BLUEPRINT FOR PEACE

4LIFE

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Funding for the development of this Blueprint for Peace was provided by a generous grant from the Advancing a Healthier Wisconsin Endowment at the Medical College of Wisconsin. Partial funding was also provided by the TIDES Foundation and the Federal ReCAST Milwaukee grant.

For more information about the Milwaukee Blueprint for Peace or to get involved, visit www.414LIFE.com or www.milwaukee.gov/staysafe

City of Milwaukee Health Department
Office of Violence Prevention
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DEAR FRIENDS & NEIGHBORS,

On November 1, 2016, we came together as residents, parents, youth, organizers, advocates, elected officials, and public servants to grapple with the question of how to prevent violence in our city. Recognizing the significant challenges that our city is facing, we committed our time, energy and talent to making Milwaukee a safer city for all of us to live, work, and play. In 2015, we experienced one of deadliest years in the last decade. That year, homicides jumped from 86 in 2014 to 145 in 2015. Every victim of violence has a story and every act of violence leaves an impact. In 2016 Milwaukee was ranked as the fifth most dangerous city in the U.S.[1] This is a reality that we remain fiercely committed to changing today as we were when we launched in November 2016.

We believe that violence is more than a problem for police, courts, and politicians. Preventing violence requires each and every one of us – parents, young people, schools, businesses, hospitals, faith-based institutions, cultural groups, and more – working together to promote the preservation of life. We must be willing do everything possible to reduce and ultimately eliminate the likelihood of violence occurring in our homes, schools, and neighborhoods.

A public health approach that addresses the root causes of violence and promotes increased access to supports and opportunities for peace is a distinct, but complementary, strategy to a criminal justice approach to public safety.[1] While a public health approach is less familiar to many than criminal justice, there is increasing evidence around the country that a public health approach works where it is needed most.

With support from the City of Milwaukee Health Department's Office of Violence Prevention (MHDOVP) and Prevention Institute, we spent the last 10 months looking at local crime data, reviewing other cities' plans, identifying promising and best practices, and engaging friends, neighbors, and youth from diverse backgrounds to develop the contents of this Blueprint. This Blueprint is a reflection of the hopes and ideas of our community for building a safer and more resilient Milwaukee.

We share a deep sense of urgency in developing community-driven solutions to violence that could save lives. Unfortunately there is no single, quick solution to a problem that has been decades in the making. That is why **the Blueprint is structured to address the most critical factors driving violence and despair in our city. The Blueprint calls for us to prioritize the immediate interruption of conflicts and retaliatory violence that results in gunfire in some of our most vulnerable neighborhoods.** It recommends the expansion of strategic efforts to prevent violence as early and consistently as possible through programs and supports for

1 While this Blueprint is a prevention plan, and not an enforcement and suppression plan, the City and County's criminal justice system partners are included as key partners for multiple reasons: they have important data and insight into the problems and solutions, they have a vested interest in reducing violence, and they also engage in valuable prevention activities.

youth, coordinated crisis response when an incident occurs, and effective intervention and healing support post incident. **The Blueprint also calls for strategic and long-term investment in improving conditions in areas of the city most impacted by violence.**

We believe that by aggressively implementing strategies identified in this Blueprint, we can reverse the trend of violent crime across our city. To ensure successful implementation, evaluation, and sustainability of this comprehensive effort, **the Blueprint will be steered by a multisector council with strong community representation. MHDOVP will act as convener and facilitator of this council.**

Developing a community-driven framework to address multiple risk factors, rooted in existing assets, grounded by sound research, aligned with related initiatives, and shaped by more than 1,500 individuals, including hundreds of young people, was no easy task. We are proud of what we've accomplished in a year. The process itself has catalyzed greater understanding of prevention, and helped foster a stronger culture of positive relationships, collaboration, trust, and transparency.

BLUEPRINT FOR PEACE GOALS:

1. Stop the shooting. Stop the violence.
2. Promote healing and restorative justice.
3. Support children, youth, and families.
4. Advance economic opportunity.
5. Foster safe neighborhoods.
6. Strengthen capacity and coordination of violence prevention effforts.

The release of the Blueprint is just the beginning. We are committed to working with local and national partners to implement the goals and strategies outlined in this Blueprint. This document is a living guide that can be responsive and updated as issues, priorities, and effective ideas emerge. We are excited to get to work with people like you who are ready and willing to stop the violence in our city! If you'd like to get involved, please visit www.414LIFE.com.

We believe that a comprehensive approach to public safety is necessary and a safer and stronger city is possible. Let's join together to meet this moment of urgency and opportunity to make Milwaukee one of the safest cities in the country.

Sincerely,

The Blueprint for Peace Steering Committee

The Blueprint for Peace Steering Committee

ELECTED OFFICIALS

Tom Barrett, Mayor, City of Milwaukee

Chris Abele, County Executive, Milwaukee County

Ashanti Hamilton, Common Council President, City of Milwaukee

COMMUNITY REPRESENTATIVES

Zeynab Ali, Youth Organizer

Nicole Angresano, United Way of Greater Milwaukee & Waukesha County

Tim Baack, Pathfinders of Greater Milwaukee

Dan Bader, Bader Philanthropies

Bevan K. Baker, Commissioner of Health

Dawn Barnett, Running Rebels

Devin Cameron, Mother of Gio Cameron

Robert Cherry, Employ Milwaukee

Bridget Clementi, Children's Hospital of Wisconsin

Darienne Driver, Milwaukee Public Schools

Christina Ellis, Advancing a Healthier Wisconsin Endowment

Edward Flynn, Chief of Police

Ellen Gilligan, Greater Milwaukee Foundation

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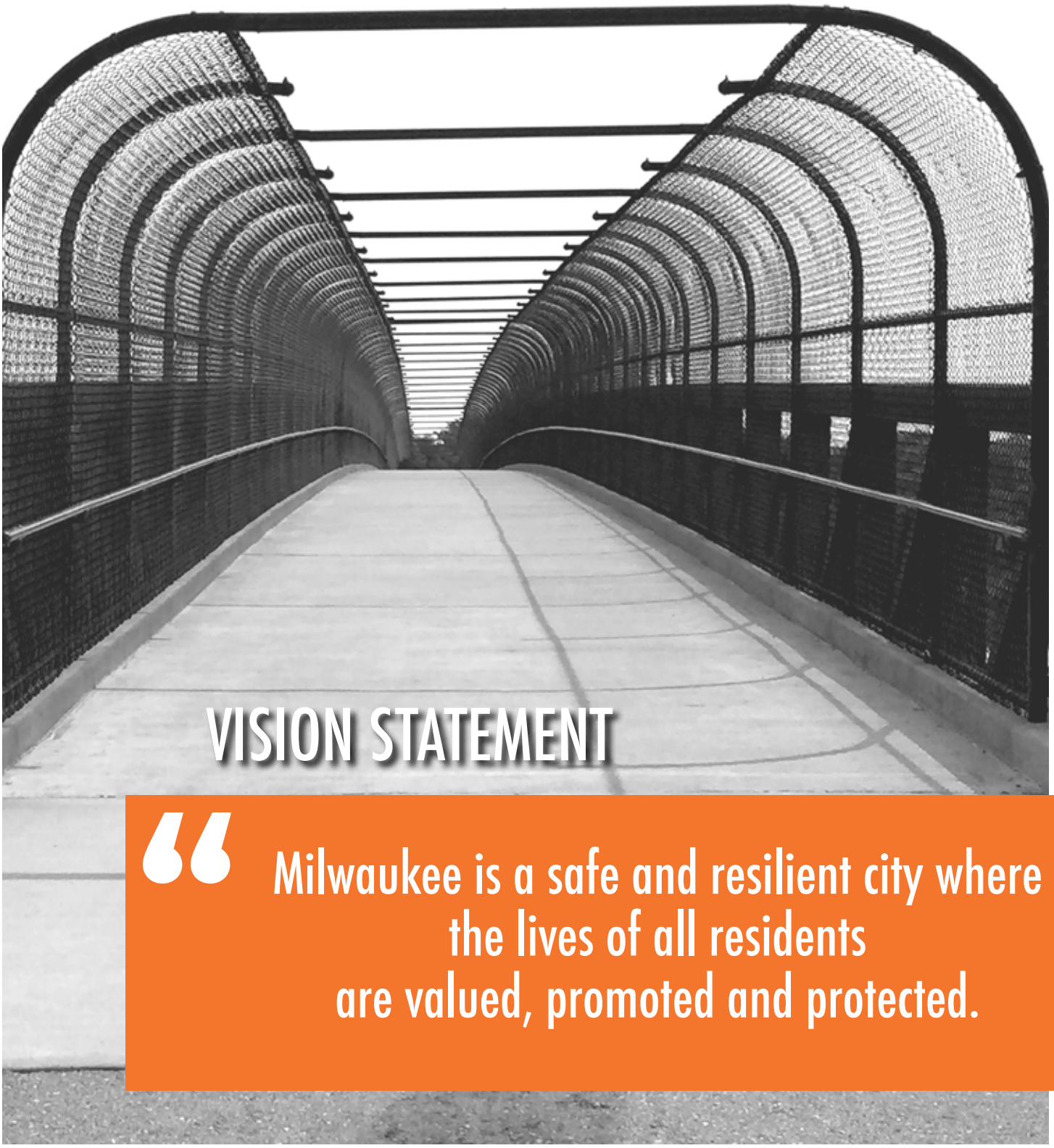
Julia Taylor, Greater Milwaukee Committee

Mary Triggiano, Children's Court Presiding Judge

Peggy Troy, Children's Hospital of Wisconsin

Maxine White, Chief Judge

Mary Lou Young, United Way of Greater Milwaukee & Waukesha County



VISION STATEMENT

> Milwaukee is a safe and resilient city where the lives of all residents are valued, promoted and protected.

PURPOSE AND BACKGROUND

Countless individuals have worked tirelessly to promote safety and prevent violence in Milwaukee through numerous programs, policies, and initiatives. However, we have lacked a unifying vision and overarching plan for working in a more coordinated manner to advance public safety. Recognizing this gap and the urgent need for an "all hands on deck" approach, Mayor Tom Barrett and other city leaders called for a public health approach to reducing violence in Milwaukee – one that would address the underlying factors that contribute to violence, build on community assets and culture, and systematically apply data and science to ensure effective solutions.

Mayor Barrett appointed a diverse Steering Committee to provide leadership and oversight of the planning process and charged the MHDOVP with facilitating an inclusive and transparent process that centered the voices of those most impacted by the issue. From the very beginning, those often left out of this type of planning effort were prioritized and engaged. While many similar planning efforts take 2 or more years, this aggressive process was designed to solicit broad community engagement focused on collaboration, solutions, and action.

Funding for the planning process was provided by a generous grant from the Advancing a Healthier Wisconsin Endowment at the Medical College of Wisconsin, with supplemental support from the Tides Foundation and the Federal ReCAST Milwaukee initiative. Leveraging the expertise of the UNITY City Network[2] and decades of experience providing consultation services to cities, Prevention Institute[3] provided technical support for the development of the Blueprint. This process included input from a very diverse representation of community leaders and residents, including youth. The Blueprint also incorporated insight from evidence-informed programs from around the country including numerous reports, plans, and research.

Employing a public health approach, the Blueprint focuses on **prevention of violence before it occurs**, as well as **intervention efforts after violence has occurred** to reduce its impact and **prevent future perpetration and victimization**. This approach is separate but complementary to criminal justice system's efforts to reduce violence through enforcement, and suppression strategies. Criminal justice system entities, including the Milwaukee Police Department, Milwaukee County Circuit Courts, and Juvenile Corrections are important partners in understanding and reducing the factors that results in criminal justice contact and confinement. Prevention, intervention, enforcement, and reentry strategies are integral parts

2 UNITY (Urban Networks to Increase Thriving Youth) is a national initiative of Prevention Institute that began in 2005. UNITY focuses on multi-sector prevention of violence using a public health approach. Working with the largest cities in the US, UNITY provides tools and resources and fosters sustained violence prevention efforts in urban areas and nationally. Milwaukee is a member of the UNITY City Network, which includes representatives from over 20 large US cities.

3 Prevention Institute is a non-profit, national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. Prevention Institute builds prevention and health equity into key policies and actions to transform the places where people live, work, play and learn. Since its founding in 1997, the organization has focused on injury and violence prevention, healthy eating and active living, mental health and well-being, and transforming our health system.

of a balanced approach to public safety. Any one of these without the others is insufficient in providing safety and justice for youth, families, and neighborhoods most vulnerable to violence.

Many of the recommended strategies outlined in the Blueprint intentionally build on local assets and national best practices. The Blueprint also includes new efforts designed to fill critical gaps. Over the next five years, intensive investment, support, alignment, and action will be necessary to address the urgency of the problem, and many of the new strategies included in the Blueprint are intended for implementation within this timeframe. At the same time, recognizing that many of the goals will require sustained effort, the Blueprint is intended to inform action for approximately 10 years. Further, given that new strategies, research, and opportunities will emerge in the coming years, it is recommended that the Blueprint be reviewed annually and updated in five years, and in subsequent years, as appropriate.

Like other cities around the country, multiple forms of violence have caused significant injury and trauma for individuals, families, and neighborhoods across Milwaukee. The names and memories of victims who lost their lives and countless victims who suffer from the impact of violence weigh heavy on the heart and soul of our city, and provide a moral imperative for immediate and sustained leadership and action. The Blueprint honors the hard work that laid the foundation for its development. It represents the spirit and promise of Milwaukee's residents and sectors all working together with the courage and conviction to heal the past and make a better present and future. The completion of the Blueprint is just the beginning in that it charts a course for our collective action to advance more effective, coordinated, and sustained efforts to prevent violence and ensure the safety of all Milwaukee's residents.

HOW TO USE THIS BLUEPRINT

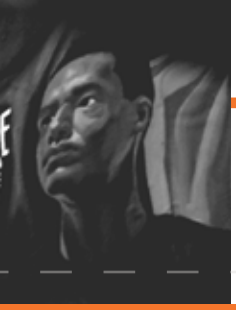
The Blueprint for Peace is the first of its kind in Milwaukee dedicated to the prevention of ***multiple forms of violence***. It establishes clear direction and a ***call to action for a public health approach to violence prevention that engages community residents and multiple sectors.***

- The ***vision*** and guiding principles help unite people and organizations and set direction for action.
- The ***data*** on violence and associated risk and resilience factors articulate the extent and nature of violence in Milwaukee.
- The ***goals and strategies*** identified in the Blueprint were carefully defined based on community input and evidence for having the greatest likelihood for preventing violence and its consequences.
- The overarching and goal-specific ***indicators*** identify ***metrics*** that can be used to measure and monitor progress. These indicators will be used in the development of the Blueprint's evaluation plan.
- The ***implementation structure*** and priorities describes how the work will be organized and supported with a focus on priority populations and neighborhoods.

The Blueprint is a living document to guide action. Individuals and organizations are encouraged to review and utilize the Blueprint to inform coordinated actions for violence prevention.

“This is a Milwaukee effort, not a Mayor’s effort, or a City Council effort. To make it happen, we need to work together across all levels of government and all sectors of our community, to make the city better and safer. This has to be an all-hands-on-deck effort.

- Mayor Tom Barrett



Guiding Principles

This Blueprint is guided by the following principles:

1 COMMUNITY

This Blueprint is informed by ***youth and families most impacted by violence***. Its success is dependent on the power, connection, and engagement of every resident in making Milwaukee one of the safest cities in the country.

2 EQUITY

This Blueprint recognizes that although violence affects the entire community, it takes an ***inequitable toll on specific neighborhoods and populations*** including youth, women, and people of color. It recognizes that multiple forms of oppression contribute to violence, and these must be acknowledged, addressed, and dismantled, including institutional racism.

3 INDIVIDUAL & COMMUNITY RESILIENCE

This Blueprint acknowledges the impact that violence and trauma have on children, families, and neighborhoods and promotes ***asset-based solutions*** for immediate and lasting change.

4 ACTION

This Blueprint is ***rooted in a public health approach*** to preventing multiple forms of violence and builds on Milwaukee's assets through coordinated strategies that are comprehensive, actionable, and measurable.

VIOLENCE IN MILWAUKEE

Rates and Types Of Violence & Trauma

Violence – both interpersonal and structural – poses a serious threat to the health, safety, and well-being of Milwaukee residents. The injury, pain, and trauma that results from violence can severely impact the physical and mental well-being and sense of worth and safety of individuals and communities. For example, exposure to violence and lack of safety increases stress and anxiety, which are linked to higher rates of preterm births and low birthweight babies. Violence can also deter people from engaging in healthy behaviors such as exercise or outdoor play.[2] Additionally, violence can also result in premature death, high medical costs, and decreased productivity.[3] Not only does violence affect health outcomes, it can deprive individuals and communities of opportunities and perpetuate historic and present-day inequities. Due to its cyclical nature, impacts are intergenerational with communities of color and those living in concentrated poverty being most impacted.

The following section provides definitions of the forms of violence covered in this Blueprint. For a full data profile of the rates and types of violence in Milwaukee and prioritized risk and resilience factors, please contact the MHDOVP or visit: www.414LIFE.com.

According to the 2016 Milwaukee County Community Health Survey, 42% of respondents rated violence as a top community health issue.[4] Blueprint planning contributors named the following as important forms of violence for the plan to address, due to their pervasiveness or perception of pervasiveness:

- **Community violence, including gun and gang violence**
- **Domestic and intimate partner violence**
- **Sexual violence including human trafficking**
- **Child maltreatment and exploitation**
- **Drug-related violence**
- **Suicide**
- **Structural violence, including excessive use of force by government entities, harmful policies, practices, and mass incarceration.**

> **"The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.**
>
> *- World Health Organization*

Community Violence:

139

- Community violence refers to deliberate acts of interpersonal violence in public spaces by a person or persons not intimately related to the victim. [5]
- In Milwaukee in 2016 there were 139 lives lost due to homicide. [6]
- From 2010 to 2016, there has been a 76% increase in firearm-related homicide victims, a 38% increase in nonfatal shooting victims, and a 43% increase in combined victims. [7]
- The average inpatient discharge costs for firearm-related injury for Milwaukee County residents with firearm-related injuries (135 cases total) were $68,678.30 in 2014. [8]

$68,678.30

- average inpatient discharge costs for firearm-related injury

76%
increase in firearm-related homicide victims 2010 - 2016

38%
increase in non-fatal shooting victims 2010 - 2016

43%
increase in combined victims 2010 - 2016

Domestic & Intimate partner violence

- Intimate partner violence includes physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner.

20,440

- In 2016, 14 homicides reported (10.1%) were the result of domestic violence.[9]
- The Milwaukee Police Department received 20,440 911-telephone calls for domestic abuse crimes from January 1, 2014 to March 31, 2016, and of these, 13,004 cases were investigated for domestic abuse crimes.[10]
- In 2015, Sojourner Family Peace Center received 18,581 hotline calls. In 2016, Sojourner Family Peace Center received 17,989 domestic violence hotline calls.[11]
- In 2013, 16.8% of Milwaukee Public Schools (MPS) high school students surveyed reported that they have experienced physical dating violence or physical victimization on a date, compared to 8.5% in the state of Wisconsin overall. A higher percentage of females reported victimization than males (17.7% vs. 15.7%).[12]

17,989

Sexual Violence and Human Trafficking

- Sexual violence includes a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. [13]
- Human trafficking is "trafficking for the purposes of labor or services, or for the purposes of a commercial sex act"[14]
- In 2016, there were 162 sexual offenses per 100,000 residents in the city.[15]
- The Milwaukee Police Department received 3,000 911-telephone calls for sexual assault crimes from January 1, 2014 to March 31, 2016, and of these, 1,645 cases were investigated for sexual assault crimes. 55% of sexual assault victims were aged 0-17 years while 80% of perpetrators were 18 years or older.[16]

3,000

Carjacking

- Carjacking refers to motor vehicle theft.
- While Milwaukee Police Department data shows decreases, based on responses to a public safety survey issued by the City of Milwaukee, car-jacking was listed as a serious safety issue among respondents.[17]
- In 2016, there were 464 incidents of carjacking. Carjacking incidents declined by 45%, from 124 in the first quarter of 2016, to 86 in the first quarter of 2017 [18]

Child Maltreatment and Exploitation

- Child maltreatment is "an act, intentional or not, that results in harm, the potential for harm, or the threat of harm to a child; the failure to provide for a child's needs or to protect a child from harm or potential harm." Maltreatment includes physical abuse, sexual abuse, emotional abuse and neglect. [19]
- In 2015, there were 16,611 referrals to Child Protective Services (CPS) in Milwaukee County. The victimization rate for child maltreatment was 3.4 per 1,000 population (ages 0-17 years) in Milwaukee County, compared to 3.6 per 1,000 population in Wisconsin[20]. The maltreatment substantiation rate in Milwaukee County in 2015 was 6.6%.[21]
- Neglect is the most common reason children aged 0 to 13 are removed from their parents' care and placed into out-of-home care.[22]

16,661

Drug-related violence

- Drug-related violence refers to incidents that had indicators of drug involvement (i.e. large amount of cash present, known drug house, presence of narcotics, etc.)[23]
- There were 6 (6.9%) drug-related homicides in 2014, 17 (11.6%) in 2015, and 6 (4.3%) in 2016. There were 29 (5.0%) drug-related shootings in 2014, 35 (5.5%) in 2015, and 16 (2.9%) in 2016. [24]

Self-Directed Violence/ Suicide/Self Harm

- Self-directed violence refers to behavior directed at oneself that deliberately results in injury or the potential for injury. Self-directed violence may be suicidal or non-suicidal in nature.[25]
- Suicide is a death caused by self-directed injurious behavior with the intent to die as a result of the behavior.[26]
- For the County, the suicide rate with intent/manner being suicide/ self-inflicted was 10.0 per 100,000 (95 deaths) in 2015 compared to 7.3 per 100,000 in the state. Thirty-three of these 95 deaths were firearm-related.[27]
- In 2015, individuals aged 55 to 64 had the highest rate of suicide (18.7 per 100,000) compared to other age groups.[28]

18.7 / 100,000

individuals aged 55 to 64 had the highest rate of suicide in 2015

Structural Violence

- Structural violence refers to harm that individuals, families and communities experience from economic and social structures, social institutions, relations of power, privilege, and the inequality; and, inequity that may harm people and communities by preventing them from meeting their basic needs.[29]
- According to Blueprint planning contributors, structural violence in Milwaukee includes institutional racism and other forms of oppression such as sexism and classism.

- While the City of Milwaukee is home to many of the state's wealthiest residents, it is also home to the majority of the poorest residents. Milwaukee is the fifth most impoverished city in the nation with a poverty rate of 29%[30]. According to the American Community Survey 2011-2015, the city's poverty rate is more than double the state's poverty rate (13%).[31]

- A study of 2010 U.S. Census data from Brown and Florida State University researchers determined that the Milwaukee, Waukesha, West Allis, Wisconsin Metropolitan Statistical Area had the second highest level of segregation in the country[32]. Cities with the greatest geographical segregation from opportunity tend to have the highest rates of violence. Segregation, which leads to concentrated disadvantage, is created and sustained through policies, procedures, and practices, many of which are based on race and housing, are examples of structural violence. A study using 2014 data found that the mortgage loan market favors white applicants in Milwaukee, while African-Americans in Milwaukee only receive 4% of loans, despite making up 16% of loan applicants[33].
- According to a University of Wisconsin-Milwaukee study published in 2013, two-thirds of Milwaukee County's incarcerated African American men came from six ZIP codes – 53206, 53209, 53210, 53218, 53212, and 53216 – many of which encompass Milwaukee's poorest neighborhoods[34].
- Among the largest cities in the US, the city of Milwaukee ranked 49 out of 50 for odds of achieving upward income mobility, according to a 2014 UC Berkeley report[35].
- The perception of excessive use of force by government entities was raised as an important concern for the plan to address in part because of its harmful impact on perceptions of safety, government-community trust, and the effectiveness of coordinated prevention efforts.

"Violence happens a lot of the time because of poverty. Poverty creates symptoms and a mindset and then people commit a crime to get resources they should already have. *- Youth Planning Participant*

RISK AND RESILIENCE FACTORS

Effective violence prevention efforts reduce risk factors and strengthen resilience factors. Risk factors are conditions or characteristics that increase the likelihood that violence will occur[36] and resilience factors are conditions or characteristics that are protective even in the presence of risk factors, thus reducing the likelihood of violence[37]. No one factor alone can be attributed to causing or preventing violence; it is the accumulation of risk factors without compensatory resilience factors that puts individuals, families and communities at risk.[38]. Community resilience is the ability of a community to recover from harm andthrive despite the prevalence of adverse conditions[39]. In this Blueprint, the promotion of resilience factors is emphasized, including at the individual, family, and community levels.

Risk Factors

The following risk factors were prioritized as significant contributors to violence through community input and prioritization and a review of relevant research on shared risk and resilience factors for multiple forms of violence, and the Adverse Community Experiences and Resilience (ACE|R) framework:

1 LIMITED EMPLOYMENT AND ECONOMIC OPPORTUNITIES

The lack of employment and economic opportunities in Milwaukee is one of the clearest examples of structural violence playing out at the community level. The effect is greatest on those previously incarcerated and communities of color. Conviction history is a significant barrier to employment for vulnerable populations.

2 LACK OF ACCESS TO RESOURCES

Community members indicated that diminished access to important resources such as recreation, after-school programs, health, food, child care, and transportation increases the risk of violence. Specifically, transportation barriers in Milwaukee prevent people from accessing employment opportunities located 15 miles or more outside of the city. Many neighborhoods lack access to affordable grocery stores and quality after-school and recreational activities for youth.

3 SEGREGATION FROM OPPORTUNITY

Racial segregation and concentrated disadvantage within the city were named as prominent risk factors and examples of structural violence. Milwaukee is often ranked as one of the most segregated cities in the country and Southeastern Wisconsin is seen as one of the most segregated regions in the state. Eighty-five percent of the region's African-American and Latino populations live in Milwaukee, while its surrounding counties (Ozaukee, Waukesha, and Washington) are 85% white.

> **Poverty is traumatic. Segregation is traumatic. Experiencing life as a 'have not' among 'haves,' is traumatic.**
>
> *- Milwaukee Resident & Planning Participant*

4 DISCONNECTEDNESS AMONG RESIDENTS AND INSTITUTIONS

The lack of social networks and cohesion between residents and local institutions was listed as a key risk factor for violence. A variety of organizations and institutions are operating in fragmented ways to deal with a range of social issues, including public safety. One participant said, "Milwaukee has a lot of work happening in a variety of ways, but there's a lack of connection."

> **There exists a whole group of youth who are disconnected from social networks that would help with issues like safety, food, jobs.**
>
> *- Milwaukee Resident & Planning Participant*

5 LIMITED COMMUNITY-GOVERNMENT TRUST

Multiple community contributors indicated a breakdown in trust between community residents and public systems. These factors appear to be driven by local and national sentiment that public systems lack accountability, transparency, and connection to the needs of community members. The separation of families through child-welfare practices and immigration policies were raised as factors for diminished trust. Government is a critical partner in regards to leadership, resources, and policy and this breakdown was identified as a critical risk factor for public safety.

6 LACK OF QUALITY HOUSING

Blueprint planning participants highlighted how transience among Milwaukee residents was a risk factor for children, families, and neighborhoods. Unaffordable housing and poor housing conditions negatively affect levels of violence, and the ability to establish school or community cohesion and foster stable neighborhoods. Poor housing conditions have historically contributed to childhood lead exposure through lead paint. There are well-researched connections between lead levels in youth and violence.

7 NEIGHBORHOOD DISINVESTMENT

Despite strong downtown development, community members called for the need to develop Milwaukee's most vulnerable neighborhoods. Offering incentives to private developers and local residents to purchase residential and commercial real-estate could be catalytic to advancing neighborhood safety and resilience. Anchor institutions like schools, hospitals, and faith-based institutions play critical stabilizing roles for local neighborhoods.

8 HARMFUL NORMS LEADING TO A CULTURE OF FEAR AND HOPELESSNESS

When violence is pervasive, fear and hopelessness become pervasive and normalized. The tragic loss of multiple friends and family members can produce a sense of trauma and fear that threatens the ability to build and sustain strong communities. This fear also results in increased weapon-carrying in self-defense among vulnerable populations including low-income youth who are at increased risk for exposure to violence.[40] Violence is preventable, and the normalization of violence produces a sense of hopelessness that threatens individual and collective efforts for violence prevention.

9 ADVERSE CHILDHOOD EXPERIENCES (ACES) AND OTHER FORMS OF TRAUMA

Adverse childhood experiences, including exposure to physical, emotional and sexual abuse, are risk factors for violence. Exposure to violence is a well-researched risk factor for subsequent experiences of violence.

> **"When we look at data and how many of the youth entering the criminal justice system have also been victims of child abuse and sexual abuse, and other forms of violence, we know that trauma is a driver of violence.**
>
> *- Milwaukee Resident & Planning Participant*

10 HARMFUL NORMS ABOUT MASCULINITY AND FEMININITY

These norms are shaped by broader structural forces such as patriarchy and sexism. They are also referred to in the literature as male dominance norms, traditional gender roles, beliefs in male superiority and entitlement, and masculine gender role ideologies, and are associated with higher levels of sexual, domestic and other forms of violence.[41 42 43 44]

11 HIGH ALCOHOL OUTLET DENSITY

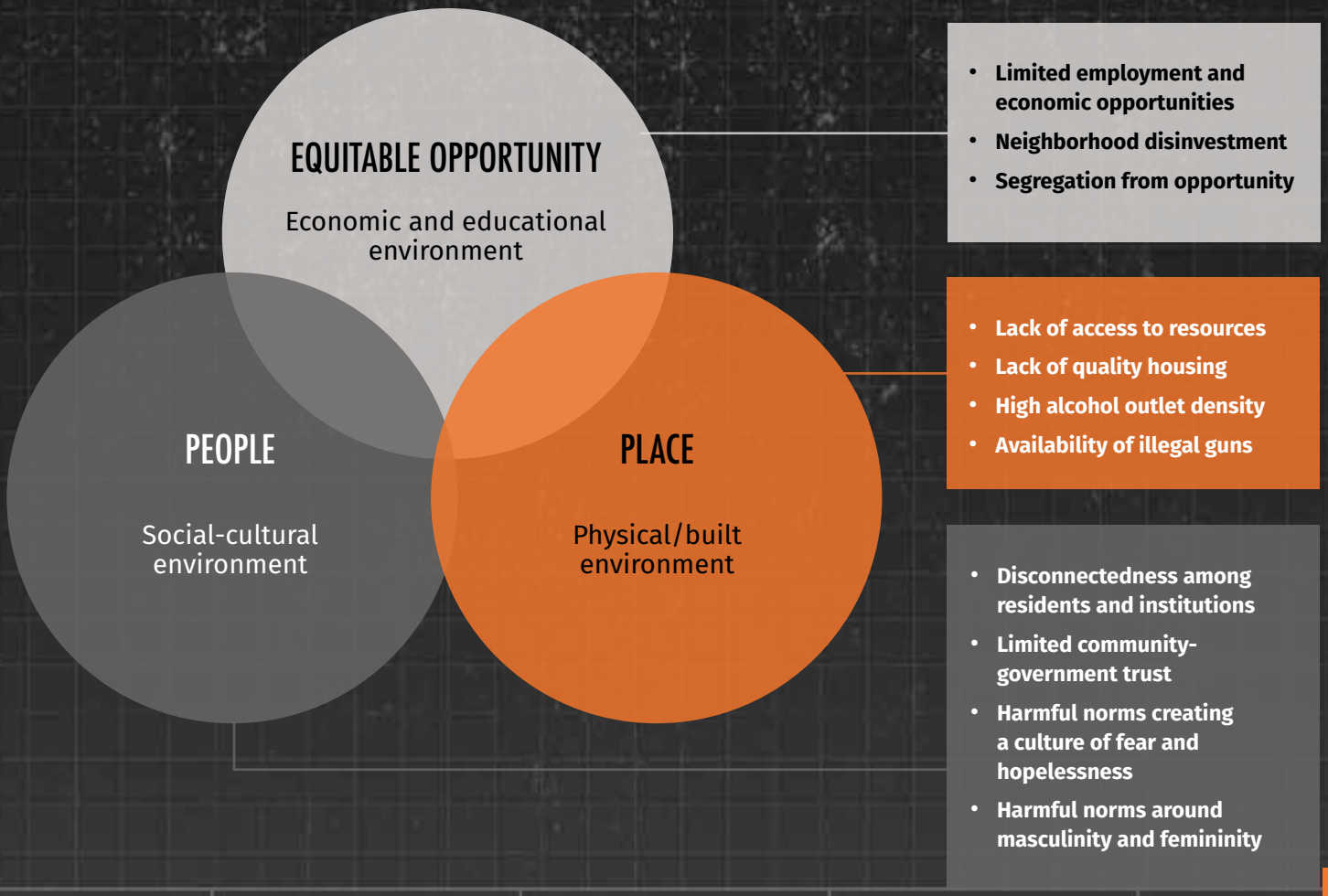
Neighborhoods with a higher density of bars and alcohol outlets, such as convenience and liquor stores, have higher rates of violence, including child maltreatment[45]. In 2015, 6% of homicides and 7% of nonfatal shootings were tavern-related incidents[46].

12 AVAILABILITY OF ILLEGAL GUNS

Straw purchasing (people buying guns illegally for others), trafficking (people buying guns to resell them illegally) and "off the books" sales by dealers contribute to the availability of illegal guns.[47] While there are no gun dealers within the City of Milwaukee, gun show loopholes and other policies related to gun ownership contribute to illegal gun availability and use of firearms for violence.

> **"Guns and shootings are so commonplace in some communities, it has become part of the way people live.** *- Milwaukee Resident & Planning Participant*

Diagram B: Milwaukee Blueprint Community-Level Risk Factors



Resilience Factors

The following resilience factors were prioritized through community input and prioritization of existing assets in Milwaukee to build on, and a review of relevant research, including research on shared risk and resilience factors for multiple forms of violence, and the Adverse Community Experiences and Resilience (ACE|R) framework:

1 STRONG INITIATIVES TO IMPROVE THE PHYSICAL ENVIRONMENT

Place-based work is already occurring in some neighborhoods. Efforts like the Zilber Neighborhood Initiative, Milwaukee United, and the Greater Milwaukee Foundation Healthy Neighborhood's Initiative, are good starting points for strengthening Milwaukee neighborhoods. Collaboration and bringing community members to the table through such initiatives is an asset.

> **"There's a strong community of neighborhood centers and family/youth centers that provide safe havens and tools necessary for people to succeed.**
>
> *- Milwaukee Resident & Planning Participant*

2 COMMUNITY-BUILDING AND HEALING CAPACITIES OF COMMUNITY BASED ORGANIZATIONS

Milwaukee has a wide range of community-based organizations with "admirable, bright, and enthusiastic people doing good work in the community."

> **"We are trying to change the dialogue of 'what's wrong with you' to 'what's happened to you.**
>
> *– Milwaukee Resident & Planning Participant*

3 LOCAL INVESTMENT

There are a variety of groups, agencies, philanthropies and businesses that care about the community and are willing to invest.

4 ENGAGEMENT IN POSITIVE ACTIVITIES

Engagement and participation in positive activities like after-school programs and mentorship activities for young people, as well as workforce development opportunities for youth and adults, support individual, family, and community skills and assets, including employability.

5 WILLINGNESS TO ORGANIZE (COLLECTIVE EFFICACY)

Many Blueprint planning participants discussed the "collective ability of residents to produce social action to meet common goals" as one of the city's assets or strengths. "With all negativity, there's greater awareness and willingness for people to come together and be at the table." Some highlighted how a sense of accountability to each other helps prevent against violence. A Safe & Sound evaluation shows that block clubs in Milwaukee improve both cooperation between neighbors and safety[48].

6 STRONG SCHOOLS AND TEACHERS

Many see schools and strong teachers as an important factor in promoting resilience and preventing violence.

7 ACCESS TO RESOURCES

Access to resources for physical and mental health, healing, recreation, after-school programs, health, food, child care, and transportation are important for resilience in Milwaukee.

8 FAMILY CONNECTION AND RELATIONSHIPS WITH OTHER CARING ADULTS

Blueprint planning participants emphasized the importance of strong family attachment and connections, including connection to fathers and father figures. They also spoke about the importance of having caring adults outside of the family to buffer against adversities.

> **"Milwaukee has long-term generational violence that has been normalized and passed down through families. But families have also been protective and we haven't held that up enough or supported those families in their efforts.**
>
> *– Milwaukee Resident & Planning Participant*

9 COMMUNITY CONNECTEDNESS

Trusting relationships among community members built upon a shared history, mutual obligations, and opportunities to exchange information can bring communities closer together and promote safety[49].

> **"Milwaukee is held together block-by-block by good people who are taking care of themselves, their families and their communities.**
>
> *- Milwaukee Blueprint for Peace Planning Contributor*

10 ARTS, CULTURAL EXPRESSION AND FAITH

Opportunities within the community for cultural and artistic expression and participation, as well as finding value in the backgrounds of all community residents, play a role in fostering resilient and thriving communities[50]. Faith has a vital role in promoting resilience and protecting against violence through faith-based resources and creating supportive spaces for individuals, families, and communities.[51] [52]

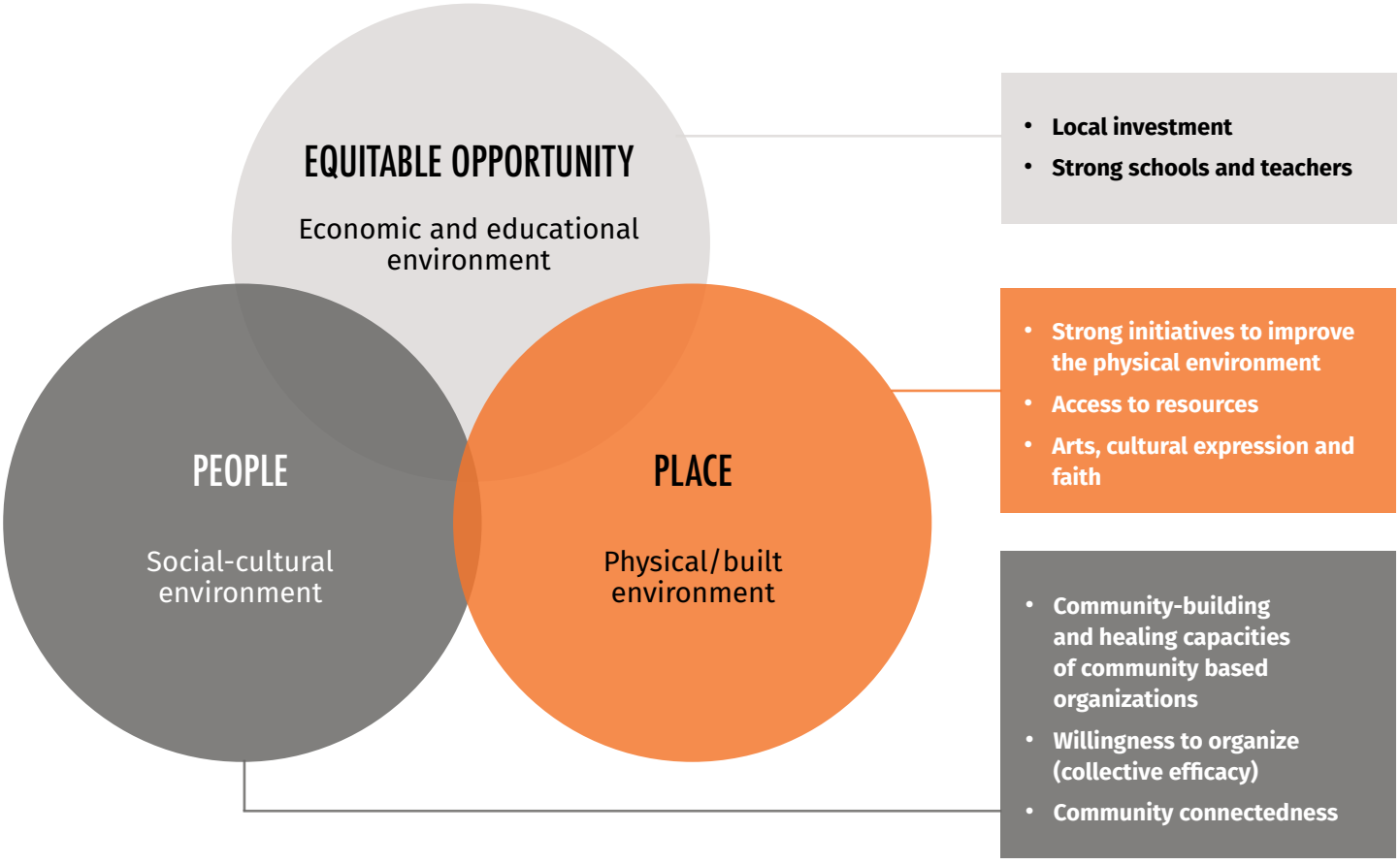
COMMUNITY CONDITIONS AND VIOLENCE

This Blueprint leverages Prevention Institute's Adverse Community Experiences and Resilience (ACE|R) report and uses the framework to organize community conditions in Milwaukee that promote and prevent violence and community trauma. The ACE|R framework was shared with participants throughout the planning process. Community trauma is not just the aggregate of individuals in a geographic area who have experienced emotional trauma from violence and other sources, nor is it tied to a single event. Community trauma is the common experience of chronic adversity from systemic factors such as discrimination, racism, sexism, poverty, and oppression—all of which intersect with interpersonal and community violence[53]. The framework informed and affirmed participants' understanding of the relationship between various forms of violence and trauma, and the need to include strategies that counter structural violence, build community resilience, and promote community healing.

Using Prevention Institute's THRIVE framework, the Blueprint's prioritized community-level factors are shown in Diagram A (see p.21) and B (below), and are categorized by three interrelated clusters: people (the social-cultural environment), place (the physical/built environment), and equitable opportunity (the education and economic environment). Risk and resilience factors at the community level help push back against structural violence and shape environments and behaviors. Note, individual level risk factors, such as adverse childhood experiences, are shaped by these community factors, and are not depicted.

> **"The challenges we have are deeply rooted in classism and racism. We have an opportunity to tell the truth about some significant things and create a plan that addresses what we need to in Milwaukee.**
>
> *– Milwaukee Resident and Planning Participant*

Diagram B: Milwaukee Blueprint Community-Level Risk Factors



GOALS OVERVIEW

To reduce multiple forms of violence and realize the vision that Milwaukee is a safe and resilient city where the lives of all residents are valued, promoted, and protected, this Blueprint identifies six intersecting and mutually reinforcing goals. These goals are designed to address violence by reducing community exposure to the identified risk factors and strengthening community access and engagement to the identified resilience/protective factors. Diagram C (above) illustrates the six goals and Table 1 (see p. 27) shows the alignment between goals and prioritized risk and resilience/protective factors.

TABLE 1: RISK AND RESILIENCE FACTORS ADDRESSED BY EACH GOAL

The following table summarizes the risk and resilience factors addressed by each goal:

Risk Factors	**Goal 1**	**Goal 2**	**Goal 3**	**Goal 4**	**Goal 5**	**Goal 6**
Limited employment and economic opportunities			●	●	●	
Lack of access to resources	●	●	●		●	
Segregation					●	
Disconnectedness among residents and institutions		●			●	●
Limited community-government trust	●					●
Lack of housing					●	
Neighborhood disinvestment				●	●	
Harmful norms creating a culture of fear and hopelessness	●	●	●		●	
Adverse childhood experiences and other experiences of trauma		●	●			
Harmful norms around masculinity and femininity			●	●		
High alcohol outlet density					●	
Availability of illegal guns	●					
Resilience Factors						
Strong neighborhood centers and neighborhood-based initiatives			●		●	
Community-building and healing capabilities of organizations		●				●
Local investment			●	●	●	●
Engagement in positive activities			●	●		
Collective efficacy		●			●	
Strong schools and teachers			●			
Access to resources	●	●	●		●	
Family connection and relationships with other caring adults			●			
Community connectedness	●				●	●
Arts, culture, and faith		●			●	

STRATEGIES OVERVIEW

The success of the Blueprint depends on advancing its goals through program, policy, and practice changes across the social-ecological model – at the individual, relationship, and community level. To form a comprehensive public health approach to violence prevention, efforts must be coordinated and sustained over time, and focused on priority populations and places in partnership with relevant systems and sectors. The immediate need to address violence through efforts like street-level violence interruption must be balanced with more long-term, upstream strategies focused on changing the community environment (i.e., addressing the social-cultural, physical/built environment, economic and educational factors) for prevention.

Many of the recommended strategies build on and connect to existing initiatives and resources across Milwaukee. This Blueprint offers an opportunity to bring these strategies to scale across neighborhoods with the highest rates of violence. The Blueprint recognizes the power and value of local violence prevention efforts while also judiciously drawing on research, best practices, and lessons from other cities. A select number of new strategies are included as recommendations to fill critical gaps in priority neighborhoods.

The following criteria were considered in identifying recommended strategies:

1. ABILITY TO LEVERAGE EXISTING RESOURCES AND CAPACITY;
2. BUILDS UPON EXISTING POLITICAL AND COMMUNITY WILL;
3. GREATEST POTENTIAL TO REDUCE, RATHER THAN EXACERBATE, INEQUITIES IN RATES OF VIOLENCE;
4. CLEARLY ADDRESSES IDENTIFIED RISK AND RESILIENCE FACTORS;
5. PREVENTION FOCUSED;
6. ADVANCES INDIVIDUAL OR COMMUNITY ASSETS;
7. ROOTED IN RESEARCH AND EVIDENCE-INFORMED PRACTICE; AND,
8. COMPLEMENTS OR INTEGRATES WITH OTHER LOCAL INTERVENTIONS.

The following sections outline each of the Blueprint goals and the recommended strategies within each that have been identified as effective approaches for preventing violence over time. Potential indicators to monitor progress are provided. A critical next step will be working with local residents, program providers, and public officials within priority neighborhoods to identify the indicators that matter most to them for tracking the impact of Blueprint goals and strategies over time. Additional indicators may also result from this process.

OVERARCHING INDICATORS

This Blueprint calls for a systematic evaluation of efforts rather than an evaluation of individual programs. Violence prevention requires a long-term commitment where risk and resilience factors are measured, in addition to longer-term outcome measures of violence. This Blueprint offers indicators to assess changes in rates of violence in the long-term and also suggests measures to track progress in achieving goals to decrease violence over time.

RELEVANT OVERARCHING INDICATORS

These are indicators that will be tracked across all priority neighborhoods:

1. Rates of nonfatal shootings in priority neighborhoods
2. Rates of homicides in priority neighborhoods
3. Number of retaliatory homicides in priority neighborhoods
4. Youth employment rate in priority neighborhoods
5. Youth engagement in after-school and summer programs
6. Youth safety index in priority neighborhoods
7. Adult safety index in priority neighborhoods
8. Public and philanthropic investment for violence prevention efforts serving residents from priority neighborhoods in Milwaukee
9. Number of programs, practices, and policies that employ a public health approach to address the structural and social determinants of health and safety
10. Awareness and use of domestic violence and sexual assault prevention services among residents in priority neighborhoods

GOAL #1: STOP THE SHOOTING STOP THE VIOLENCE

We must prevent gun violence, including homicides and non-fatal shootings, through strategic, timely, and coordinated efforts among residents and first responders. Timely data regarding the factors and location of violence is essential to identify hotspots of violent activity in the city and inform prevention efforts. Focused interventions must be implemented pre-incident, during an incident, and immediately following an incident to reduce the likelihood of continued violence. Individual and community support post-incident is critical to reduce the impact of violence among those directly impacted through physical or emotional trauma. These interventions are critical for preventing retaliatory violence, and decreasing the likelihood of future incidents. Illegal gun possession increases the likelihood and lethality of violence and the Blueprint calls for the reduction of illegal access to guns for multiple forms of violence, including domestic violence, armed robbery, and suicide. Training for first responders and other providers (e.g., educators, mental health providers, law enforcement, etc.) to reduce implicit bias[54 55] and micro-aggressions[56 57] reduce the likelihood and lethality of systemic violence. This goal will leverage evidence-based street outreach strategies by training members of the community to anticipate where violence may occur and intervene before it erupts. It will also leverage and expand proven hospital-based intervention programs. Further, this goal includes strategies to prevent domestic violence through improved lethality assessment and safety planning.

Recommended Strategies

1. Use of timely, comprehensive data to prioritize prevention efforts

a. Enhance local capacity to access, analyze, and utilize violence-related data from a variety of sources, including local emergency departments, emergency medical services, law enforcement, trauma centers, and the Milwaukee County Medical Examiner.

b. Conduct regular reviews of incidents of violence in coordination with public health, hospital, law enforcement, and community partners.

2. Reduce incidence of violence through proactive prevention efforts

a. Utilize evidence-based outreach and violence interruption strategies to mediate conflicts, prevent retaliation and other potentially violent situations, and connect individuals to community supports[58]. These strategies include violence interruption and focused deterrence in neighborhoods and schools.

b. Improve lethality assessment and safety planning measures to prevent domestic violence homicides and suicide.[59] [60]

c. Continue Milwaukee Police Department training in the areas of crisis intervention, fair and impartial policing, and procedural justice.

d. Expand implicit bias and micro-aggression reduction and de-escalation training to include first responders, mental health providers, community health workers, and other partners.

e. Offer localized and culturally responsive crisis intervention support and referral services to prevent suicide and suicidal behavior.[61]

3. Respond to immediate individual and community needs post-incident

a. Expand support services for survivors of violence through hospital-community partnerships and hospital-based violence intervention programs.[62]

b. Expand post-incident trauma healing supports, including community events and critical incident debriefing for victims, witnesses, and first responders connecting them to appropriate community supports.

4. Decrease illegal gun availability

a. Conduct dialogue and education to promote evidence-informed policies related to gun ownership and possession.

5. Promote violence prevention as a way of life

a. Support and promote individual capacity for conflict prevention, de-escalation and proactive bystander practices in schools and neighborhoods.

Relevant Indicators

- Establishment of data-use agreements between relevant public and private agencies.
- Number of hospital-based violence intervention programs and services
- Number of critical incident reviews conducted
- Number of violent assaults in priority schools and neighborhoods
- Number of nonfatal shootings in priority neighborhoods
- Number of fatal shootings in priority neighborhoods
- Number of repeat violent injuries within a 12-month period in priority neighborhoods
- Awareness and use of post-incident services available to individuals and families in priority schools and neighborhoods.
- Number of firearm related injuries.

GOAL #2: PROMOTE HEALING AND RESTORATIVE JUSTICE

> **We need places to address trauma and respond to community anger.**
>
> *- Youth Planning Participant*

The Blueprint for Peace is committed to helping individuals, families, and communities heal from violence and trauma and move forward in positive ways. Research shows that access to services for physical and mental health, as well as healing, is important for building resilience.[63] By recognizing the importance of post-care and healing that must occur across locations and populations in order to break the cycle of violence, this goal puts forth strategies to enhance services and supports for those experiencing trauma as a result of multiple forms of violence. It includes a strategy around preventing substance abuse – understanding that the prevalence of substance abuse can contribute to various forms of violent behavior. In addition to achieving justice for individuals and families harmed by violence, this goal also promotes healing at the community level by enhancing connections to cultural identity and promoting community connectedness, which can also serve as protective factors against future violence.[64]

Recommended Strategies

1. Promote healing, behavioral health, and trauma reduction

a. Provide trauma reduction and healing-informed care support to residents, professionals who address violence, and others experiencing primary and secondary trauma.[65]

b. Expand capacity of problem-solving courts to provide therapeutic resources and services for youth and adults involved in the criminal justice system, juvenile justice system, and child welfare system.

c. Increase coordination of mental health and trauma services across agencies to support children, youth and families who have been exposed to multiple forms of violence.[66]

d. Prevent and treat substance abuse in priority neighborhoods.

2. Strengthen treatment and healing services for survivors of sexual assault and domestic violence

a. Expand awareness and access to survivor-centered sexual and domestic violence services.[67]

b. Advance policies that enhance safety of survivors before, during and after legal proceedings.

c. Increase affordability and access to treatment services for perpetrators of domestic violence.

3. Identify and support people at risk for self-harm and suicide

a. Train community members to identify people at risk for suicide/self-harm and respond effectively by facilitating access to support services.[68]

b. Support treatment to prevent suicide attempts such as discharge information sessions and active follow-up approaches to prevent suicide.[69]

4. Improve cultural competence and support cultural identity of community members

a. Build a pipeline of culturally-competent, non-traditional mental wellness and health care providers.

b. Promote connections to faith and/or sense of cultural identity to advance individual and community healing and resilience.[70]

c. Promote culturally rooted healing, resilience, and social development for chronic and repeat juvenile offenders.

5. Strengthen and preserve healthy relationships

a. Strengthen restorative justice in courts, child welfare institutions, schools, and community-based settings as a means to advance healing and repair relationships for survivors and perpetrators of violence and broader social networks.

Relevant Indicators

- Awareness and engagement with trauma and healing-informed services among residents in priority schools and neighborhoods
- Number of excessive use-of-force incident complaints
- Number of individuals receiving services for drug addiction in priority neighborhoods
- Awareness and engagement in survivor-centered sexual and domestic violence services among residents in priority neighborhoods
- Number of mental health care providers in priority neighborhoods
- Number of residents trained in mental health first aid in priority neighborhoods

GOAL #3: SUPPORT CHILDREN, YOUTH AND FAMILIES

> **Sometimes people don't need to be saved, they need to be heard, they need to be respected.**
>
> *- Milwaukee Resident & Planning Participant*

Supporting families and the holistic development of children and youth can help prevent multiple forms of violence up front and across generations. Family support, commitment to school and connections to caring adults are all well-researched protective factors for safety.[71] Family, school, and community environments (including local government policies) all play critical roles in preventing violence and supporting positive development during early life, childhood and adolescence.[72] These life stages set the foundation for health outcomes, lowering the risk for future behavioral and academic problems.[73]

Strategies within this goal focus on strengthening the family unit by promoting healthy child development that can help prevent child abuse, neglect and maltreatment.[74] Child maltreatment is associated with future antisocial and violent behavior, including juvenile delinquency, intimate partner violence, and adult criminality.[75] Bolstering school-based initiatives that promote social-emotional learning, mental health, healing and conflict resolution is also critical. This goal also addresses harmful gender norms that can contribute to teen dating violence and sexual and domestic violence.[76] Finally, the Blueprint calls for strengthening and expanding after school and summer strategies for youth engagement. These strategies include quality after-school programs, mentorship, and youth employment opportunities that offer access to caring adults in safe and supportive environments. These opportunities provide youth with experiences to develop core competencies for current and future success.

Recommended Strategies

1. Promote healthy families and quality early learning to foster healthy child development

a. Promote early childhood home visitation and positive parenting programs.[77]

b. Strengthen preschool enrichment with family engagement.[78]

c. Strengthen neighborhood centers as resources for families.

d. Support father-child connectedness including opportunities for systems-involved fathers in priority neighborhoods.[79]

2. Advocate for safe and inclusive school environments.

a. Bolster school-based violence and trauma prevention for staff, students, and families.

b. Empower young people to become violence prevention advocates and speak out against behaviors that promote violence. This includes reinforcing positive behavior, and offering support in situations where violence has occurred or may occur.[80]

c. Enhance opportunities for academic credit recovery and high school persistence and graduation.

3. Ensure youth are connected to positive, caring and reliable adults

a. Strengthen quality, access, and coordination of mentorship and after-school/summer programs.[81]

4. Decrease domestic violence and sexual assault

a. Support leadership and empowerment programming for women and girls in priority schools and neighborhoods.[82]

b. Expand efforts to promote positive gender norms that support the formation of healthy relationships and healthy gender identity, including mobilizing men and boys as allies.[83]

c. Adopt comprehensive school-based sexual violence and teen dating violence prevention policies and practices that also address the needs of LGBTQ youth.

d. Adopt a comprehensive approach to sexual health education.

5. Increase employment and workforce development opportunities for high-risk youth

a. Increase coordination of youth job programs to link higher need youth to subsidized jobs and supportive services to strengthen employability and earn income concurrently.

b. Develop re-engagement centers for young people ages 14-24 who have been disconnected from school and workforce to support skill development and reconnection to educational and employment opportunities.

c. Work with employers to increase job opportunities, on-the-job training and retention strategies for youth, with consideration of youth from undocumented families.

Relevant Indicators

- Number of pre-K programs with family engagement in Milwaukee
- Number of youth participating in after-school and summer programs including organized athletics, science, leadership, and employment programs
- Number of schools certified as Trauma-Sensitive Schools
- Number of schools using restorative practices/diversions instead of progressive discipline/ suspensions in schools
- Number of youth who experienced physical or sexual dating violence from priority schools or neighborhoods
- Youth from priority neighborhoods who are on-track for on-time grade progression
- Youth enrollment in GED or vocational programs from priority neighborhoods
- Youth access and participation in social-emotional learning opportunities in and after school
- Number of youth ranking proficient in knowledge and application of social-emotional competencies from priority schools or neighborhoods.

GOAL #4: ADVANCE ECONOMIC OPPORTUNITY

Increasing economic opportunities for adults who face barriers to employment and creating safe workplace environments is critical to healing from community trauma and preventing violence. Workforce development and employment opportunities help residents gain access to good jobs with living wages and sets the community on a path toward opportunity.[84] Research points to diminished economic opportunities and high unemployment rates as a risk factor for multiple forms of violence including community violence, intimate partner violence and sexual violence.[85] Twenty-one percent of those surveyed in the 2016 City of Milwaukee Public Safety survey believe unemployment leads to violent behavior and crime in Milwaukee.[86] Several key stakeholders also stated that violence in the city stems from the lack of jobs and economic opportunities, specifically for those previously incarcerated and communities of color.[87] [88] [89] [90]

GOAL #4: ADVANCE ECONOMIC OPPORTUNITY

Recommended Strategies

1. Improve organizational policies and practices to support safe and inclusive work environments

a. Establish and incentivize proactive policies that reduce practices of discrimination and harassment based on race, class, gender identity, sexual orientation, age, religion, or national origin.[91]

2. Connect adults to employment opportunities with a living wage and remove accessibility barriers

a. Build on, tailor, and expand workforce and employment development efforts to link job seekers in greatest need to open positions.[92]

b. Create incentives and improve employer readiness to hire and retain those facing accessibility barriers (e.g. people returning from incarceration) and remove barriers for jobs.[93]

c. Adopt local policies to support living wages and local hiring.[94]

d. Adopt local policies to support paid sick, paternity, and maternity leave.

e. Increase opportunities for driver's license recovery and eliminate suspensions for non-driving violations, including truancy.

3. Strengthen economic supports for women and families

a. Support adequate workplace policies and access to and availability of affordable, quality child care.[95]

4. Strengthen financial literacy skills

a. Integrate financial education with employment services to improve economic opportunities for low-to-moderate income communities.

5. Foster local entrepreneurship

a. Create opportunities for local entrepreneurship and economic development, including co-op's.

Relevant Indicators:

- Employment rate of priority neighborhoods (U.S. Census)
- Number of transitional jobs and programs serving residents in priority neighborhoods engaged in transitional jobs, entrepreneurship or other programs
- Poverty rate in priority neighborhoods
- Amount of Community Reinvestment Act resources dedicated to priority neighborhoods
- Number of new businesses started in priority neighborhoods
- Number of families in priority neighborhoods eligible for the Earned Income Tax Credit

GOAL #5: FOSTER SAFE AND STRONG NEIGHBORHOODS

> **Beautifying our communities is making our communities safer.**
>
> *- Youth Planning Participant*

The Blueprint aims to build safe and strong neighborhoods by concentrating efforts to reduce deterioration and create protective community environments for residents and youth. Insufficient investment in the community contributes to community trauma and violence.[96] In addition, research shows poor neighborhood support and lack of community cohesion are risk factors for multiple forms of violence.[97] Violence thrives in areas where residents are disconnected from each other and public institutions. Investment in neighborhood infrastructure projects (roads, buildings, parks, transportation and public services) that address blight and deterioration is an essential component in preventing violence and has been shown to foster community connectedness and encourage positive social interaction and trust. This goal leverages existing work and initiatives to improve the social-cultural, physical/built and economic environments of disinvested neighborhoods in Milwaukee and encourage resident involvement, advocacy and leadership in neighborhood improvement and violence reduction. This goal area includes up front, community-level strategies that will create the conditions for promoting safe and thriving neighborhoods.

Recommended Strategies

1. Create safe and accessible community spaces

a. Organize community events in neighborhoods most impacted by violence.[98]

b. Create safe transportation routes.

c. Strengthen current Community Schools and bring to scale best practices to expand the Community Schools Model to additional schools.

d. Promote neighborhood revitalization and address physical blight and nuisance properties in prioritized neighborhoods.[99]

e. Increase investments to parks and playground infrastructure, equipment and landscaping in priority neighborhoods to ensure playgrounds are safe and accessible for all.[100]

f. Decrease the sale of harmful products through monitoring and restrictions, and reduce the number of establishments with liquor and tobacco licenses in priority neighborhoods.[101]

2. Increase economic development and access to economic opportunity in priority neighborhoods

a. Engage businesses in violence prevention efforts, including expanding partnerships with business improvement districts and other community-level efforts that increase economic growth and sustainability.[102]

b. Connect transportation/transit to economic development so that people in the city can access jobs throughout the region.

3. Improve government-community relationships

a. Provide increased opportunities for government-community partnerships and trust-building.

b. Increase knowledge, awareness, and power provided through civic engagement among residents in priority neighborhoods.

c. Sustain and expand existing community oriented and problem solving policing efforts, with the goal of building and strengthening relationships, trust and legitimacy throughout the community.

4. Build resident leadership and collective action

a. Expand efforts to build neighborhood/resident organizing and advocacy capacity.

b. Build capacity for residents to lead organizations to address the needs of their neighborhoods.

5. Connect residents to resources to improve their quality of life

a. Invest in and promote programs to increase safe and affordable housing in priority neighborhoods.

b. Connect residents in priority neighborhoods to community resources to meet basic needs such as food, housing, medical and other services/resources.[103]

Relevant Indicators

- Youth perception of safety at home, on buses and bus stops, in parks, in places around the city, in school or after school programs, at recreation centers and at work
- Number of nuisance, vacant and blighted properties abated in priority neighborhoods
- Awareness of neighborhood assets, resources, and programming among neighborhood residents
- Perception of economic stability among residents in priority neighborhoods
- Percentage of residents satisfied with responsiveness and quality of service provided by law enforcement in priority neighborhoods
- Number of registered voters in priority neighborhoods
- Number of block clubs in priority neighborhoods
- Number of resident-led events in priority neighborhoods

GOAL #6: STRENGTHEN CAPACITY AND COORDINATION OF VIOLENCE PREVENTION EFFORTS

Coordination is critical to the success of comprehensive violence prevention efforts. The responsibility for addressing violence and the various underlying risk and resilience factors must involve multiple sectors, organizations, and areas of expertise.[104] Collaboration across these sectors is essential to preventing violence. The Blueprint calls for leveraging, tracking and supporting investments relevant to the goals outlined within this plan. This includes tracking outcomes both by aggregating the activities and investments of diverse sectors in one coherent approach, and by leveraging efforts of different sectors so that they build on one another to achieve broader outcomes than could be accomplished by any single sector alone.[105] Effective implementation and long-term sustainability of the evidence-based strategies included in this Blueprint will require critical infrastructure supports for coordination, collaboration and staffing, community engagement, communication, resources, evaluation, evaluation training and capacity building. This goal provides strategies to build the infrastructure necessary to successfully implement the Blueprint and achieve desired outcomes.

Recommended Strategies

1. Build capacity for systems change and increased collaboration across organizations and sectors

a. Establish and sustain a Milwaukee Violence Prevention Council with strong community representation to provide leadership, coordination, and oversight to the implementation of the Blueprint for Peace.[106]

b. Expand and align community building processes and tools to build trust with community members and among organizational partners.

c. Offer ongoing opportunities for training and capacity-building for organizational and individual partners to better understand best practices for preventing violence.[107]

d. Build capacity and collaboration across priority neighborhoods in citywide implementation.

e. Identify and collaborate on strategies for systemic change in order to advocate for policy and practice changes relevant to violence prevention.

2. Apply trauma-informed, racial equity, and implicit bias reduction lenses across sectors

a. Adopt a trauma-informed approach to violence prevention across sectors, institutions and partners that acknowledges trauma and encourages trauma-sensitive approaches to violence.

b. Pursue and implement policies and practices that are trauma and healing-informed and reduce elements of bias across government departments and other sectors, including education and youth-serving organizations.

3. Create a mechanism for sustainable violence prevention funding

a. Align funding to support strategies within the Blueprint for preventing violence in prioritized neighborhoods with a particular emphasis on incentivizing collaboration.

4. Develop and implement an effective communications strategy

a. Ensure effective internal and external communication among.

b. Develop and implement branded and culturally tailored communications campaigns to promote norms around community safety, including effectively engaging the media to reduce biased reporting, framing violence as preventable and highlighting solutions for Milwaukee.[108]

5. Increase evaluation capacity and accountability

a. Establish coordinated data sharing for tracking programs, participation, and impact across multiple sectors.

b. Utilize a results-based framework for evaluating the impact of the Blueprint, including establishing a system to track key indicators and other evaluation needs.

Relevant Indicators

- Number of organizations, businesses, city departments, and foundations that formally agree to support violence prevention efforts in Milwaukee
- Number of organizations that adopt a trauma-informed approach to violence prevention
- Dissemination of Blueprint materials to residents and agencies within priority neighborhoods in Milwaukee
- Amount of prevention funding allocated from public and private sources
- Number of data sharing agreements between city, county, school, and relevant nonprofit agencies in Milwaukee
- Establishment of a Data and Evaluation Work Group
- Establishment of a Resource Development Work Group
- Establishment of a Milwaukee Violence Prevention Council

IMPLEMENTATION STRUCTURE AND IMMEDIATE PRIORITIES

The Blueprint for Peace puts forth a structure for implementation to ensure effectiveness and sustainability, including high-level leadership, and a multisector violence prevention council that will steer the implementation, evaluation, and sustainability of Blueprint strategies. Descriptions of and immediate priorities for the council and the City of Milwaukee Health Department Office of Violence Prevention are provided, along with a list of Year 1 implementation milestones.

LEADERSHIP AND OVERSIGHT

Leadership and oversight for the Blueprint for Peace will be provided by the Mayor of Milwaukee, in partnership with the Milwaukee Common Council, Milwaukee County Board, Milwaukee Public Schools and other local government entities, nonprofits, and community residents. The MHDOVP and other representatives of the Violence Prevention Council will provide regular updates to community stakeholders. This leadership and oversight will ensure cross-sector alignment and accountability, strong policy leadership, and necessary investment of local resources.

MILWAUKEE VIOLENCE PREVENTION COUNCIL

A multisector Milwaukee Violence Prevention Council (MVPC) will guide the implementation of the Blueprint. The MHDOVP will continue to serve as the coordinating entity, with a range of responsibilities including implementation of communications and capacity-building strategies.

The MVPC will ensure broad input from and accountability to residents, support integration of Blueprint efforts across related initiatives, monitor progress, and ensure that the Blueprint is periodically updated as needed.

IMPLEMENTATION PRIORITIES

Capacity Building & Alignment

The Blueprint calls for improving collaboration and alignment across sectors that are committed to violence prevention. In order to continue to build momentum and support for a public health approach to violence prevention, the Blueprint calls for ongoing education, training, and technical assistance be provided to individuals and entities involved in violence prevention. Alignment with MHDOVP's ReCast Milwaukee will leverage resources for building capacity and alignment particularly in the areas of healing and restorative justice and strengthening youth and families.

COMMUNICATIONS

The MHDOVP will support the development and implementation of communication strategies tailored for priority populations and sectors throughout Milwaukee. This will involve building momentum around violence prevention as a public health issue and advancing a shared understanding for effective violence prevention; lifting up the work of organizational and community partners and promoting a commitment to peace, community, equity, resilience, and action to prevent violence.

PRIORITY NEIGHBORHOOD ENGAGEMENT

Using an equity lens, the Blueprint calls for addressing violence in neighborhoods disproportionately impacted by persistent and concentrated levels of poverty and violence. As a result, the Blueprint has identified 10 priority neighborhoods for implementation of Blueprint strategies. The MVPC will focus on building resident knowledge and engagement in the Blueprint for Peace and ensure that the voices of residents most impacted by violence continue to be centered in this effort.

In order to prioritize neighborhoods for initial focus, data from 2014 to 2016 was analyzed for ***simple assaults, aggravated assaults, nonfatal shootings, and homicides (including sexual and domestic violence)***. Data from the Milwaukee Police Department was used; however, assault data was gathered from Community Mapping and Analysis for Safety Strategies (COMPASS) and nonfatal shooting and homicide data were retrieved from the Milwaukee Homicide Review Commission database. Using ArcMap 10.4.1, data was geo-coded and stratified by City of Milwaukee neighborhood boundaries by each year and then aggregated.

The total number of assaults, nonfatal shootings, and homicides was considered as was the change over time in assaults, nonfatal shootings, and homicides (e.g. increase or decrease in assaults/nonfatal shootings/homicides from 2014 to 2016), to generate an initial list of neighborhoods. The MHDOVP took this list and cross-referenced it with considerations of current capacity that was gathered through Steering Committee member interviews and community input. As a result, the following 10 neighborhoods have been prioritized for Blueprint implementation:

1. OLD NORTH MILWAUKEE
2. HARAMBEE
3. FRANKIN HEIGHTS
4. SILVER SPRING
5. NORTH DIVISION
6. AMANI
7. SHERMAN PARK
8. HISTORIC MITCHELL
9. LINCOLN VILLAGE
10. MIDTOWN

SCHOOL AND YOUTH ENGAGEMENT

In addition to priority neighborhoods the MVPC and MHDOVP will work with education and youth development partners to identify priority schools with high rates of students from priority neighborhoods or schools that have significantly high rates of incident referrals or police calls for service. In addition, specific strategies for ongoing youth engagement in Blueprint implementation will be identified and executed. These engagement opportunities will be implemented in partnership with youth serving agency networks such as United Neighborhood Centers of Milwaukee, Beyond the Bell Milwaukee, Milwaukee Succeeds and Brighter Futures.

FUNDING

The Blueprint requires a focus on aligning, leveraging, braiding, and blending resources from a variety of organizations and sectors, especially public resources. Potential sources of funding include: designated city resources, agency and department contributions, business sector and philanthropic contributions, county, state, and federal appropriations, private contributions, and the establishment of a local tax or fee. Securing the necessary resources to fund and sustain effective strategies are essential to reducing violence over time.

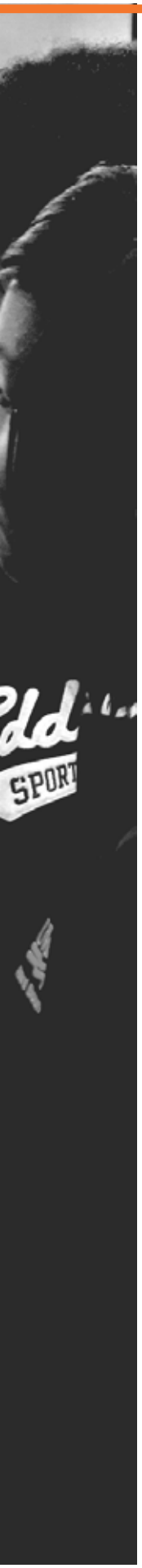
POLICY

The MVPC and MHDOVP will analyze existing and pending policies relevant to the goals of the Blueprint at the federal, state, and local level. The success and sustainability of violence prevention is greatly determined by the public will to invest in and support a public health approach to violence prevention. Leveraging a national movement for building a public health system for prevention, the Blueprint will require champions in and outside of government in order to be successful.

DATA

The MHDOVP and MVPC will ensure that relevant data is used to understand the current state of violence in priority neighborhoods and the impact of Blueprint strategies over time. With support from the UWM Zilber School of Public Health, Children's Hospital, Milwaukee County, Homicide Review Commission, and the Comprehensive Injury Research Center, the MVPC will engage local and national practitioners to collect, track, and communicate data relevant to violence prevention in Milwaukee.

adidas



EVALUATION APPROACH

The Blueprint is comprised of a complex set of interdependent strategies, designed for implementation by various partners across multiple sectors. As such, implementation and evaluation of the Blueprint will emphasize real-time feedback, learning, and adaptation. The Blueprint as a whole will use an adaptive, developmental evaluation approach that: 1) supports program and policy innovation and 2) facilitates real-time feedback for continuous learning and improvement.[109] Participatory evaluation methods will be used whenever possible, and particularly at the neighborhood level.[110] More traditional program evaluation approaches will be used to assess specific programs and initiatives implemented in priority schools and neighborhoods. A Results Based Accountability approach will also be used to ensure that strategies are accountable to specific program, performance, and population level indicators and outcomes.

COORDINATING ENTITY

The City of Milwaukee Health Department, through its Office of Violence Prevention (MHDOVP), will continue to provide oversight for the implementation of the Blueprint for Peace and staff the MVPC.

The MHDOVP will perform the following functions:

- Serve as convener, guiding vision and strategy for the Blueprint; facilitate conflict resolution and problem solving; and promote a culture of collaboration, trust, and transparency;
- Build public will and engagement of community agencies and residents, including youth, in understanding, shaping, and participating in the implementation of the Blueprint;
- Facilitate the development of agreements across collaborative partners;
- Coordinate and support alignment of implementation and evaluation activities among multiple organizations and sectors across the goals of the Blueprint, including leveraging existing efforts and initiatives, expanding new efforts, and reducing duplication;
- Coordinate and support alignment of communications and capacity building activities;
- Manage public and private investments in Blueprint implementation and other relevant grants;
- Provide staffing support for MVPC working groups, including ***neighborhood, data, communications, alignment, policy, and funding;*** and,
- Report on activities and outcomes to appropriate stakeholder groups, including public, private, and community-based entities.

TABLE: YEAR 1 MILESTONE ACTIONS AND PERFORMANCE MEASURES

Action	Performance Measures
1. **Build community and multisector understanding of the Blueprint and solidify the contributions of multiple sectors,** including education, business, health care, community development, and philanthropy sectors, in prioritized neighborhoods and citywide;	• Number of sectors engaged in violence prevention events or meetings • Number of neighborhoods represented at city-wide violence prevention events or meetings • Number of community members engaged in violence prevention events or meetings from priority neighborhoods • Number of sectors represented in the MVPC
2. **Establish a MVPC** that includes cross sector leadership and residents from priority neighborhoods.	• Establishment of a MVPC • Number of confirmed members • Establishment of role descriptions and operating guidelines.
3. **Bolster staffing for MHDOVP to serve as coordinating agency** for the Blueprint and coordinate all aspects of the MVPC for implementation and evaluation of violence prevention, including application of a public health approach and key frameworks, communications, and capacity building strategies;	• Identify staffing needs for Blueprint coordination • Create necessary positions and/or consulting opportunities • Hire staff and/or independent consultants
4. **Coordinate identification, implementation, and evaluation of strategies in each priority neighborhood,** including assets to leverage and align and gaps to address;	• Number of community members from priority neighborhoods involved in identification of strategies for implementation • Number of new strategies implemented • Establishment of a developmental evaluation plan for the Blueprint. • Establish strategy-specific evaluation plan for programs and initiatives relevant to the Blueprint
5. **Develop a communications strategy and implement key activities** that builds awareness of violence as a public health issue and fosters social norm change at the neighborhood level and citywide. Strategy should also document and create regular assets to communicate progress and impact of the Blueprint for Peace;	• Establishment of a communications plan • Website developed and launched • Billboard campaign launched • Digital campaigns launched • Radio PSA's • Print and online articles and editorials produced • Number of unique website hits/visits • Quarterly reporting on Blueprint progress
6. **Develop an alignment- and capacity-building strategy and implement key activities i**ncluding a training of trainers and development of sector-specific guidance to ensure coordinated, multisector, data-driven, and sustainable violence prevention;	• Number of presentations on violence as a public health issue • Number of presentations on Blueprint implementation • Number of sectors trained • Number of partnerships facilitated • Establishment of a data and evaluation workgroup
7. **Develop a data-sharing and evaluation strategy** and implement key activities, including enhancing staffing, implementing a routine framework for review of incidents of violence, strengthening cross-agency data sharing and analysis, developing an evaluation plan, and preparing data for regular reporting on Blueprint activities and outcomes.	• Establishment of data-use agreements and MOUs with appropriate partners • Development of an evaluation plan • Development of a data-sharing system for reporting data on Blueprint progress • Establishment of a resource development workgroup
8. **Craft a resource development strategy** for full implementation of Blueprint priorities and sustainable long-term implementation and evaluation.	• Number of government departments and philanthropic organizations contributing funds to violence prevention efforts relevant to Blueprint goals and/or contributions to the violence prevention fund at the Greater Milwaukee Foundation. • Amount of dollars contributed to the Blueprint goal including the violence prevention fund at the Greater Milwaukee Foundation

GET INVOLVED

The Blueprint for Peace provides a vision and a comprehensive set of community-informed strategies for making Milwaukee a safe and resilient city. Its success will be determined by what you DO next. Regardless of your age, occupation, background or neighborhood YOU can do something to make a difference.

- **Spread the word: Share this Blueprint with your friends, co-workers, and family members. Discuss what you think is needed to make Milwaukee safer and how you plan to be a part of the solution.**
- **Become a champion: Across the country violence prevention is becoming a critical strategy for increasing public safety. We need more people championing the idea that violence is preventable and peace is possible if we are willing to invest in it and work for it--together!**
- **Get engaged: Visit www.414LIFE.com and sign up to become engaged in the implementation of the Blueprint. Whether you want to contribute time, money, or talent, every contribution to making Milwaukee a safer city is valued and needed.**
- **Learn more: Visit www.414LIFE.com for links to important data and information about violence prevention in Milwaukee and across the country. We also encourage you to visit: www.preciouslivesproject.org to hear stories about how Milwaukee has been working to achieve victory over violence.**

APPENDICES

APPENDIX A: SUMMARY OF THE PLANNING PROCESS

The process to develop the Milwaukee Blueprint for Peace was launched with over 150 community partners and residents on November 1, 2016. Participants discussed key issues related to violence in Milwaukee with an emphasis on hearing from youth and other perspectives from neighborhoods highly impacted by violence. The Prevention Institute provided an overview of the planning process alongside Mayor Tom Barrett, Health Commissioner Bevan K. Baker, Director of the City of Milwaukee Health Department Office of Violence Prevention Reggie Moore, and Nicole Angresano of the United Way of Greater Milwaukee & Waukesha County. Participants were introduced to the Adverse Community Experiences and Resilience (ACE|R) framework, and were asked to identiy the leading risk and resilience factors related to violence in Milwaukee. Suggestions were made for community engagement and other elements of the Blueprint planning process.

The first Steering Committee meeting was held at **Bader Philanthropies on November 2, 2016.** This meeting focused on drafting the vision and principles for the Blueprint and reviewing risk and resilience factors related to violence in Milwaukee. Leading up to the first Steering Committee meeting, Prevention Institute and MHDOVP conducted interviews and surveys with Steering Committee members and other key community stakeholders. Prevention Institute and Steering Committee members also reviewed a significant number of background documents to inform the plan (see Appendix C).

Through community conversations, roundtable discussions, and online surveys, input on the emerging vision, principles, and risk and resilience factors was solicited. Community input was also sought regarding specific strategies to advance the goals of the Blueprint.

Youth were engaged in the planning effort from the very beginning. In addition to participating in the launch, a **youth forum** was held at **Running Rebels Community Organization on the evening of November 2, 2016** with participants from various groups including Pearls for Teen Girls, St. Charles, Urban Underground, and Violence Free Zone. In addition, over 1,000 youth in schools, detention facilities, group homes, and youth-serving agencies completed surveys offering their perspectives on violence prevention in Milwaukee.

On January 12, 2017, over 100 people representing diverse sectors, including business, faith, government, public health, and grassroots programs participated in a **Safe MKE** forum hosted by the Greater Milwaukee Committee, Children's Hospital of Wisconsin, Precious Lives, MHDOVP, the United Way of Greater Milwaukee & Waukesha County. Keynote speaker Dr. Howard Pinderhughes from Prevention Institute discussed a public health approach to violence prevention that considers the impact of community trauma, and the importance of focusing on strategies to address the underlying contributors to violence. The event featured two panels that explored national strategies and opportunities to align local efforts in Milwaukee. National panelists included Marcus McAllister from Cure Violence, Freddy Barton from Safe & Sound Hillsborough, and Amoretta Morris from The Annie E. Casey Foundation. Local panelists included Hector Colon from Milwaukee County Department of Health & Human Services; Dr. Michael Levas, Associate Professor of Pediatric Emergency Medicine, Assistant Director of Children's Hospital's Project Ujima and Provider at Children's Hospital of Wisconsin, Emergency Department; Carmen Pitre from Sojourner Family Peace Center; and Donsia Strong-Hill from LISC.

The second Steering Committee meeting was held at the **Sojourner Family Peace Center on January 13, 2017**. This meeting focused on refining the principles of the Blueprint, developing goals, aligning across other plans and initiatives in the city, and continuing to identify strategies to address the emerging goals.

As part of the planning process, Steering Committee members and other contributors identified related initiatives in Milwaukee. These include existing cross-sector coalitions and multi-agency initiatives that directly address goals and strategies in the Blueprint or work to alleviate associated risk factors for violence and build resilience factors that promote community safety. Information about these related initiatives informed the Blueprint, including identifying potential intersections within the Blueprint and ways that these initiatives can align with the approach and specific goals, objectives, and strategies.

The third Steering Committee meeting was held at **UW-M Zilber School of Public Health on February 24, 2017**, and focused on revising the vision of the Blueprint and its focus on violence prevention in general with specific priorities for youth and geographic neighborhoods with high concentrations of structural and interpersonal violence. The Steering Committee also hosted a presentation by Arnold Chandler from Forward Change based in Oakland California. Arnold shared a life-course framework for advancing outcomes for violence prevention.

As a part of the planning process, MHDOVP conducted site visits with relevant violence prevention programs around the country, including Baltimore, Maryland, and Chicago, Illinois. Steering Committee members and community partners also participated in site visits.

Between the second and fourth Steering Committee meetings, Prevention Institute conducted additional interviews with Steering Committee members and other contributors to identify and prioritize goals, objectives, and strategies, and to identify implementation partners and other issues critical to the Blueprint and its implementation. Prevention Institute continued to review relevant research and related plans and documents to inform the Blueprint. Steering Committee members and other community stakeholders reviewed the emerging goals, objectives, and strategies and provided critical feedback to prioritize, clarify, and refine these and other elements of the Blueprint.

MHDOVP convened a Data and Evaluation Roundtable and Prevention Institute worked closely with MHDOVP to facilitate two Roundtable meetings on December 16, 2016 and April 5, 2017. Through these meetings the group was able to develop a shared understanding and direction for evaluation of the Blueprint, identify data gaps and needs, and discuss measurable indicators to inform the evaluation framework. The MHDOVP also engaged several data contributors in the city on an ad hoc basis to assist with indicators, neighborhood prioritization efforts, and other data needs for developing the Blueprint.

The **fourth Steering Committee meeting was held on April 24, 2017 at the Greater Milwaukee Foundation** and focused on shaping the elements for effectiveness, sustainability, and accountability. Major outcomes of the meeting included growth in building a collaborative culture; affirmation of progress to date and greater clarity on next steps to complete and launch the Blueprint; support and feedback on the recommended goals, objectives, and strategies; and identification of the need for broad outreach, education, and training on a public health approach to preventing violence. A number of community engagement activities were conducted after the fourth Steering Committee to engage youth, faith communities, policymakers and others.

After the fourth Steering Committee meeting, the MHDOVP and Prevention Institute conducted additional meetings with Steering Committee members, representatives from various sectors (criminal justice, health care, education, faith, and others), and others, to solicit input and refine all elements of the plan. Steering Committee members and other key contributors completed another review of the full plan. Prevention Institute addressed and incorporated feedback into the Blueprint. The MHDOVP organized numerous community events, which included opportunities to gather additional input and insights to further refine the plan.

Throughout the duration of the planning process, Prevention Institute helped to incorporate several frameworks and sources of guiding evidence to support the development of the Blueprint. These included a public health approach to violence prevention, Connecting the Dots, and the Adverse Community Experiences and Resilience framework, to name a few (please see Appendix E for a full description of guiding evidence and frameworks).

This process was co-facilitated by the City of Milwaukee Health Department Office of Violence Prevention and the Prevention Institute

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Sumaiyah Clark, ReCast Program Manager
Deonte Lewis, Youth Violence Prevention Coordinator
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Ali Goodyear, Senior Program Assistant

ACKNOWLEDGEMENTS

Development of the Blueprint for Peace would not have been possible without support from city, county, and school district leadership.

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Khalif Rainey, District 7
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Chantia Lewis, District 9
Michael Murphy, District 10
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MILWAUKEE COUNTY EXECUTIVE
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John Weishan Jr., District 16
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SUPERINTENDENT
Dr. Darienne Driver

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Luis (Tony) Baez, District 6
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Carol Voss, District 8
Terry Falk, At Large

BLUEPRINT SPONSORS
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PRODUCTION CREDIT

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Keyon Jackson Malone, Nick Hansen, Beyond the Bell, Art Works, Urban Underground, Office of Violence Prevention and True Skool

DEDICATION

This Blueprint honors the lives of all Milwaukee residents touched by violence. We especially dedicate this Blueprint in honor of the children ages 17 and under whose lives have been tragically cut short due to multiple forms of violence. We commit this Blueprint to eliminating child homicides in our city.

2015
Lederro Toliver-Burkett
Kairii Garcia
Rasheed Chiles
Shanice McClain
Aiden Archer
Tariq Akbar
Giovonnie Cameron
Breanna M. Eskridge
Carrie A. Jopek
Taenajah Morgan
India Gilmore
Kevin Little

2016
Arturo Arvelo
Madyson Marshel
Shamaury Young
Kemone Love
Za'Layia Jenkins
Sean Flowers III
Travon S. Overton
Canova Webb
Trevion Winningham
Melanie M. Johnson
Deonte M. Thomas

2017
(October 2017)

Chrisima Murry
Tamiya Dotson
Emani J. Robinson
Justin Evans Jr.
Savaiyah Reid

NO MORE.

APPENDIX B: PLANNING PARTICIPANTS

The Blueprint Steering Committee is grateful for the time and insights offered by many partners, stakeholders, community members and youth who contributed to the planning process. Whether you completed a survey, interview, or participated in a focus group, meeting or event, your contributions have been greatly appreciated.

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ANDREW OREN, BAY VIEW UNITED METHODIST CHURCH
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ANNIKA LEONARD, PRICELESS INCITE
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AVA HERNANDEZ, PUBLIC ALLIES
BARB SCOTTY, NEAR WESTSIDE PARTNERS
BARBARA ARMSTRONG, MOUNT MARY UNIVERSITY
BESS EARL, LISC
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DESHEA AGEE, HISTORIC KING DRIVE BUSINESS IMPROVEMENT DISTRICT
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DEVIN CAMERON, COMMUNITY RESIDENT
DIANE DE LA SANTOS, CITY OF A HILL

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NINA VINIK, JOYCE FOUNDATION
OSSIE KENDRIX, OFFICE OF UNITED STATES SENATOR TAMMY BALDWIN, US REPRESENTATIVE
PARDEEP KALEKA, SERVE TO UNITE
CHARLES WATKINS, PASTOR
KEN HUGHES, PASTOR
PATRICIA RUIZ-CANTU, CITY OF MILWAUKEE
PATRICK SCHRANK, MILWAUKEE CHRISTIAN CENTER
PAUL FLORSHEIM, UNIVERSITY OF WISCONSIN MILWAUKEE
PAULA LUCEY, HEALTHY WISCONSIN PARTNERSHIP PROGRAM
PERRY BELL, SPORTS FOR KIDS ACADEMY
PETER FEIGIN, MILWAUKEE BUCKS
PETER HOEFFEL, NAMI
RAISA KOLTUN, MILWAUKEE COUNTY EXECUTIVE'S OFFICE
RASHIDAH BUTLER, PUBLIC POLICY INSTITUTE
ROB HUTTON, WISCONSIN STATE LEGISLATURE
ROB KRAEMER, UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY
ROB SHELLEDY, ARCHDIOCESE OF MILWAUKEE
ROBERT BAUMAN, ALDERMAN, CITY OF MILAUKEE
RODNEY BOURRAGE SR, OPERATION DREAM
RUSSELL STAMPER, ALDERMAN, CITY OF MILWAUKEE
SAKURI FEARS, LOCAL INITIATIVES SUPPORT CORPORATION
SARA KOHLBECK, FIREARM INJURY RESEARCH CENTER
SARAH DOLLHAUSEN, TRUE SKOOL FOUNDER
SARAH MILNAR MCLAUGHLIN, CENTER FOR YOUTH ENGAGEMENT
SARAH TYREE-FRANCIS, PEARLS FOR TEEN GIORLS
SHANNON MCCOY, WISCONSIN STATE LEGISLATURE
SHANNON REED, UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY
SHARON WILLIAMS, BOYS & GIRLS CLUBS OF GREATER MILWAUKEE
SHAUN ROBEY, FRESH START FAMILY SERVICES
SHAWN MOORE, H.O.O.D. AMBASSADORS
SHAWN MUHAMMAD, THE ASHA PROJECT
SONJA KANIA, SAINTA
STEPHANIE NOWAK, MILWAUKEE, COUNTY
STEVE DYKSTRA, MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

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TORRE JOHNSON, WISCONSIN COMMUNITY SERVICES
TRACY WILSON, ADVANCING A HEALTHIER WISCONSIN ENDOWMENT
TRENELL HENNING, WALNUT WAY
VAUN MAYES, PROGRAM THE PARKS
VENICE WILLIAMS, ALICE'S GARDEN
VICTOR BARNETT, RUNNING REBELS
VINCENT LYLES, BOYS & GIRLS CLUBS OF GREATER MILWAUKEE
VIOLA REMBERT, HEARTLOVE PLACE
WALTER BOND, TEACH FOR AMERICA
WANDA MONTGOMERY, CHILDREN'S HOSPITAL OF WISCONSIN
WILLIAM COLEMAN, SAFE & SOUND
WILLIAM JESSUP, MILWAUKEE POLICE DEPARTMENT
WILLIAM LIPSCOMB, US ATTORNEYS OFFICE
WILLIAM MUHAMMAD, NATION OF ISLAM

ARIANNA WILLIAMS, COMMUNITY MEMBER
BELINDA PITTMAN, COMMUNITY MEMBER
BREE SPENCER, COMMUNITY MEMBER
BRIAN COOPER, COMMUNITY MEMBER
BRITNEY MORGAN, COMMUNITY MEMBER
CAROLINA MULVEY-VIDELA, COMMUNITY MEMBER
CHARLES BROWN, COMMUNITY MEMBER
ERIC KLEPPE-MONTENEGRO, COMMUNITY MEMBER
LES WEIL, COMMUNITY MEMBER
LIBBY MUELLER, COMMUNITY MEMBER
LUANN ANDERSON, COMMUNITY MEMBER
MARGUERITE COPELAND, COMMUNITY MEMBER
MARICELLA NAYERI, COMMUNITY MEMBER
MARTY CALDERON, COMMUNITY MEMBER
MATTHEW SCHLAKE-KRUSE, COMMUNITY MEMBER
MICHELLE NAPLES, COMMUNITY MEMBER
MOLLY COLLINS, COMMUNITY MEMBER
NICOLE FUMO, COMMUNITY MEMBER
PAULA JONES, COMMUNITY MEMBER
RAMEL SMITH, PHD, COMMUNITY MEMBER
RAMONA BOONE, COMMUNITY MEMBER
RICHARD DIAZ, COMMUNITY MEMBER
ROBIN DORMAN, COMMUNITY MEMBER
RODNEY CAMPBELL, COMMUNITY MEMBER
SAEHEE CHANG, COMMUNITY MEMBER
SARAH GREENBERG, COMMUNITY MEMBER
SHAHIDA MUNIM, COMMUNITY MEMBER
SOLANA PATTERSON-RAMOS, COMMUNITY MEMBER
TONY GIBSON, COMMUNITY MEMBER
TONY PHILLIPS, COMMUNITY MEMBER
TRACEY CURRY, COMMUNITY MEMBER
TROY MACK, COMMUNITY MEMBER
TYLER WEBER, COMMUNITY MEMBER
TYNNETTA JACKSON, COMMUNITY MEMBER
VIRGINIA CARLSON, COMMUNITY MEMBER
WILLIAM JOHNSON, COMMUNITY MEMBER

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APPENDIX D: GLOSSARY OF TERMS

CAR JACKING: The forcible act of taking someone else's vehicle.[111]

CHILD MALTREATMENT: An act, intentional or not, that results in harm, the potential for harm, or the threat of harm to a child; the failure to provide for a child's needs or to protect a child from harm or potential harm. [112]

COMMUNITY-LEVEL: A level of the Social-Ecological Model that focuses on policy and practice strategies to change the community environment in ways to decrease the likelihood of violence and promote safety for entire populations. This includes improvements to the social-cultural, physical/built, and economic environments – for example supporting social connections in neighborhoods or increasing employment and economic opportunities. [113]

COMMUNITY RESILIENCE: The ability of a community to recover from and thrive despite the prevalence of adverse conditions. In the context of community-level trauma, this means putting the conditions in place in which the community can heal from trauma and/or be protected against the impact of trauma. [114]

COMMUNITY TRAUMA: Community trauma is not just the aggregate of individuals in a neighborhood who have experienced trauma from exposures to violence. Rather it is the cumulative impact of regular incidents of interpersonal violence, historical and intergenerational violence, and continual exposure to structural violence. [115]

COMMUNITY VIOLENCE: Deliberate acts of interpersonal violence in public spaces by a person or persons not intimately related to the victim. [116]

DRUG-RELATED VIOLENCE: Incidents that had indicators of drug involvement (i.e. large amount of cash present, known drug house, presence of narcotics, etc.). [117]

HUMAN TRAFFICKING: Trafficking for the purposes of labor or services, or for the purposes of a commercial sex act.[118]

INTIMATE PARTNER VIOLENCE: Physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner.[119]

RISK FACTORS: Characteristics or conditions at the individual, family, community or society level that increase the likelihood of violence occurring. [120]

RESILIENCE FACTORS: Characteristics or conditions at the individual, family, community or society level that reduce the likelihood of violence occurring/are protective against violence even when risk factors are present.[121]

SAFETY: People live free from fear and free from harm.[122]

SEXUAL VIOLENCE: A sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse.[123]

SOCIO-ECOLOGICAL MODEL: A framework for violence prevention that considers the complex interplay between individual, relationship, community, and societal factors. This model promotes an understanding of the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. Besides helping to clarify these factors, the model also suggests that in order to prevent violence, it is necessary to act across multiple levels of the model at the same time.[124]

STRUCTURAL VIOLENCE: Economic and social structure, social institutions, relations of power, privilege and inequality and inequity that may harm individuals, families and communities by preventing them from meeting their basic needs.[125]

TRAUMA: Both experiences or situations that are emotionally painful and chronic adversity (discrimination, racism, sexism, poverty, oppression).[126]

VIOLENCE: Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological or emotional harm, mal-development or deprivation.[127]

VIOLENCE PREVENTION: A comprehensive and multifaceted effort to address the complex and multiple risk factors associated with violence, including, but not limited to, poverty, unemployment, discrimination, substance abuse, educational failure, fragmented families, domestic abuse, internalized shame, and felt powerlessness. Efforts build on resilience in individuals, families and communities. Violence prevention efforts contribute to empowerment, educational and economic progress, and improved life management skills while fostering healthy communities in which people can grow in dignity and safety.[128]

APPENDIX E: GUIDING EVIDENCE & FRAMEWORKS

The Blueprint for Peace draws on guiding evidence and frameworks for action.

A PUBLIC HEALTH APPROACH TO VIOLENCE

A public health approach to violence prevention focuses on preventing violence before it occurs (i.e., primary prevention), while also acknowledging the need for balance of efforts to enhance the impact of violence after it has occurred and reduce the likelihood of future violence (i.e., secondary and tertiary prevention strategies).[129] This approach is population-based and works to increase interrelated resilience factors while reducing risks. Driven by data and a growing research base, a public health approach focuses on the implementation and evaluation of strategies to address risk and resilience factors associated with violence.[130] [131] [132] Authentic community engagement and participation from diverse sectors are key components of this approach, and public health can play a central role in convening and facilitating collaboration between community members and multiple sectors.[133] [134] Working across all levels of the Spectrum of Prevention, with a strong emphasis on policy and practice change, strategies aim to build on existing assets to reduce risk factors and bolster resilience factors at the individual, relationship, community, and societal levels.[135] [136] [137] Increasingly, efforts focus on factors in the community environment, including social-cultural, build/physical, educational, and economic factors. A public health approach has served as the foundation of the planning process in Milwaukee and informed the development of balanced, comprehensive, and collaborative strategies to prevent violence in the city. Drawing from research based resources such as the CDC Technical Packages for Violence Prevention, the strategies included in the Blueprint address risk and resilience factors for violence in Milwaukee by building on community assets and engaging multiple sectors.

CONNECTING THE DOTS AMONG MULTIPLE FORMS OF VIOLENCE

Developed by the Centers for Disease Control and Prevention (CDC) and Prevention Institute, Connecting the Dots provides an overview of the links among multiple forms of violence. Exposure to one form of violence increases risk of further victimization and engagement in violent behavior.[138] Since multiple forms of violence share common underlying risk factors and are often experienced together for individuals, families and communities, addressing shared risk and resilience factors is most effective in addressing and preventing violence.[139] In Milwaukee, Connecting the Dots was used to identify risk and resilience factors across forms of violence, and to ensure that the goals and strategies address these risk and resilience factors.

THRIVE (TOOL FOR HEALTH AND RESILIENCE IN VULNERABLE ENVIRONMENTS)

THRIVE (Tool for Health and Resilience in Vulnerable Environments) is a community resilience framework and tool for understanding: 1) how structural drivers play out at the community-level, impacting daily living conditions and, consequently, community outcomes for health, safety, and health equity; and, 2) how community change can push back against these structural drivers. THRIVE identifies 12 interrelated community determinants of health and safety, grouped in three interrelated clusters: the social-cultural environment (people), the physical/built environment (place), and the economic/educational environment (equitable opportunity). THRIVE was created through an iterative process of scanning peer-reviewed literature, reports, and interviews with practitioners and academics starting in 2002, and was updated in 2011-2012 based on a review of social determinants of health literature.[140] The language of THRIVE was developed by piloting and gaining feedback from communities with the goal of incorporating "community friendly" terms rather than research/academic language. In Milwaukee, THRIVE was used to emphasize community resilience and to ensure that a holistic set of factors at the community environment are addressed by the Blueprint's goals and strategies.

ADVERSE COMMUNITY EXPERIENCES AND RESILIENCE: A FRAMEWORK FOR ADDRESSING AND PREVENTING COMMUNITY TRAUMA

Prevention Institute's Adverse Community Experiences and Resilience (ACE|R) report offers a framework for understanding and preventing trauma at the community level. The report describes how trauma manifests at the community-level, not just the individual-level, particularly by acknowledging the impacts of structural violence and institutional racism in the production of trauma. Structural violence refers to distal social forces, such as income inequality and segregation that concentrate disadvantage and harm individuals, families, and communities by preventing them from meeting their basic needs.[141] Building on Prevention Institute's THRIVE framework and tool, ACE|R organizes the symptoms of community trauma in three interrelated clusters: people (the social-cultural environment), place (the physical/built environment), and equitable opportunity (the education and economic environment). The ACE|R framework offers examples of strategies within these three clusters to prevent community trauma, build community resilience, and promote community healing. Examples of strategies include: strengthening connection to a positive cultural identity, improving public spaces, and implementing restorative justice practices. In addition, the framework offers examples of strategies to counter structural violence, such as increasing collective capacity for action, and removing barriers to housing and employment access for formerly incarcerated individuals. The most effective strategies engage multiple sectors, involve community healing, and build on community knowledge, expertise, and leadership. In Milwaukee, the ACE|R framework was shared with participants throughout the planning process. The framework informed and affirmed participants' understanding of the relationship between various forms of violence and trauma, and the need to include strategies that counter structural violence, build community resilience, and promote community healing.

THE UNITY ROADMAP

The UNITY RoadMap helps cities to understand and map out solutions for effective and sustainable violence prevention. Key elements delineated in the UNITY RoadMap include: partnerships (high-level leadership, collaboration and staffing, and community engagement), prevention (programs, practices, and policies; communication; and training and capacity building), and strategy (strategic plans, data and evaluation, and funding). In Milwaukee, the UNITY RoadMap was used to inform: the goals, strategies, and indicators; the data and evaluation framework; and the implementation structure for effectiveness and sustainability, including citywide and neighborhood-based implementation efforts. It was also used to delineate initial plans for communications, resource development, and capacity building. In particular, the UNITY Roadmap affirmed planning participants' understanding of the critical need to reduce silos and foster greater synergy across sectors. The UNITY RoadMap includes information, resources, and examples from a diverse array of cities, and as such, can be used an ongoing resource during implementation and evaluation of the plan.

THE FRAMEWORK FOR INTEGRATING THE HEALTH APPROACH TO VIOLENCE PREVENTION

The Framework for Integrating the Health Approach to Violence Prevention introduces a system for addressing violence in all forms as a health issue in impacted communities across the United States. This system is updated to include a unified, integrated effort that encourages and supports extensive cross-sector collaboration with emphasis on health. It improves the current fragmented approach that leans heavily on the justice system. The framework laid out in the infographic in Appendix F represents a cost-effective means to reduce the incidence and impact of violence that works mainly through existing infrastructure, addresses systemic and institutionalized trauma, and connects the health sector to community resources, social services, schools, the justice system, and other municipal systems. This framework was developed by over 50 health practitioners representing national and local health organizations and is endorsed by more than 400 health and community practitioners representing over 40 cities and 40 national organizations. The framework will guide local government, as well as organizational and community leaders, to improve and systematize their efforts in violence prevention, making our country safer, healthier and more equitable.

The Elements of the Health System to Prevent Violence is an infographic to represent the Framework for integrating the Health Approach to Violence Prevention.

HEALTH SYSTEM to PREVENT VIOLENCE

www.violenceepidemic.org

Violence is among the most significant health problems in the United States not only because of death and injury, but also because of the harm, fear, and trauma caused to families and communities. It leads to a broad range of mental and physical health problems that disproportionately impact children, youth, and communities of color. This visual representation of a health system to prevent violence is derived from the Framework created by the Violence as a Health Issue Collaborative, which is led by David Satcher, MD, MPH; Al Sommer, MD, MHS; and Gary Slutkin, MD and includes representatives from over 40 cities, 40 national organizations, and over 400 health and community practitioners. It depicts a city-wide strategy for addressing violence of all forms as the health issue that it is with contributions from every sector. This framework is designed to guide local community organizations and agencies that can be supported by federal and state partners. Coordinated implementation of these strategies with an equity lens will work to address detrimental inequities to improve outcomes for all communities.

= Outreach workers, violence interrupters, hospital responders, and community health workers

ENSURING AN EQUITY LENS

Ensuring greater benefit and less burden for marginalized communities by:

- Changing perceptions
- Increasing accountability
- Aligning resources in partnership with communities

SCHOOLS OF PUBLIC HEALTH & UNIVERSITIES

Preparing Movement Leaders with Curricula and Research

PUBLIC HEALTH DEPARTMENTS IN PARTNERSHIP WITH ELECTED OFFICIALS

Coordinating and Developing Interventions

HOSPITALS AS ANCHOR INSTITUTIONS

Ensuring Quality Care, Outreach and Follow Up

SCHOOLS

Creating Safe and Healthy Learning Environments

MENTAL HEALTH

Promote Accessibility for Greater Well-Being

COMMUNITY ORGANIZATIONS

Holding Systems Accountable and Providing Comprehensive Interventions

EMERGENCY DEPARTMENTS AND ACUTE CARE FACILITIES

Identifying and Supporting Individuals and Families at Risk

HEALTH CARE SYSTEM

Incorporating Violence Prevention in Economics and Policy

COMMUNITY RESIDENTS

Leading the Local Movement

BEHAVIORAL HEALTH CARE

Providing Trauma-Informed Services for Improved Outcomes

EARLY CHILDHOOD DEVELOPMENT CENTERS & THE CHILD WELFARE SYSTEM

Addressing Trauma to Start Off Strong

ACADEMIC MEDICAL CENTERS

Advancing Research on Violence Prevention

SOCIAL SERVICE PROVIDERS

Utilizing Community-Centered Practices to Address Violence

FAITH-BASED INSTITUTIONS

Educating and Healing Communities

COMMUNITY INFORMATION SYSTEMS

Monitoring Trends of Violence Nationwide

LAW ENFORCEMENT AND THE JUSTICE SYSTEM

Supporting Public Health Contributions and Ensuring Accountability Towards a Healthy/Equitable System

PRIMARY CARE

Establishing a Safe Environment and Making Connections

MEDIA

Changing to a Health Narrative

NEWS

Ellen Lovelidge (elovelidge.com) 2017

THE ELEMENTS OF THE HEALTH SYSTEM TO PREVENT VIOLENCE

1. Public Health Departments (or other lead agency - such as a non-profit or a university)

- Coordinate violence prevention efforts across all sectors and ensure equity is embedded in all strategies
- Hire, train, and support violence prevention professionals as well as research and monitoring professionals

2. Community Organizations and Residents

- Detect and interrupt violence
- Identify individuals at risk for violence
- Change environmental factors and norms related to violence
- Address social determinants of health risk factors

3.Social Service Providers

- Work within health sector to deliver trauma-informed care

4. Primary Care

- Educate, screen, and refer for all forms of violence
- Input data to ensure appropriate services and interventions
- Advocate for health-based programs and policies

5. Emergency Departments and Acute Care Facilities

- Educate, screen, and refer for all forms of violence
- Identify, treat, and assess risk of those impacted by violence
- Fine tune efforts to identify hotspots and reduce recidivism

6. Hospitals as Anchor Institutions

- Train staff in trauma-informed care to reduce re-traumatization
- Hire in, advocate for, and invest in communities impacted by violence
- Integrate violence prevention into needs assessments

7. Health Care System Economics

- With insurance providers, reimburse for violence prevention
- Evaluate the financial results for health care and other expenses
- Invest community benefit dollars in violence prevention efforts

8. Mental Health

- Implement health approach to reduce risk of victimization
- Increase access to mental health and community services
- Advocate for policies to increase resiliency and reduce risk

9. Behavioral Health Care

- Implement behavioral health training throughout the community
- Integrate community healing programs into existing efforts

10. Academic Medical Centers

- Incorporate the health approach for hospitals
- Research violence and the effects of the health approach

11. Primary and Secondary Schools

- Train educators on conflict resolution and trauma informed care
- Identify, refer and track individuals at risk for violence
- Implement policies and programs that reduce out of school time

12. Early Childhood Development and Child Welfare Systems

- Train staff to identify and reduce all forms of violence
- Deliver therapeutic interventions to those experiencing violence

13. Schools of Public Health

- Fund faculty and research on the health approach to violence
- Coordinate local expertise to assist communities in implementation
- Incorporate the health approach to violence into curricula

14. Community Information Systems

- Collect data on all incidents and interventions of violence
- Create standards for data to promote effectiveness

15. Law Enforcement and the Justice System:

- Train for implementing violence prevention protocols
- Identify, refer and track those exposed to or at risk for violence
- Assess and treat staff exposed to violence

16. Faith-Based Institutions

- Connect individuals and neighborhoods to services and resources
- Promote the health understanding of violence and positive norms
- Mobilize the community to advocate for violence prevention

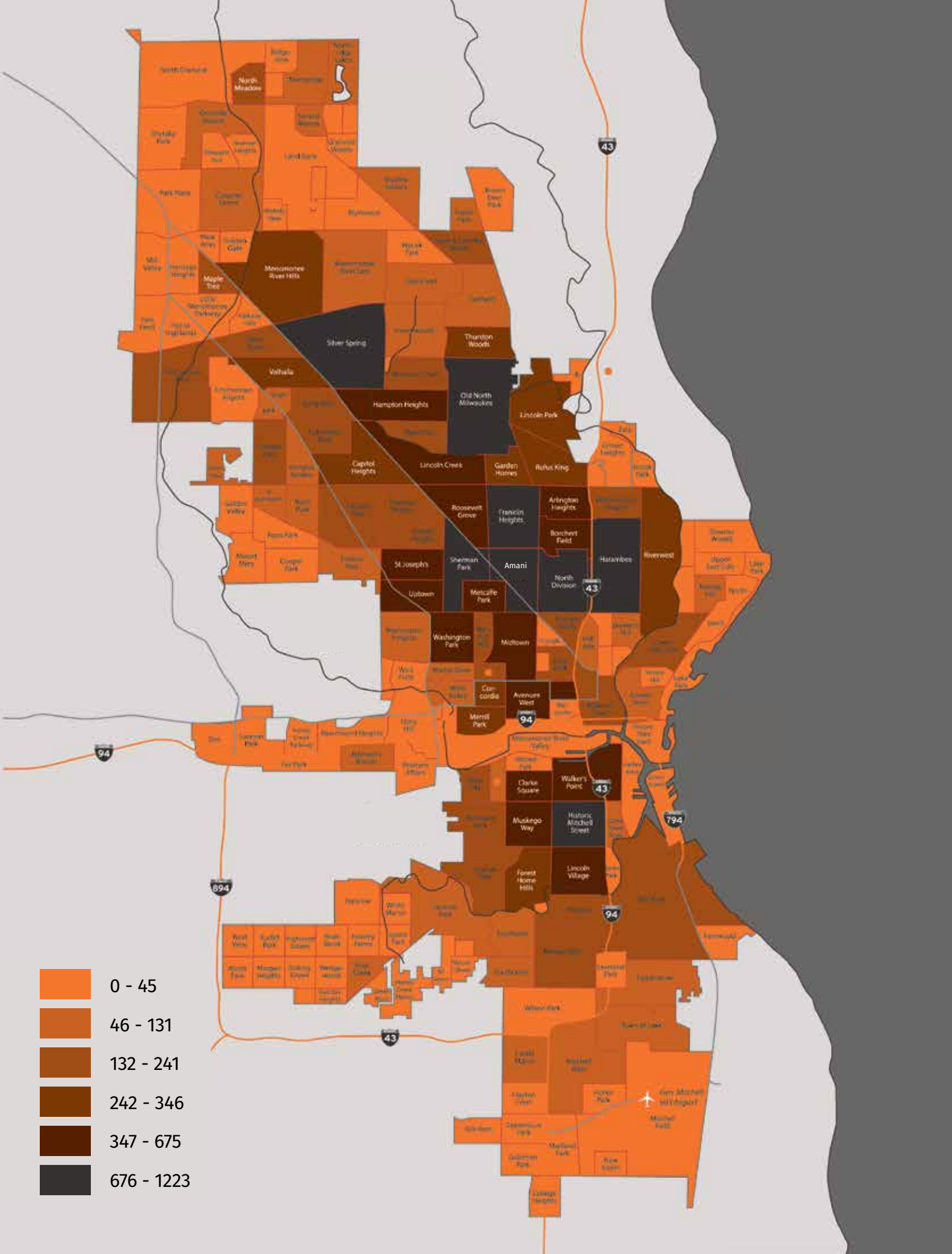
17. Media

- Advance public understanding of violence as a health issue
- Identify health leaders to serve as spokespeople
- Implement standards for reporting on violence

18. Cross-Sector Collaboration

- Implement shared data on all forms of violence, protocols for screenings, referrals, and programs and policies to prevent violence
- Hold regular meetings with all leadership to discuss violent trends and identify program and policy improvement

- Source: Movement Towards Violence as a Health Issue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242 - 346
347 - 675
676 - 1223
Menomonee River Hills
Silver Spring
Thurston Woods
Valhalla
Hampton Heights
Old North Milwaukee
Lincoln Park
Capitol Heights
Lincoln Creek
Garden Homes
Rufus King
Roosevelt Grove
Franklin Heights
Arlington Heights
Borchert Field
Amani
Harambee
Riverwest
St Joseph's
Sherman Park
North Division
Uptown
Metcalfe Park
Washington Park
Midtown
Concordia
Avenues West
Merrill Park
Clarke Square
Walker's Point
Muskego Way
Historic Mitchell Street
Forest Home Hills
Lincoln Village
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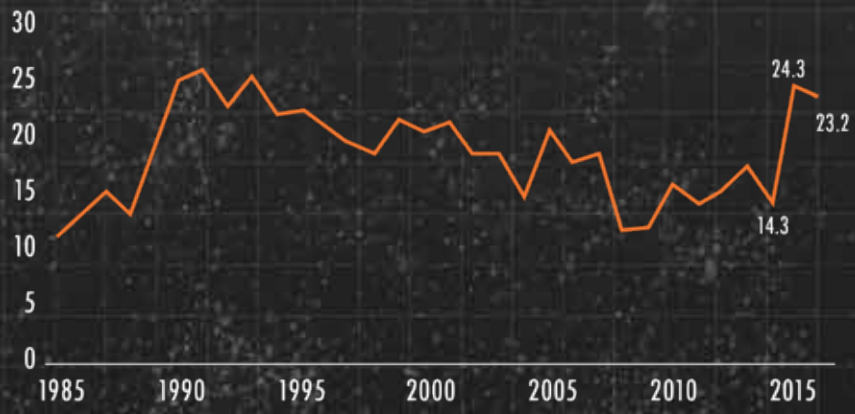
794
894

APPENDIX F: DATA FROM 2014 TO 2016 FOR SIMPLE ASSAULTS, AGGRAVATED ASSAULTS, NONFATAL SHOOTINGS, AND HOMICIDES

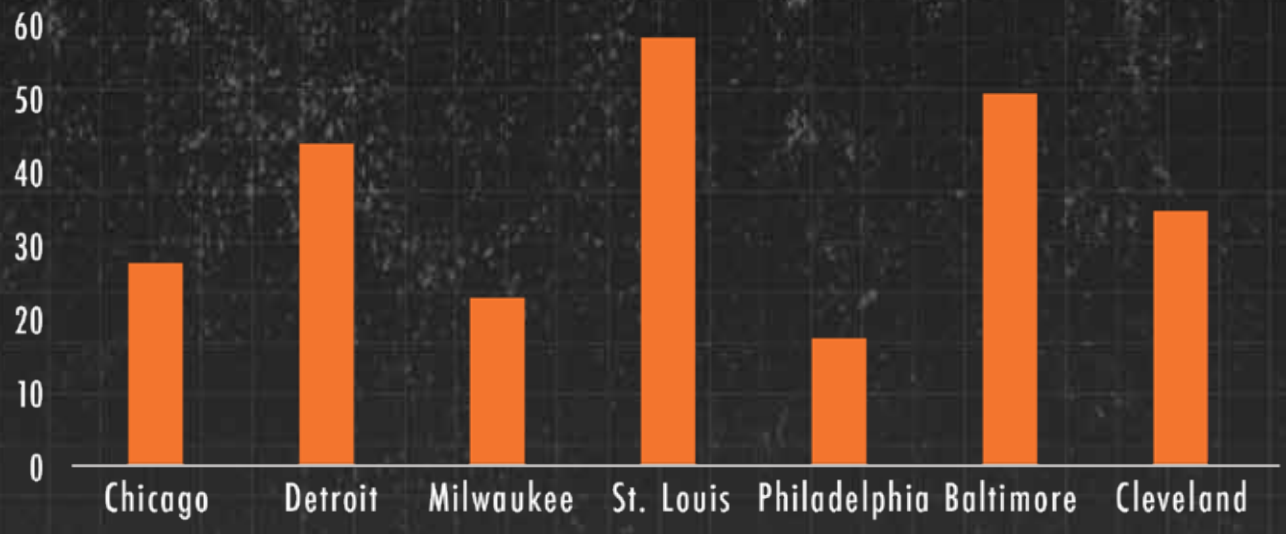
OLD NORTH MILWAUKEE	1233
HARAMBE	1090
FRANKLIN HEIGHTS	896
SILVER SPRING	872
NORTH DIVISION	835
AMANI	799
SHERMAN PARK	722
HISTORIC MITCHELL ST.	715
LINCOLN VILLAGE	675
MIDTOWN	643

FIGURE 2. HOMICIDE RATE PER 100,000 IN MILWAUKEE, 1985-2016



Data Source: FBI UCR, 1985-2014; MHRC, 2015; MPD, 2016

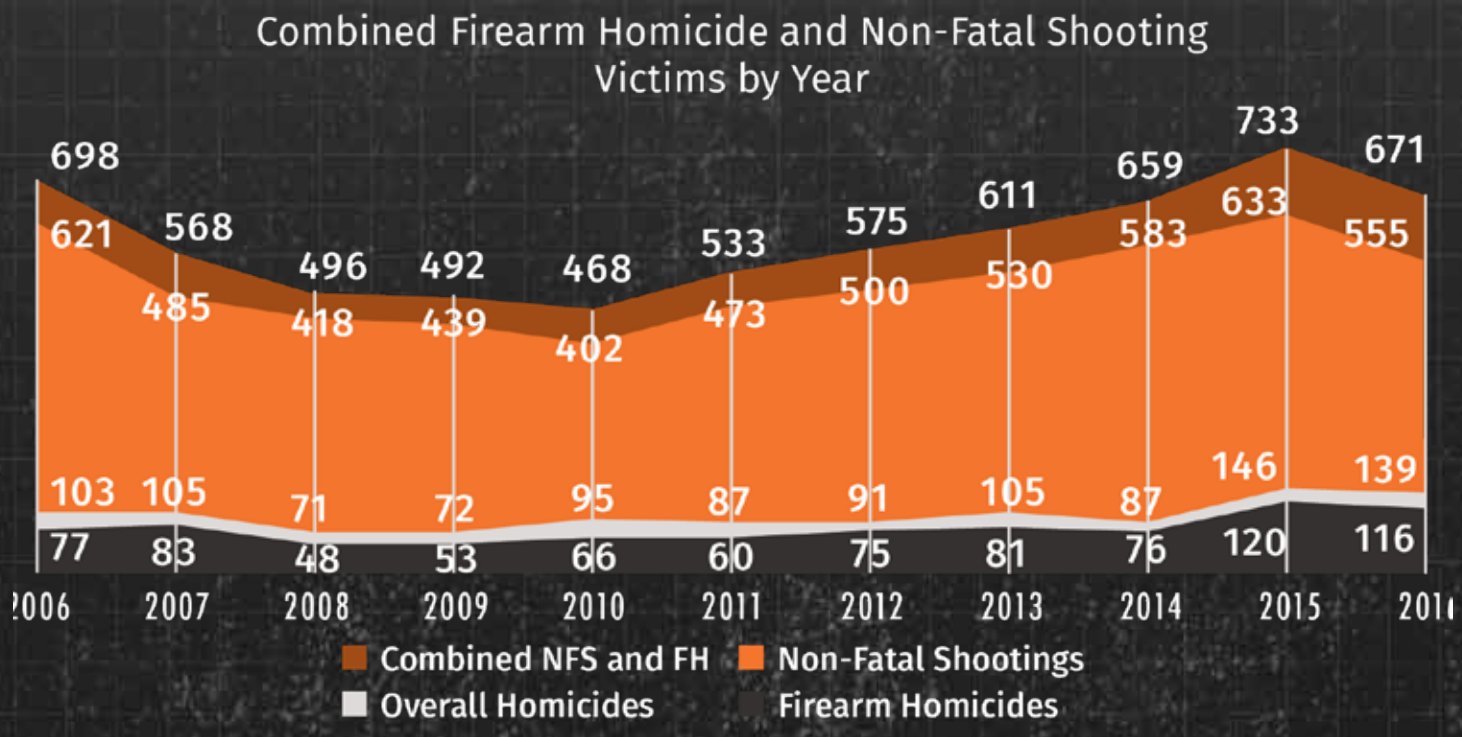
FIGURE 3. HOMICIDE RATE PER 100,000 COMPARISON ACROSS SELECTED CITIES, 2016



Data source: U.S. Cities Experienced Another Big Rise in MUrder in 2016; MPD, 2016

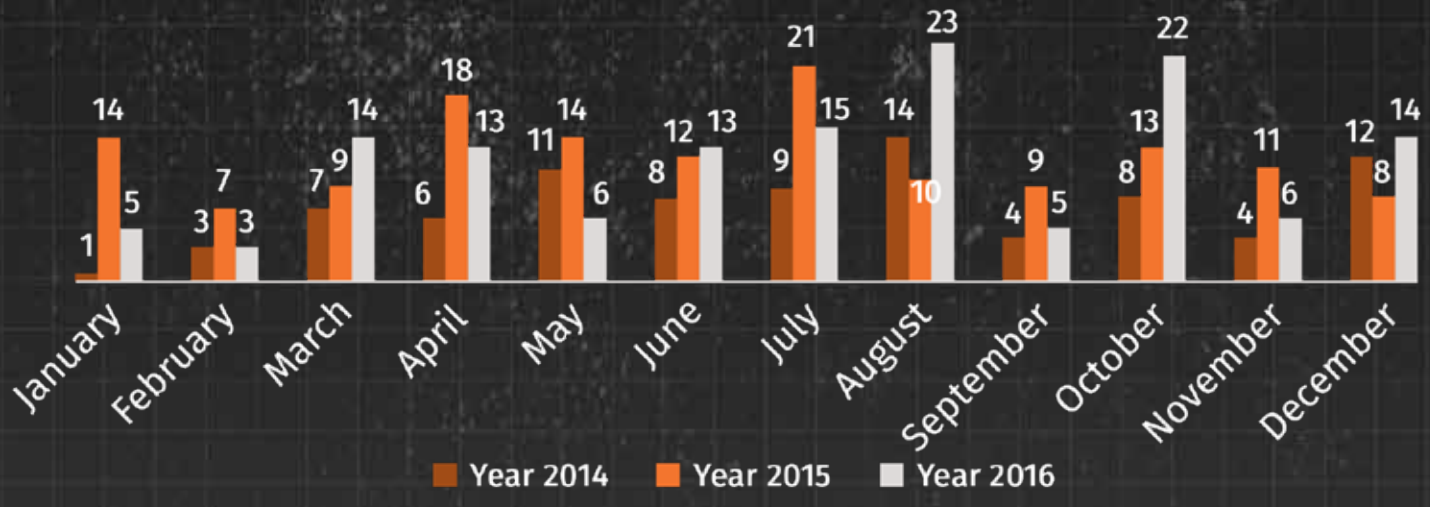
Figure 3 shows the homicide rate for the City of Milwaukee compared to selected cities with similar social and economic characteristics. Milwaukee ranks 6th among these seven cities. However, all cities have higher rates that the national rate.

Figure 1. Firearm Homicide and Nonfatal Shooting Victims, 2006-2016



Data source: MHRC, 2006-2015; MPD, 2016

Milwaukee recorded 139 homicides and 55 nonfatal shooting victims in 2016. In Figure 1, comparing 2006 to 2016, there has been a 51% increase in firearm-related homicide victims, an 11% decrease in nonfatal shooting victims, and a 4% decrease in combined victims.



Data source: MHRC, 2014-2015; MPD, 2016

In 2016, the City of Milwaukee tallied 139 homicides, which is a 5% decrease from 2015 (n=146 homicides) but a 60% increase compared to 2014 (n=87). By month, there was an increase in homicides during March (56%), June (8%), August (130%), October (69%), and December (75%) compared to 2015.

MOODY
PARK
MILWAUKEE
COUNTY PARK
SYSTEM
15

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