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Homicide Among Black Males

Highlights of the symposium sponsored by the Alcohol, Drug Abuse, and Mental Health Administration, Washington, D.C., May 13–14, 1980

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Symposium on Homicidal Violence Among Black Males was held to gather information and focus attention on this problem in black communities. For 1977, the most recent year for which we have detailed statistics by race, homicide is the leading cause of death among black males between the ages of 25 and 44 years. According to data from the National Center for Health Statistics (NCHS), the average life expectancy of males "other than white" (some 87 percent of these are black) age 20 or younger declined by about 1 year from 1960 to 1970. Center data for 1977 show 125.2 homicide deaths per 100,000 among black males aged 25–44, compared with about 14.2 per 100,000 among white males in the same age group.

A comparison puts this high black death rate in perspective. More blacks were killed by other blacks in 1977 than died in the entire 9 years of the Vietnam War. Blacks killed in combat in Vietnam between 1963 and 1972 numbered 5,640, but in 1977, a total of 5,734 blacks were killed by other blacks.

Briefs of 12 major presentations at the symposium appear in the following pages. The participants, primarily black scholars with an interest in the problem, attempted to determine the current knowledge base, reviewed data from NCHS, and discussed research findings concerning the major contributing factors and root causes, including the role of alcohol and drug abuse.

Numerous suggestions and recommendations emerged from the symposium. Some relate directly to ADAMHA's areas of responsibility, while others are wider in scope than the Agency's mandate. ADAMHA has formed a followup work group with representatives from the Health and Human Services' Secretary's Office, Office of the Assistant Secretary for Health, Departments of Labor and Housing and Urban Development, National Institute of Justice, and the Office of Health Promotion and Disease Prevention of the Public Health Service. Work group members, in coordination with the consultants to the symposium, are developing action proposals.

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Homicide from the Perspective of NCHS Statistics on Blacks

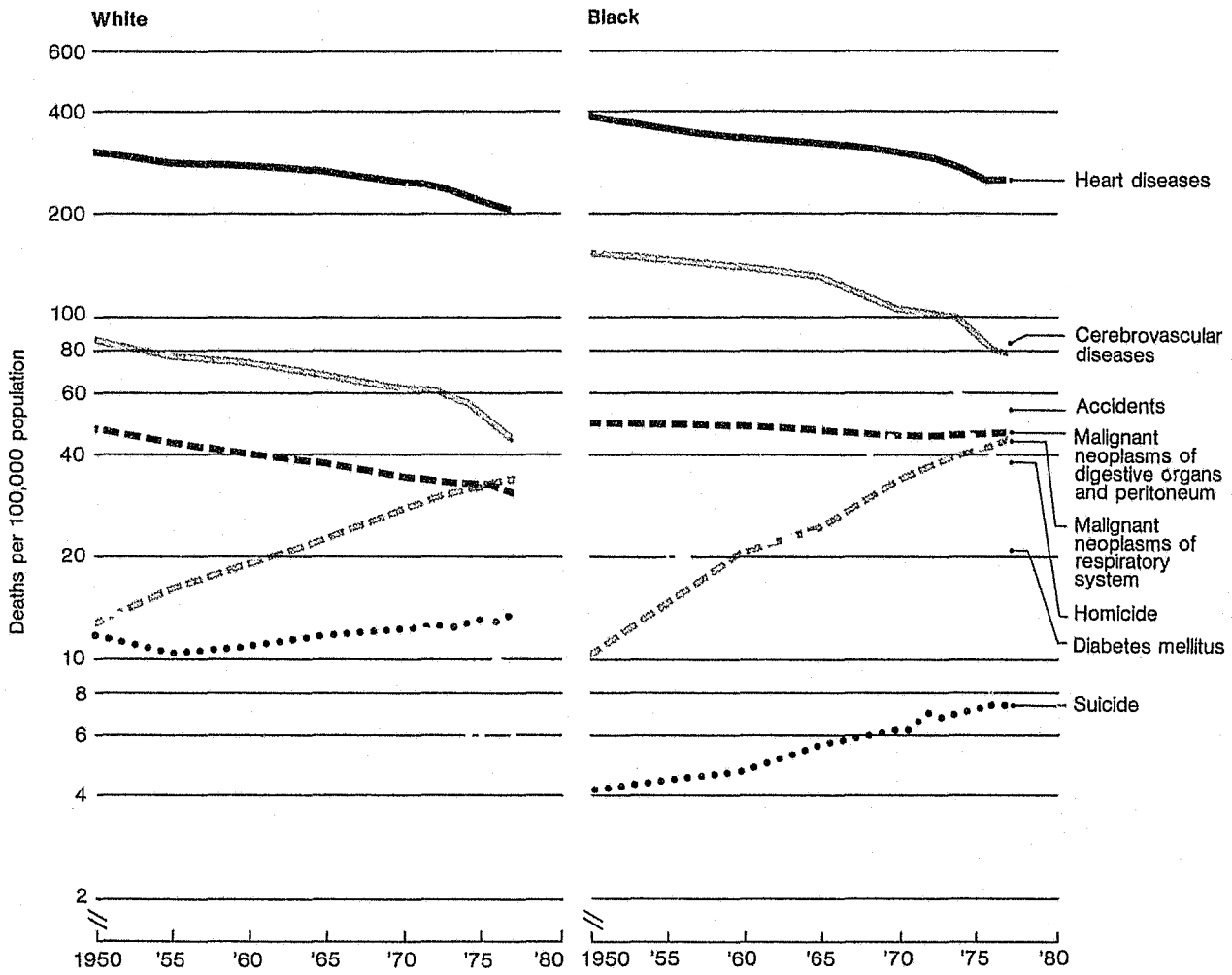
Dorothy Rice

The National Center for Health Statistics serves as the principal source of national health data, in particular data on deaths including infant mortality, expectation of life at birth, and causes of death. This information is obtained from copies of the original death certificates filed in State vital statistics offices, plus information provided through the Cooperative Health Statistics System. The data are published annually in "Vital Statistics of the United States" and on a sample basis every month in our Monthly Vital Statistics Report.

Our mortality data provide important indicators of major health problems in the United States and of social, economic, and racial inequities in the risk of death as well as in the leading causes of death. The health and social problems of homicide among black males are documented by our vital statistics data. Many racial comparisons in NCHS mortality data are in terms of death rates for the white population and the population of races other than white. Among the latter group, the great majority of deaths (93 percent in 1977) were specifically among the black population. NCHS is now working to greatly expand, during the 1980s, the amount of mortality data available for the black population identified separately in our publications. This information is already on public-use tapes, which are made available annually with the release of our vital statistics data. An additional data resource on racial patterns of mortality is the publication "Health United States 1979," which includes a special chapter entitled "Health Status of Minority Groups."

The health problem of homicide as a major cause of death among young black males can be cast into the broader context of mortality differentials between the white and black populations. These reveal health disadvantages to blacks for many causes of death, from infancy to old age. These differentials are revealed in terms of life expectancy; for example,

Age-adjusted death rates for selected causes of death, by race for the United States for selected years, 1950–77



SOURCE: Division of Vital Statistics, National Center for Health Statistics.

white males born in 1977 could expect to live 70 years compared with 64.6 years for males of other races. For females the corresponding figures were 77.7 years and 73.1 years. The average length of life of a black male today is at about the level of the white male in 1945. NCHS data do indicate a gradual narrowing of this differential. Thus, from 1968 to 1977, 4.7 years were added to the average life expectancy of the population of other races compared with 2.7 years for the white population.

Trends in leading causes of death between the white and the black populations since 1950 are shown in the figure. These trends reveal that for the leading cause of death, heart disease, the black population is at about one-fourth greater risk than the white population; this differential has been rather constant for the last quarter century despite the decline in mortality for this disease experienced by both racial groups. For the second leading cause of death, stroke (cerebrovascular diseases), blacks were at twice the risk of whites in 1965, and this differential has now narrowed somewhat because of more rapid improvements for the black population. For the third leading cause of death in the United States, cancer (malignant neoplasms), the risk of death has increased steadily for blacks as compared with whites. The black population is now at one-third greater risk than the white population.

The most striking difference in mortality patterns between the white population and blacks, however, is for homicide. In 1977, the risk for blacks at all ages—measured in terms of the age-adjusted death rate—was more than six times that of the white population. This differential had declined from almost 12 since 1950, mainly because of the greater increase in homicide deaths among the white population rather than because of reductions in mortality from this cause among blacks.

The toll of homicide among the black population, compared with the white, is particularly marked at the younger ages, as shown in the table. For both racial groups, among those aged 15–24 years, the leading cause of death is accidents; but homicide is the second leading cause for these

Leading causes of death and rank order among males, by race, and race ratios for selected age groups, United States, 1977

Cause of death	Rank order		Ratio [1]
	White males	All other males	
	15–24 years		
All causes			1.23
Accidents	1	1	0.76
Homicide	3	2	5.70
Suicide	2	3	0.68
Heart disease	5	4	2.50
Cancer	4	5	0.76
	25–44 years		
All causes			2.41
Homicide	5	1	7.68
Accidents	1	2	1.59
Heart disease	2	3	1.91
Cancer	3	4	1.43
Cirrhosis of the liver	6	5	3.83

[1] Ratio of death rate per 100,000 population in age group for all other males to the rate for white males.
SOURCE: Division of Vital Statistics, National Center for Health Statistics.

males of other races, and it is the third leading cause for white males. For these young males of other races, the ratio reflects a rate almost six times that of whites. For the age group 25–44 years, the differential is almost eight times that of whites.

In summary, NCHS data indicate a marked differential in patterns of mortality between the white and black populations of this country, beginning in infancy (when black infants are about twice as likely as white infants to die in their first year), and extending through the productive years of life. The differentials persist for many causes of death. Homicide among black males is one of our most striking and serious problems from a public health and social point of view.

Perils and Pitfalls of Systems That Collect Data on Homicide

Marc Riedel, PhD
Jerry Brown

In October 1979, the National Institute of Justice funded a 2-year study of homicide patterns by the Center for the Study of Crime, Delinquency, and Corrections at Southern Illinois University, Carbondale. The two parts of the study are (*a*) the analysis of the Federal Bureau of Investigation (FBI) and National Center for Health Statistics (NCHS) data tapes on homicides for the period 1968–78 and (*b*) pilot studies of eight American cities in which data are being collected from medical examiners and police departments on homicide for the year 1978.

The main source of nationwide data is supplementary homicide reports filed with the FBI by local police departments. Homicide information is reported in terms of an event. Data collected include State and county of death; month and year of death; age, race, and sex of offender and victim; number of victims and offenders; weapon; relationship of victim to offender; and circumstances of the offense.

FBI data can be helpful in studying black homicide beginning in 1976, but they are not useful for long-term studies involving race of offender and victim before that date because the local police departments' supplementary homicide reports before 1976 were essentially reports about the victims. Information about offenders was aggregated into monthly summary reports of the number of offenders classified by age group, 14 to 20 years, 20 to 25, and so forth. It is almost impossible to reconstruct homicide cases using this data to determine, for example, if a white person was the victim of a black offender. In 1976 the FBI began collecting data using an incident-based system. This change has substantial implications for the study of black homicide, since it is now possible to compare victim and offender characteristics, including race.

The NCHS data tapes include statistical information on deaths based on death certificates completed by local medical examiners, coroners, and physicians throughout the United States, and they may be purchased from the National Technical Information Service. Data include State and county of death, specific date of death (in contrast to the FBI data which provide month and year); victim's age, race, sex, and place of residence; weapon; location of assault; whether an autopsy was performed; whether the finding from the autopsy was used to determine cause of death; and the medical cause of death.

Definitions of homicide complicate comparisons of the two data systems. The FBI includes murder and nonnegligent manslaughter under the rubric of homicide but excludes deaths due to negligence, justifiable homicides, and excusable homicides. The NCHS system defines homicide as any violent death committed by one human being against another, excluding only suicides, accidents, and legal executions. Despite differences in definition, there appears to be a reasonably high level of agreement between the two data sources at a national level.

Agreement on national totals, however, does not necessarily mean agreement on smaller units such as cities. The FBI's "Uniform Crime Reports" collects cases by place of assault; NCHS tabulates and publishes the data by victim's place of residence. The two data sets may vary greatly for cities with large transient populations. To establish comparable statistics, data sets from cities should include police and medical information. With information from both sources, investigators can match police department and local medical examiner records and account for variations in the two. They should then be able to determine the advantages and limitations of national homicide data.

Role of Alcohol and Drug Abuse in Homicide

Lawrence E. Gary, PhD

Despite the growth of social scientific literature on behavior in the black community, only recently has attention turned toward the role of black men rather than to studies of the black family with a specific focus on women. There have been studies of young black males adjusting to adult life, studies of prison life, juvenile delinquency, manpower issues, and the adjustment of black Vietnam veterans, but little research on the mental health of black men. Since a population's homicide rate reflects its mental health status, this symposium on homicidal violence against black males is most timely.

One factor in black homicide that must receive greater priority in research, program planning, and treatment strategies is alcohol and drug abuse. In "Alcohol Abuse and Black America," Harper states that "alcoholism is the principal health and social problem in the black community" (*1*). Statistics show that death from alcoholism is three times as common among blacks as among whites. Yet knowledge of the extent of alcoholism or heavy drinking in the black community is extremely limited. Contradictions and uncertainties also prevail about what actually constitutes alcoholism, its causes, relative incidence, and the effect on the physiology of the drinker (*2*). Caution is needed in interpreting the data on whites and blacks. Some studies do not differentiate between heavy drinkers and social drinkers in measuring the problem and, of course, community tolerance of drinking and drinkers' levels differ across ethnic groups.

Despite little national data and methodologically weak research, most studies indicate that blacks have heavier rates of alcoholism than whites. When, however, in some local surveys, education was held constant, the incidence of alcoholism was lower in the black community than in the white.

In a study by Howard University's Mental Health Research Center of African-American men's help-seeking behavior, 16.2 percent of 142 black male adults in all income categories indicated that they had a drinking problem (*3*). In 1978, 200,600 blacks were arrested in the United States for public drunkenness (*4*). This figure is important, because people with arrest records are more likely to be arrested again and are often involved in homicidal circumstances.

Drug abuse also is a serious problem in the black community. According to some researchers, addicts represent as much as 10 percent of the total population in some innercity black communities. Data for 1978 indicate that 127,000 blacks were arrested for drug violations (*4*).

How do alcohol and drug abuse relate to homicide? Data show that 45.5 percent of the murder cases in this country in 1978 involved alcohol or drugs. In a study by Wolfgang and Strohm of 588 criminal homicides, 55 percent of the offenders had been drinking (*5*).

Harper found that alcohol was involved in more than half of the homicides in Atlanta, Cleveland, Miami, and Washington, D.C. (*1*). More blacks than whites were victims of alcohol-related homicide, and black men—particularly those between the ages of 15 and 30—were more likely to be victims of alcohol-related homicides than were white men, white women, or black women.

Research has shown that the typical middle-class or upper-class killer is a white man over 30, while the typical lower-class killer is a black man under 30. Alcohol consumption is rarely a factor in middle-class and upper-class homicides, but it is a factor in more than half of the lower-class homicides. In general, the drug-using homicide victim is younger than other homicide victims; whether a drug user or not, homicide victims are more likely to be male and black. The killer of both the drug user and the nondrug user is likely to be a friend. The nondrug user victim is likely to be killed in a domestic argument; the drug user victim is often killed in arguments over drugs or while engaged in illegal pursuits. Arrest records are closely related to homicide; previous arrests for property crime increase the odds that a person will be involved in a homicide.

Researchers assume that alcoholism and drug abuse are attempts to cope with the social and economic frustration of unemployment, underemployment, poverty, inadequate housing, and discrimination. There is a need to study racism in terms of stress; interviews with black men suggest that racism is a major stressful event for them. Holmes and Rahe's response scale for stress (*6*), despite its methodological problem, can be useful to clinicians—to monitor stress in the lives of their clients, their staff, and themselves—and to community leaders. A workable mental health prevention program needs objective measures of the incidence or prevalence of stress in our communities.

Unfortunately few studies deal with the economic motivation that contributes so largely to the high incidence of alcoholism and drug abuse in the black community, and consequently, to its high homicide rate. Liquor stores abound in black residential areas, even near churches, hospitals, and schools, and reap substantial economic benefits. Yet few blacks occupy high-level positions in these enterprises. Nor do blacks control the manufacture, importation, or sale of drugs. More investigations of this economic motivation as well as of the following areas are needed.

- Longitudinal stuides on the decline of spiritual institutions, the family, and other support systems
- The employment of anthropological approaches involving diverse research methods instead of purely quantitative methods in studying black communities
- The treatment of racism as an important variable in substance abuse studies

Most studies on substance abuse and homicides have focused on a few large cities—New York and Detroit—rather than on medium-sized ones like Birmingham, Ala., or Nashville, Tenn. Most also have focused on low-income blacks and therefore do not reflect the cultural diversity—norms, values, and beliefs—that distinguish black subgroups from one another. Moreover, many studies have been relatively simple, descriptive, and exploratory, and based on secondary data. It might be useful to attempt a quasi-experimental design, perhaps using a catchment-area approach in conducting

research on black homicides. Why not interview the relatives of victims or some of the offenders?

There has been too much emphasis on comparisons of blacks and whites. We need to concentrate on understanding what is occurring within the black community (7).

Discussion of the presentation brought out the following points:

- More than 75 percent of homicides involve family members, friends, or neighbors as victim and perpetrator.
- Alcohol-related homicide is determined by the presence of alcohol in the blood based on coroners' autopsies. The statistics do not reveal how many of the offenders were also under the influence of alcohol.
- There is a need for rural as well as urban data on the incidence, prevalence, and other characteristics of drinking in the black community; longitudinal research involving interviews of offenders as well as collection of data on the victims; data on development of normal adults in the black community; and less focus on problem behavior and on blacks in prison.
- The importance of developing black norms for values accorded housing, income, conception of family, and the like was noted. Characteristics of these for blacks have been found to be significantly different from values for the sample of whites (7). Using white values for black characteristics, therefore, would distort the results of research.

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Causal Factors

Na'im Akbar, PhD

(This presentation includes material that was to have been presented by Louis Ramey of the Southern Regional Education Board, who was unable to attend.)

A basic reality is that being black in this country is clearly dangerous to your health. Black homicide is not always a rational process but, instead, it should be considered a situational process. To assume that it is a rational process is to analyze the perpetrators in terms of their individual dynamics and psychological functioning and conclude that the victimizers are themselves victims. Homicides do not always result from a rational, premeditated, deliberate process, with people acting on the basis of conscious determinants; instead homicides often involve a situational process.

What situations are responsible for impulsive homicidal behavior? Insidious and persistent racism is the underlying cause of many situational homicides involving blacks in this country.

One byproduct of racism is a tremendous sense of frustration, anger, and helplessness exacerbated by a system that perpetrates wrongs and unresponsiveness. The result is what Louis Ramey calls "free-floating anger" that is easily triggered by an inappropriate object. The real frustration arises from institutional factors that encourage economic victimization of blacks. Unable to identify the cause of his frustration, the person directs his anger toward a specific situation and specific person. Displaced aggression, therefore, is a factor in many black homicides.

The data on black homicides suggest that both the victim and the perpetrator of black-on-black homicides tend to be the people who are least successful in operating within the existing economic system.

People most likely to be the perpetrators or victims of homicide are exposed more than most other persons to cues in the environment that might trigger homicidal activity. For example, television violence is a causal factor for homicides in general, but it is especially important among low-income blacks who spend much more time watching television than other people (*1*). To wit, people who are frustrated by the limited avenues to success available to them in real life are likely to take the fantasy routes portrayed on television.

Other possible factors include the following:

- The prevalence of handguns in society
- The disintegration of traditional black support systems such as the family and spiritual institutions
- A weakening of moral consciousness and sense of identity
- A mental health system characterized as "psychologically inaccessible" (few black males are involved in primary care in mental health).

In sum, black homicide is a systematic expression of what racism does to human beings in a society where the reality is "us" and "them," and cultural diversity is automatically lumped under "all other." This racist motif of "us" versus "them" undergirds the data, the services, and the systemic structures in the society. Only when the environmental cues, societal pressures, and racist determinants are reduced, can homicide be reduced.

Three major points were brought out in the discussion following this paper.

1. The increasing segregation of lower class blacks should be studied as a cause of homicide. Over the past 15 to 20 years homicide has occurred most often among groups that have been racially and socioeconomically isolated.

2. There appear to be three main types of encounters that can be used to classify homicides: (*a*) a situation characterized by force, (*b*) a situation characterized by face, and (*c*) a situation characterized by identity. The first type leads to felony murders and rape murders. The second type comprises challenges and counter challenges that escalate to fights and end in homicide. The third type of encounters involves disputes between persons who have a deep, intense relationship. A study is being conducted to develop a typology of homicides, but the situational differences resulting in black homicides and in white homicides has not yet been addressed.

3. Stresses in the black community differ from those in the white community. Black men must relate both to their own people and to the white community. In addition, systems that tend to reduce stress in the community—the family, recreation, education—do not operate effectively. A study to isolate and identify components of black anxiety was suggested. Just as anxiety is a common thread in mental illness, stress is a common thread in homicide. When stress becomes unbearable, either outward or inward violence results.

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Toward a Dual Labor-Market Approach to Black-on-Black Homicide

Phillip J. Bowman, PhD

There are many gaps in our knowledge about the root causes and the roles of factors related to black homicide. Three popular explanations for the disproportionately high black-on-black homicide rate are the handgun availability model, the deterrence model, and a social structural model. Although decreasing the availability of handguns might reduce their use in black-on-black homicides, this action would not necessarily reduce the number of homicides or the amount of physical brutality in black communities. And rather than deter homicides, capital punishment would certainly increase black mortality and probably intensify problems among the growing population of blacks in prisons.

A growing body of research shows societal variables such as unemployment, dense urban population, and low income are directly associated with black-on-black homicidal violence. Researchers have failed to isolate and separate social mediators from more basic structural causes. What is needed is research and demonstration to specify how employment-related experiences directly affect black-on-black homicide and how these effects are mediated through stress coping, economic hardship, family pressure, opportunities in the community, educational failure, and alcohol and drug abuse.

The "dual labor-market" approach to black-on-black homicide focuses on the employment-related experiences of black males as the root cause of their high rate of homicide. The approach also aims to clarify the role of key social stresses, social support systems, and related alcohol, drug abuse, and mental health factors.

This approach was first offered to explain job-related low income and was further developed to account for various labor market problems facing blacks. In the model, employment problems of black males are a direct result of their systematic exclusion from jobs in the primary sector and their disproportionate tracking into unstable secondary sector jobs. A basic assumption is that two largely separate labor markets exist: primary sector jobs have a future, while secondary jobs are deadends. Montaga states that the primary sector offers high wages, good working conditions, advancement, equity, and employment stability (*1*). Jobs in the secondary sector are low paying or involve poor working conditions, limited advancement, a highly personalized relationship between workers and supervisors that is conducive to harsh work disciplines, instability, and a high turnover rate.

Researchers have documented several aspects of this dual labor market that are stressful for blacks who are overrepresented in the secondary sector and encounter hiring discrimination, isolated job contacts, and other barriers that restrict entry into primary sector jobs. Also, the growing unemployment rate among young blacks reflects the instability of secondary sector jobs and their vulnerability to technological change and economic risk. As a result, many drop out of the labor force and experience persistent economic hardship.

Despite the impact of these restraints of the dual labor market on blacks, no systematic understanding has tied the concept to black-on-black homicide or to the escalating rate of violence among black males. Are family pressures, unequal opportunity structures, and educational inequalities affected by the dual labor market experiences? Would promoting more constructive methods of coping with stress and true criminal justice reduce the prevalence of black-on-black homicide? Can homicide in black communities be reduced by strong family networks and better educational or skill development opportunities? How would the elimination of dual labor market experience altogether affect the incidence of black-on-black homicide?

The following five propositions address the research and intervention needs:

1. Direct effects of the dual labor market. If black-on-black homicide is caused primarily by destructive patterns of coping with the dual labor market, then effective intervention strategies should promote blacks' access to meaningful primary sector jobs and constructive coping experiences.

2. Indirect effects of the dual labor market. If destructive stress coping by blacks is mediated through economic hardship, coupled with family pressure, job-related stress, and educational inequalities, then economic security, legitimate opportunity structures, family support, and educational skills should be developed.

3. Direct role of alcohol and drugs. If alcohol and drug abuse often engender a destructive form of coping in black-on-black violence, then effective intervention should reduce alcohol and drug use as coping strategies.

4. Role of law enforcement activities. Given that enforcement varies systematically by race, effective intervention

should equalize the severity of enforcement, regardless of race.

5. Role of the correctional system. If criminal socialization in correctional settings perpetuates educational underachievement and opportunities for illegal activities among inmates or rechannels them into the secondary labor market, then rehabilitation that increases educational skills, expands legitimate opportunities, and offers meaningful postprison jobs should be developed.

These research and intervention propositions are consistent with recent policy statements by ADAMHA. Some research projects partially support the basic propositions, but the following additional studies should provide the basis for intervention activities.

1. Clarify the impact of experience with the dual labor market on destructive stress coping among a national sample of black males between the ages of 14 and 24 years. Using data from the National Survey of Black Americans, this study should include multivariate analyses of the operation of differential opportunity, economic status, family networks, and educational experiences as both mediators and buffers against unemployment-related distress.

2. Document the effects of plant closings and layoffs on destructive stress coping of black males in areas like Detroit. Show how community mental health agencies must intervene through demonstrations.

3. A longitudinal research program could be initiated in a juvenile correctional setting to clarify the role of employment-related factors on (*a*) the occurrence of violent delinquent crimes, (*b*) the effectiveness in juvenile rehabilitation, and (*c*) repeat violent offenses. Data collected from records and a sample survey could provide a unique insight into the role of employment and related antecedents in the occurrence of violent juvenile crimes, with a particular focus on black-on-black homicide. Experimental groups receiving structured employment-related experiences could be compared with control groups to examine the effects of such experiences on measures of adjustment, especially assaultive behavior. Finally, youths placed in meaningful jobs through a post-release program could be compared with control groups to investigate the effects of such employment on repeat violent offenses. Such a research-action "demonstration" would be particularly timely, since a significant portion of the black-on-black homicide in the future will involve repeat offenders whose contacts with juvenile "rehabilitation" facilities have not been fruitful.

ADAMHA needs to approach all its functions—whether related to prevention, services, demonstrations, or research—with a full understanding of how black-on-black homicide is exacerbated by destructive ways of coping with stress and by drug abuse, educational failure, family pressures, and illegal limitations on employment opportunity. Besides trying to reduce the role of these psychological and social agents in black-on-black homicide through direct services, the agency needs to give high priority to advocacy and research. For example, ADAMHA should collaborate with other Federal agencies such as the Department of Labor to reduce the stressful employment-related conditions that nourish assaultive behavior and homicidal violence in black communities. Also, although scattered research projects have pointed up the role that conditions in the labor market play in black-on-black homicide, preventive measures will become effective only when they are mounted on the firmer knowledge that additional studies can provide.

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Social Costs to Families and Communities

Ruth E. Dennis, PhD

Homicidal violence can be viewed as the tip of the iceberg in relation to other forms of violence and social disorganization. Violence breeds pathological conditions, and social pathology in turn breeds more violence. Homicidal violence affects the lives of perpetrators as well as victims, the lives of their families, and the life of the community.

In the Meharry Medical College's ongoing study "Profile: Black Male at Risk to Low Life Expectancy," the target group was composed of 502 black males ages 18 to 34; the median age was 25. One group consisted of 167 homicide perpetrators who had been incarcerated in Tennessee for periods of 3 months to 1 year. A second group consisted of 130 assault victims—emergency room patients of two Nashville hospitals—who served as proxies for homicide victims. These people had serious knife or gunshot wounds, and many required intensive care. The third group consisted of 205 noninstitutionalized young black males from a random sample of households representing various classes in Nashville.

Via a social background questionnaire of multichoice and open-ended questions, information was obtained on the personal, family, social, and community lives of the subjects. Questions concerned income, residential mobility, recreation patterns, education, personal goals, role models, substance abuse, contact with the law, parental punishment, attitudes toward self, and participation in violent behavior, and so forth. This approach reflects the fact that significant life events or stresses may occur at different stages of growth or awareness. Psychological tests were also given.

A panel of community representatives; clinical, educational, religious, and correctional experts; and political leaders helped analyze data and provided guidance on the project. The "Profile: Black Male at Risk to Low Life Expectancy" that emerges is expected to indicate possible interventions.

Some rapid role changes occurred among approximately 20 percent of the subjects. Some control subjects became prisoners before the data collection stages were completed. However, such role reversals occurred more frequently among the group of assault victims and the prison group. Yet some characteristics differentiating these two groups were identifi-

able. Both experimental groups had less education than the controls, had experienced juvenile detentions, and were more likely to carry guns. About 93 percent of the prison group had been in jail at least once before their current incarceration. The assault victims were less likely to carry guns, but 65 percent had been in jail more than once; most reported more contacts with the law, but fewer convictions, than the prison group. Even 51 percent of the control group reported some contact with the law.

The assault victims were injured most frequently in fights and showed a high frequency of psychopathic deviancy. They also showed significant depression, and this result suggests that members of this group might seek suicide in the form of victim-precipitated homicide because they are aggressive, but least likely to carry guns.

Perpetrators experienced similar problems, although their immediate response was to try to justify their own behavior. Most of them contended that the homicide was not their fault; this attitude is carried over at times to the perpetrator's relatives and friends. Families of perpetrators do not receive the social sympathy and support afforded families of victims. In many instances the families of the homicide victims and the perpetrator know one another, and the homicide requires adjustments in the families' relationships. In most homicides the black community loses two potentials, the person killed and the person sent to jail.

Losing a family member at an early age has financial costs in terms of childbearing, childrearing, economic productivity (or the return on society's investment), and the potential for reproduction. Moreover, the nonfinancial costs of homicide may be substantial, manifested in intense family grief, especially in the victim's family.

In the discussion, it was pointed out that children need to participate early in socializing groups to help them develop certain standards of behavior. Researchers should study the schools, churches, and community organizations responsible for socializing black children. The family and schools have lost authority to the courts and to social workers. Parents lack confidence in their ability and question their responsibility as parents.

The participants agreed that descriptive data on black homicides and related variables are insufficient and that further research is needed to establish how normal blacks cope with their problems and grow old. Social scientists need general data on the quality of black life as a standard for assessing deviance.

Toward a Macrocosmic View of Crime in African-American Communities

Raymond A. Winbush, PhD

An FBI publication listed 13 factors that contribute to crime in the United States, but its authors made only vague references to crushing poverty, racism, and economic privation as possible contributors to the high crime rate in the United States (*1*). Research is needed to examine systematically societal institutions, laws, and cultural factors that perpetuate criminality. There is little macrocosmic research on society as a factor that contributes to African-American homicide. Instead, many studies place the burden of criminal behavior on the offenders, rather than on the conditions that victimize them. Congressman John Conyers, in a 1979 article on crime in the African-American community, argued that explanations of black crime in terms of bad genes, defective character, or criminal disposition are simply diversions from the real issue—injustice and inequality in American society (*2*).

In 7 of the 10 leading causes of death of males in this country, African-Americans have higher rates than whites. Similarly, although homicide is not among the 10 leading causes of death in white males and females, it ranks fifth nationwide among African-American males and ninth among African-American females (*3*).

Tragically, most public health programs have emphasized secondary and tertiary prevention among Americans in general and African-Americans specifically. ADAMHA Administrator Gerald Klerman has acknowledged the deleterious effects of racism, sexism, and poverty on moral and physical health, but he argued that solving such problems went beyond the mandate of ADAMHA. However, unless these ills are systematically acknowledged, primary prevention will be merely a catch phrase in the epidemiology of homicide. Primary prevention—action—in the following two areas could help address the alarming mortality rate of African-American males.

1. Aggressive legislation to curb the availability of handguns in America. Between 1968 and 1975, handgun-related homicides among African-American males increased 26 percent (*2*). Few rigorous longitudinal studies have investigated the rate of homicide among African-American males as a function of gun control laws. Research is desperately needed to provide sound data for legislative action on handgun control.

2. Seminar on African-American Relationships (SOAR). African-Americans generally, and males in particular, need structured group experiences to gain an understanding of the impact of racism on themselves and their communities. SOARs can be targeted to groups in high-risk communities where rates of violence are high. From these sessions can arise practical ideas as to what African-American men and women can do together to stem the tide of violence in their communities and foster good interpersonal relationships.

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HUD's Crime Prevention Program

Lynn A. Curtis, PhD

The Department of Housing and Urban Development (HUD) administers a 13-agency program of crime prevention targeted on the largest and most crime-ridden public housing projects around the country.

Homicide is the result of causal factors that the Presidential Crime and Violence Commissions of the 1960s addressed: blocked economic opportunities, relative deprivation, family breakdown, and institutional racism. These basic causes still operate today.

What can be done? There are criminal justice responses: handgun control, police teams trained to handle domestic quarrels, victim-witness programs, and the separation in prison of youths convicted of relatively minor offenses from hardened criminals. Although such criminal justice approaches are important, they deal chiefly with symptoms rather than causes. The structural problems remain: how to create full employment, improve the economic position of blacks, and eliminate institutional racism. Traditional Keynesian "trickle down" economic policies have not worked. And the new supply side conservative economics is even less sensitive to the needs of minorities. An alternative "bubble-up" economic policy carefully targeted to neighborhoods, however, may prove successful.

The neighborhood approach is one of the bases for the HUD anticrime program. Minority consultants from the American Institutes for Research (a private think tank in Washington, D.C.) first searched the literature to find what approaches had and had not worked to prevent crime in and around public housing. Tenants in housing projects across the country were asked their opinions about what should be done. Public housing executives and criminologists were consulted. From these conferences a conceptual framework involving seven areas was developed:

1. Improvement of the management of the public safety throughout a public housing project.
2. Improvement of the physical safety of the buildings and environmental design.
3. Organization of the tenants—giving them funds to fight crimes in the ways that they choose. This step is really the core of the program.
4. Employment of youths—a recognition that there is a relationship between unemployment and crime.
5. Comprehensive special services to reduce crime, ranging from prevention of juvenile delinquency and of alcohol and drug abuse to victim-witness services and programs for the elderly.
6. Improved police protection in projects, including use of domestic quarrel and conflict resolution teams and youths working with police in team policing.
7. Cooperative, local-level partnerships in which the city and the private sector target resources not only on the public housing project but also on the neighborhood surrounding it.

The essence of the anticrime program is to facilitate self-help. An important facet is the creative, integrated use of jobs from the Department of Labor (DOL) and money from the Law Enforcement Assistance Administration, ADAMHA, and DOL. The program's managers are trying to answer questions that Nathan Caplan's research at the University of Michigan raised about why some of the brightest youths in DOL JOBS I and JOBS II training programs dropped out just before they were about to move into the work force (*1, 2*).

One of the most promising public housing models is the House of Umoja in Philadelphia, where David and Falaka Fattah, parents of six sons, invited 15 tough, alienated members of neighborhood gangs to live with them as members of an extended family for a year (*3*). They instilled pride in the boys by emphasizing the African concept of the extended family through which all members lend each other support. The House does not isolate the boys from the community; in fact, there is strong emphasis on community services. The House now provides a variety of neighborhood programs for children, elderly citizens, and local businesses, and is rehabilitating a whole block of row houses, teaching skills to the boys in the process.

Part of the Umoja model might be difficult to implement in other public housing because the success in Philadelphia has depended on the Fattahs. But the basic ideas—emphasis on indigenous community processes, installation of self-pride, creation of unity, and generation of meaningful employment—are important.

What does a mental health program really mean in a West Philadelphia slum or a huge public housing project? Treatment directed at the neuroses of whites is hardly relevant to situations like these. Techniques that build on community self-help can do much to combat black homicide.

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Advocacy for Life: Mandates, Models, and Priorities for Prevention

Bertha G. Holliday, PhD

Black homicide should be given a priority in expending ADAMHA's prevention funds. Black homicide is imbedded in the day-to-day reality of the black community. ADAMHA has a legislative mandate to support research, demonstration projects, and dissemination efforts related to alcohol and drug abuse and mental health; alcohol and drugs figure in the majority of black homicides. Homicides have emotionally stressful antecedents and consequences, and homicide is the ultimate antithesis of health promotion and human resource development.

Existing theories and data on crime and homicide are compatible with ADAMHA's increasing emphasis on developmental, ecological, and transactional processes. The multiple aspects of black homicide encompass the criminal justice

system and increased gun control as well as other issues outside ADAMHA's mandate—for example, unemployment, delinquency, incarceration, and rehabilitation.

Victims and perpetrators in most black homicides are well known to one another—the crimes occur in familiar settings. Thus, most black homicides arise from difficulties in human relationships and interpersonal behavior, and these are basic mental health issues.

ADAMHA should lead in establishing a mechanism to coordinate interagency analysis and action on black homicide. The mechanism must be formal, continuous, and have a policy focus rather than a program focus. A possible model is the Federal Interagency Committee on Education. Effective action on the multiple facets of black homicide also must be guided by a well-articulated conceptual model. Past research on and intervention in nonwhite communities suggest that such a model should be community based and compatible with existing community structures, processes, and values. And an ADAMHA-funded model also should be consistent with the agency's mandate, perceived role, and its evolving concepts and prevention policies. A conceptual model should incorporate existing knowledge about black homicides and have as its first dimension the type of prevention—whether primary, secondary, or tertiary.

ADAMHA's evolving prevention policy places little emphasis on the tertiary level—the victims and perpetrators. Yet, the perpetrators and persons who have survived homicide attempts can be sources of hard data. Secondary prevention could be targeted to persons whose accumulated social and behavioral patterns suggest that they are at extremely high risk of homicide. Primary prevention—health promotion and homicide prevention—must be targeted to ameliorating those social conditions associated with a high incidence of black homicide.

A second dimension of the model is the "target groups." Persons under 18 years of age are distinguished by their status in the criminal justice system and other institutions. Persons 18 to 35 years are distinguished because homicide is among the leading causes of death among black males in this age group. The third group is persons over 35 years.

The model's third dimension is comprised of levels of analysis and action. One of these levels focuses on the individual, his characteristics, and the multiple influences upon his actions. Another level focuses on processes within and among networks such as families, peers, friends, social agencies, and community institutions and settings in which people are routinely involved. A third level, the institutional sphere, concerns the functions, practices, interrelationships, and policies of the major social institutions having relationships with homicide perpetrators, such as educational institutions, employment organizations, the criminal justice system, and the health care system.

The dynamic intersections among the model's three dimensions provide a framework for identifying the gaps in our data, services, and policies. For example, at the intersection of primary prevention at the individual level, we know that blacks account for approximately 54 percent of homicides committed by persons under 18 years. We also know that low academic achievement and high truancy rates are strongly associated with delinquency. We have identified many behavioral and personality patterns that are associated with delinquent youth, but there are too few well-targeted and well-evaluated educational interventions to counteract these patterns.

The intersection of secondary prevention of homicide at the social network level has revealed a number of gaps. The target population is comprised of youths who have had police contacts, and we know little about the most effective ways to use our existing resources to help them. There are few service models that identify, incorporate, and exploit natural, healthy role models such as the long-time neighbor whom the youth has always addressed as "Ma'am" or "Sir" or the persons who have influence with his parents.

Additional gaps exist at the intersection of tertiary prevention at the institutional level. This intersection involves the policies and practices of institutions for juvenile delinquents. There are social-cultural, behavioral, and personality theories of juvenile delinquency and a variety of treatment models using, for example, behavior modification, social modeling, and vocational rehabilitation. Yet, no clear linkage exists between a specific theory and the treatment used. Therefore it is not known what treatment will be most effective for a given youth exhibiting a specific personality and specific behavioral and social-cultural traits.

Use of the proposed model for black homicide prevention would help us to understand more fully the attitudes, behaviors, critical incidents, and social forces that provoke homicide, as well as the forces that keep other persons at high risk of homicide from becoming perpetrators or victims of this crime. Despite serious gaps in knowledge, services, and policies relating to black homicides, we must act soon. The problem of black homicide is visible, life threatening, and pervasive enough to warrant immediate and aggressive Federal policies and actions for advocacy for life.

Homicide Prevention from the Perspective of the Office of Health Promotion

Donald C. Iverson, PhD

Homicide does not fit neatly into the usual framework of considerations of the Public Health Service. Hence, a different approach is taken by the Service's Office of Health Information and Health Promotion in analyzing these problems and suggesting policy changes. The model used is based on work by Anderson (*1*) and refined by Green and his associates into a planning framework labeled PRECEDE (*2*).

In this model an attempt is made, through a review of the literature, to identify behavioral causes of homicide among blacks. Possible causes might include, for example, family conflicts, the need for money to support drug or alcohol habits, or being under the influence of alcohol. These factors are ranked in importance (that is, according to how highly correlated they are with the health problem—homicide) and changeability.

The next step involves the identification and selection of

factors affecting the behavioral causes of black homicide. The factors are classified as predisposing, enabling, and reinforcing. A prevention approach aimed at predisposing factors may involve education to bring about awareness of the problem, to increase self-esteem and, if appropriate, to encourage reassessment of personal value systems. Enabling factors may include the availability of guns and alcohol as well as the inaccessibility of helping services. Reinforcing factors describe other people in the environment who positively or negatively affect the behaviors of the target population.

Health promotion, then, incorporates health education activities along with related political, organizational, and economic interventions in an attempt to facilitate behavioral and environmental adaptations that will improve or protect health (in this situation a reduction in the homicide rate). When people's basic needs—such as housing and food—remain unsatisfied, education alone will not resolve the underlying problem. Economic interventions designed to facilitate access to food supplies and to adequate housing, job training programs, troubled employee programs, and other counseling services may be necessary. Political approaches may include support for gun control legislation and treatment rather than incarceration of selected offenders.

The role of the Federal Government in dealing with a socially based problem such as homicide is to facilitate necessary social change—oftentimes through grants to community and State organizations. But the Government also should not fail to offer support to groups outside the traditional public health community, since such groups frequently enjoy support from an established constituency that has an interest or involvement in resolving the selected health or social problem.

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Final Observations and Summary

Charles W. Thomas, PhD

Theory is absolutely essential as a roadmap to guide behavior. Black people have been accepting other people's definitions and following other people's solutions. Power begins with perception of reality. Establishing independence—taking charge of one's own life—is the basis for self-respect.

There has been much talk in this symposium of struggle and a call for unity. People act when they believe progress is possible; people will give up in despair when their goals are unrealizable. Too many black people not only have no dreams but see no possibility for workable dreams.

Too many black professionals have removed themselves from the reality of the black community, and hence are no better than the whites they criticize. Too much time is spent complaining about what white people fail to do instead of looking at what we can do for ourselves.

In summary, major needs emerging from these discussions include the following:

1. Regional, longitudinal studies that would have funding commitments to cover one generation, like the infamous Tuskegee study of syphilis. In these proposed studies, interdisciplinary teams of senior scholars, assisted by junior scholars, would both collect data and test existing data.
2. Interdisciplinary scientific teams to produce concept papers to help process research data into public policy.
3. A vigorous effort to develop a life-satisfaction profile of African-Americans. The work should include cross-cultural comparisons and a study of noninstitutionalized older black Americans to find out how they have handled adversity.
4. Research on the critical issues at various life stages to help understand what constitutes a "healthy, coping black male in this society."
5. A national data base to promote understanding of the connection between cultural behavior and criminal behavior in black males and regional conferences to refine these data. An interdisciplinary approach is required to provide information on the social, economic, political, and environmental correlates of homicidal violence.
6. There is a presumed notion by people who need help that the human care services in this country are not sensitive to the needs of black people. Mental health practitioners need culturally corrective education to help them diagnose and treat blacks. People who have examined appropriate mental health programs and strategies in the black community must be identified and supported. The rehabilitation efforts that seem to work best with blacks involve activities and concepts with distinct Afro-centric values, but these are seldom incorporated in workshops or proposals in the mental health field. Community mental health centers need to provide culture-specific activities.
7. Community mental health centers should have a social planning component that conducts research on contemporary issues, including spiritually enhancing activities. They should give considerable attention also to crisis intervention, using participant-observer models. Moreover, specialists should write their reports in plain English, so that people in the community can understand and benefit from them.
8. Pressure should be exerted on training institutions and accrediting bodies like the American Psychological Association to see that the training of mental health specialists includes study of the psychology of the black experience.
9. The mental health of blacks cannot be significantly improved unless the quality of education is improved, adequate housing is secured, and steps are taken to deal with idleness. People must learn how to occupy themselves in meaningful, gainful activities and become knowledgeable about self-concept, about normal human growth and development, and about parenting.
10. Relocation programs are needed to match people and jobs.
11. Research and development centers are needed to examine employment substitutes.

12. Blacks need to abandon the search for white approval at the expense of self. Such a search is a disservice to whites and blacks alike.

13. Neighborhoods need to be made safe.

14. The question of whether there is a connection between prescription drugs like Valium and antisocial behavior in the black community needs to be explored.

15. Research is needed on the kinds of organizations that foster psychosocial satisfaction.

16. Whether all-male schools produce less pathological behavior in black males than co-educational schools and the effect on behavior of parochial schools and of the spread of Islam in the 1960s, with its highly structured society, should be investigated.

17. There are serious gaps in the knowledge of how psychology's technology works with respect to blacks, but resources exist for improving the situation. It is important, nevertheless, to be careful about the "blackening of social science techniques." Black norming is being done, for example, by gathering the responses of blacks to the Minnesota Multi-Phasic Personality Inventory, but insufficient attention has been given to the theoretical assumptions underlying the development of that instrument. Perhaps researchers could use specific public housing projects as laboratories for comparative studies, if the residents agreed to participate.

Proposals for action by ADAMHA are as follows:

- Immediate evaluation of current research on black males with reference to homicide.
- Establishment of the parameters of the national data base.
- Establishment of criteria for and sponsorship of regional demonstration projects, particularly in cities and counties with black elected officials, police chiefs, safety directors, public service directors, and college presidents.
- Development of a technical assistance training program to show practitioners and policymakers how to apply research in planning and organizing for social change.

Concluding Remarks

Gerald L. Klerman, MD

This symposium represents the intersection of activities of two parts of ADAMHA, the Minority Advisory Committee and the Division of Prevention. The program of the Agency and the three Institutes was originally conceptualized as a triad of research, training, and services. When I became Administrator, I decided to elevate prevention as a fourth major program mission of ADAMHA. Now we are attempting to give greater visibility to prevention efforts, to clarify our policy and responsibilities, and to identify areas for new initiatives and special programing. One area concerns the problems of adolescents, particularly risk-taking behavior with drugs and alcohol. We are considering more activities in the workplace for people who are employed. The Surgeon General has already identified stress as 1 of 15 priorities for overall prevention efforts.

I have no hesitation in seeing homicidal violence among black males as an important health problem and one of special responsibility for ADAMHA. It is related to mental health in that it deals with issues in terms of the emotions of young males and their families and society—how they handle their frustration and rage at being part of a society that puts special burdens upon them. In addition, we know that alcohol plays an important role in homicidal violence. We know less about the role of drugs, but we do know that drug overdose contributes to the excess mortality of black males.

Therefore, we need to define our responsibility and see which aspects of this problem fall within our specific responsibility and which are outside it. First, the research agenda is clearly within our responsibility. We need to improve the current research and knowledge base; we should also seek the cooperation of other research agencies such as those in the Department of Justice, the Census Bureau, and the National Center for Health Statistics. Improving the general quality of health reporting about minorities, including breaking down the "other than white" category of data, should help. Basically, the research improvements should be relatively easy.

A number of suggestions have been made for changing the mental health training and treatment system, sensitizing community mental health center workers, and working with State departments of alcohol programs and State mental health programs. The existing treatment system obviously does not attract young people, who may be having trouble dealing with their frustrations. Some unconventional outreach programs are called for; demonstration projects could perhaps be mounted in cities like Detroit where the unemployment situation is particularly bad.

Other suggestions for action have been made that are clearly not within our responsibilities: action to relieve unemployment, particularly among black youth; enactment of some form of national gun control; and examination of the extent to which experience in the correctional system increases antisocial behavior instead of correcting it. Action in these areas would have a positive effect on homicidal violence among black males, however, and ADAMHA has a responsibility to serve as an internal advocate for prevention within the executive branch, to highlight the problem, "to knock on people's doors."

As an internal advocate for prevention within the Federal Government, we can work with representatives of other departments such as Justice, Labor, and Commerce to raise people's consciousness and to stimulate development of projects in prevention. Obviously, there is interest in agencies like HUD, as Dr. Curtis's presence testifies. And we need the advice of groups like those at this symposium about how to develop internal advocates.

It also is important to raise the consciousness of Congress. If appropriate congressional committees were to hold hearings to highlight these problems, media attention would "galvanize the bureaucracy to do more quickly the things that we should be doing anyway." I suggest that the consultants to this symposium consider some efforts to prod the Executive Branch and some sympathetic members of Congress.

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