



Explaining Black–White differences in homicide victimization

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ABSTRACT

In recent decades, homicide has so truncated life expectancy in the United States that homicide victimization should be considered a public-health problem worthy of addressing via preventive programs and policies. Evidence in the literature roots homicide victimization deep within the social structure, in problematic social inequalities and disadvantages. The evidence suggests homicide victimization is associated with six demographic, social, and lifestyle factors: being male, African-American, young, of low socioeconomic status, without adequate social support, and mentally ill or a substance user. Taking an interdisciplinary approach, this paper outlines theoretical mechanisms leading to racial differences in homicide victimization. It hypothesizes that Black Americans (a) are likelier than Whites to become homicide victims and, if victimized, (b) are likelier to be younger than victimized Whites. To understand these racial differences, the paper examines whether and how multiple disadvantages—at both the macro and micro level—operate against Blacks disproportionately. The paper concludes by noting further research needs and policy implications.

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1. Introduction

Homicide remains an important topic of scholarly discussion within criminology and public health. Before 2010, homicide was one of the 15 leading causes of death in the United States; in 2006, among Black Americans ages 15 to 34, it was the leading cause of death (CDC, 2006). A violation of the law, it also obviously concerns criminal justice and the criminal justice system. Criminologists cite striking similarities in the demographic and social characteristics of homicide offenders, as well as of homicide victims (Cooper & Smith, 2011; Silver, Piquero, Jennings, Piquero, & Leiber, 2011). Health

researchers note the racial disparity in life expectancy that results from relatively poor Blacks' significantly higher likelihood of being murdered (versus relatively wealthy Whites) (Bureau of Justice Statistics, 2011; Cooper & Smith, 2011). Importantly, homicide victimization has also been linked to mental health, including substance use (Silver et al., 2011). Mental illness has been closely associated with violence and—in hypotheses explaining suicide and homicide as, respectively, aggression toward self versus toward others—with theoretical mechanisms including structural disadvantages; lack of social integration/regulation; and frustration (Nielsen & Martinez, 2009; O'Brien & Stockard, 2006). Because violent acts often originate in social problems arising from the social stratification system, homicide victimization is a public-health problem, one that might be alleviated via prevention programs aimed both at the costs of premature death and, more generally, at racial disparities in society

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(Krug, Mercy, Dahlberg, & Zwi, 2002; Rosenberg, Ocarroll, & Powell, 1992). In light of these medical, social, and criminological aspects of homicide victimization, its racial disparities are best explained using an interdisciplinary approach.

In this paper we: (1) identify sources of multiple disadvantages leading to racial differences in homicide victimization, and (2) explain (for the White majority and for the Black minority) mechanisms that link the phenomenon to distal and proximal risk and protective factors at several life stages. To do so, first we demonstrate the vital role age plays in homicide victimization—to which youth and young adults are disproportionately vulnerable. (The factors and circumstances involved in child homicides differ from those involved in murders of youth and adults (Gartner, 1990), and we will overall limit our investigation to homicide victims ages 15 or older.) Next, drawing on several disciplines, we outline theoretical explanations of homicide victimization as a negative consequence of violent crime, and also as a health problem. Then, we present a *multiple disadvantage model* accounting for Blacks' much higher likelihood (versus Whites) of homicide victimization and Blacks' relative youth when victimized (versus White homicide victims), and list evidence tending to support that model. Finally, we suggest some promising related inquiries and contemplate the model's implications for policy.

2. The homicide victim's life course profile

Among industrialized countries, the United States has one of the highest overall homicide rates; it has the very highest rate among western democracies, especially where the murder of *young* adults is the focus (Gartner, 1990). The homicide rate in the U.S. peaked in 1991 at 9.8 per 100,000 residents. By 2010, it had fallen to 4.8 per 100,000, approximating the homicide rates of the 1950s (Cooper & Smith, 2011; National Center for Health Statistics, 2012). In the U.S., homicide is likeliest to happen to young adults, to African-Americans, and to males (Bureau of Justice Statistics, 2011; Cooper & Smith, 2011). Looking at studies of U.S. homicides since 1950, “young” adult victims ranged in age from 15 to 44 (National Center for Health Statistics, 2012). In 1950 and 1960, the highest rates of homicide characterized the group aged 25 to 34 years old; second highest was the group aged 35 to 44, and third highest was the group aged 45 to 54. In 1970, again the group aged 25 to 34 had the highest homicide rate, and the group aged 35 to 44 had the second highest. In that year, however, the third highest rate was exhibited by the group aged 15 to 24. By 1980, although the highest rate persisted among the 25- to 34-year-olds, the group aged 15 to 24 recorded the second

highest rate, with 35- to 44-year-olds recording the third highest. For the years 1989–2008, however, the group aged 15 to 24 had the highest homicide rate, followed by the group aged 25 to 34, with the group aged 35 to 44 having the third highest rate. Over the past 60 years, then, the age of a likely homicide victim has clearly become younger.

Nor is homicide victimization uniformly distributed across other demographic groups in the U.S. Across the life course, Blacks and males, respectively, have been likelier than Whites and females to become homicide victims, although at some points on the life course these differences are greater, at others, smaller (National Center for Health Statistics, 2012). By disaggregating the homicide rates of different age groups by sex and race, we were able to obtain a Black:White ratio for homicide rates (deaths per 100,000 U.S. residents), for each race–gender group. Table 1 presents these Black:White ratios for homicide rates documented in 1950, 1960, 1970, 1980, 1990, 2000, and 2008. In the table, a 1 indicates that Blacks and Whites recorded equal homicide rates (for the specified age group).

In the 1980s, large numbers of Hispanic/Latino immigrants entered the United States; in the past decade, overall the Hispanic population has grown faster than any other in the U.S. And, most Hispanics self-identify their race as White (Steffensmeier, Feldmeyer, Harris, & Ulmer, 2011). When calculating the Black:White ratio for homicide rates, we found it important to consider ethnicity as well (Steffensmeier et al., 2011), since, for example, Hispanics' rate of violent crime tends to be lower than Blacks' yet higher than Whites'. We thus also calculated Black:non-Hispanic White ratios for homicide rates in the years 1990, 2000, and 2008 (those for which data were available).

In addition, in order to obtain some rough estimates, we calculated the Black:White ratios for homicide rates for the all-ages group (including those younger than 15), using age-adjusted figures. As shown in Table 1, our all-ages Black:White ratios declined from 1950 to 2008, among males and females alike. In 1950, Black males were 11.4% likelier than White to become homicide victims, and Black females were 6.9% likelier than White to become homicide victims (we excluded Hispanics from White groups during the statistical analysis); in 2008, Black males were 7.8% likelier than White to become victims, while Black females were 2.1% likelier than White to become victims.

In each age group we analyzed, Blacks were likelier to become homicide victims than Whites; the finding applied to males and females alike. In 2008, the odds that a Black male in the U.S. would be murdered were significantly higher for the 15–24 age group; those 25–34 were the next most likely to become homicide victims (see Table 1).

Table 1
Black:White ratios for homicide rates from 1950 to 2008, by age groups, sex, and age.

Male								Female						
Age groups	1950	1960	1970	1980	1990	2000	2008	1950	1960	1970	1980	1990	2000	2008
<i>Black:White ratio</i>														
All ages, age-adjusted	12.4	10.8	10.9	6.7	7.6	6.8	6.4	7.9	7.6	6.4	4.1	4.6	3.4	2.9
15–24 years	16.8	8.6	12.9	5.5	9.0	8.6	7.7	12.7	7.9	6.6	3.9	4.7	4.0	4.4
25–44 years	17.2	14.6	12.1	7.6	8.1	7.5	7.3	11.3	10.8	7.7	5.4	5.5	3.8	2.9
25–34 years	21.3	15.2	12.4	7.7	8.4	8.8	8.3							
35–44 years	13.1	14.3	11.5	7.2	7.3	5.9	5.8							
45–64 years	9.6	9.7	9.9	7.2	6.0	5.3	4.8	4.5	6.1	6.4	4.2	2.8	2.5	2.1
65 years and over	4.3	5.6	6.2	4.6	6.3	5.1	3.7	3.0	2.5	3.9	2.8	4.3	2.2	1.5
<i>Black:not Hispanic White ratio</i>														
All ages, age-adjusted					11.3	9.8	8.8					5.0	3.7	3.1
15–24 years					18.3	18.1	15.3					5.7	4.7	5.4
25–44 years					12.1	10.7	10.2					6.0	4.1	3.1
25–34 years					13.3	14.2	12.4							
35–44 years					10.2	7.4	7.3							
45–64 years					7.3	6.1	5.4					3.0	2.8	2.2
65 years and over					6.9	5.6	3.7					4.3	2.2	1.5

Notes: Data provided by the National Center for Health Statistics (2012) were used to calculate all Black:White ratios.

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