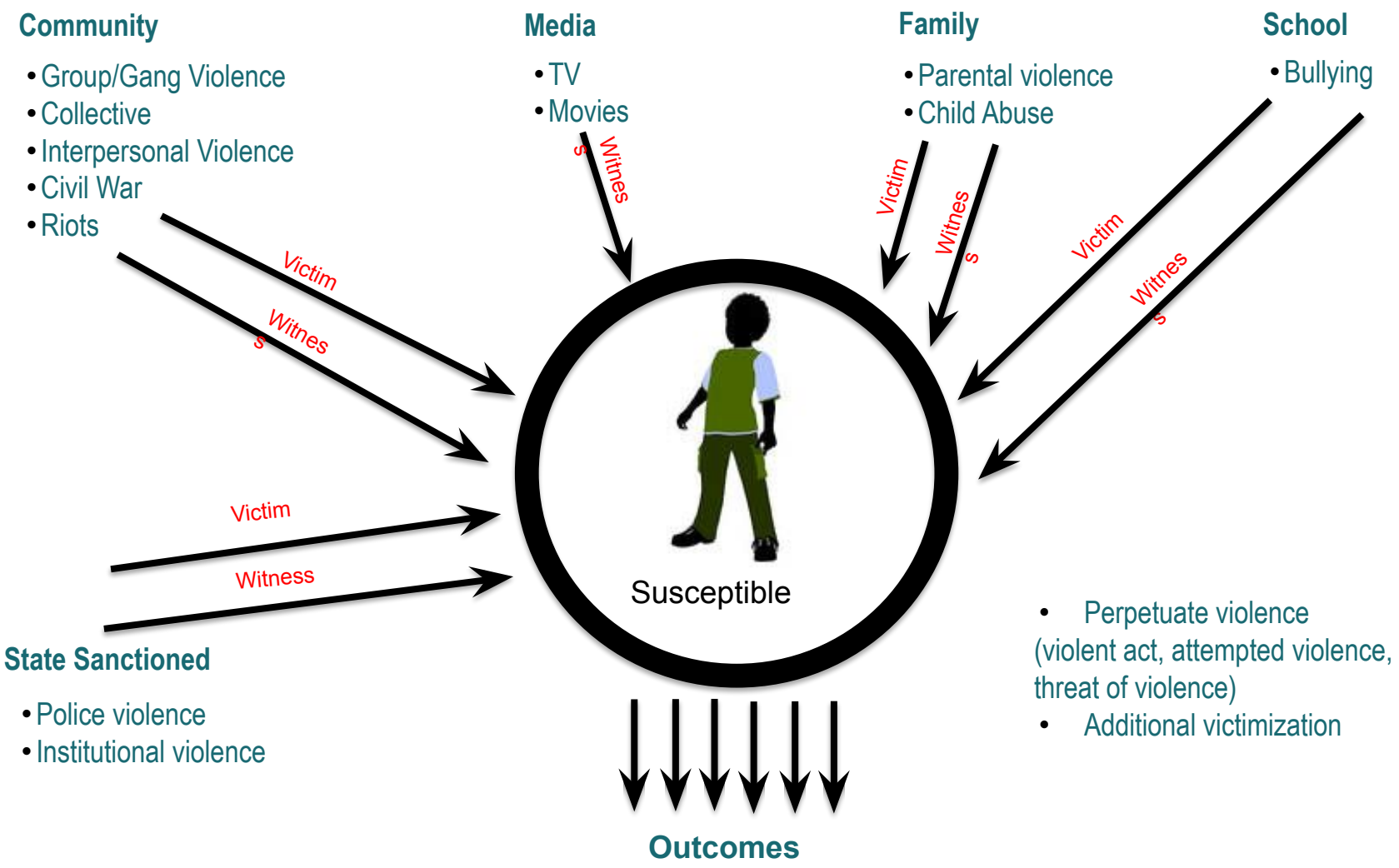


Chronic Exposure to Community Violence Associated with Perpetration

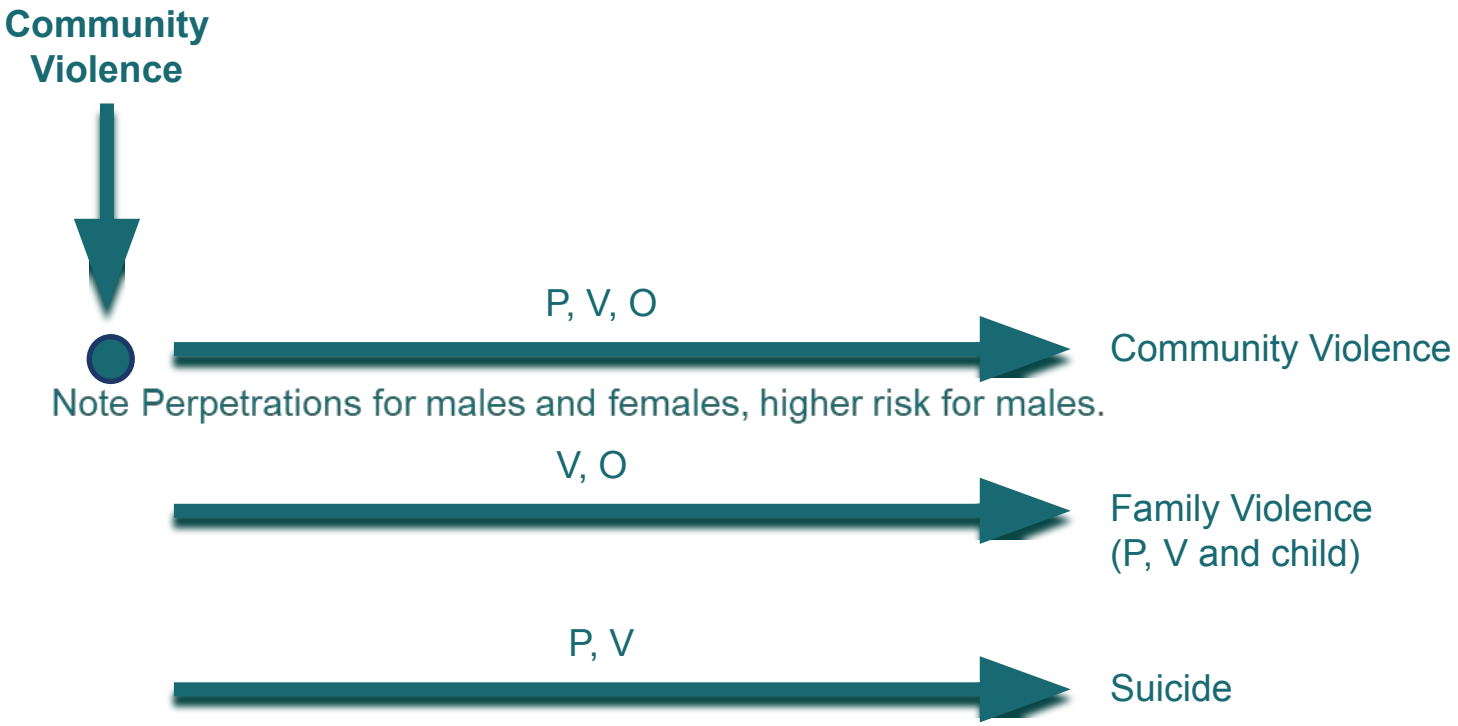
Community Violence Increases Post War (WW1 & WW2)



Methods of Exposure to Violence



Transmission across Syndromes



Note Perpetrations for males and females, higher risk for males.

Barkin et al 2001, Hanson et al. 2005

Violence is contagious
in all syndromes
COMMUNITY
RELIGIOUSLY MOTIVATED
SPOUSAL
FAMILY
CHILD
SUICIDE
MASS SHOOTING
WAR
VIOLENT EXTREMISM

Violence as a Contagion

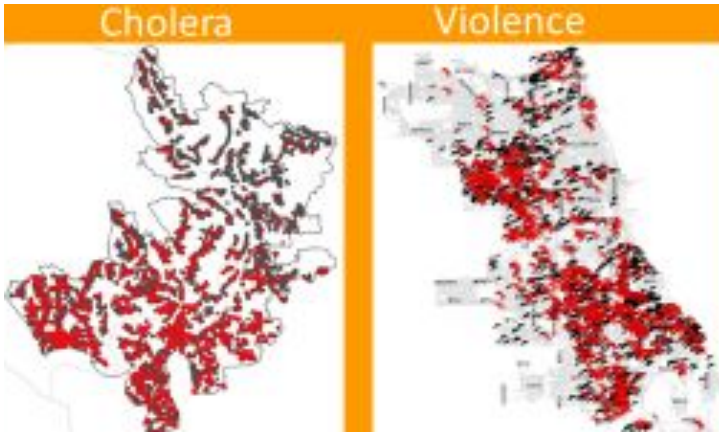
Population characteristics

- Clustering
- Spread
- Transmission

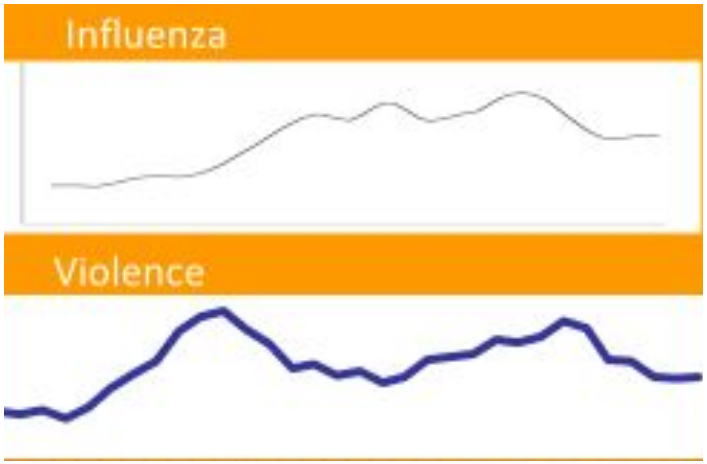
Scientific Understanding of Violence

Violence has <u>all three</u> characteristics of an epidemic disease.

1. Violence clusters like a disease



2. Violence spreads like a disease

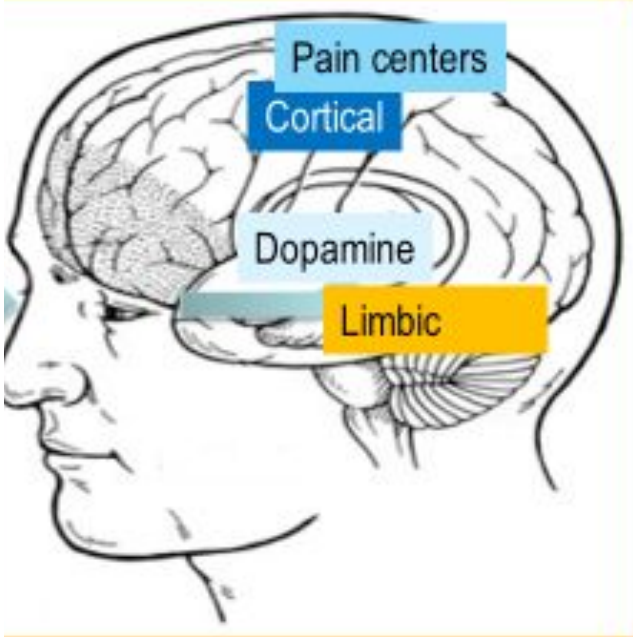


3. Violence transmits

Through exposure, modeling, social learning, and norms.

Means of Transmission

Violence
Transmission
Observing
Witnessing
Trauma



Brain Processing

Intake → Processing → Disease

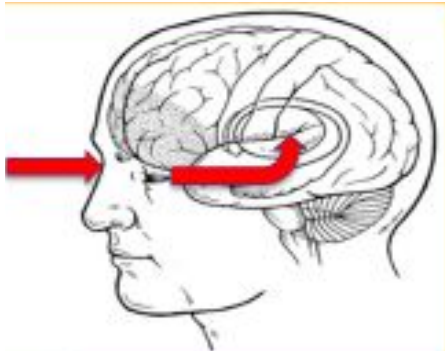
Modulating factors: age, prior immunity, type of exposure, dose, context, other

What is Known About the Transmission of Violence?

1. Social Learning

2. Social Norms

3. Neurological Effects



4. Modulation Factors

Stopping Epidemics

- Interrupt Transmission
- Prevent future spread
- Change group norms

World Health Organization

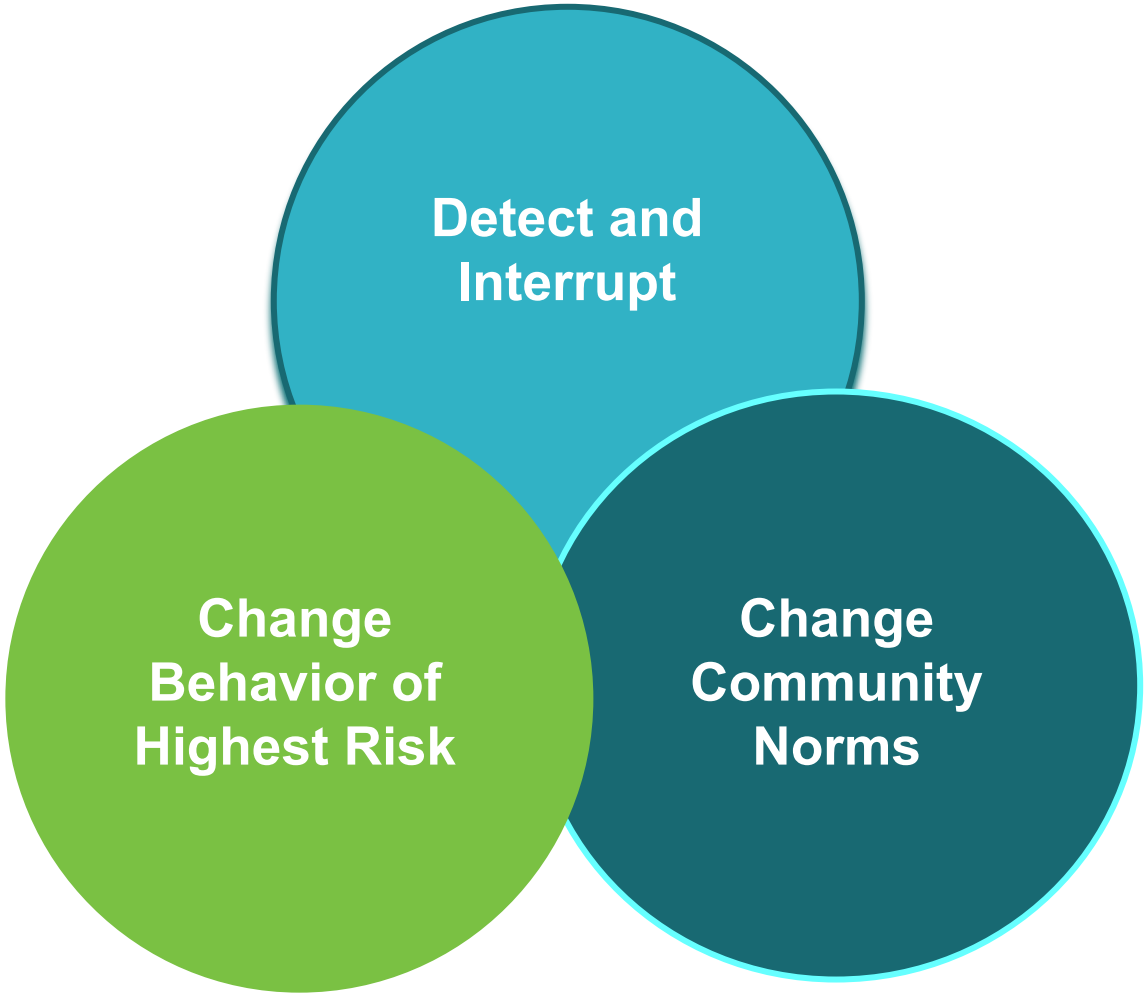
uri

Public Health Methods

- **Detect events early**
- Prevent **spread**
- **Work with community in acceptable ways**
- **Reach hardest to reach**
- **Change behaviors**
- **Change norms**
- ***Focus***

The public health approach Is inherently grassroots!

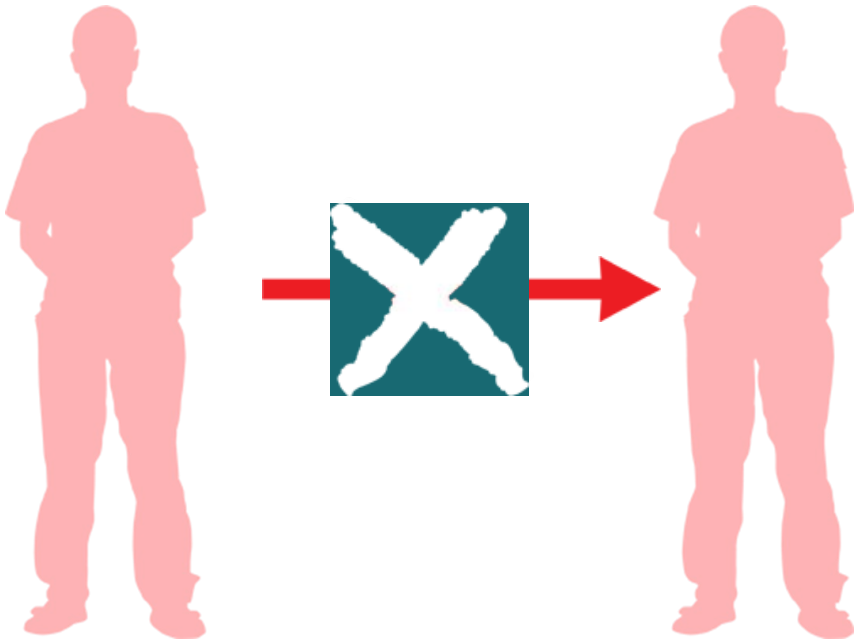
The 3 components of the Health Approach to violence interruption



1. Detect and Interrupt

Where is the violence happening and how can it be interrupted?

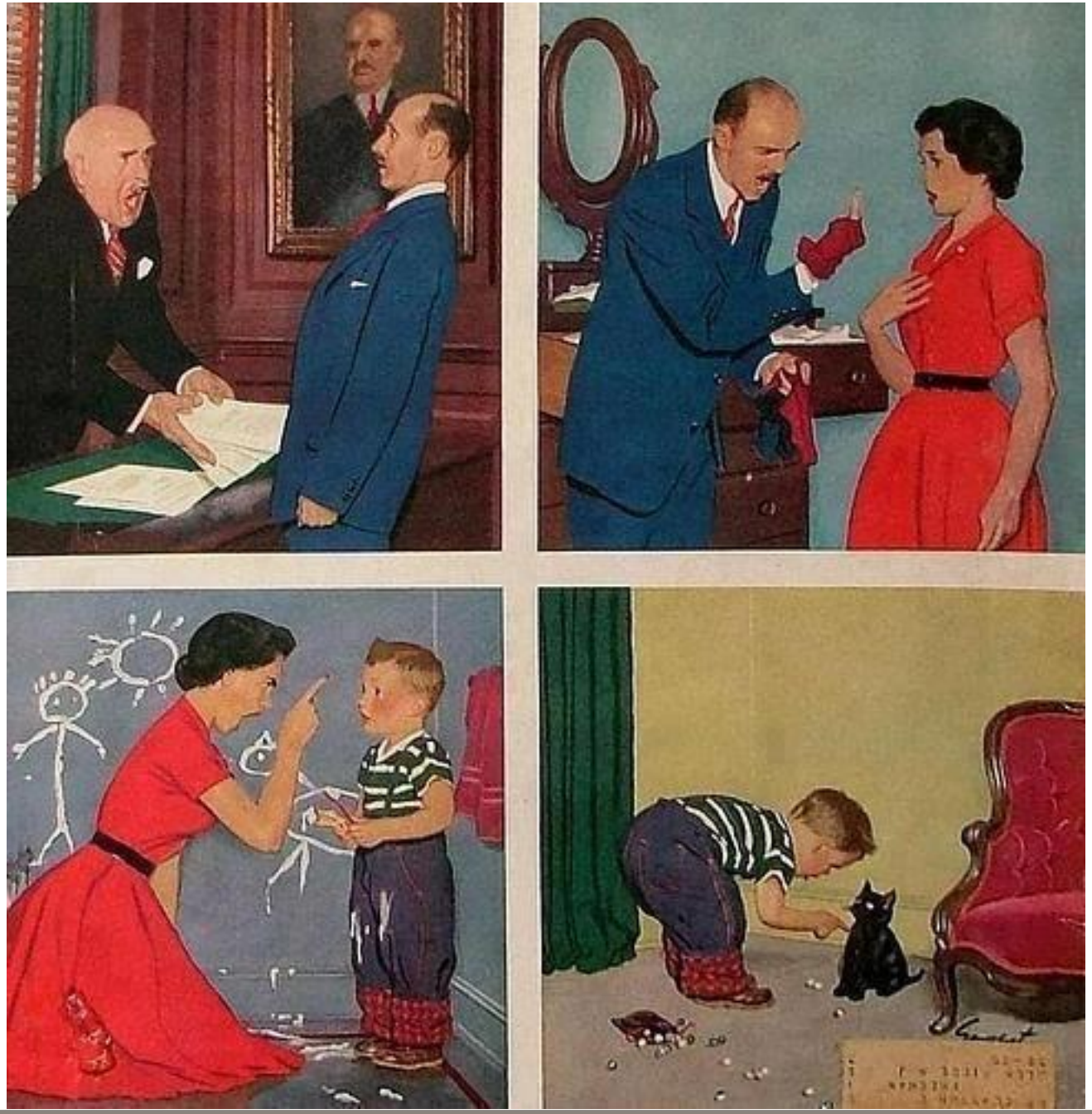
Interrupt Transmission



Interrupters

- Criteria
  - From inside/same group
  - See that/want violence to stop
  - Trust, access, credibility
- Mode
  - Total transparency
  - Nothing to be found out
  - No betrayal possible
  - Assigned to look for way out

Could CC members become violence interrupters?



2. Behavior Change

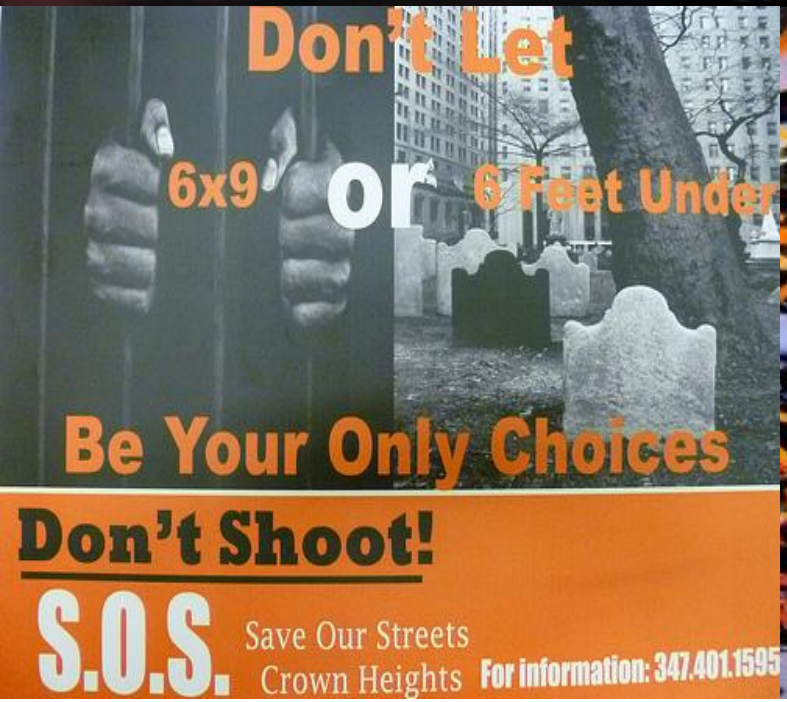
Identifying those at highest risk for violence and working to change their behavior.

3. Community Norm Change

Changing norms related to violence

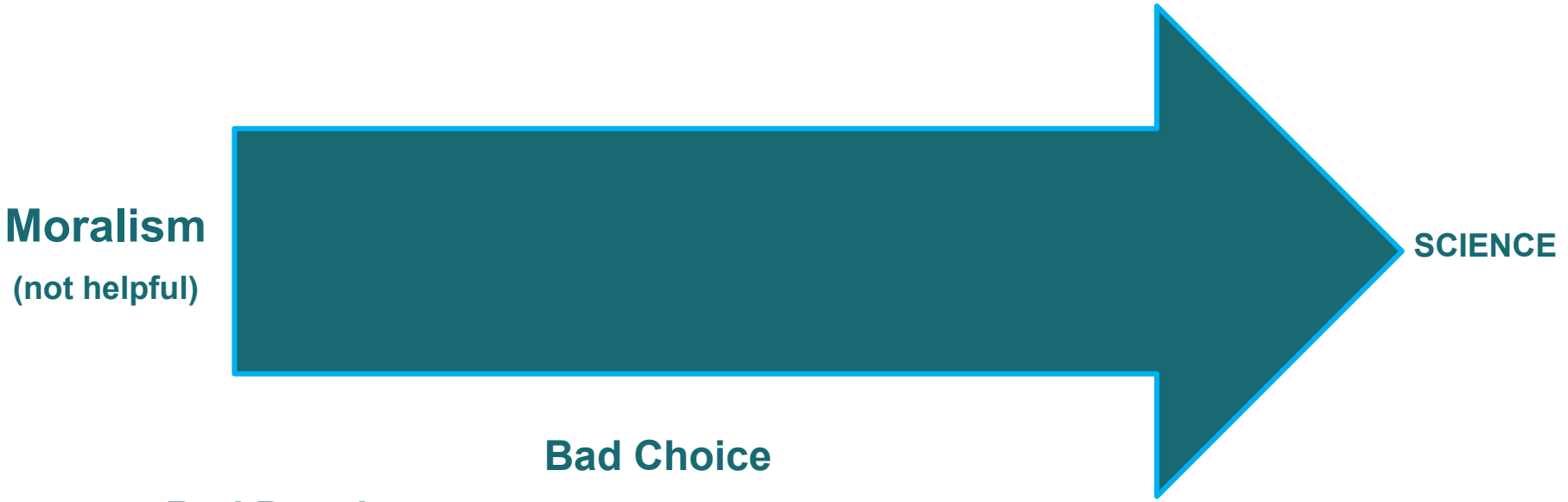
Religious leaders are in key positions to change norms related to violence

CHANGE NORMS



Re-Understanding Violence

Reduces current inequity and promotes understanding



World Health Organization

After Decades of Effort, Why is Violence Still a Serious Issue?

Because we have misdiagnosed the problem…

Old Thinking	***New Scientific Understanding***
Moralistic judgments	*The latest brain research on thinking and decision-making*
"Bad" Individuals	*Learned (contagious) behavior (which can be unlearned)*
Gang-related	*The power of group and community norms*
Imprisonment	*Prevention through changing behavior and influences*

Health Epidemic Approach Adds New Synergies

1. Police and military Efforts	2. Political and Diplomatic negotiations	3. Adding public health
• Kills and apprehends offenders, enemy • Some – but not all • Major hostilities remain as well as reprisals • Displaces • Recruits new combatants • Perpetuates contagion	• Addresses grievances (some) • Not everyone agrees • Takes years or decades • While violence, death, etc. continues as talking does or does not occur	• Focuses on Violence First • Prevents lethal events • Prevents retaliations • Offers face saving • Reverses social pressure to perform acts • Mobilizes whole community • Changes norms • Simultaneously increase impact of other programs and the potential for diplomatic and police / military approach to succeed • Can prevent violence outbreak relapses

Identifying Credible Messengers

- Potential credible messengers have to be identified to help achieve goal of preventing violence of all types.
  - In most cases the “credible messenger,” will have lived the same type of life as those who are leading or doing the violence (have prior ties to the groups, responsible, are still known to the target population, and reside in the target area).
  - Religious leaders are well positioned to help identify these individuals.

In Order to Prevent Violence, We Must First Understand the Context in Which It Is Happening

Can it be interrupted locally?

- Where is it happening?
- When is it happening
- Who is doing it?
- Is it in retaliation for another event?
- What groups are involved?
- Who is influential with these people?

Discussion

- What of this resonates with you?
- What does not?
- Do you believe the URI network members could be or already are key influencers?
- Think of the main instances of religiously motivated violence:
  - Who are the key people that need to be reached to stop the violence?
  - Who can reach these people
  - Who is following and could be persuaded not to follow?
  - Who can reach those people?
  - What norms are supporting this behavior
  - What are the specific roles for religious leaders
  - How can they best be utilized to prevent the violence?