Lessons Learned from 50 Years of Violence Prevention Activities in the African American Community

Carl C. Bell, M.D.

Abstract: Purpose: This article covers violence prevention (homicide and suicide) activities in the African American community for nearly 50 years.

Method: Drawing on lived experience the works of early and recent efforts by African American physicians, the author illustrates we know a great deal about violence prevention in the African American community.

Results: There remains challenges of implementation and political will. Further, most physicians, like the public, are confused about the realities of homicide and suicide because of the two different presentations both are given in the media and scientific literature.

Conclusions: Responses to homicide and suicides should be based on science not distorted media reports. There are violence prevention principles that, if widely implemented, could stem the tide of violence.

Keywords: Homicide ■ Suicide ■ Prevention ■ Historical perspectives

Author affiliations: Carl C. Bell, Jackson Park Hospital Family Medicine Center, USA; University of Illinois at Chicago (Ret.), USA; Community Mental Health Council, Inc. (Ret.), USA

Correspondence: Carl C. Bell, M.D., Jackson Park Hospital, Family Medicine Center, 1625 E. 75th Street, MOB – 1st floor, Chicago, IL 60647, USA., email: bell-carl@att.net

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INTRODUCTION

Physicians are confused about the realities of homicide and suicide in the African American community. On one side, there is the media touting the extreme rates of homicide in the African American community with such truisms that homicide has been the leading cause of death in African American males 15-44. On the other side is the scientific fact that African American rates of homicide have always run much less than 100/100,000 per year or less than 0.1% of the population making it a very rare event. Overall suicide rates have always been higher than overall homicide rates. They have always run below 15/100,000 making suicides less than 0.015% of the general population, and African American suicides have always been half that of European American suicides making suicides rare events. However, the media appropriately highlights suicide as the second leading cause of death in 15-34 year old people. Thus, physicians are presented with two opposite perspectives – one that these causes of death are epidemic and the other that these events are rare occurrences. This article seeks to clarify these perspectives and provide a thoughtful approach to preventing the problems of homicide and suicide in the African American community.

After nearly half a century of treating Black psychiatric patients for a variety of disorders, one single fact has repeatedly proven to be true – "risk factors are not predictive factors because of protective factors." The protective factors operating in people's lives work to mitigate negative outcomes such as an adolescent's participation in violent behavior, drug use, dropping out of school, early sexual debut, and other risky behaviors. The Community Mental Health Council, Inc. first learned this lesson in 1982 when the research team at the Community Mental Health Council, Inc. began to call the nation's attention to the inordinate number of Black children at risk for negative outcomes such as perpetration of violence, because of exposure to violence. However, the protective factors in these children's lives nullified the risk of other problematic behaviors.

After years of research, the Aban Aya project ran in Chicago Public Schools between 1994 and 1998,[1,2] and protective factors were placed into the lives of "at risk" middle school students. These protective factors were: 1) rebuilding students' "village" which cultivates the student's social and emotional support and builds an adult protective shield for youth; 2) providing opportunities to increase connectedness and self esteem (a sense of power, uniqueness, models, and connectedness[3]), and 3) teaching youth social and emotional skills such as affect regulation. The outcomes revealed there was reduced growth in violent behavior, school delinquency, drug use, and recent sexual intercourse by at least one-third.[1,2] Findings from the research suggest risk is not just the presence of a bad, toxic influence, but also the absence of a good, protective influence. Due to the complexity of the Aban Aya research model (Triadic Theory of Influence[2]), Seven Field Principles were developed to make implementation easier to cultivate resiliency, generate hope, and provide protective factors that could prevent negative outcomes among youth. These principles were used to guide violence prevention activities in Chicago Public Schools with some success.[4,5] This paper proposes that the issue of violence prevention has already been partly solved through years of research and, in some cases, implementation. This paper also proposes that the same principles that help prevent violence also help to prevent other risky behaviors such as risky

sexual behaviors resulting in HIV infections,[6] child abuse,[7] and teen pregnancy.[8] Risky behaviors and protective factors are multi-determined and dependent on biological, psychological, sociological, and cultural forces that weave a complex tapestry of etiology. The Seven Field Principles – cover these complex etiologic factors and will be discussed with examples of their historic operations to strengthen or weaken outcomes such as violence toward others (at its extreme – homicide) and violence toward self (at its extreme – suicide) in the African American community.

HISTORICAL CONTEXT

Homicide

The Black Psychiatrists of America was spearheaded by Dr. Chester M. Pierce, M.D. from Harvard University in 1969. Of the organization Dr. Pierce said, "It was born to be action oriented."[9] He also noted "… we the Blacks had no choice, given the conditions of our people, but to opt for action programs far beyond the walls of the consulting room and the clinic."[9] From these efforts Dr. James Ralph, M.D. was appointed the Chief of the Center for Minority Group Mental Health Programs in 1970. In his role, Dr. Ralph began going to work on the behavioral issues affecting public health issues for African Americans, and, as homicide rates were disproportionately higher in African Americans than in European Americans, the problem of homicide in African Americans became a major priority. Dr. Ralph was instrumental in funding Ruth Dennis at Meharry Medical College to study black homicide and in 1977; Dr. Dennis noted homicide had become the leading cause of death for black males 20-34.[10] Dr. Ralph also successfully funded Dr. Dennis[11] and Dr. Rose,[12] to do research on the issue of African American homicide and they both published results in 1981 noting most of the circumstances in Black homicide involving Black males were interpersonal altercations between family and friends. Furthermore, both studies advised at the beginning of the altercation the victim and the perpetrator could not be identified until after the homicide. As a result of this new information, the National Association of Social Workers and the National Institute of Mental Health (Office of Prevention and the Center for the Study of Minority Group Mental Health) held a conference in 1984 to ferret out the causes for this problematic behavior occurring between two people who knew one another as family, friends, or acquaintances. To date all the drivers of homicidal behaviors were characterized as: 1) cultural (e.g. it was said African Americans had a culture of violence[13]); 2) sociological (as exemplified by Dr. Dennis'[11] and Dr. Rose's research[12]); 3) psychological (exemplified by the psychodynamic contributions by a founding member of the Black Psychiatrists of America Dr. Alvin Poussaint[14]); or 4) biological (Lewis et al,[15] Bell[16–19] as a result of head injury). Part of the problem prior to the mid 1980s was the lack of statistical sophistication to extricate the effect size of the factors involved in generating behavior. However, with a greater appreciation for the complex nature of behavior (behavior is multi determined) and more sophisticated statistics it became possible to consider the contribution of the various factors generating the risk for homicide.

Suicide

The history of research on African American suicide rates has been less robust owing to the reality that, although overall suicide rates have always been higher than overall homicide rates, the suicide rates in the African American have always been lower than the White rates of suicide.[20,21] In fact, African American male and female rates of suicide have tended to run half that of the rates of White suicides (slightly below 10/100,000 and 2/100,000, respectively), with African American women having the lowest rates of suicide in the US.[20,21] Like homicide, suicidal behavior is very complex making it a difficult area of investigation, resulting in many of the publications on African American suicide being clinical and anecdotal in nature.[22–26] In 1999, Dr. Satcher released his The Surgeon General's Call to Action to Prevent Suicide,[27] and this document raised the issue of risk and protective factors, but the protective factors were focused on mental health interventions to prevent suicide. However, in the Institute of Medicine's landmark report on Reducing Suicide,[21] the critical question of what non-mental health interventions were protecting African Americans from higher suicide rates, compared with European and Native Americans, was proposed. This spurred scientific research on this question, which will be reviewed below.

One other issue regarding African American suicides deserves mention – "suicide by cop." Since the Rodney King beating video in 1991, videos have been increasingly used to document the allegedly illegal victimization of African-Americans by the police. Videos of the police using lethal force have raised the question regarding whether or not African Americans are using the police to kill them in what has been dubbed "Suicide by Cop." Although not a random sample, one study outlined the frequency and characteristics of "suicide by cop" in 707 officer-involved shootings.[28] In this nonrandom sample, the authors report that 36% of the officer-involved shootings were "suicide by cop." Another study investigated death from the use of lethal force by law enforcement from the National Violent Death Reporting System from 17 US