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**THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA**

**Report by - Zack Bryers - 2016 Churchill Fellow**

**THE PAUL TYS CHURCHILL FELLOWSHIP TO INVESTIGATE THE “CURE  
VIOLENCE” APPROACH TO REDUCING VIOLENCE WITHIN AT RISK  
COMMUNITIES – USA, BRAZIL**

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Signed

Dated

## **Keywords:**

- **Gangs**
- **Trauma**
- **Violence**
- **Community**
- **Social**

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## Executive Summary

My Churchill Fellowship was to investigate the Cure Violence approach to reducing violence in at risk communities, particularly in Chicago, Baltimore, New York and Rio de Janeiro.

### Fellowship Travel:

Chicago: Observed Ceasefire Illinois program, Violence Interrupters. Locations of Observation: Englewood, La Villita, Lake Shore.

Baltimore: Observed Safe Streets Baltimore, Cure Violence Head Office. Locations of Observation: Park Heights, Mt Vernon, Downtown.

New York: Observed Stand Up to Violence, Case Managers and Program Managers. Areas of Observation: South Bronx, Harlem.

Rio de Janeiro: Observed Favela Communities with no violence reduction programs in place. Areas of Observation: Vidigal, Ipanema, La Pa.

### Conclusions:

- Cure Violence reduces violence by employing Role Models from at risk communities and empowering them to have a positive effect on their communities.
- The reduction in violence is generated by the secure therapeutic relationships established by the Violence Interrupters. These relationships also allow for the introduction of Case Workers to their clients which begins the process of behaviour change.
- The Cure Violence program has demonstrated huge success even without the support of the local governments, however to be truly successful Cure Violence is best utilized when there is whole of government support and when employed among a range of initiatives eg. Community policing, after school programs etc.
- Employing Role Models from at risk communities and empowering them to have positive impacts on their communities could be utilized and trialled in relation to a number of issues that affect Australia eg. using the drug Ice, Domestic Violence, indigenous communities etc. where the emphasis is on establishing relationships before addressing issues.

## **Introduction**

Prior to this amazing opportunity I have had a very colourful life. To provide context to this experience I will provide a Third Party statement about my background to give some context to what I encountered throughout my Fellowship:

“He's been a homeless teenager, a soldier in Afghanistan, a gridiron player for Australia, and he was also a youth worker on call 24/7. After leaving home at 15, Zack couch surfed and spent time on the streets, before he set a goal to join the army which turned his life around. He spent a tour of duty in Afghanistan before post-traumatic stress disorder saw him medically discharged. So, Zack set himself another goal – to make the Australian gridiron team within 18 months. Remarkably, he was playing in the World Cup in the United States within 17 months. He then trained as a youth worker, and was YouthCare Canberra’s first fulltime outreach worker. With compassion and consistency, Zack helped teens find temporary accommodation, attend court or hospital, overcome drug addictions or transform their lives after time in jail. Zack was supporting and inspiring some of his community’s most disadvantaged and disengaged young people, this was recognised by becoming a multi award winning program” (Australian of the Year Awards, 2017).

## **Chicago, Illinois.**

### **Brief history of Chicago gang violence**

What happened in Chicago’s history that lead to the current violence that now consumes the city? There were a number of events that lead to it becoming the most violent city in the United States. As early as the 1840’s Chicago was rife with stories of murder, rape, theft, arson, and other mayhem that filled the frontier town's many newspapers. By the end of the 1840s, observers both within the city and beyond regularly noted the existence of an identifiable criminal underworld. In the words of one observer, it was “getting to be a notorious fact that gamblers, prostitution, robbers and pickpockets are perfectly at home in our city (Ruth, 1996).

By the late 1800’s Chicago’s reputation had further darkened. The notorious Levee vice district attracted criticism—and visitors—from around the world. Chicago “makes a more

amazingly open display of evil than any other city known to me,” a visitor from London exclaimed. “Other places hide their blackness out of sight; Chicago treasures it in the heart of the business quarter and gives it a veneer” (Ruth, 1996).

By the 1930’s Al Capone had become infamous because of the bloody Beer Wars of 1924–1930 and the city became synonymous with the new phenomenon of gangsterism. As one journalist put it in 1930, “in all the seven seas and the lands bordering thereon there is probably no name which more quickly calls up thoughts of crime, violence and wickedness than does that of Chicago” (Ruth, 1996).

### **Street gangs**

The emergence of street gangs began in Chicago as early as the 1880’s. These gangs would often attract attention from the local politicians and would be employed for elections to stuff ballot boxes in their favour. By the early twentieth century, Polish and Italian gangs were the most numerous in Chicago. These gangs would engage in skirmishes over territory. The involvement of some of these gangs in the race riot of 1919 established a pattern of white ethnic gang behaviour that would affect the course of race relations in Chicago through to the 1950’s (Ruth, 1996).

Organised by a local democratic politician, several gangs attacked African Americans residing in a nearby neighbourhood after African American votes had helped lift a Republican to victory in the municipal elections. Taking names like the Shielders and the Boundary Gang, white gangs patrolled the “colour line” through the 1930s. These activities intensified with the accelerated migration of black southerners during World War II (Ruth, 1996).

Partly as a defence against racial violence, which by the 1950’s reached Chicago’s Latino communities, African American, Puerto Rican, and Mexican gangs proliferated the city. By the mid-1960’s, several gang niches had developed throughout the city: black gangs like the Blackstone Rangers and Vice Lords pervaded the South and West Sides, respectively; Puerto Rican gangs such as the Latin Kings dominated the Humboldt Park area on the Northwest Side; and Mexican gangs like the Latin Counts filled the Pilsen area around 18th Street.

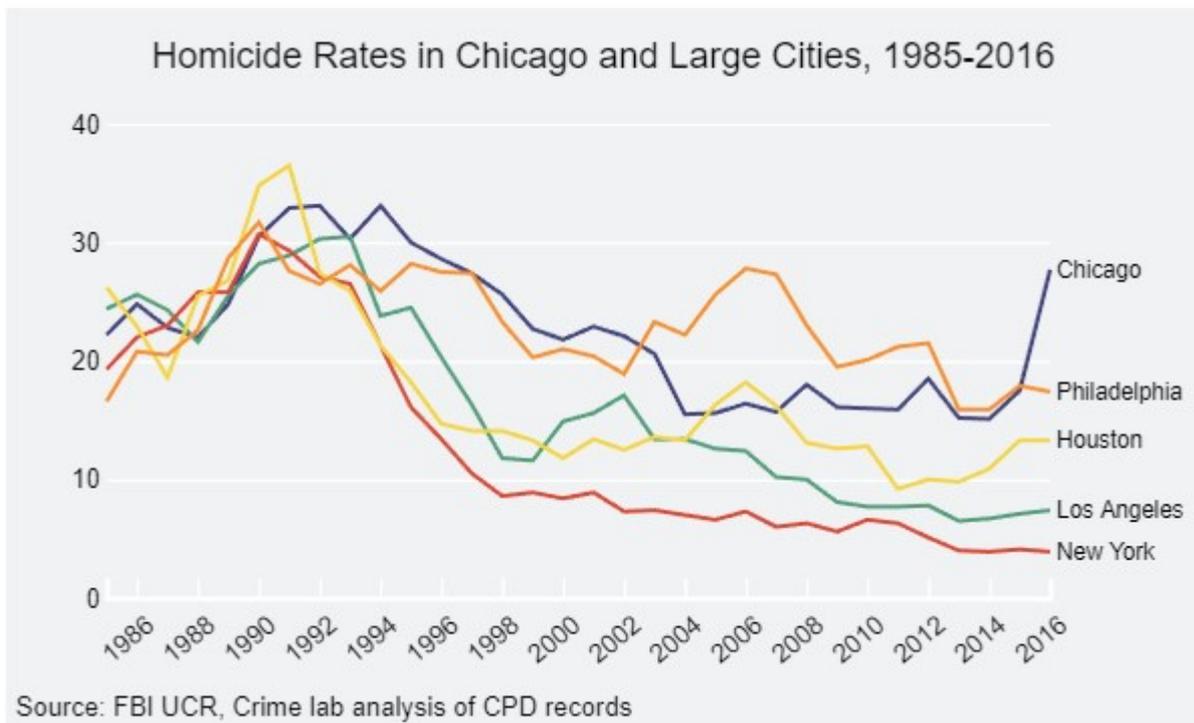
In the early 1970’s, when many gangs became involved in drug trafficking, violence increased. These gangs now had the ability to obtain firepower and violent incidents began to rise. These gangs had become entrenched in these communities, with gangs often becoming intergenerational. With the rise of the drug trade this way of life ceased to become a schoolyard rivalry or representing your neighbourhood, it became a career. It was a way to put food on the table.

This violent history led to the creation of Cure Violence, which my project looked at. The paragraph below was taken from the Cure Violence website (Cure Violence, 2017) describing how it came about:

“Cure Violence was founded by Gary Slutkin, M.D., former head of the World Health Organization’s (WHO) Intervention Development Unit and Professor of Epidemiology and International Health at the University of Illinois/Chicago School of Public Health. Cure Violence launched in West Garfield Park, one of the most violent communities in

Chicago, and was quick to produce results, reducing shootings by 67% in its first year. From 2000-2008, Cure Violence (as Ceasefire Chicago) focused its activities in the United States, quickly expanding to Baltimore, New York, New Orleans, Oakland, Loiza, Puerto Rico and other sites. In 2008, Cure Violence began its first international adaptation and replication of the methodology in Basra and Sadr City, Iraq. Since then, international programs have been added in Canada (Halifax and Alberta), Colombia (Cali), El Salvador (San Salvador and San Pedro Mazawal), Honduras (San Pedro Sula), Jamaica (St. Catherine North and St. James), Kenya (Nairobi and Rift valley), Mexico (Ciudad Juarez and Chihuahua City), South Africa (Hanover Park), Syria (western and northern), Trinidad & Tobago (Port of Spain) and United Kingdom (London). Cure Violence has also provided training in violence prevention techniques to representatives from dozens of other countries” (Cure Violence, 2017).

The Cure Violence program was demonstrating drastic decrease in the homicide rates in Chicago. However at the end of 2015 the City Administration of Chicago cut funding to all the Cure Violence programs operating in the city. The graph below illustrates what happened next.



The University of Chicago Crime Lab studied the gun violence in Chicago:

“As recently as December 2015, nothing in the data foreshadowed what would happen in 2016. Homicides in December 2015 were down slightly from December 2014, consistent with the larger pattern that we have seen in recent years where some months have more homicides than the same month in the prior year, while other months have fewer. Chicago’s increase in homicides began suddenly in January 2016, when the number of victims rose by 67 percent from January of the year before. Almost each month that followed in 2016 saw more homicides compared to the same month in 2015” (Kapustin, M. et al., 2017).

## My Arrival in Chicago

March 31

Three days prior to my arrival the Chicago Sun-Times headline read: “8 people murdered in 24 hours in the South Shore neighbourhood.” The number of victims of [Chicago’s gun violence](#) so far, this year rose to 1,000 Tuesday evening after two people were shot in the Belmont Central neighbourhood (CBS News, 31 March 2017).

I arrived on 3 April and headed to the 10<sup>th</sup> floor of the Social Sciences building at the University of Illinois Chicago, stepping out of the elevator into a barren almost clinical looking hallway. As I asked people about the person I was there to see, I was introduced to a relatively short in stature man of about 50 years of age named Raul. Although he was short in stature he was an unbelievably intimidating man. He led me to his office and explained to me that he was part of the international development team that had just arrived back from working in Mexico. The woman I was here to see would be taking a few days off and I would be working with him for the foreseeable future.

I was told that even though the funding had been cut, the staff of the Cure Violence Head Office had decided to continue the roles of violence interrupters as volunteers. Raul told me that they would generally work a normal day in the head office, as soon as the day was over they switched to violence interrupters. Over the coming weeks I began to see what the role of a violence interrupter entailed.

A violence interrupter is a person of influence from the community and is respected by the community. Their role is not to force themselves into conflicts but to put themselves in a position where they are almost invited in by the parties involved. This could be a way for the parties involved to not lose face. The violence interrupter at this point would take on a mediation role.

Throughout this time, I was escorted through the most dangerous neighbourhoods of Chicago, met people who on paper you would never want to associate with. However, from my experience they were some of the most genuine and honest individuals I have ever met. I was fortunate to be able to meet the coaches and young people of the Chicago Youth Boxing Club and spent many nights with them.

I had planned on staying in a house on the corner of 57<sup>th</sup> and May Street in Englewood in South Chicago. Had I taken an Uber I doubt I would still be alive today. Fortunately, Raul had decided to take me as he wanted to make sure it was all legitimate. He had warned me many times throughout the day not to stay there, as he didn’t believe it was safe. I finally heeded this advice and had decided to move my stuff to new accommodation. As Raul waited in the car and I was in the house getting ready to move my belongings we realised that I had been set up for a robbery. We were able to escape the situation unhurt. If I hadn’t had Raul there to help me I doubt I would be alive today.

The tragedy that erupted in the South Shore neighbourhood of Chicago on March 31<sup>st</sup> was the precursor to my arrival in Chicago. Due to my connections with local community activist Jedidiah Brown I was invited to the memorial for the victims on the 8<sup>th</sup> of April. The

afternoon began with prayers by the various religious leaders in attendance, followed by a march to the site of the crimes in which various community leaders and the Chicago Chief of Police spoke out about the violence erupting in the city, regurgitating the usual political rhetoric that sounds good in a news story, but offers nothing of substance. The people I was fortunate to talk to were asking for investment in their communities. This included youth centres to give the young people alternative outlets and programs like Cure Violence to help reduce the violence. As if serendipitously to illustrate this point gunshots rang out, merely 200 metres further up the street, during the rally. CBS News reported: "4 Dead, 18 Wounded in Chicago Weekend Shootings" (CBS News, April 8 2017).

It has been hard to put into words my experience in Chicago, as I am still trying to comprehend it myself. During my time there I experienced so many extremes including one day I was hugging a mother on the border road of 2 gang neighbourhoods during a gang war talking to her about how all her sons had been murdered. I met a shooter from one of the biggest gangs in the city and subsequently spent the next 2 days with him talking about life. I went in a hospital room with a gang member who had just been beaten with a couple of baseball bats while the violence interrupter was trying to stop the gang members from retaliating.

One thing that I found extraordinary was that with all the violence and frequency of shooting, there was no education on proper first aid for gunshots wounds. I found that most of the people I talked to didn't even know what a tourniquet was. Gun violence is rife in this community and in my mind something as simple as handing out tourniquets could save many lives. I made a decision to purchase a small amount of tourniquets and train people on how to use them and handed them out in the La Villita neighbourhood. I felt that if it could save one life it would be more than a worthwhile gesture.

I was fortunate to have Raul to guide me through my time in Chicago. We spent many hours talking about life in these neighbourhoods, life in the gangs and life in general. He showed me a glimpse into the lifestyle that I feel both privileged to have been a part of and burdened by. The raw action in these neighbourhoods, the long running rivalries, the loss of friends and the threat every time you step outside the door that it could be your last makes these communities feel very different to anywhere else I have been. What I found so surprising during my experience was how much people cared for one another in these communities. Amidst the violence there appeared to be an undercurrent of what I can best describe as love for one another.

Yet...on the flip side I personally experienced a complete loss of empathy. In my experience in Australia, I have always been the type of person that if a homeless man asks me for some change I will give it to him, it does not matter to me what he spends it on. I have always strived to be someone who would give what I can to help someone because that's the type of person I want to be. My time in Chicago however, took that away, the number of people begging for money on the streets was phenomenal. When I first saw them, I would give them what I could. But on every block, there would be 5 or 6 people asking you for money. It just became impractical, I just couldn't do it financially. So what could I do? I started saying no, I started ignoring them and stepping over them. I don't say this proudly. But I feel this was an important experience in understanding where a lack of empathy can build, and where I personally find myself today.

I think when we bring our baggage with us people recognise that. People say okay this guy is human and they let you into their space in a much more profound way. When you are equal, when you're not the white guy from Australia, when you're the broken guy who hurts all day, people see you as a compatriot in life.

You may ask me, was I scared? No...or at least I think I wasn't. Maybe being scared manifested not in my psyche but in my inability to sleep, which led me to rely on sleeping tablets to hopefully just get to sleep before 3 am. Maybe it manifested in my need to drink alcohol every night. I never once felt scared, I almost embraced the possibility of my death. But I was succumbing more and more to these vices... maybe I was scared.

Two days before I was to leave Chicago I was standing outside the Chicago Youth Boxing Club, something Raul had warned me that I should not do for too long as it was known as a "hot area" and with my age and the way I dress it would make me a target. As I was standing outside I saw an SUV loaded with young guys with all the windows down. As I saw them, they saw me, they slowed and started to turn onto the street 10 metres away from me. Fortunately, a police car turned onto the street at the same time. The SUV quickly made a U-turn back the other way. They all stared back at me as I stared at them. The SUV made a right at the next street, and as I looked down the block 100 metres the same car drove down and a shootout erupted with a rival gang.

My time in Chicago was utterly unique, I had been granted access that very few people would ever get to live in these neighbourhoods. I had nearly paid for this access with my life. I felt like I had been taken in by the people of these communities and treated like family, I had developed a deep sense of attachment to Chicago, all the good and all the bad. As I boarded my plane ready to leave I felt a sense of loss, a sense that I had left a part of myself behind. According to CBS News during my time in Chicago (April 2<sup>nd</sup> to 15<sup>th</sup>) there was a total of 27 murders and approximately 120 shootings (CBS News, 2017).

Chicago can show you the best that life has to offer and the best of humanity, and it can also show you the worst of humanity. The environments of Chicago created the Cure Violence program and it created the amazing violence interrupters. Cure Violence has demonstrated its effectiveness at reducing violence in these communities. Though through its disappearance many people have now lost their lives to prove to the Chicago Administration how valuable this program can be, hopefully this will prompt a change in policy... hopefully.

### **Interlude - Unconscious Fear Pathways - Chicago to Baltimore**

As I make my way to Baltimore please enjoy some in-flight reading. Today's selection is *Unconscious fear* by Andy Habermacher. See you in Baltimore...

Andy Habermacher an International Speaker on Neuroscience in Business referenced Dr Sriniv Pillay, Harvard Neuroscientist and CEO of NeuroBusiness Group when he spoke of Unconscious Fear. Fear is processed in the amygdala in the centre of the brain's emotional centre (limbic system). When the Amygdala fires up this will subdue processing in the pre-frontal cortex, our rational processing centre. On top of this,

however, our ACC (anterior cingulate cortex) will become more sensitive. The ACC is part of our attention centre and it also identifies things which don't balance or conflict. This over-activation then leads us to find more negatives in situations that were seen as fine previously. So, if fear is present in companies, or in the environment our ability to think "rationally" and to do things will be inhibited. In short fear will:

- Inhibit our rational thinking
- Reduce our ability to act
- Increase the amount of negatives and conflicts we see

Most of us, of course, understand that fear could affect us detrimentally, however, research has shown that unconscious fear has the same effect - activating our amygdala and affecting our brain as above described. A research team looked at unconscious fear. It was measured when people were shown fearful faces interspersed with normal faces, the fearful faces were shown so quickly that they were not consciously registered (exposure to a picture for less than 30 milliseconds and we do not consciously register the picture). These pictures of fearful faces are hence exposed for 25 milliseconds between pictures of normal faces. When asked people in the study said simply that they had seen a set of normal faces - they, therefore hadn't consciously registered the fearful faces. Meaning they were unaware of experiencing fear but, and this is the interesting bit, the amygdala showed increased activation. This means that we may not even know but our brains could be registering fear and the respective inhibitions of other parts of the brain could be happening.

Now the above may already be worrying (and maybe my comments are triggering your fear centres). We have known for a few years now that our brains have mirror neurons that mirror other people's actions but also intentions and emotions - hence moods are infectious. Now in a scenario, for example, a company where there is overt uncertainty, or unconscious fear (i.e. losing job, etc.) these will then likely mirror in colleague's brains also. We may not even be conscious of this (Habermacher, 2010).

## **Baltimore, Maryland**

### **Context to Baltimore's violence**

#### **Post Slavery**

Shortly after the Civil War and the abolishment of slavery, a mass exodus began with the newly freed black population seeking opportunity further North. One of the first industrial cities on this path towards the North was Baltimore. Baltimore being an industrial city offered the newly freed black population the chance to leave a life of farming, and start a new life. Property developers began to use this migration to sell new developments in the counties surrounding the city to the white population, capitalizing on the racism that existed

at the time. With this white exodus from the city a majority of the African American population was corralled into the inner city districts by these racist housing policies.

As a hub for steel and manufacturing the city was reliant on these industries to prop up the economy. With the closure of the plants the city had suffered from a decaying infrastructure and the city had lost 75,000 factory jobs since 1990. At present the city has an estimated 16,000 abandoned houses. Of these some have been abandoned since the riots that followed the death of Martin Luther King Jr. in 1968. In one suburb of Baltimore in 2015, 52% of adults were unemployed, 49% of teenagers were “chronically absent from school and a third of houses were abandoned.

With the explosion of the crack epidemic of the 1980’s Baltimore became a lucrative market for crack dealers, which further destabilised the struggling city. With close to 50,000 Baltimoreans being addicted to opioids, this added to the poverty, unemployment and family instability already being encountered by young people in the city.

Baltimore is per capita the most violent city in the United States. This is a city where 70% of homicide victims are shot multiple times. Gunmen are pumping more bullets into victims than anywhere else. In 2005 people shot multiple times made up less than 60% of homicide victims, the earliest year for which data is available. That rose to 70% by 2016.

Research from the Chief Medical Examiner looking at homicide autopsy reports dating back to 2005 revealed that about one-third of the victims died from a single gunshot, and that remained constant over the next decade. But the number of victims shot five to nine times doubled, as did those shot 10 or more times. In one case last year, a victim had been shot 38 times (George, 2016).

Parents are banding together forming support groups for each other where the most talked about solution for the problem is “sensitizing” young men to the effects of violence. These boys need to be taught empathy, lest they become trapped in a cycle, repeatedly exposed to violence and become more likely to commit it. Baltimore streets breed this kind of mindset, one mother who I had started talking to at the bus stop said to me. “It has gotten out of control with the lawlessness and hopelessness”. Pat Brown, a criminal profiler in Maryland, said shooters often develop an “attachment disorder” during troubled childhoods, so that they have difficulty forming long-term relationships and often fail to develop a conscience. They often witness death and violence, becoming numb to it. “It becomes a survival of the fittest and you lose empathy for others,” Brown said. “They see people as tools, objects and things.”

After the death of Freddie Gray at the hands of the Baltimore police in April 2015 the city exploded in riots. With almost \$9,000,000USD in damages and 284 businesses damaged. The Mayor’s office also reported 144 vehicles and 15 buildings incinerated in the 8 days of riots (Toppa, 2015).

## **Safe Streets Baltimore**

Safe Streets was the first Cure Violence replication site outside of Illinois, launched in 2007 by the Baltimore City Health Department with a hospital program at Johns Hopkins. The program is in four communities throughout Baltimore – McElderry Park, Elwood Park, Madison-Eastend and Cherry Hill. An independent evaluation found that the program significantly reduced shootings and killing (up to 50%) and that the program was associated with a lower acceptance of the use of guns. In 2013 the program had 713 mediations across 4 sites (Cure Violence, 2017).

### **Program oversight**

For a prospective program site to be suitable for a Cure Violence program it needs the following:

Step 1 – First of all data is needed ... lots and lots of data. Take gun violence for example. If you don't have definitive, historical data on gun violence within the target community you will not be able to advocate for funding of a program.

Step 2 – Site Visit from Cure Violence National Staff to assess suitability of the target community.

Step 3 – Funding to run a Cure Violence site requires funding of \$150,000 USD a year for full training, mentoring, databases etc. This can be reduced, however resources provided to you by the Cure Violence Head Office will be representative of the contribution they receive. On top of this it is necessary to find further funding to run the Program site: offices, staff salaries etc.

Step 3 appears to be the most prohibitive factor to implementation of the Cure Violence Model. The contribution to Cure Violence for allocation of resources is necessary to allow the program to match the model with appropriate oversight. The effectiveness of a Cure Violence program site appears to be directly linked to the support of the City Administration. If a city has the resources and the enthusiasm to support these programs they are able to thrive with exceptional results. However if a city's enthusiasm wanes particularly close to budget allocation time, the program can be left stranded, unable to pay for the assistance that is needed from the Cure Violence Head Office. It was explained to me that at this point programs can go 'off model' and numbers of shootings go up or worse, when the staff can 'turn bad'.

You only have to look at Chicago to see how this has come to fruition. As funding started to dry up, morale declined and workers who were themselves vulnerable due to their criminal background, and could thus find it hard to get another job, now have to look out for themselves and their families...temptations begin to now be a matter of survival for these people.

When hiring staff the key criteria to getting the job is having influence, power over the population you are trying to work with. This is critical to hiring for the program site as you

will not successfully engage your target population if you are not using credible influential messengers. It is easy to come to the conclusion that if a manager does not have appropriate support the program could derail and lead to very negative outcomes as has happened previously in Baltimore and New York sites. This situation played out almost exactly as I have described. The program is unable to obtain support from Cure Violence Head Office due to funding constraints, therefore the program becomes isolated and begins to go off model.

Throughout my time on this trip I had been utilising Lyft which is a ride sharing service to get around the cities I had visited. I found that I got to meet a wide range of people in each city that I would not have met otherwise. Single mums, nurses making a bit of extra money on the way home, artists trying to supplement their incomes, app developers, stock brokers to name a few. One day I was invited to visit the Needle Exchange Program that was to be stopping at Fulton and Baker Streets on the westside of Baltimore (The Needle Exchange Program stops at 4 different locations around the city each day). The time they were to arrive was approximately 12.45pm.

My Lyft driver happened to be a young guy named Jamal. He had grown up in Baltimore. Having recently been released from jail he was trying to make a fresh start. "Being a product of my environment I didn't know there was another option", he stated. He went on - "the only people around were also the products of this environment. How can I get a job or learn how to get a job when everyone around me is unemployed? Who is going to guide me? Who is going to tell me not to use a gun and find a proper outlet for my anger? I don't blame the people that were around me growing up, they didn't know any better, however if no one tells you there is a better opportunity down the road you will never walk down the road and see what's down there. I am fortunate that things like Lyft, Uber and Airbnb can help me feed my family, I wouldn't be able to get a job otherwise and I would be back on the corner selling drugs again just to eat". He had shared how his brother had been murdered by his cousin 3 weeks ago, the contradicting feelings he was having between taking revenge for his brother, but, if he did he would lose another family member, as well as the legal ramifications that would follow. "That's his house right there, I could go into his house and kill him anytime I want. I just have to keep telling myself to move on. I'm lucky I have this job to distract me". We pulled up to the place where I was supposed to meet the Needle Exchange Program at 12.35pm. There was no sign of them. "So where in Baltimore did you grow up?" I said. He pointed out the window, "See that block of flats right there? That's my house". Jamal looked around and said, "Well if they aren't here I'll wait with you, a white boy like you doesn't want to be in this neighbourhood if you don't know anybody".

Sure enough at 12.45pm a big white caravan stops on the corner. "That's them bro. Man thank you so much for waiting with me, and look, if I never see you again I hope you have an amazing life", I said. "Thank you I appreciate you bro", he smiled as I exited the car. With that we parted ways. Will we see each other again? Probably not. However, that 30 minutes I spent with Jamal left a lasting impression.

I walked across the road and knocked and was greeted by the workers. For the next couple of hours I watched as they went about exchanging old needles for clean ones, dressing wounds and training users in the use of narcaine (a drug used to prevent overdoses). "I have been doing this for 25 years and the main thing I have learned is that drugs and mental

health are directly related. In fact if you tell me what drugs they are using I can tell you what their mental health issues are” said one of the workers. I believe that the greatest benefit the Needle Exchange Program provides for its clients is the regular interaction for their clients, where every interaction reignites the thought of rehab, the thought of turning their life around. It is ultimately up to them to make the decision, but the more you can keep that thought at the forefront of their decision making the better chance you will have.

I was lucky enough to have the opportunity to spend a few days with the Safe Streets Park Heights site. They were in the enviable position of not having had a shooting in the last 365 days in their area. The question they were now trying to address is what now? How can this program evolve to the next stage? As we discussed this issue and what was the best way to develop the program, it became clear that the best way forward was to design a program that would enable the role models that were already being used to change behaviour, to now use those role models to change their mindset, to change what their clients see as a future for themselves. As Jamal said “if no one tells you there is an opportunity down the road you won’t walk down there and see for yourself.”

As time went on I began to isolate myself more and more, from family, from the couple I was staying with, from my colleagues in Baltimore and I was struggling with a lack of ability to get to sleep. My pervading thought was how badly I wanted to be back in South Chicago. As my lack of sleep began to enter the third week I began to use more and more sleeping tablets with increasing amounts of alcohol. This amounted to minute benefits in my sleep. I was not seeing it as something I wanted to do, I saw it as something I needed to do. As I isolated myself, my mindset began to change, as I began to feel disconnected from all types of social supports, I embraced the harsh realities and consequences of life in inner city Baltimore. I loved walking the streets, going nowhere in particular, just walking. Was I tempting fate? No, it was almost calming, walking the streets in a city gripped by violence, feeling that no one knows you, no one will miss you if you’re gone, was relaxing. Why?

### **Interlude - Addiction to Trauma - Baltimore to New York**

Today's in-flight reading will be *Addiction to trauma* by Dr. Van de Kolk. See you in New York...

“The "opponent process theory of acquired motivation" explains how fear may become a pleasurable sensation and that "the laws of social attachment may be identical to those of drug addiction." Victims can become addicted to their victimizers; social contact may activate endogenous opioid systems, alleviating separation distress and strengthening social bonds. High levels of social stress activate opioid systems as well. Vietnam veterans with PTSD show opioid-mediated reduction in pain perception after re-exposure to a traumatic stimulus. Thus re-exposure to stress can have the same effect as taking exogenous opioids, providing a similar relief from stress.

Many traumatized people expose themselves, seemingly compulsively, to situations reminiscent of the original trauma. These behavioural reenactments are rarely consciously understood to be related to earlier life experiences. Some traumatized people remain preoccupied with the trauma at the expense of other life experiences and continue to re-create it

in some form for themselves or for others. War veterans may enlist as mercenaries, victims of incest may become prostitutes, and victims of childhood physical abuse seemingly provoke subsequent abuse in foster families or become self-mutilators. Still others identify with the aggressor and do to others what was done to them. Clinically, these people are observed to have a vague sense of apprehension, emptiness, boredom, and anxiety when not involved in activities reminiscent of the trauma. There is no evidence to support in Freud's idea that repetition eventually leads to mastery and resolution. In fact, reliving the trauma repeatedly in psychotherapy may serve to re-enforce the preoccupation and fixation.

Trauma can be repeated on behavioral, emotional, physiologic, and neuroendocrinologic levels. Repetition on these different levels causes a large variety of individual and social suffering. Anger directed against the self or others is always a central problem in the lives of people who have been violated and this is itself a repetitive re-enactment of real events from the past.

People who have been exposed to highly stressful stimuli develop long-term potentiation of memory tracts that are reactivated at times of subsequent arousal. This activation explains how current stress is experienced as a return of the trauma; it causes a return to earlier behaviour patterns. Ordinarily, people will choose the most pleasant of two alternatives. High arousal causes people to engage in familiar behaviour, regardless of the rewards. As novel stimuli are anxiety provoking, under stress, previously traumatized people tend return to familiar patterns, even if they cause pain." (Van der Kolk, 1989)

## **New York, New York.**

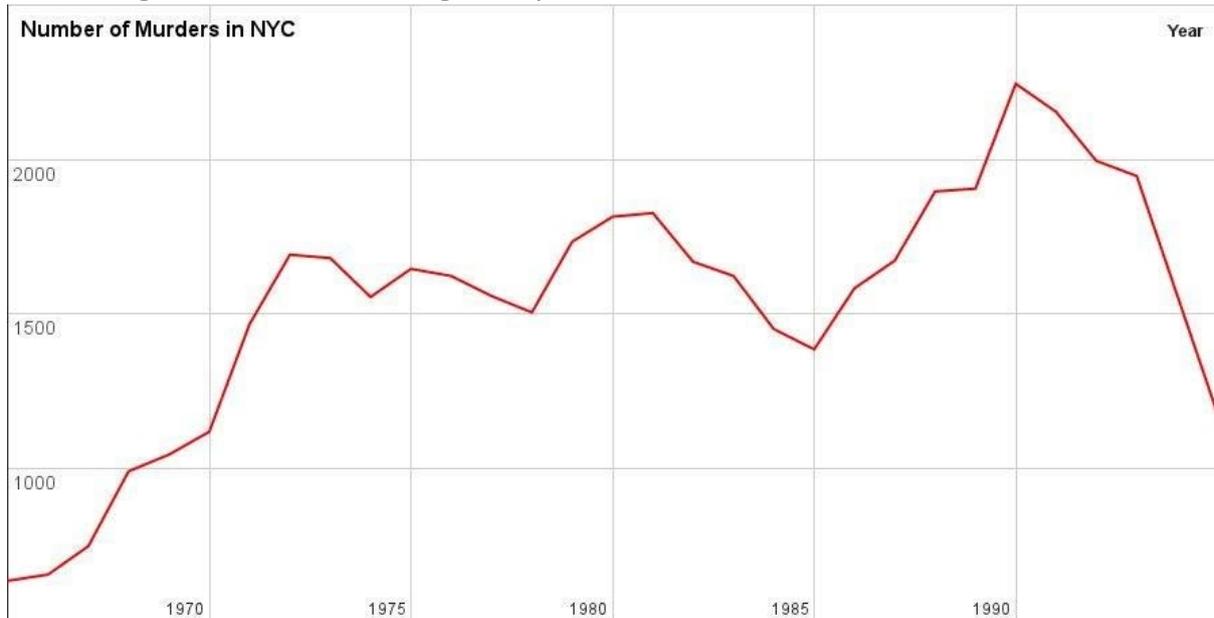
### **New York a background**

New York City has a deep history of crimes, gangs and violence. However I will focus on the 1970's onwards and focus on what has been done to curb the crime waves of the 1970's and 1980's. In the 1970's New York suffered an unprecedented economic crisis, leading to rolling power outages, a transit system that was falling apart and a police force that would shrink by 34% between 1975 and 1980. During this time the city's population shrank by close to 1 million as people left the city in fear, and white flight began out of the inner city neighbourhoods. In the first 2 months of 1979 six people were murdered on the city's subway system. Crack and heroin were rife through the city. Prostitution was widespread and high profile, muggings were common place. Murders peaked in 1990 with 2,245 homicides recorded that year (Sterbenz, 2013).

On vacation from Utah, waiting on a subway platform on the way to dinner was Brian Watkins with his family on September 2<sup>nd</sup> 1990. Brian and his family were approached by a group of youths who demanded money, a struggle began, his father was slashed with a box cutter, his mother knocked to the ground and kicked in the head. Brian attempted to intervene. In the struggle Brian was stabbed in the chest, but attempted to give chase to the

would be muggers until he collapsed on the platform. Brian would later die on the way to the hospital from his injuries (Curry, 1990).

This case garnered national attention and came to symbolize the violence of New York City. With politicians feeling the pressure, it set the stage for changes that would bring a remarkable drop in violence later in the decade. The Mayor proposed a \$1.8 Billion USD plan to “fight fear”, which involved hiring 8,000 more police officers and Lee Brown would be sworn in as Police Commissioner. Lee Brown believed in the idea of community policing, that police could be utilized to prevent crimes by having a deeper connection with the community in which they served as opposed to just a reactive force. In 1993 Mayor Rudy Giuliani was elected. He subscribed to the broken window theory of crime, which held that minor things like vandalism were gateways to more serious crime.



Source NYC.gov

With this top down focus on addressing the violence in the city, by 2001 crime in the city had fallen 56%, the city’s economy was booming and drug use was declining. In 2015 the number of shootings dropped below 1,000, the first time it had dropped below 1,000 since the city began tracking such incidents. This is all great news, if you are a tourist or if you come from a more affluent neighbourhood. However the murders are being contained in the neighbourhoods that need the most help. The majority of murders and shootings are taking place in the hardest hit neighbourhoods, the neighbourhoods that suffer from low employment and low median income.

Details on how the Cure Violence program runs in New York City are taken from their website:

“Operated through the Jacoby Medical Center Auxiliary, the program is fully funded by the NY State DCJS grant program. With the exception of Bronx/Jacoby site, all of the New York City sites are funded through city and private sources and are managed by the New York City Department of Health and Mental Hygiene.

There are three sites in the Bronx. Two of the sites are affiliated with Centre for Court Innovation – one launched in April 2013 and the other will be launched this year. The new site is being evaluated by John Jay College. The third site is the Bronx/Jacoby Medical Center site and is a SNUG site in New York City.

The New York City Department of Health program have met with great success, including an independent evaluation of the program in Crown Heights, Brooklyn that showed a 20% lower rate of shooting due to the program and a year without a shooting or killing in East Brooklyn. Due in large to the strong results achieved at the SNUG and NYC supported program sites, NYC Mayor Bill DeBlasio announced an additional \$12.7 million in funding that will allow the total number of Cure Violence partner sites in NYC to triple in 2015. The NYC Department of Health is working closely with Cure Violence to hire and train site managers, violence interrupters and outreach workers” (Cure Violence, 2017).

### **Arrival in New York**

New York is an excellent example of the results that can be achieved with a top down dedication to addressing violence in a city. Through the commitment of the City and the State, New York City has reached record low murder rates, in stark contrast to the situation developing back in Chicago. As I travelled to New York I began to see that most of the young people I had come across seek out positive role models, they were looking for someone who makes them feel better about themselves. The greatest need in these communities, I believe, is not jobs or housing, it is access to positive role models. These role models can be used to demonstrate pro-social behaviour, dealing with crisis, goal setting, motivation and health focused behaviours. With their role constantly being fluid and reactive to the needs of the young people, they can have a greater impact while also always leaving the actions up to the young people to follow through on.

I began visiting with Stand Up to Violence, a Cure Violence replication site operating out of the Jacobi Medical Centre in the Bronx. Meeting with these guys, it was becoming more and more evident that while their role was defined as Violence Interrupters, it was probably more accurately described as Role Models.

Looking at the maps with all their target areas marked out, they described to me their tactics for dealing with each area. “We will be holding a BBQ in this area over here. A community basketball game here, and a community rally here” the team leader said. Keeping a presence in the target area is the main tactic used to keep gun violence down in these areas. Presence equals influence. If you have credible messengers who demonstrate positive role modelling, this can have a significant effect on the violence and the outcomes for that community.

One of the team leaders “Q” began to show me around the target areas. He is from the Bronx. Fifteen years previously he was taking the same path as a lot of the young people he now works with today. “I felt I had to make a change, one day I just left, I had had enough and left... and I never went back.” Q changed his life, now he is a preacher running his own

church, community activist, a record producer, entrepreneur, a father, a family man and most importantly due to Cure Violence he is empowered to go back to the communities and mentor the very same people that he knew in his previous life. These stories of redemption are common with the workers from Cure Violence. Now you just have to put them in a position where the stories that these workers can pass on can have the most effect.

I was fortunate to be able to speak to a group of young people at Q's church. The next day I was invited to speak to a class at one of the schools in the Bronx and later spent several days with the amazing workers and kids who attend Bronx Connect. The circumstances of the young people I was now talking to was vastly different to the majority of the young people I had worked with in Australia. However, the one constant issue I had begun to see was that the mindset of someone who would be considered an at risk youth in New York City, and someone who would be considered an at risk youth in Australia were the same. All have a lack of belief in themselves and in the future they could see for themselves. As I began working with young people, I asked what their dream jobs were. I asked this because I firmly believe through my own experience that you can tell what someone thinks of themselves based on the answer to this question. Many of the issues these young people faced that relate to the Australian context, were a lack of belief in their abilities, a lack of people and services who could understand their point of view, and a lack of positive role models. A large number of services would look at the criminal behaviour they were engaging in and focus on that one particular issue as opposed to looking at the whole context in which the young person lives and perception on the world in which they see. When someone focuses on one particular issue instead of the whole context of the situation it can make a young person feel unheard, unappreciated and can make it hard to build a trusting relationship with the service.

### **Interlude - Trauma as Pain relief - New York to Rio de Janeiro**

During today's flight we will continue reading Dr. Van der Kolk's *Addiction to trauma* (Van der Kolk, 1989). See you in Rio...

" High levels of stress, including social stress, also activate opioid systems. Animals exposed to inescapable shock develop stress-induced analgesia (SIA) when re-exposed to stress shortly afterward. This analgesic response is mediated by endogenous opioids and is readily reversible by the opioid receptor blocker naloxone. In humans elevations of enkephalins and plasma beta endorphins have been reported following a large variety of stressors. In testing the generalizability of the phenomenon of SIA to people, we found that seven of eight Vietnam veterans with PTSD showed a 30 percent reduction in perception of pain when viewing a movie depicting combat in Vietnam. This analgesia can be reversed with naloxone. This amount of analgesia produced by watching 15 minutes of a combat movie was equivalent to that which follows the injection of 8 mg. of morphine. We concluded that Beecher was right when, after observing that wounded soldiers require less morphine, he speculated that "strong emotions can block pain" because of the release of endogenous opioids. Our experiments show that even in people traumatized as adults, re-exposure to situations reminiscent of the trauma

evokes as endogenous opioid response analogous to that of animals exposed to mild shock subsequent to inescapable shock. Thus, reexposure to stress may have the same effect as the temporary application of exogenous opioids, providing a similar relief from anxiety.” (Van der Kolk, 1989)

## **Rio de Janeiro, Brazil**

### **History of the Violence in Rio de Janeiro**

In the early part of the twentieth century favelas began to appear in the city as a makeshift way to house internal migrants. The government at the time chose not to extend many public services to the favelas, so the residents of the favelas banded together. They shared transportation and those who were skilled enough provided medical services to the residents. This was the case for the favelas for most of the first half the twentieth century as administration after administration ignored the problem, until the 1940's when populist politicians ascended to power under the promise of poverty alleviation, promising programs that would provide modern, sanitary, public housing units as an alternative to slums, which were thought to breed not only disease but illiteracy, and crime. A novel idea. However, the actuality of the program became a forced resettlement of an already marginalised people to unmaintained, cramped accommodation further outside of the city. This program would be abandoned within the first few years of its approval.

This process would repeat itself until the 1980's. Politician after politician would thrust into office championing some kind of favela removal policy that would lose steam within a few years. These would be increasingly met with protests from favela residents, who would stand their ground.

As the favelas continued to grow and favela removal policy after favela removal policy failed, politicians began to acknowledge that favela removal was never going to happen. Yet the relief for favela residents was short lived, as the city was fast becoming the international hub for exporting drugs out of South America. Crack cocaine was sweeping through the favelas, tearing families apart and wrecking lives, while providing an income for others. Violence skyrocketed and the country of Brazil has become known as the world's most violent country not in a state of war. In 1994, Rio's murder rate was seven times the national murder rate in 1979 (Skidmore, 2010). Bearing the brunt of this violence was the poor mostly non white youths of the city's slums. Currently young black men in Rio are twice as likely to be a victim of homicide than young white men of the same age range.

Rio's police force through this time was known for its violent repression, police brutality and indiscriminate killings, whilst operating with total impunity. Favela residents were caught between the crossfire of the violent drug gangs and the violence and repression of the city's police force.

A change came in 2008, with the introduction of the Pacifying Police Units Program. Twentysix community policing bases were set up in the favelas, providing residents with face to face interaction with a new and reorganised police force, while the government also

invested in school and other community projects in the favelas. Some police officers fully embraced the initiative, often volunteering their time in the communities while off duty, coaching soccer teams or teaching karate. Bonuses were even given to the police force for reducing killings in their area, instead of rewarding them for killing suspected drug traffickers. The impact was immediate. Killings reduced and the program garnered worldwide attention for its success.

Largely ignored by the city and state governments for much of the first half of the twentieth century, the favelas began to attract political attention starting in the mid 1940's. During this period, populist politicians ascended to power on both the national and local stage championing a platform of poverty alleviation and national modernisation. A central part of their program was providing modern, sanitary, public housing units as an alternative to slums, which were thought to breed not only disease but illiteracy, and crime.

Yet as the years went on Brazil would encounter a fierce recession, partly due to the impeachment of former President Dilma Rouseff. The former President would become embroiled in a massive corruption scandal, which led to politicians, billionaires and corporate executives being jailed. One company, Odebrecht, would pay the largest anticorruption fine in history. Odebrecht paid a USD \$2.6 billion fine to authorities in Brazil. The scandal would reveal the systemic nature of corruption in Brazil.

Within a couple of months of the new President Michel Temer taking office, several ministers would hand in their resignation due to further corruption allegations. The city of Rio de Janeiro increased its spending to host the Soccer World Cup and the Summer Olympics, hoping to gain a tourism boom from the events but would eventually declare bankruptcy. Several figures in Rio would later be arrested on further corruption allegations. The city would eventually begin to fall apart, wages went unpaid, services were halted and weekly protests began with government demanding to be paid.

Through this period violence began to rise. Gangs returned to the favelas. Police had not been paid in months and 40% of all police vehicles in the city were without fuel. Without proper intelligence and backup, young Captains found their units cornered in the favelas, forced to rely on their intuition to deal with the encroaching gangs, having to choose between enforcing law and order, or holding a fragile coexistence with the encroaching gangs.

Feeling stuck, angry and lost, police started to shoot frequently, against heavily armed and ambitious gangs, facing daily shootouts. From January to June 2017 more than 480 Rio citizens were killed by police, while 81 police officers in the city were killed in the same period. Operating in dangerous neighbourhoods with little support or guidance from their commanders, police officers reverted to excessive force and full-blown corruption.

### **Arrival in Rio de Janeiro**

As I arrived in Rio de Janeiro the city was averaging 15 gun battles a day, with over 700 victims in the first 4 months of 2017. Just as I had arrived the Brazilian Army had been deployed to the city to quell the escalating violence. Arriving in Rio was an unbelievable

culture shock, with the language barrier and the towering mountains looming throughout the city. As the violence escalated my planned service visits that had been organised fell through. People were fleeing the city from the escalating violence, weekly protests, rising crime and instability that loomed in the city.

On my first night in the city staying on the famous Ipanema beach, I watched as police raided the neighbouring apartment of a corrupt politician. "Welcome to Rio". My first 2 days were spent talking to local surfers. In the CBD, while showing obvious signs of the struggle, the city I encountered was vibrant. I must admit I was apprehensive about moving out to the favelas, but I had also begun to feel uncomfortable in the upper class areas. I had noticed this in New York. I felt like an outsider in the less at risk communities and would retreat to the Bronx and the other areas where I felt a sense of cultural safety.

Since the escalation of violence in the city, I had lost contact with the services that were originally intended to be my guides, my translators and my security. I had known this for the preceding weeks and had prepared myself for what I was going into. After all, how bad could it be?

I was met by the owner of the hostel I was staying in and jumped on the back of his motorbike for the 20 minute ride to the favela on the South of the City, Vidigal. Arriving was confronting as the houses were roughly built on top of each other at the bottom of a steep mountain, tracks roughly winding their way through the favela in every direction. The residence was a little shack built on top of another. My hosts were extremely welcoming and fortunately for me spoke English.

As I began to explore the favela I looked for the addresses of the services where I was intending to make contact, but only found abandoned houses. The favela was a hive of activity. The central market served hot takeaway 24/7. I had made friends with the few people in the favela who spoke English, and relied on them to escort me around the city and make introductions. I talked with merchants throughout the city who spoke of the sense of panic they felt at the situation in the city, the lawlessness, the lack of services for residents and many were planning to leave the country because they felt that with a new crisis the country was heading into a dark place. One person I spoke to told me how only a few days prior he witnessed a murder (one of many he had seen). "Who do you tell? The police? No they are just trying to survive like all of us".

Whilst staying in the Favela, I began suffering a cluster headache. Several years ago I was diagnosed with cluster headaches. The symptoms of cluster headache are characterised by unilateral (one sided) pain. You may experience the head pain every other day during a bout, or up to 8 times per day during a bad cluster. People with cluster headache are usually unable to keep still during an attack and often try to relieve the agonising pain by pacing the room or walking outside, sometimes even banging their heads against a wall until the pain subsides. In about 80% of people with cluster headache the bouts (or "clusters") of head pain last for 4 to 12 weeks once a year, often at the same time and often in the Spring or Autumn (Migrainetrust, 2018).

I was either extremely unlucky, or lucky depending on your view, that it developed while I was staying in a favela, in a city that had gone bankrupt, and where I could not speak the

language. But, nevertheless the attacks came. I had no medication to treat them and I dealt with them the same way I had dealt with my lack of sleep and anxiety over the past couple of months. I began to retreat from the situation, I began to isolate myself in my room because of these headaches. But I was fortunate because this gave me time to reflect on my experiences, on my life. I began to reflect on what had lead me to this point. What was at the core of Cure Violence? Was Cure Violence reducing violence? Or was it a by-product of inserting role models and secure relationships into at risk communities? Was the first step in addressing trauma-related issues the need to establish a secure relationship or to have a positive role model?

I had noticed a growing internal aggression over the past couple of months. I was not sure where it had come from at the time. It was almost as though I had assimilated fully into the mindset of those who are corralled into these at risk communities, where aggression is rewarded with the opportunity to live another day. Where empathy is a sign of weakness and something that can be used against you. Where planning for your future is forgotten amongst the day to day violence to which you are exposed.

There is a passage written in my diary from this trip. It was written mere hours after the ordeal, but even now I can still recall the smell, the sounds and exactly what I was thinking. Having been confined to my bed for several days, a friend had told me of a couple of locals who were going to trek up the Morro das Irmaos, a 1749ft rock formation that stood behind our favela. "You should go", he said, "you are leaving Brazil soon and you will regret missing this opportunity." Throwing caution to the wind I accepted the invitation. I was still worried about getting a cluster headache on a mountain, but how unlucky could I be, right?

"One foot, in front of the other. Just focus on that. How did I get myself in this situation? The world goes black again. This time feels like hours before I regain my sight. We are only a quarter of the way down the mountain. There is still a long way to go. I turn to the side of the path and violently projectile the very last contents of my stomach, robbing me of the last of the water, something that hadn't ceased since the top of the mountain hours earlier. My sight comes back into focus. I see Leo in front of me, and his friend, I forgot his name as soon as he told me. "Como vai?" Leo says. I remember that means "how are you". I mumble something incoherent, they turn to each other and laugh. They could easily rob me or kill me and I wouldn't be able to gather the strength to fight back. All I could do was pray that they were good people. I had already done that so many times, how long until my luck ran out? I remember this part of the trail from the ascent. We were half way, I think. The path cuts across the 2000 ft cliff on the south of the mountain. Leo and his friend don't even attempt to help me across it.

They must have grown tired of the good Samaritan act. They have been trying to help me since they came across me on the summit, close to 7 hours earlier, after I had been left behind by the locals I had originally left with. They have waited with me ever since, honestly I am surprised they have stuck with me this long. It's hard for my eyes to focus. One foot in front of the other. Just to the right of my footing I can see straight down to Rocinha. That's where the machine gun fire has been coming from recently. Just to the south of where I had been living. The police have been on the back foot since the crisis, and Rocinha has returned to the bad old days. What feels like hours go by., I go in and out of consciousness,

then, we break through the jungle to the top of the favela. I'm going to make it, no wait, I am going to die. This is it. I collapse in the street. Everything goes black, I'm somehow on a motorbike racing through the favela. Everything goes black, one foot in front of the other. I stumble through the front door, fall into the shower, fully clothed, everything goes black."

I had a few days to recover from this before I started my return journey back to Australia. I sat in a bar overlooking the decaying streets in the West of the city, nursing my whisky and coke. What the hell just happened? What did I just go through? What was the point of all that? It was really hard to comprehend the situations I had been exposed to and how this had all affected me. CRACK! CRACK! Machine gun fire crackles down the street, as an army unit rushes toward the gunfire. I look down the street, and take another sip of my whisky.

### **Interlude - Interventions for Trauma - Rio de Janeiro – Canberra**

" In our last study on patients with borderline personality disorder Judith Herman and I (unpublished data, 1988) asked our self-mutilating subjects what had helped them most in overcoming the impact of their childhood traumas, including their self-mutilation. All subjects attributed their improvement to having found a safe therapeutic relationship in which they had been able to explore the realities of their childhood experiences and their reactions to them. All subjects reported that they had been able to markedly decrease a variety of repetitive behaviours, including habitual self-harm, after they had established a relationship in which they felt safe to acknowledge the realities of both their past and their current lives" (Van der Kolk, 1989).

### **Back in Australia**

Upon returning to Australia it took quite a while for me to understand the experiences I had had, the people I had met and ultimately what I had learned from these experiences. I had taken myself to my mental limit, if not further. Staying in the favelas and ghettos was where I felt I was at home, it felt comfortable. It may be a terrifying reality to admit that these experiences are addictive, to live within the rules of these communities. Every moment was addictive because life and death is everywhere. A place where empathy and compassion are punished creates a very simple existence. When you are in situations where it is life or death, every decision affects your survival. You are in total control. You are aware of everything around you, every smell, every sound, every smile. You are in the moment, you are in the most extreme sense...mindful. You are safe because you are in control. This is where leaving these environments can be intimidating. Regular life can be scary, where rent, mortgage, employment, relationships are all out of your control. It is an intimidating idea to leave the comfort of control, to an entirely new way of living. This can only be eased by having a secure relationship with someone who has made that transition first hand. While the control and mindfulness experienced from within these at risk communities can be hard to re-establish after transitioning, it can be found in other ways, if you are guided. Two days after leaving the favelas in Rio de Janeiro, I was back with my family... That was a jarring experience to say the least. Would I see any of those incredible people that I had met during my trip again? I doubt it. The support structure I had throughout my journey, was now non-existent. Would anyone back in Australia get it? Turns out, no. No one actually understood because they thought I was on a holiday...In order to address trauma your first

step is to have a support structure who understands the context of your experiences, and I clearly did not have that.

Dr. Van der Kolk's study highlights how the Cure Violence program is so effective:

“Prior to unearthing the traumatic roots of current behaviour, people need to gain reasonable control over the longstanding secondary defenses that were originally elaborated to defend against being overwhelmed by traumatic material such as alcohol and drug abuse and violence against self or others. The trauma can only be worked through after a secure bond is established with another person. The presence of an attachment figure provides people with the security necessary to explore their life experiences and to interrupt the inner or social isolation that keeps people stuck in repetitive patterns. Both the aetiology and the cure of traumarelated psychological disturbance depend fundamentally on security of interpersonal attachments. Once the traumatic experiences have been located in time and place, a person can start making distinctions between current life stresses and past trauma and decrease the impact of the trauma on present experience” (Van de Kolk, 1989).

So what did I take from my experience with Cure Violence? Cure Violence has proven itself extremely effective at addressing violence through various independent assessments. Can the Cure Violence program be replicated in Australia? Let's look at Cure Violence on a deeper level.

Instead of addressing issues one at a time, Cure Violence thrusts positive role models into these at risk communities, those who can influence the community behaviour, and giving them a platform to effect change in their own communities. I believe this is an unintentional outcome of the program, but I believe this is the most important. The reduction in violence as I see it is directly attributed to the establishment of these secure relationships. As Raul told me in Chicago, people call us for a way out of violence.

Is this a cautionary tale about what Australia could become?

I would argue that this country has already crossed that point, but our symptoms are far less obvious. We do not have the extreme violence that these cities do. However we choose to remain ignorant to the issues within our own society because if we acknowledge them we will need to deal with them. The drug “ice” has permeated our communities, abuse, neglect and violence are all silent symptoms that allow us to sit atop our pedestal and look down on these countries through our rose tinted glasses. We will never be able to address the issues in this country until we acknowledge their existence. Much like the way the city of New York acknowledged what it had become in order to effectively combat the problems that it faced.

While we constantly allow those in the middle to push the rhetoric about societal change, nothing will ever change, we must acknowledge those on the fringes in order to truly become a lucky country for all.

Could this model which has had such drastic effects on Chicago's gun violence elicit the same impact on the “ice” epidemic or the problems facing indigenous communities? Is it better to build responses which influence behaviour change rather than enforce it? Is it a better result when you empower the community to address their unique challenges? From

my point of view we can only improve on where we are now, by looking at the problem and addressing it holistically and with great role models / mentors that empower people to change. When it comes from within it is more likely to have long term consequences in my experience.

How can we use this information practically in Australia? The first step is to identify those with significant influence in at risk communities: prisons, isolated communities, low socioeconomic areas etc. and invest in training these people to effect change from within. The second step is to allow those who have had repeated traumatic events to replace the safety that Dr. Van der Kolk talks about, with activities that can exhibit the same effect ie: Surf lessons, Rock climbing, Triathlons, Bush walking etc. When completing these activities with someone who they have a secure therapeutic relationship with they are able to address their primary issues.

## **The Future**

I will continue to speak about my journey and the lessons I have learned throughout my Fellowship in my professional speaking career. I would also like to look at ways of developing community programs which address the issues affecting our community using the techniques that have worked so well for Cure Violence. I would like to develop and undertake an independent study that investigates the effects of positive role models on at risk populations within Australia. One approach could be to track two groups of prisoners upon their release; One group would be utilizing the existing model of services provided while the other group would engage in the "Cure Violence" style of relationships developed with positive role models. How would their progress look in comparison? There is a lot of research and work that needs to be completed before this type of project would be able to give meaningful data. However there is real merit in developing and analysing this type of program within the Australian context. Recently I have started my own business so I can explore and develop programs to address the inequalities in Australian society.

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