

An Overwhelming Number of Homicides in 2005 and Countless Tears

A Psychiatric Perspective on Addressing the Roots of Violence in Milwaukee

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By mid-August 2005, Milwaukee's homicide toll reached 88. This alarmed the community-at-large since this number matched the total homicide count for all of 2004.

Many law enforcement, community and social service agencies hailed 2004 as a great success in violence reduction because it marked the first time the homicide numbers dropped below 100 since 1988. Although 2004 represented a 17% decrease from the previous year, we should still remember that 88 homicides are unacceptable for any community.

People are forever changed by exposure to senseless deaths, imprisonment and other burdens beyond what newspaper headlines reveal. The tears are countless for families of those who are killed and those who kill. The loss of fathers, sons, mothers and daughters can affect relatives for years. Children are scarred in many ways, and their innocence shattered, when exposed to significant violence at early ages.

Milwaukee's 88 homicides are more than the total number of homicides in the entire country of Japan, a country which ranks number one in terms of life expectancy at birth. The life expectancy of an African-American male at birth in an American urban city is 58, worse statistics than those of Sri Lanka.

This means that a 28-year-old black male in Washington D.C., Detroit, Los Angeles, New York and yes, Milwaukee, is considered middle-age. The life expectancy for African-American males is driven downward by homicide rates in the 15 to 24 age group, which is approximately 20 homicides per 100,000 population from 1950 to 2002.

When compared to whites in the same age groups, estimates of a black male dying by a handgun is 40 times greater than for a white male.

These statistics and projections from the U.S. Centers for Disease Control are sad indeed.

Neuropsychiatric research has suggested that the frontal lobe of the human brain takes almost two decades to fully develop and mature. How does this potentially relate to violence? The frontal lobe has been called the "CEO of the Brain."

In particular, the pre-frontal cortex is



The human brain is an important factor in understanding the roots of violence.

associated with executive functioning, meaning that it deals with our ability to appreciate consequences, to understand and integrate a proper sequence of activities for goal-directed behavior. This part of the brain is very sensitive to injury through alcohol, direct trauma and various psychiatric disorders. When this part of the brain is injured or compromised, people tend to become more impulsive.

Impulsivity, in this writer's opinion, is a common factor in most violent acts.

Imagine this scenario: A 15 year-old male with a history of witnessing violence and perhaps abusing alcohol finds a Raven-25 handgun (a popular model in Wisconsin). Already, we have the breeding ground for violence.

A closer look at the scenario above reveals at least five risk factors for impulsivity and violence. These include an undeveloped prefrontal cortex secondary to the young man's age, and the fact that we know males are typically more aggressive. He has witnessed violence and is abusing alcohol, both of which lead to poor blood flow to the prefrontal cortex, again leading to impulsivity. He also has access to a handgun, one of the most impulsive

instruments of death known to mankind. It takes fractions of a second to form a thought of hurting someone else or yourself, and then pulling the trigger.

When we talk about people killing other people, we often find ourselves engaged in conversations about policies, legal and socioeconomic issues, cultural and ethical concerns. Surely these factors are valid and have implications.

However, if we look at individuals and violent incidents as a study of human behavior, we find that as you increase the number of factors that relate to impulsivity, you increase violent acts.

How can we, as a community medical center that is an integral part of North Milwaukee, play a role in removing the threat of impulsive violent acts from our community?

We must help the people we serve in removing risk factors. Addressing impulsivity is a start, and there are various other means.

If we know guns increase risk of impulsive violent acts, let's remove the guns. We applaud the efforts of local civic leaders in the recent "buy back the guns" program that was launched this summer.

Since alcohol impairs the ability to ponder and consider one's actions, let's help our patients recover from substance abuse and dependence. An understanding of risk factors for violence gives us the power to help save lives in the community.

Violence is predictable and treatable. Our mission is to improve the quality of health for our patients. In order to do that, we must first preserve life itself.

Notes: 1) As of October 2005, homicides in the city had reached over 100; 2) Dr. Bell is also Assistant Clinical Professor of Psychiatry and Behavioral Science at the Medical College of Wisconsin.

The articles on these pages were first published in the Fall 2005 edition of the Milwaukee Health Services, Inc. (MHSI) Newsletter.

Kimberly Goins, MA, LPC:



Michael Bell, MD:



Dr. Bell Featured in National Publications

Michael Bell, M.D., is among those featured in the "Guide to America's Top Psychiatrists" May 2007 edition from the Consumers Research Council of America, based in Washington, D.C. Website: <http://www.consumersresearchcncl.org/Healthcare/Psychiatrists/psych.html>.

Dr. Bell, who joined the staff of MHSI as a Psychiatrist in August 2004 and previously served as Director of MHSI's Behavioral Health Services Center (BHSC), is an Assistant Clinical Professor of Psychiatry and Behavioral Science at the Medical College of Wisconsin. Dr. Bell had an article on manic-depression published in the *NeuroPsychiatric Review* journal. His article addresses effective treatment approaches for working with patients affected by bipolar disorder. In addition, Dr. Bell's book review on the autobiography of the famous Black intellectual and scholar John Hope Franklin was published in the national journal *Psychiatric Services*.

Working with Patients affected by Violence and Trauma Deals with the Heartache, as well as the Hope for Healing

Kimberly Goins, MA, LPC, has worked as a Psychotherapist at MHSI for five years. She responds here to questions posed about how treatment can assist people who have been psychologically-wounded (directly and indirectly affected) by violence.

How does violence affect people who are constantly exposed to it over time?

Goins: Generalized Anxiety, Depression and Adjustment Disorders are among the most common diagnoses from being exposed to violence or other trauma. Some people may develop Post-Traumatic Stress Disorder (PTSD), a disorder that became part of popular knowledge following the Vietnam War. U.S. soldiers who came back suffered from flashback, panic attacks and other trauma responses from being exposed to so much violence. The same responses are found in people who live in crime-ridden areas today. Very young children who witness violence may begin wetting the bed again or acting out at home and school as a response. Not everyone who experiences a traumatic event will develop PTSD, but the more trauma you're exposed to over time increases chances of getting PTSD.

Are there different approaches you take for working with children, teens and adults? If so, what?

Goins: When working with children, I often use play therapy or art therapy to help them express how they are feeling. Children often have a hard time with expressing feelings verbally, so non-verbal techniques are essential to get into their underlying feelings, such as anger, sadness and fear. Teens have more vocal ability than small children, but still are not fully developed emotionally and intellectually, so it's important to work with them on their level. The key with teens as well as adults is to focus on building trust so clients feel safe in expressing feelings. Talking about emotional hurts feels vulnerable and takes courage. Teens often require a longer time learning to trust and feeling you can understand them. Getting clients in touch with feelings and how to cope with situations that are stress-provoking are important parts to the therapeutic process.

What happens in psychotherapy that can help individuals cope and heal?

Goins: Creating a safe place for clients exposed to violence is essential. The therapist needs to be genuine and have unconditional positive regard for clients in order to develop trust that will allow people to open up. Clients don't want to feel judged. Psychotherapy allows clients to go deep into their hurts, to learn from experiences and to make changes. It's not easy, but there are stages people go through in the process of grieving losses, from denial to anger to acceptance. Teaching clients about what they are and are not responsible for helps set boundaries for self-esteem. Learning to forgive is important for healing, but it's imperative to remember that forgiveness is not necessarily for the sake of the person who wronged the client. It's for the client so that he or she can continue on with life, and not get stuck in negativity for too long, or stay stuck in the past.