Community Safety Unit
2023 Report

DC PEACE TEAM

Lighting up Human Dignity
Table of Contents

2023 Highlights 4
Quantitative Description 5
Qualitative Description 5-10
  Stories of Empathy Connections 5-7
  Stories of De-Escalations 7-8
  Connecting People to Resources 8-9
  Individuals Transforming 9-10
Our Mission

We cultivate the habits and skills of nonviolence in our communities, so we can better resist injustice, and thus, build a more sustainable just peace. The DC Peace Team lives this mission by deploying unarmed civilian protection units, providing training in key nonviolent skills, facilitating restorative processes, and advocating for changes.

Our Vision

We envision a society committed to sustainable peace and justice.
2023 Highlights

2,114 Empathy Connections in 2023. An empathy connection is an in-depth conversation between a DCPT member and a community member.

“J” has been sober for 9 months.

“L” got a part-time job at a nearby fitness center.

“A” entered de-tox and rehab.

“H” got an apartment.
Objectives of the Community Safety Unit (CSU) Project

Generally, the purpose of the CSU project is to offer alternative community protection mechanisms in light of existing tensions and potential for ongoing conflict. More specifically the objectives include:

1. Improve community relations and imagination around public safety
2. Prevent violence and destructive conflict through nonviolent responses
3. Offer a channel to enhance access to needed resources for those in the Plaza and contribute to the Plaza becoming a more accessible and enjoyable place for all community members

Quantitative Description (Aug. 2021-Dec. 2023)

*De-escalations: 219* (including 6 knife incidents) (74 in 2023)
*Empathy Connections: 3,531* (began reporting in May 2022) (2,114 in 2023)
*Interventions to prevent arrests or de-escalate police/security guards: 18* (3 in 2023)
*All time CSU team members: 27* (14 Spanish speakers)
*Active CSU team members: 18* (5 Spanish speakers)
*Number of hours deployed: 1,873* (865 in 2023)

Qualitative Description

*Sample Stories of Empathy Connections*

X broke down in tears describing the pain in his legs from knife wounds. These occurred when he was hanging with a few guys in an apartment and was suddenly attacked as part of a gang initiation that he didn’t know was occurring.

X says he regrets ‘falling into his vices.’ X was extremely emotional and it got to the point of him sobbing while telling a DCPT member about how he has fallen into addiction. He also said he has 10 children who live here, but he is on the streets because of his addictions and a DCPT member believes he does not have contact with his children. Y was also crying with him and saying how much he relates to him. How events in life triggered their addictions and how hard it has been for them.”

DCPT supported X who asked to be taken to a rehab program to detox and address his alcohol dependency. He was very lucid. He shared stories of being called derogatory names and rough treatment at the RAP (Regional Addiction Prevention) hospital and shared being worried that he would encounter similar treatment again.
A man who was disheveled appeared like he may have spent the night on the streets. He was very low on energy. When a DCPT member inquired if he was hungry, he confirmed that he was. A DCPT member purchased a pastry from a vendor and offered it to the man who while receiving it, with tears in his eyes expressed in words and gestured his deep thanks.

X shared that his only daughter was murdered in El Salvador and that he was still extorted to pay thousands of dollars. He was obviously distraught recounting this story. He has been in the US.

A DCPT member accompanied X and Y to RAP (Regional Addiction Prevention) via an Uber that Sara from District Bridges ordered.

X requested an ambulance but was perturbed that the EMTs didn’t carry him away on a stretch right away, but rather tested his vitals and had to wait for another ambulance. DCPT chatted with the two EMTs, Joe and Antonio, about their experience. They are familiar with X from several years of responding to ambulance calls for him. DCPT asked Antonio what percentage of their day-to-day work are calls like this and they said 95%. Both Joe and Antonio were empathetic to the situation and the people and expressed disappointment that there aren’t sufficient services to assist people like X who have drinking/substance issues and keep cycling through the emergency room system.

X was hanging around a bunch of guys who were drinking and possibly smoking weed on the Tivoli steps. DCPT eventually approached him and asked how he was doing. DCPT tried to be encouraging but he seemed very low, saying, “How am I supposed to go to school or work if I haven’t bathed in 10 days, and I have nowhere to sleep?” DCPT expressed that he has a lot of potential and DCPT doesn’t want to see him lose hope for bettering his situation. DCPT expressed that Sara, Will, and DCPT all want to see him doing better and care about him.

X shared his shame that his parents brought him here from El Salvador when he was 15 to have a better life and he feels he hasn’t done that for himself. They both passed away, perhaps several years ago. Spoke with X at length and had a pleasant conversation while he waited for DCPT to bring the document to sign. He was brought to this country by his parents when he was a minor, then kicked out of his house by his father at age 18. He fell into drugs and was homeless for many years. He eventually got an apartment but would still spend time with friends from the streets because that was the company he knew. He quit drugs and gradually decreased his heavy alcohol use. He is proud that he never had any real run-ins with the law and has steady employment as a contractor (demo, painting, bathrooms, etc.). It sounds like God and religion is what helped him turn his life around. He knows many of the people who frequent the Plaza, has known them for years.
X was in tears. X is concerned about not having an apartment.

X expressed feelings of depression and wanting to go back home to El Salvador, however, her mother has told her not to. She looked better overall (more healthy/less thin) but was still intoxicated and not in great shape.

**Examples of de-escalation:**

A resident X was brandishing a knife toward another resident Y. A DCPT member slowly approached and held up their hands and said repeatedly in Spanish “It’s not worth it.” This distracted one of the parties. Then X and Y continued yelling at each other and from time to time X with the knife would approach and brandish it and DCPT member would try the same tactic of approaching with their hands up and saying “It’s not worth it.” DCPT member convinced Y and another resident who was escalating the situation to cross to the Plaza side with the DCPT member and this effectively de-escalated the conflict.

DCPT saw X shove Y hard onto the ground. He was angry and defensive and kept calling her names and wanted to go after her. DCPT physically blocked him a couple of times. After he saw Y break a bottle, X began striding over to her to fight again, and DCPT was able to distract him. DCPT made enough space for his friend Z to talk him down a couple of times.

X (security guard at the X Building) was trying to get a man to get up off the ground and was yanking his blanket from him. DCPT member crossed the street. DCPT spoke with the man to see if he could get up and asked if he wanted to walk back to the plaza side; he said yes. This man had staples/stitches in his scalp, a problem with his left eye... and seemed out of sorts and in distress. Other men standing by looked concerned but did not step in... Eventually, DCPT walked the man back to the plaza side, where he sat down leaning back against a tree.

Someone who referred to himself as X got upset and was yelling at and attempting to hit a couple of men in a group seated on the Tivoli Building steps, accusing them of having stolen a very expensive bottle of liquor. DCPT interpositioned and discouraged him from hitting them while also acknowledging that what had happened was unfair. He backed off, returned again, and started yelling again, but then backed off a second time. DCPT stepped away and was able to talk to him briefly. DCPT stayed close by, under the trees at the opposite edge of the sidewalk from the steps, to keep an eye on the situation and discourage another escalation.

A male security guard (“B”) of Tivoli wanted X (who uses a walker) to move away from the steps. A verbal altercation ensued. B pulled his cuffs out to detain X. A DCPT member
maintained at least 6 feet distance from them and asked X to walk away from the steps. Spoke with X for more than 15 minutes to calm her down. A man who was intoxicated and demanding food from a vendor. DCPT asked him to step to the side and talk to them for a bit; he calmed down, but returned to the same vendor after a few minutes and DCPT had to intervene again. Eventually, he left the Plaza.

DCPT noticed a fight breaking out and attempted to interposition and separate two individuals (brothers, possibly twins) who were fighting with another individual (punching, pushing, kicking). X stepped in and also was attempting to separate the individuals and deter them from fighting. X managed to move the two brothers across the street (south down 14th Street), and the other individual, believed to be unhoused, sat down on the stone bench next to Y. The moment passed but it was significant and disruptive.

**Direct instances of connecting folks with community resources:**

DCPT talked with X who said he had been punched in his right eye last Sunday on 14th Street. He said he could not see out of his eye and he was having a lot of pain. After discussing various options, he agreed to go to the Upper Cardozo Health Center two blocks away. DCPT accompanied him there, but by the time we got there, they were not accepting any more walk-ins. DCPT agreed to accompany him there tomorrow morning, meeting him at 10 am at the plaza.

X was connected to Miriam’s Kitchen for housing assistance.

X saw a DCPT member at the compost area and said he was looking for a job opportunity. DCPT connected him with a worker and texted him the email to contact him with a QR code.

A man, from El Salvador on Temporary Protected Status, in his 40s doesn’t have a valid ID card from Washington, DC. He has been working in the restaurant and construction industries for many years. DCPT will try to see whether DCPT can take him to a DMV center sometime this month.

Spoke with X and gave info about applying for Food Stamps (she learned you can use these at the market).

X was very drunk, and he requested to go to Howard for detox. Y was present and helped to translate for X. DCPT contacted CRT and was advised to dial 911, and did so. X went with an ambulance to a detox facility.
X expressed that he wanted a program to stop drinking. DCPT mentioned the program at La Clinica but he wanted to go to something now. DCPT suggested we could call the ambulance and ask them to take him to RAP, to which he agreed to and so DCPT did.

X was helped to get his passport.

A new restaurant will open in December. They are hiring. So DCPT shared the information with some Plaza folks. DCPT introduced a couple of people to a hiring manager.

A couple of folks from Miriam’s Kitchen were present. Some Plaza folks got their photos taken. They will be issued DC One Card identification cards.

Encouraged a couple of guys to go to the shelter on Sherman Avenue. There was nobody at the Plaza by 7 pm. More than 10 men were in line at the shelter around 7 pm. They all had some winter gear to keep them warm.

DCPT member showed X which DC websites to use to apply for unemployment benefits and SNAP.

**Individuals Transforming:**

“A” explained that he got a chef job and his eye is all healed after a couple weeks ago he almost got into a fight and was quite drunk.

“B” was gone for about 2-3 weeks in de-tox, reconnected with her local siblings.

“C” was drunk and laid out multiple weekends in August 2021; cleaned up and sober multiple weekends after that; haven’t seen him in the plaza for a month.

“D” got a regular job and continues to stop by and help others

At least 4 people entered a 28 day treatment program at Federal City, one recently graduated and in an outpatient program via our on the ground partner District Bridges.

“E” shared with me that he feels blessed that he has housing after a period of living on the streets.

“F” was admitted for detox.

“G” is in the process of getting an apartment.
“H” has a follow-up medical appointment this Wednesday at Washington Hospital Center.

“I” has been staying sober. DCPT saw him in front of the Giant store. He didn’t want to spend time at the Plaza because he was afraid of getting intoxicated.

“J” is planning to go to a 28-day detox program in the state of MD. She wants to move away from DC area.

“K” got a part-time job at the fitness center near the Plaza.

“L” wants to turn his life around. He has been staying away from alcohol for 14 days. DCPT member showed him the details of the Culinary Job Training program in DC. X is excited about it. A DCPT member promised M support in the application process should M decide to apply.