



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

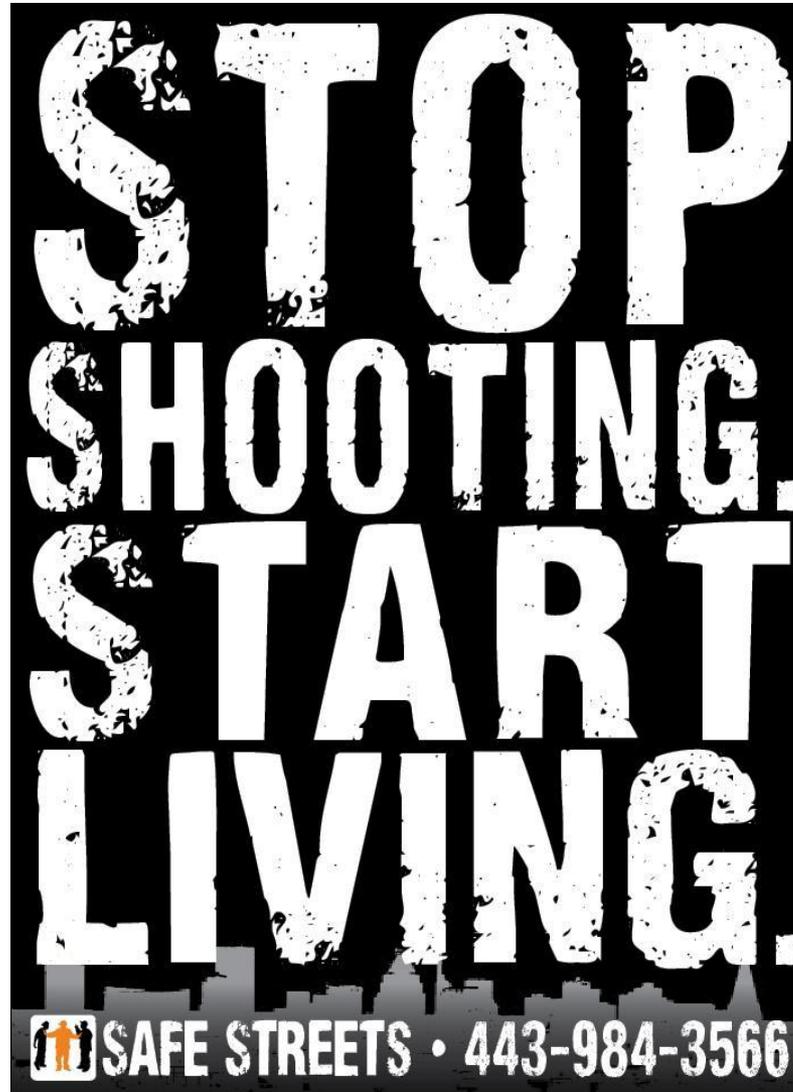
Tywanna Taylor

4th BIENNIAL TRAUMA CONFERENCE

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

October 3rd & 4th, 2013

Safe Streets **Baltimore**



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



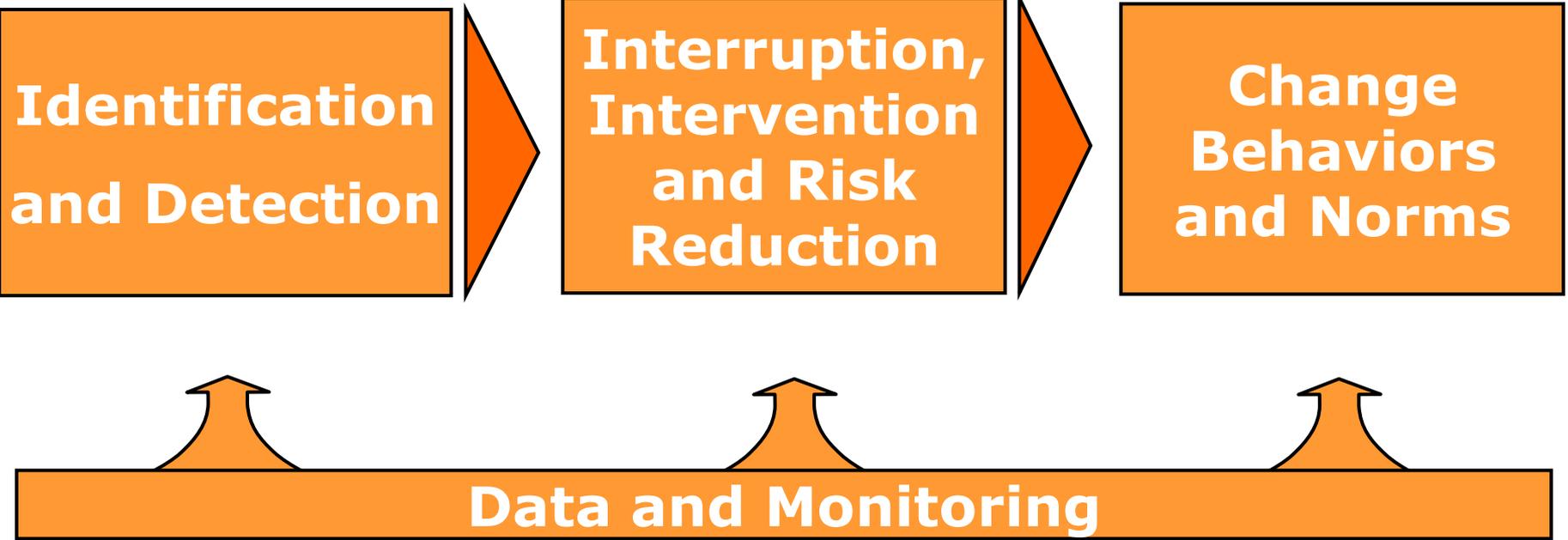
The Public Health Approach

Stop shootings & killings by:

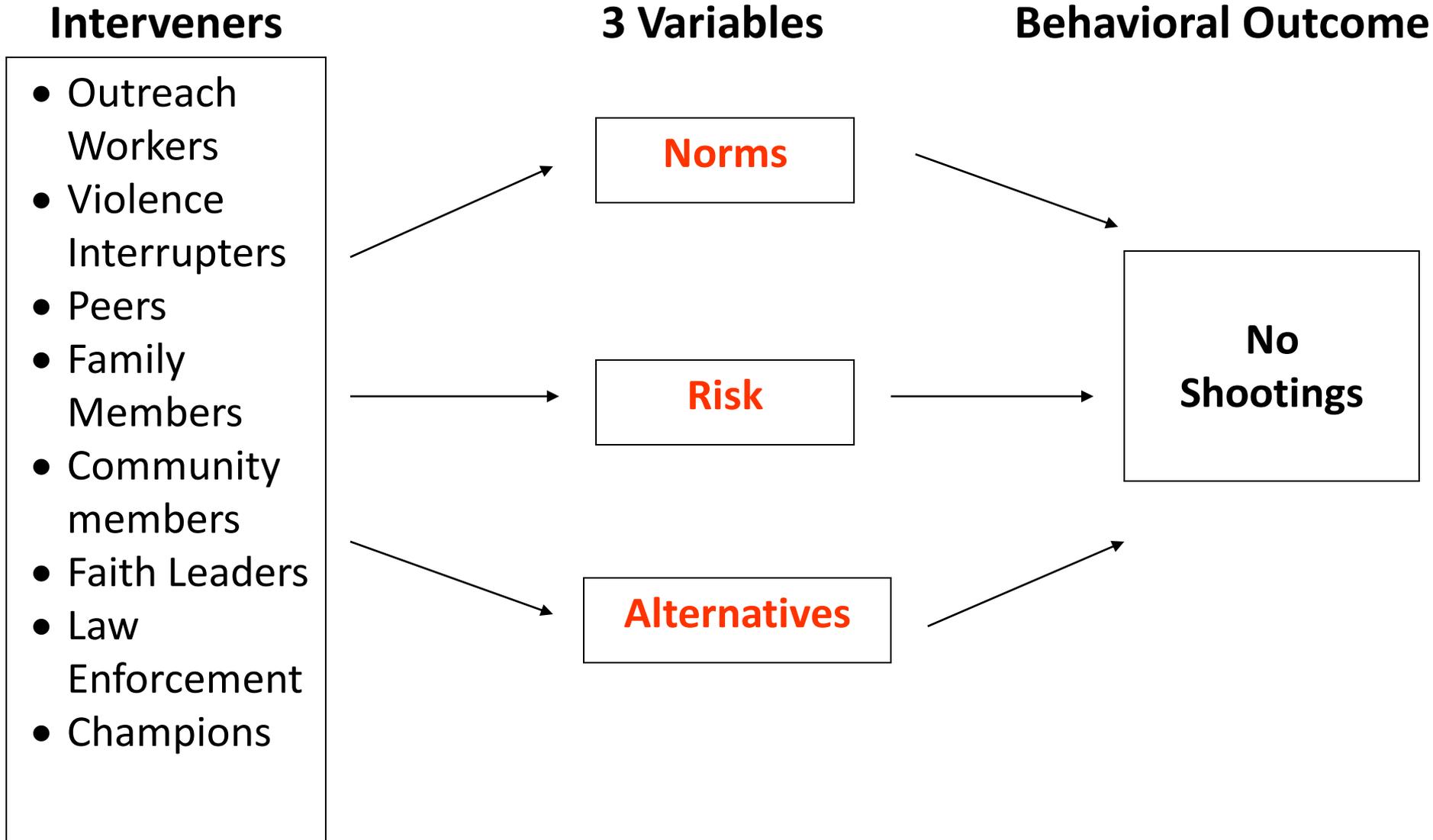
- Working with people at the highest risk (in this case those most associated with violence)
- Working in those communities that are disproportionately effected
- Using data and research to inform the work



The Cure Violence Model to Reduce Shootings and Killings



Multiple Messages Change What is “Normal”



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

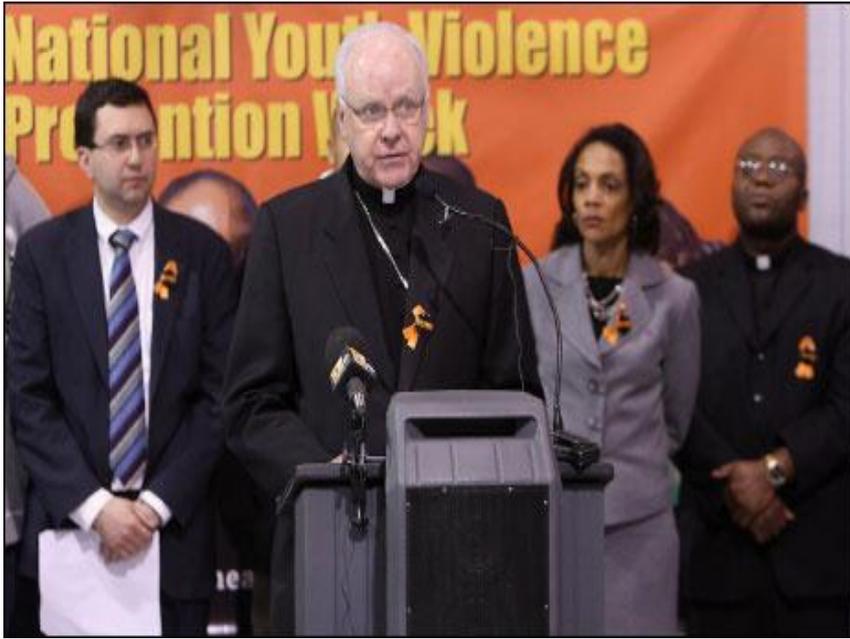


The Right Partners: **Community**



- 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

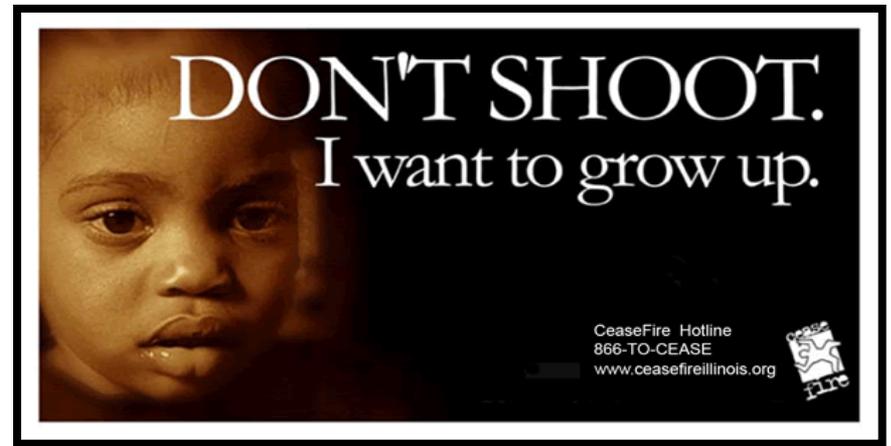
Mental Health

Housing

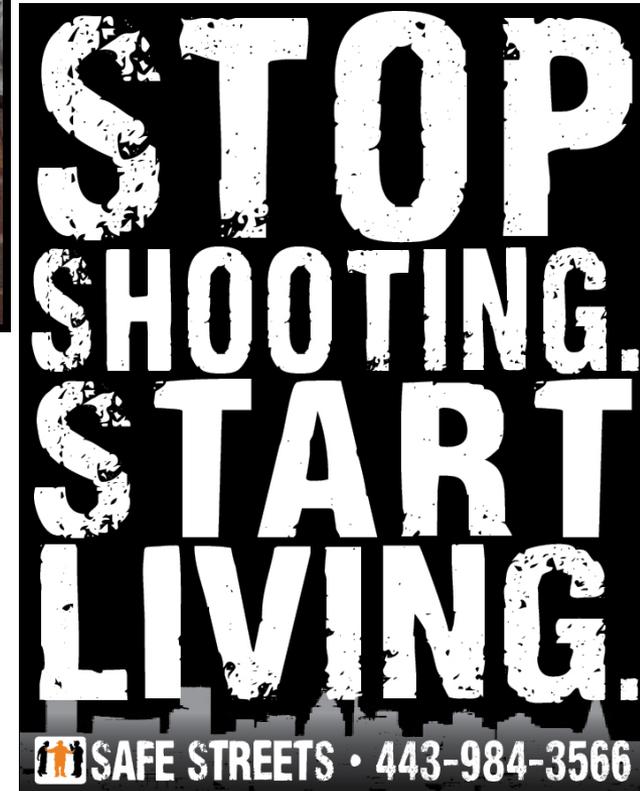


The Right Messages

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.



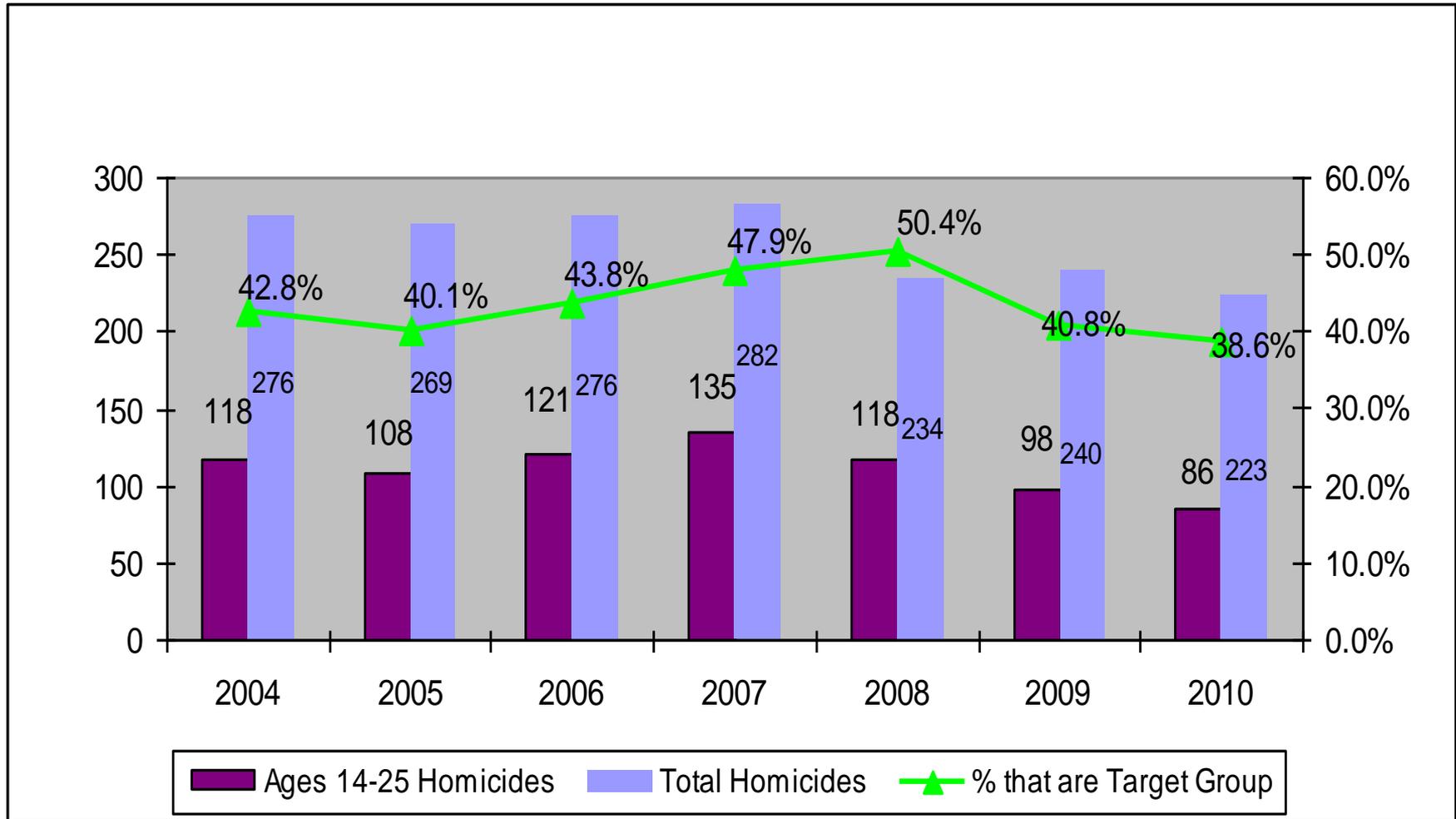
The Right Participants: Likely to shoot or be shot



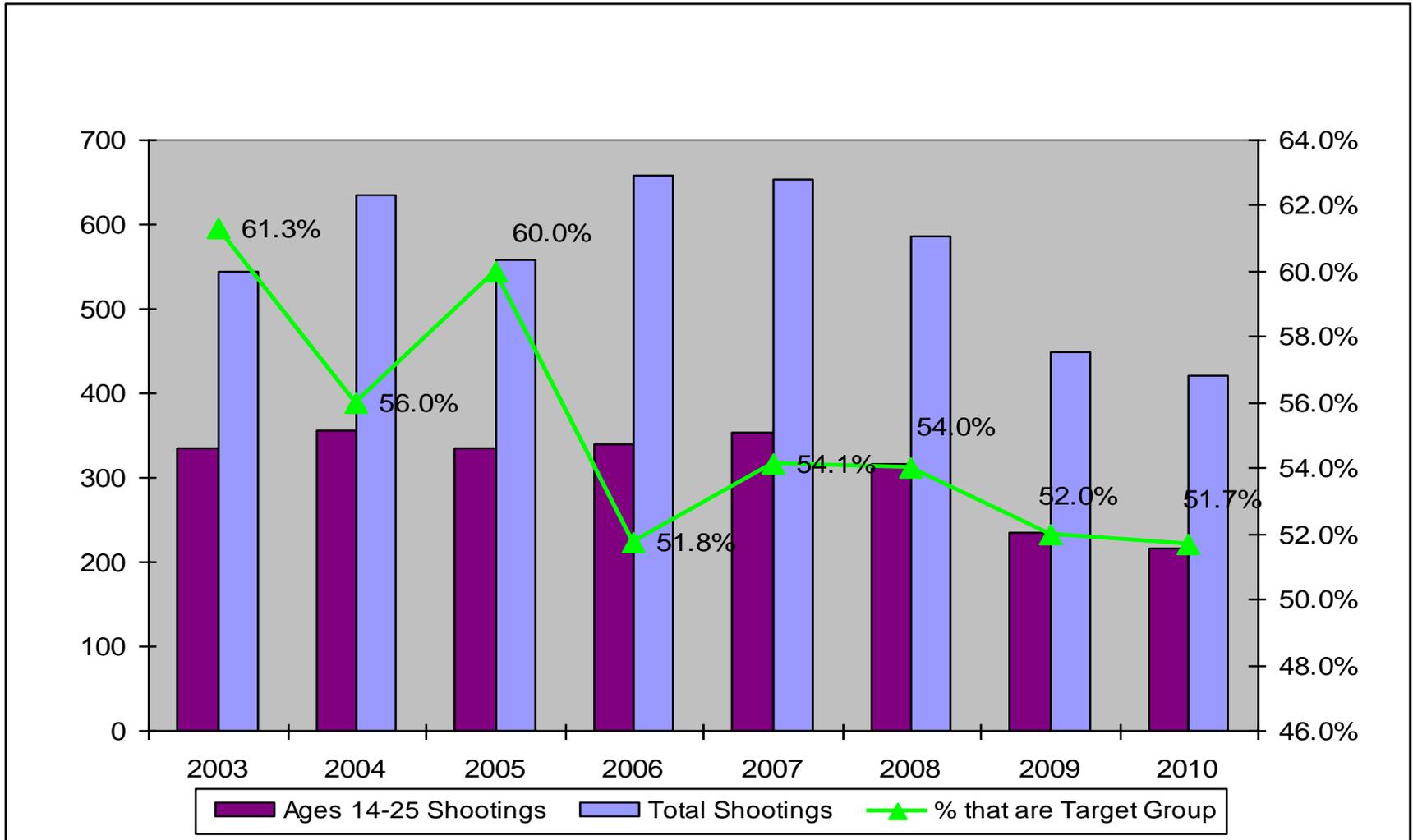
Top 5 Reasons for Dying Too Young in Baltimore City

Top 5 Causes of Deaths <75 years in Baltimore City	
	% of All Years of Potential Life Lost
1. Heart Disease	15.4
2. Cancer (all Causes)	14.8
3. Homicide	12.5
4. HIV/AIDS	7.6
5. Drug-induced	6.9

Baltimore City Homicides



Baltimore City Non-Fatal Shootings



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

Dating Matters

Safe Streets
East
2007

Safe Streets
Cherry Hill
2009

Safe Streets
Mondawmin
2012

Safe Streets
Park Heights
2013

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

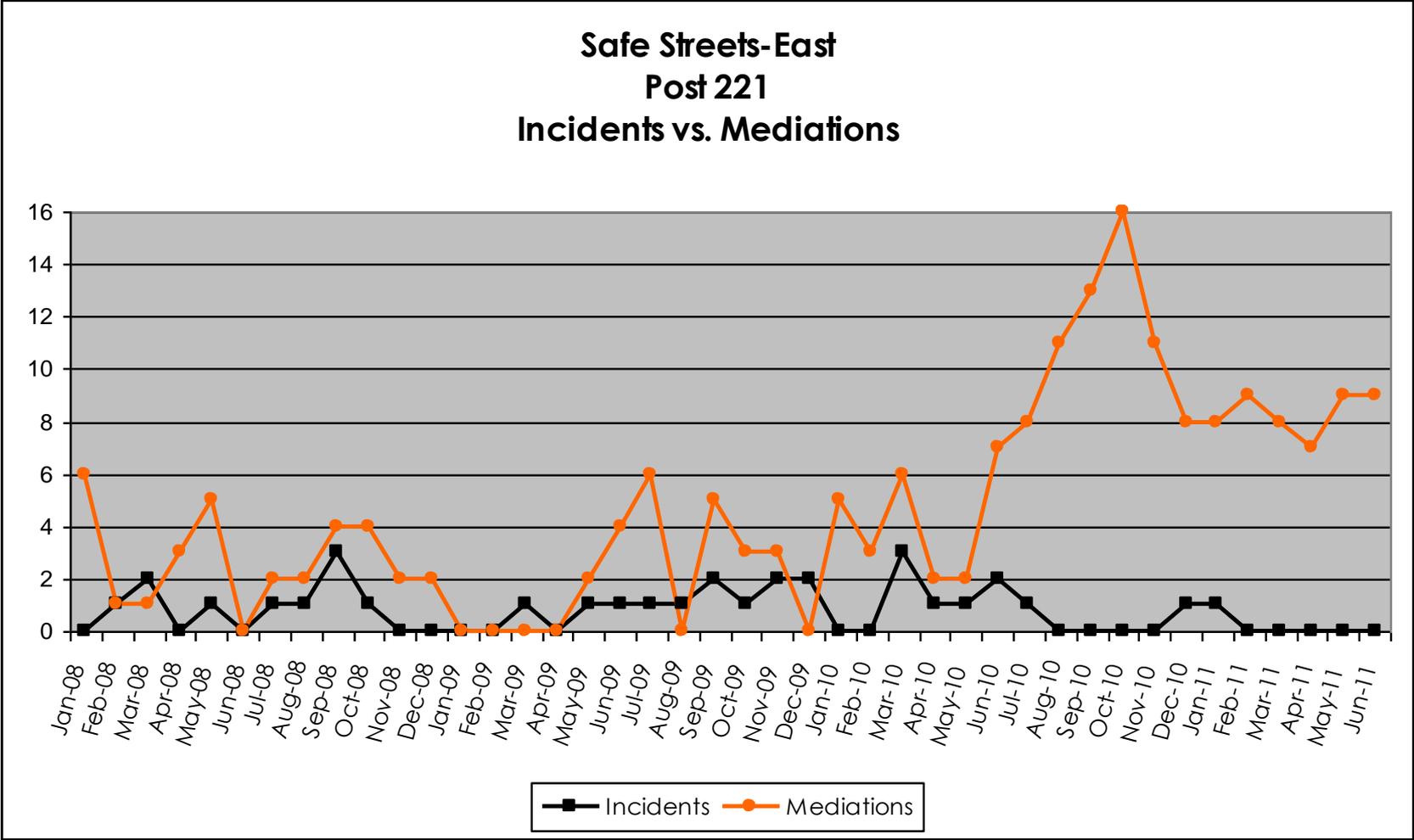
Safe Streets - East did not experience a homicide during the first **23** months of program implementation. After pilot of three sites ended, in the initial post homicides were **53%** lower than would have been expected without the intervention

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

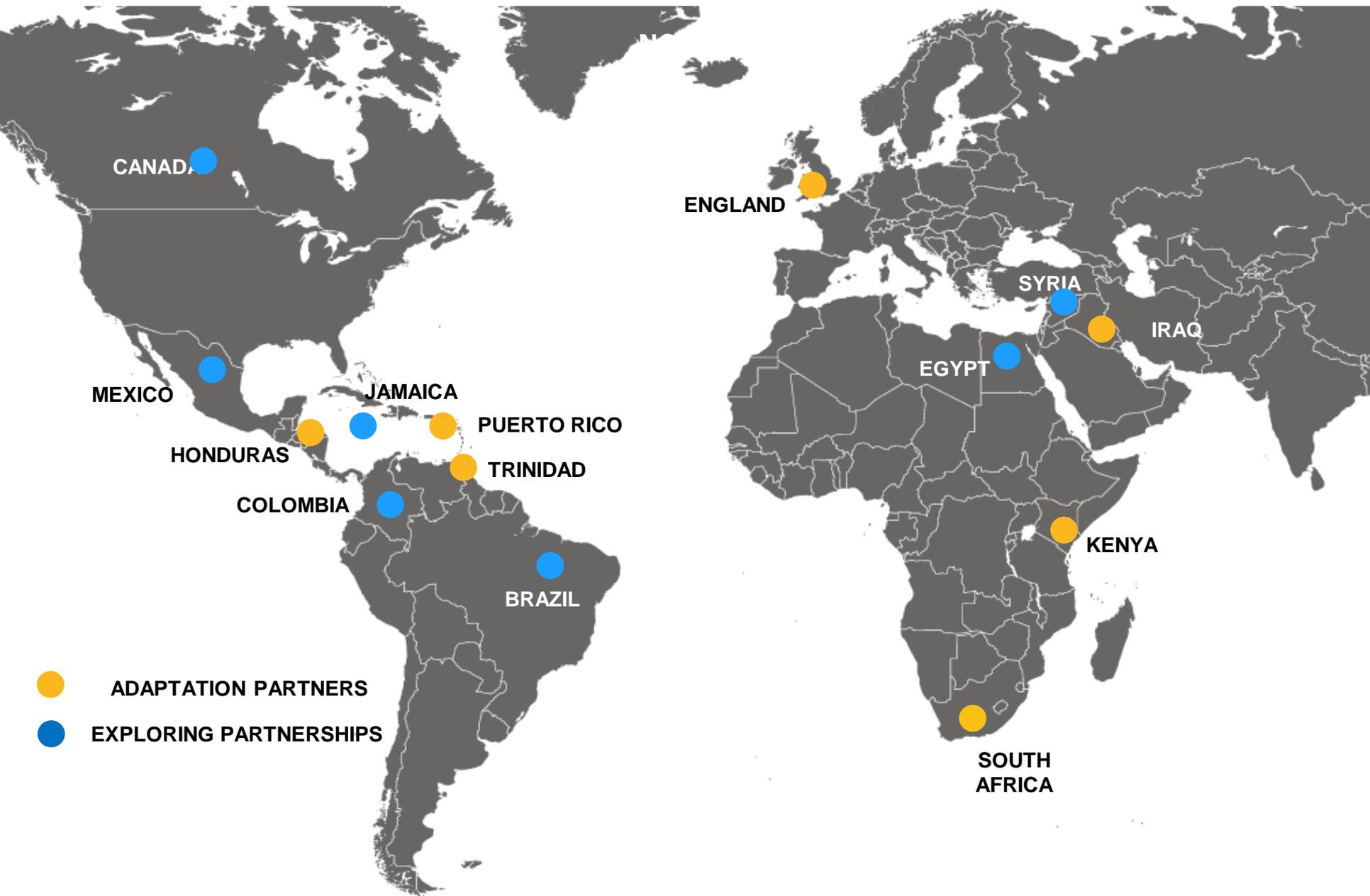
Analyses of program implementation data indicate that the sites with significant reductions in homicide incidents had **three times** as many conflict mediations per month.



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
- EXPLORING PARTNERSHIPS

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