



**Statement of Karl A. Racine
Attorney General for the District of Columbia**

Before

**The Committee on the Judiciary & Public Safety
The Honorable Charles Allen, Chair**

**Public Oversight Roundtable
on**

The District's Summer Public Safety and Crime Prevention Efforts

**September 25, 2018
1:00 pm
Room 500
John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, District of Columbia 20004**

Introduction

Greetings Chairman Allen, Councilmembers, staff, and residents. My name is Karl A. Racine, and I have the honor to serve as the Attorney General for the District of Columbia. I am pleased to appear before you to report on the Office of the Attorney General's (OAG) efforts to address and reduce violent crime this Summer. I am joined today by Seema Gajwani (your constituent), OAG's Special Counsel for Juvenile Justice Reform and Chief of the Restorative Justice and Victim Services Section. The Office of the Attorney General shares the Committee on Judiciary and Public Safety's concerns with the significant increase in homicides experienced in the District this year. OAG is particularly concerned about the District's spike in violence, because violence – and particularly violence concentrated in certain neighborhoods – has substantial negative repercussions for our young people. As the exclusive prosecutor for all juvenile crime in the District, our office interacts with children in the District's abuse-and-neglect system and child support system. Therefore, we have a unique perspective on how violence in our communities affects young people.

Trauma and the Cycle of Violence

Research shows that young people who intersect with the juvenile justice system have faced a disproportionate amount of trauma and adversity in their young lives. This data is very much borne out by the evidence we see every day. For instance, we divert increasing numbers of juvenile offenders to the Department of Human Services' Alternatives to the Court Experience Diversion Program (ACE). In their intake assessment, ACE finds high rates of trauma among the youth. Our juvenile prosecutors see trauma in the court-ordered evaluations of youth charged with more serious crime who are prosecuted. Children in the system regularly exhibit textbook symptoms of trauma: inability to control emotions, unreasonable fear and anger, impulsivity,

poor decision making, self-medication and self-harm. Life in constant fear and trauma can cause these children to live in an eternal state of fight-or-flight response.

Research shows us that much of this trauma is driven by exposure to violence – in person, in their families, and in their communities. When 10-year-old Makiyah Wilson is murdered in random gun violence, the fight-or-flight stress hormone cascades through the bodies of every one of her peers – making it harder for them to feel safe in their homes and neighborhoods, harder for them to concentrate in school, and harder for them to distinguish between real and perceived threats to their personal safety. The Centers for Disease Control has determined that traumatized children experience lifelong negative consequences. They are more likely to struggle in school and drop out, to suffer from substance abuse and mental illness, to experience chronic disease, and, importantly, more likely to engage in crime and violence themselves. Indeed, this summer the CDC published a report highlighting its finding that low-income youth of color are some of the most vulnerable to these trauma impacts.

This is why we are particularly concerned about a 40 percent increase in homicides in the District to date in 2018 over the same period last year. In particular, OAG is concerned that this spike is concentrated in our poorest and most disadvantaged neighborhoods – because we will see the trauma this violence inflicts down the road in the children with whom our office comes in contact.

CURE Violence Model

These tragic realities are precisely why OAG has been advocating for years for proven strategies of violence interruption and prevention, such as CURE Violence. In cities across the country, neighborhoods using the CURE Violence model saw 20-60 percent reductions in shootings and killings compared to control areas.

This model adapts methods that public-health professionals use to stop epidemics and treat violence as a disease that can be interrupted, treated, and prevented from spreading. The strategy involves: 1) interrupting violence, 2) identifying and treating those at highest risk for committing violent crime, and 3) changing community norms around the normalization of violence.

OAG Violence Interruption Pilot: Cure the Streets (CTS)

Shortly after a tragic Memorial Day weekend this year, with 13 people shot, four fatally, in 11 separate incidents, the Council appropriated \$360,000 to OAG to set up violence intervention and prevention work in two sites in the city with the highest rates of shootings and homicides. We contracted with CURE Violence, an international organization, for technical assistance in setting the program up. The catch was that the funds expire at the end of the 2018 fiscal year, September 30th. OAG saw this as an opportunity to launch a micro pilot program in a few of our more challenging neighborhoods and have local staff fully trained to implement this proven violence reduction strategy. We have achieved that goal.

Most jurisdictions launching violence-interruption programs using this rigorous methodology spend six months preparing for launch; our launch timeline was much shorter. Nonetheless, we were able to build and launch a version of this model tailored specifically for the District within less than three months. It is called Cure the Streets. Let me briefly recap how the implementation has taken place:

Within 1 week (Monday June 4th) of the Council's commitment, OAG brought national experts from CURE Violence to the District for a three-day assessment. The experts made several presentations to stakeholders and the public, including a town hall at Rev. Willie Wilson's church attended by more than 100 people. They met with advocates, community

leaders, and Council staff to gain information about the District's suitability for the model. They discussed crime statistics and data with the Criminal Justice Coordinating Council (CJCC). And they did night walk-throughs of several District neighborhoods.

Within 4 weeks, OAG identified internal temporary funds to launch the program until supplementary budget funds were approved, and devised the mechanism needed to transfer funds to a local community organization to host the two violence reduction and prevention sites. In that time, OAG also identified two neighborhoods in the District with the most chronic and sustained rates of shootings and homicides, using CJCC data from the last 3-5 years, intelligence on the ground, and in collaboration with the Mayor's Office of Neighborhood Safety and Engagement (ONSE). One site surrounds Trenton and Waller Place SE in Ward 8, within the Congress Heights and Washington Highlands areas. The second site surrounds 18th and M Streets NE in the Trinidad neighborhood in Ward 5.

Within 6 weeks, OAG reviewed applications from local community organizations best suited to implement this model at the two chosen sites. OAG hired an outside consultant with significant expertise in government, nonprofit administration, and philanthropy to oversee and assist in setting criteria, evaluating eligibility, and selecting the community-based organizations for the work.

In that time OAG also assembled hiring panels including CURE Violence experts, community members, community-based organizations, and OAG officials to interview and vet local residents to perform the violence prevention work in the identified target neighborhoods. Thank you to the Mayor's ONSE Office for generously allowing us to hold interviews in their building.

On July 27th, OAG executed an agreement with the National Association for the Advancement of Returning Citizens (NAARC), a District-based nonprofit organization working to support returning citizens, to host and implement the program. NAARC is a trusted organization in the community, and already has been engaged in public-health approaches to violence intervention and reduction through a contract with AmeriHealth.

By August 6th, 21 vetted District residents and community members from the target neighborhoods began working for NAARC to implement Cure the Streets. The following week, the CURE Violence experts returned to the District to begin rigorous training of the staff and their supervisors. They delivered 40 hours of training for our 10 violence interrupters and 8 outreach workers, including rigorous data collection and entry training, night walk-throughs, engagement simulations, daily debriefs, identification of (and intervention with) high-risk target individuals, and training on proper self-care for the workers (who themselves have often been exposed to violence). The experts returned two weeks later to provide 20 hours of training in supervision to the management staff.

Cure the Streets Successes So Far

One of the CURE Violence national trainers, with a decade of experience in training, told me that our Cure the Streets violence interrupters and outreach workers were an extraordinary group of individuals. They are credible, dedicated, spirited, and most importantly, they are passionate about keeping their neighborhoods and communities safe. The group has developed their name, logo, and a public education campaign to change community norms around violence. In accordance with the model, they have held numerous events to introduce themselves to the target communities. They canvass streets and develop relationships with residents, while distributing educational materials. They have met with the local schools and businesses to

explain their work and mission and solicit support. Early data from Cure the Streets shows a team hard at work following a proven model:

- The staff have had 300 contacts with community members in target neighborhoods;
- They have held 9 events to introduce themselves to the communities;
- They have identified 16 high-risk individuals, with nine of them actively engaged in case management by outreach workers;
- They have conducted 6 shooting responses in Ward 8 and 1 shooting response in Ward 5.
- Violence interrupters have facilitated 10 mediations (six in Ward 8 and four in Ward 5) to defuse potentially violent situations.

The Cure Violence national experts tell us that we should expect to see reductions in violence within the first year of implementation. Anecdotal evidence seems promising. There have been several instances in which violence interrupters have de-escalated situations that could have become violent. Some of these averted potentially fatal incidents. One such incident took place within 15 minutes of a non-fatal shooting, when interrupters responded to the scene, spoke to the people involved and negotiated a truce that held until a mediation was held that weekend. The mediation resolved the conflict between the warring parties. In another incident, an individual called a violence interrupter because he had a credible fear of being killed imminently. The violence interrupters took that individual out of the community for two days while they negotiated with the potential perpetrator and quelled falsehoods that were fueling the conflict.

Notwithstanding implementation of Cure Violence, there have been shootings in one of our target neighborhoods. And while the CTS workers are familiar with those communities, they

don't always know the individuals involved. This lack of familiarity will decrease over time, as the violence interrupters and outreach workers develop more and deeper relationships with community members. These relationships help increase the chances that workers will be called before violence occurs, or immediately after violence occurs in a bid to prevent retaliation. What is clear is that the work being done must continue, in order to reduce violent crime and to test if the Cure Violence model produces the outcomes we expect over the course of a year. Because the Council funds expire on September 30th, OAG has prioritized this work over other projects and identified additional funds in order to keep the Cure the Streets sites operating for an additional four months through the end of January. To fund the remaining eight months, I and others are actively seeking to identify additional funding sources and welcome any and all partnerships with the Executive and Council. Respectfully, it is OAG's view that this micropilot should continue for the entirety of FY2019 so that we can assess whether further investment is warranted.

Cure the Streets and Collaboration with Public Safety Partners

To be clear, any public health approach to violence reduction must operate in conjunction with law enforcement. Law enforcement plays a crucial role in curbing violence, but police cannot solve this problem without assistance from communities. Public health models that employ credible members of communities to prevent and mediate conflict help law enforcement reduce homicides and help build public trust. Each makes the other stronger. Moving forward, an increased and sustained investment in a public health approach to violence prevention in addition to traditional policing is required to get in front of the trends in serious violence.

The city's investments in the ONSE program and Cure the Streets are good first steps, and form the basis for a thoughtful strategic vision for a comprehensive public health approach

to violence reduction. The two strategies are complementary and symbiotic. The CURE Violence model is a targeted, resource-intensive intervention for areas with the most pervasive and chronic violent crime. It uses rigorous methodologies that are hyper-targeted in the most dangerous small geographic regions. But violent crime happens across the city, and the ONSE Office violence intervention work intervenes citywide, in locations where interventions are needed more sporadically. We thank Kevin Donahue, the Deputy Mayor for Public Safety, Del McFadden, and the ONSE Office for their frequent communication and collaboration. We are also greatly appreciative of the support of Chief Newsham and the Metropolitan Police Department. Chief Newsham has been extremely responsive. His top leadership has met with the Cure the Streets team and invited them to attend regular patrol roll calls to build the relationship between law enforcement and Cure the Streets workers on the ground.

OAG would like to extend a special thank you to the Greater Washington Community Foundation, who assembled an all-star group of local funders, all of whom are deeply committed to uplifting District residents and supporting our most vulnerable members. Several local philanthropic groups came together to foot the bill to pay the national technical assistance provider so that all District taxpayer funds for this effort went through OAG directly to the community – to community-based organizations to hire local residents deeply affected by violence and committed to its end.

Conclusion

In conclusion, violence is not inevitable. Many large cities in the United States and around the world have been able to significantly decrease violent crime, even while struggling with income inequality and unemployment. The District can get there. To get to the root causes

of serious violence and prevent it requires a dedicated, sustained investment. It's an investment in peace and an investment in our children and their futures.