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

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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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