Safe Streets Baltimore: A public health approach to reducing gun violence

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4th BIENNIAL TRAUMA CONFERENCE

Addressing Trauma across the Lifespan: Integration of Family, Community, and Organizational Approaches

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Safe Streets Baltimore

STOP SHOOTING. START LIVING.

SAFE STREETS • 443-984-3566
Cure Violence

• Evidence-based, public health model to stop shootings and killings

• Views violence as an epidemic

• Created by Dr. Gary Slutkin

• Launched in West Garfield Park neighborhood of Chicago in 2000

• National and international replication
The Public Health Approach

Stop shootings & killings by:

• Working with people at the highest risk (in this case those most associated with violence)

• Working in those communities that are disproportionately effected

• Using data and research to inform the work
The Cure Violence Model to Reduce Shootings and Killings

- Identification and Detection
- Interruption, Intervention and Risk Reduction
- Change Behaviors and Norms

Data and Monitoring
Multiple Messages Change What is “Normal”

**Interveners**
- Outreach Workers
- Violence Interrupters
- Peers
- Family Members
- Community members
- Faith Leaders
- Law Enforcement
- Champions

**3 Variables**
- Norms
- Risk
- Alternatives

**Behavioral Outcome**
- No Shootings
Critical Elements of the Model

The Right...

- Community
- Participants
- Approach
  - Workers with the Right skills & Right backgrounds
  - Partners
  - Messages and Messengers
- Using data to inform the work and ensure effectiveness
The Right Partners

- Implementing Organizations
- The Community
- Faith Leaders
- Law Enforcement
- Hospitals
- Service Providers
The Right Partners: Implementing Organizations

- Mission supports violence prevention strategies
- Understands public health approach
- Dedicated to the implementation process
- Committed to maintaining model fidelity
- Willing to partner with BCHD
- Able to manage detailed fiscal accounting
The Right Partners: **Community**

- Demonstrated need for intervention
- Organizations, businesses and other partners within the target neighborhood who are supportive of the *Safe Streets Baltimore* mission
- History of collaborative efforts between community groups
- Several residents within the target community who are vocal advocates that shootings within their community are not acceptable
The Right Partners: Faith Leaders

• Unique position to influence thinking and behavior

• Engage members of the faith community to partner on events, shooting responses, etc.

Partnership can include:

• Opening facility as a safe haven

• Preaching nonviolence

• Attending and/or leading a shooting response

• Urging congregants to work to stop shootings and killings
The Right Partners: **Law Enforcement**

- Notification of Shootings
- Quarterly Data
- Participation in Hiring Panels
- Background Checks
- Allows staff to conduct shooting responses and events without interference

Communication only goes one way

**Common Goal = Reduce Violence**
The Right Partners: **Hospitals**

- Partnership allows Interrupter and Outreach Staff to meet with victims and their friends and families
- Increases ability to prevent retaliation

**Common Goal = Commitment to reducing violent trauma recidivism among victims admitted to the hospital for gun shot wounds**
The Right Partners: **Service Providers**

Provide assistance to highest risk:

- Education
- Job Readiness
- Employment
- Substance Abuse
- Mental Health
- Housing
The Right Messages

Broad-based public education campaign to facilitate behavior change and promote nonviolence.

Saturate neighborhood with posters, leaflets, flyers, bumper stickers, T-shirts, buttons, etc., that disparage violence and carry pointed messages about the consequences of shootings and killings.
The Right Participants: Likely to shoot or be shot
Top 5 Reasons for Dying Too Young in Baltimore City

<table>
<thead>
<tr>
<th>Top 5 Causes of Deaths &lt;75 years in Baltimore City</th>
<th>% of All Years of Potential Life Lost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Heart Disease</td>
<td>15.4</td>
</tr>
<tr>
<td>2. Cancer (all Causes)</td>
<td>14.8</td>
</tr>
<tr>
<td>3. Homicide</td>
<td>12.5</td>
</tr>
<tr>
<td>4. HIV/AIDS</td>
<td>7.6</td>
</tr>
<tr>
<td>5. Drug-induced</td>
<td>6.9</td>
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</tbody>
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Baltimore City Homicides

![Chart showing the number of homicides in Baltimore City from 2004 to 2010. The chart includes bars for total homicides and a line showing the percentage of homicides that are in the target group (ages 14-25). The chart also includes a legend indicating the categories: Ages 14-25 Homicides, Total Homicides, and % that are Target Group. The numbers for each year are as follows:

- 2004: 118 homicides, 276 total, 42.8% of total
- 2005: 108 homicides, 269 total, 40.1% of total
- 2006: 121 homicides, 276 total, 43.8% of total
- 2007: 135 homicides, 282 total, 47.9% of total
- 2008: 118 homicides, 234 total, 50.4% of total
- 2009: 98 homicides, 240 total, 40.8% of total
- 2010: 86 homicides, 223 total, 38.6% of total]
Baltimore City Non-Fatal Shootings

Ages 14-25 Shootings
Total Shootings
% that are Target Group
Highest Risk Individuals

At least 4 of the following

1. 14-25 years old
2. Key role in violent street organization
3. Involvement in violent street organization
4. History of violence/crimes vs. persons
5. Weapons carrier
6. Recent victim of a shooting
7. Recently released from prison
The **Right Staff with the Right Skills**

**MUST BE:**

- Able to relate to highest risk
- Credible
- Connected to target community
- Street-smart
- Willing to adhere to the model

**Primary Responsibilities:**

- Identify and detect
- Interrupt
- Redirect
Outreach Workers

- Build rapport and trust with highest risk individuals
- MEDIATE CONFLICTS
- Manage caseload of 20 participants
- Provide support services
- Connect to positive alternatives
- Help highest-risk get on and stay on a positive path
Violence Interrupters

- Have respect of street organizations
- Monitor the “pulse” of the community
- MEDIATE CONFLICTS
- Work to prevent retaliations
- Manage follow-up after resolution of conflicts
- Refer potential participants to Outreach staff
Changing Norms
Changing Norms: Community Outcry
Changing Norms: Shooting Response
Changing Norms: Community Activity
Baltimore City Health Department

Division of Health Promotion & Disease Prevention

Office of Youth Violence Prevention

Operation Safe Kids

Safe Streets Baltimore

Safe Streets East 2007

Safe Streets Cherry Hill 2009

Safe Streets Mondawmin 2012

Safe Streets Park Heights 2013

Dating Matters
Role of BCHD

• Responsible for rigorous vendor and site selection process
• Provide implementation technical assistance to sites
• Intensive monitoring of community-based providers to ensure adherence to the Ceasefire model
• Creation of a citywide public education campaign
• Development of an expansion and sustainability plan for the Safe Streets initiative
Creating the Evidence

Key findings:

**Safe Streets - Cherry Hill** was associated with statistically significant reductions of **56%** in homicide incidents and **34%** in nonfatal shootings.

**Safe Streets - East** did not experience a homicide during the first **23** months of program implementation. After pilot of three sites ended, in the initial post homicides were **53%** lower than would have been expected without the intervention.
Key findings:

Across all sites and border posts - estimates show that the program was associated with 5.4 fewer homicide incidents and 34.6 fewer nonfatal shooting incidents during 112 cumulative months of intervention post observations.

Outreach Workers assisted 52% of program participants settle an average of 2 disputes. 28% of these disputes involved guns and 91% avoided violence. Overall, 80% of participants reported that their lives were “better” since becoming a program participant.
Analyses of program implementation data indicate that the sites with significant reductions in homicide incidents had three times as many conflict mediations per month.
Across all sites and border posts - estimates show that the program was associated with 5.4 fewer homicide incidents and 34.6 fewer nonfatal shooting incidents during 112 cumulative months of intervention post observations.

In similar neighborhoods without Safe Streets, youth are seven times more likely to think it is okay to use a gun to solve a problem.
Cure Violence International Partners

ADAPTATION PARTNERS
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- MEXICO
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- COLOMBIA
- SOUTH AFRICA
- KENYA
- ENGLAND
- IRAQ
- SYRIA
- HONDURAS
- JAMAICA
- PUERTO RICO
- BRAZIL

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