De-Escalation & Intervention: Qualitative and Quantitative Description

De-escalations: **145** (including 5 knife incidents)

Empathy Connections: **1,417** (began reporting in May 2022)

Interventions to prevent arrests or de-escalate police/security guards: **15**

Number of CSU team members: **18** (5 Spanish speakers)

Number of hours deployed: **1,008.5**

Objectives of the DC Peace Team (DCPT) 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

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Qualitative Description

**Sample 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 DCPT 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 DCPT 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 (DCPT believes he saw her body) and that he was still extorted to pay thousands of dollars. He was obviously distraught recounting this story. He has been in the US and lived in Lancaster, southern California. DCPT asked if he was interested in getting help stopping drinking but he declined.”

A DCPT member accompanied “X” and “Y” to RAP (Regional Addiction Prevention) via an Uber that Sara from District Bridges ordered. They had a difficult, dehumanizing experience there.

“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% (an even higher number than DCPT expected). 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.”

“DCPT witnessed a woman angrily yelling/scolding at someone who appeared to be her adult son for several minutes. It seemed she was expressing concern and frustration and he was brushing her off. The interaction was not violent (with the exception of a parting smack as the woman left). DCPT approached her and learned her name, X, and that her son, Y, is living on the streets and has alcoholism. He started drinking at age 16, when he was in this country, though he was not born here. He is 52 and has 6 kids but they don’t want to have anything to do with him; they tell her that she should not put up with his abuse anymore and she feels she can’t in good conscience allow him near her other children’s families (she looks after some of the
grandkids). She said he blames everyone else and doesn’t take any responsibility for his actions. She mentioned he lost a foot to hypothermia. DCPT connected her with Will, from District Bridges. When DCPT spoke to Y later on, he said he knew Sara, from District Bridges and Al, from Miriam’s Kitchen but later discovered neither had a record of him. Y wants an apartment, especially because of his disability (he walks with a walker or cane, so DCPT wonders if maybe he lost some toes or mobility in his foot, and not the actual foot) but doesn’t want to be “asked all these questions” in order to get one; he feels if he qualifies, he should get one and it should be as straightforward as that.”

“X and Y expressed interest in going to RAP, but ultimately X left by the time DCPT was able to leave the Plaza and escort them to RAP in an Uber/Lyft. Y wouldn’t exit the Lyft and lay down on the road. RAP refused to take him because he had soiled himself, but they helped DCPT make sure he was safe from road traffic while FEMS arrived. FEMS was annoyed and expressed frustration that RAP finds any/every reason to not accept someone.”

“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.”

“Another person who DCPT thinks is a trans woman was visibly upset, crying, and sobbing about X’s passing. DCPT empathized with her and explained there are many who cared about them. DCPT offered her a napkin and some water.”

“At the beginning of DCPT shift, a FF customer approached and said, “Thank you, DC Peace Team” and expressed that things had gotten much better since DCPT started coming to the Plaza.”

**Examples of de-escalation:**

A resident “x” was brandishing a knife towards 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 for a bit. 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 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. Things that worked: physically blocking him with our bodies, pulling him back by his shoulder, distracting him, talking with him about using respectful language because respect is important to him personally.”

“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 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.”

“The guard pulled out his baton stick not using any noticeable de-escalation other than ignoring him and then telling him to back off. He also soon called for backup. DCPT walked closer for visibility. As X turned DCPT would wave him over and DCPT got his attention. He wandered a bit and then started talking to DCPT ...DCPT tried to keep him distracted and he shared about recent injuries including a broken nose which was also visible. He turned back to the police since he wasn’t happy with how they were treating him. A second officer had shown up also just telling him to back off...DCPT asked if he wanted some water. He said yes and he wanted to report the police. So we looked up the number for him and asked him to walk to the plaza with us to try and call, and so we could create more space between the parties. He agreed. We got him to sit down looking away from the Trivoli building. The number wasn’t working on the weekends so we wrote it down for him and engaged in small talk for a while...We eventually took him to the local CVS to get his Ibuprofen. He was very grateful and we departed with hugs.”

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 had earlier seen someone else walking off with a very large bottle half-concealed under his jacket.) 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. He grew upset at DCPT twice and yelled at DCPT to get away from him. DCPT stepped away and was able to
talk to him briefly (DCPT told him their name & he told them his nickname). 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.

DCPT chatting with someone at a tent. They heard a loud sound. They moved quickly towards the trees in front of the T-mobile store. “X” was angry. She lifted her T-shirt up to show DCPT multiple cuts (from previous violent interactions) on her body caused by another resident, “Y”. “X” was angry because “Y” had been harassing “Z”. “Y” started walking away after seeing the DCPT member. After “Y” left, the DCPT member walked with “X” and “Z” to the benches across Park road and offered some food and water.

“Soon after DCPT arrived, DCPT witnessed two security guards drag X out of the Pollo Campero. At least one patron saw DCPT assisting him to stand up after they left him on the floor outside and said it was not right what the guards had done; it was inhumane. After that, a woman bought X food from Pollo Campero and he sat at a table inside the Pollo Campero to eat. The security must have asked him to leave because the woman exited with X and went to the outside tables. After the woman who bought the food left, security took X’s food and moved it to the planter. DCPT asked why he couldn’t sit at the tables if someone had bought the food for him. I encouraged him to move over to the planter so he could finish his food.”

“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.”

“X had hit Y in the face with a beer can earlier. DCPT saw X forcibly pulling/dragging a disoriented Y away and her resisting. DCPT went to them and encouraged X to release her. He did and said to keep an eye on her, then left.”

“Spent roughly 2 hours with X to prevent a verbal/physical fight. He had crack cocaine and vodka around 9:30 am. DCPT brought a speaker out and played some of his favorite songs for
more than an hour to keep him away from the market. He enjoyed listening to the music and thanked me for helping him stay out of trouble. He calmed down around 12:30 pm.”

**Connecting folks with community resources:**

“DCPT also talked with some local business owners who experience challenges when people from the plaza come into their stores and ask customers for money, it drives away business and they need to earn a living and keep their stores safe, and they tend to see calling the police as their only option even if they prefer not to. She talked with them about contacting DCPT team members as a non-police alternative when that happens.”

“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 (they close at 9 pm M-F). 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. We 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, although the EMTs were not able to share which facility he’d be going to.

“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. However, when the
EMS arrived, he complained of chest pain, so the EMS said they were obligated to take him to the hospital first. They checked his vitals and said he was likely dehydrated. They explained after he was checked out he could be taken to RAP but also explained that they were being extremely restrictive in who they were admitting to RAP, because RAP said they did not have staff to assist people needing any kind of ambulatory assistance or medical attention.

“X” was helped to get his passport.

“X was on the floor near the Tivoli corner. He was unable to get himself up. His condition deteriorated further. Ambulance folks stayed for half-an-hour to take him to a hospital. He refused to go at first. Ambulance folks came again an hour later. DCPT convinced him to go to a hospital. He was taken to Washington Hospital Center.”

“Spoke with a few more individuals and 2 expressed interest in Rehab. DCPT provided one with several referrals by texting the numbers for PIW, Neighbors Consejo, ARC, and la Clinica del Pueblo to his sister’s number. He expressed readiness to go to detox; he wants a program that is strict and does testing, to feel held accountable.”

“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.”

“Thanksgiving meals distribution event, organized by District Bridges, took place from 2 to 4. DCPT encouraged Plaza folks to go to the table and get some food.”

“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.”

**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” coordinated with Sara for them to meet tomorrow to discuss obtaining housing; provided him with Al's number and Sara's number.

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

“G” was admitted for detox.

“H” is in the process of getting an apartment.

“I” has a follow-up medical appointment this Wednesday at Washington Hospital Center.

“J” has been staying sober. DCP 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.

**Crime Data**

Crime data for the Columbia Heights Plaza Area (defined as area between Irving St NW, Hiatt PI NW, 13th St NW, and Monroe St NW--refer to map below):

There has been a **22% decrease in Crime** since the CSU began. For the 15-month interval between August 2021-December 2022, there were **1,190 total crimes reported.** For the previous **period, (Aug. 2019-Dec. 2020) there were 1,532 total crimes reported.** The DC Crime data portal was used to gather the data.

Since the initiation of the DCPT CSU Project there were 40 911 calls (from August 2021-December 2022). Over 95% of calls did not happen during DCPT shifts.