

Trotter Review

Volume 5
Issue 3 *Trotter Institute Review*

Article 4

9-23-1991

Trends in Homicide Among African-Americans

Wornie L. Reed
University of Massachusetts Boston

Follow this and additional works at: https://scholarworks.umb.edu/trotter_review



Part of the [African American Studies Commons](#), [Criminology and Criminal Justice Commons](#), and the [Race and Ethnicity Commons](#)

Recommended Citation

Reed, Wornie L. (1991) "Trends in Homicide Among African-Americans," *Trotter Review*: Vol. 5: Iss. 3, Article 4.

Available at: https://scholarworks.umb.edu/trotter_review/vol5/iss3/4

This Article is brought to you for free and open access by the William Monroe Trotter Institute at ScholarWorks at UMass Boston. It has been accepted for inclusion in Trotter Review by an authorized editor of ScholarWorks at UMass Boston. For more information, please contact scholarworks@umb.edu.

Trends in Homicide Among African Americans

by
Wornie L. Reed

Homicide is a particularly significant phenomenon for African Americans because it is the leading cause of death for young black men and women (see table 1). Blacks, who make up some 12% of the population in the country, account for 44% of all murder victims.¹ Thus, reducing homicide deaths among American population groups, particularly among young black males, is a growing public concern.

The term homicide refers to any killing of one person by another. In this chapter the phenomenon and the changing trends of homicide among African Americans over the past 30 to 40 years will be examined.

Sources of Data

Reports filed with the Federal Bureau of Investigation (FBI) by local police departments are a primary source of national data on homicides. Homicide information is reported in terms of the event: state and county of event; month and year of death; age, race, and sex of offenders and victims; weapon; and relationship of victim to offender. Data from the FBI can be useful in studying black homicide since 1975; however, it may not be useful for long-term studies involving race of offenders and victims before that time because local police departments' homicide reports prior to 1976 are essentially reports about the victims. Information about offenders was aggregated into monthly summary reports of the number of offenders classified by age groups. Not until 1976 did the FBI begin collecting data for an incident-based system. There is still, however, no systematic follow-up of cases after the initial report is filed. Therefore, if the offender is arrested within a short period of time, information on the victim/offender relationship is filed, but if the arrest is made some weeks after the event, this information may not be available, which is the situation one-quarter of the time.

Another source is data collected by the National Center for Health Statistics (NCHS). The NCHS data include information on deaths based on death certificates completed by local medical examiners, coroners, and physicians. Data provided on these

certificates include state and county of death and specific date of death; victim's profile; weapon and location of assault; and autopsy information.

The Uniform Crime Reports (UCR), collected from the various jurisdictions by the FBI and published annually by the U.S. Department of Justice, are the most frequently used sources of arrest data available in the United States today. However, there are a number of problems associated with using data from the UCR as well as from NCHS.² Perhaps the most common problem with constructing rates by race is the undercounting of blacks in the decennial censuses. Two major difficulties with any national study data are the inclusion of different geographic areas and changes in the definition of homicide over time. With differing geographic areas included in different sets of data, there are often difficulties in making generalizations to all study areas or to the entire country. In addition it is difficult to combine or compare data from the NCHS with that from the UCR reports. The UCR data includes murder and non-negligent manslaughter, but excludes death due to negligence and legal interventions. The NCHS data includes any violent killing committed by one person against another.

Status of Homicide Among Black Americans

Homicide was the eleventh leading cause of death in the United States for all ages and races combined during 1987, accounting for more than 21,000 deaths per year, a rate of 8.6 deaths per 100,000 population.³ The homicide rate in the United States continues to be significantly higher than that of any other industrialized nation.⁴

Black males and females have rates of homicide deaths far in excess of the rates of other racial/ethnic groups. Table 2 shows that the death rate from homicide among black men was nearly seven times the rate for white men in 1987. Black females have consistently higher homicide rates than white males and much higher homicide rates than white females. The homicide rate since 1980 for black women was three times that for white women and approximately 30% higher than the rate for white men.⁵ Table 1 shows that homicide is the leading cause of death for black males and females between the ages of 15 and 34, and homicide rates among black males are five to six times the rates for black females.⁶

The homicide rate for black males ages 15 to 24 in 1987 was 85.6 deaths per 100,000 population compared with 11.2 for white males 15 to 24 years of age, a more than seven-fold difference. The homicide rate in 1987 for black males ages 25 to 34 years was 98.9 per 100,000 population, compared to 13.2 for white males of the same age group, some 7.8 times as great.⁷

Table 1
Black Male and Female Death Rates for Five Leading Causes of Death,
United States, 1981, Selected Age Groups
(Per 100,000 Population)

Age Group	Homicide	Diseases of the Heart	Cancer	Motor Vehicles	Cerebro-Vascular Disease
Black Males					
15-24	78.2	6.7	7.0	30.8	1.5
25-34	136.9	29.3	14.1	42.2	7.2
35-44	106.1	129.3	75.8	40.0	29.2
Black Females					
15-24	16.9	4.2	4.6	7.7	1.6
25-34	23.2	13.7	17.4	8.0	6.6
35-44	16.3	56.0	73.7	7.0	21.0

Source: National Center for Health Statistics. (1985). *Health, United States, 1984*. Washington, DC: U.S. Department of Health and Human Services.

Trends in Homicide Among Black Americans

The phenomenon of extremely high homicide rates in the nonwhite population is not new. Since 1914, when national mortality data were tabulated for the first time by cause of death and race, death rates from homicide among nonwhite males have exceeded those for white males by factors as great as 13 to 1. However, this ratio steadily diminished in the 1950s, 1960s, and 1970s; and the ratio held fairly steady in the 1980s as the homicide death rates from each race-sex group declined after sharp increases in the 1960s and 1970s (see table 2).

National data on the race of homicide victims during the period 1968 to 1987 are presented in table 3. The data show a consistent annual trend of proportionally decreasing nonwhite victimization until the 1980s. The racial profile of homicide victims changed during the period 1970 to 1978: in 1970, 45% of the victims were white and 54% were black, whereas in 1978, 54% of victims were white and 44% were black. Despite this trend, blacks continue to be greatly overrepresented as homicide victims.

In 1983 the FBI reported that for a black male the lifetime chance of becoming a homicide victim was one in 21, whereas for white males the chance was one in 131. Similarly, black females had a one in 104 lifetime chance of becoming a homicide victim, while the chance for white females was one in 369.⁸ Another way of examining the differential impact of homicide on African-Americans is to consider its effect on life expectancy. In 1975 a white man at birth could look forward to about six more years of life than a nonwhite man. About one-fifth of that racial difference is accounted for by the higher homicide rates among nonwhite men.⁹

Casual Factors

In his analysis of homicide trends from 1966 to 1975 Farley found that almost all of the rise in homi-

cide mortality among nonwhites and a substantial fraction of the rise among whites resulted from the increasing use of firearms. For nonwhite women approximately 90% of the total rise in homicide came about because of the increasing frequency of firearm use. A less dramatic but similar trend is reported for nonwhite men.¹⁰

Firearms are the most common means of committing homicides. National data for the years 1971 to 1983 indicate that about 60% of all homicides are committed with firearms: handguns, rifles, or shotguns. National data for the years 1977 to 1979 indicate that black homicide deaths are accomplished by firearms at a higher rate than white homicides.¹¹ Knives and other sharp instruments are the second most common weapons used in homicide, accounting for 18% of deaths. Strangulation, beatings, and falls from high places account for most of the remaining homicides. Death by strangulation causes 12% of homicides among females but only 2% among males.¹²

Local studies of the epidemiology of homicide in the United States that have taken a more in-depth view of homicide confirm the national experience and show that homicides frequently occur between family and friends and between acquaintances. These studies also show that the role of alcohol and firearms appears to be important.¹³

Within the United States rates of homicide and other violent crimes are highest in large cities. Shin, Jedlicka, and Lee relate the high homicide mortality rates among blacks to higher concentrations of blacks in larger metropolitan areas, higher poverty, and higher unemployment compared with whites.¹⁴ The National Commission on the Causes and Prevention of Violence noted that violent crime, its offenders, and its victims are most often found in urban areas characterized by low income, physical deterioration, welfare dependency, racial and ethnic concentrations, broken homes, working mothers,

Table 2
Death Rates for Homicide and Legal Intervention, United States, 1950-1987

Sex and Race	1950	1960	1970	1980	1983	1984	1985	1986	1987
	Deaths per 100,000 population								
All ages, all races	5.4	5.2	9.1	10.8	8.6	8.4	8.3	9.0	8.6
White males	3.9	3.9	7.3	10.9	8.4	8.2	8.1	8.4	7.7
Black males	51.1	44.9	82.1	71.9	53.8	50.8	49.9	55.9	53.8
White females	1.4	1.5	2.2	3.2	2.8	2.9	2.9	2.9	2.9
Black females	11.7	11.8	15.0	13.7	11.2	11.0	10.8	11.8	12.3
	Ratio of Homicides, Blacks to Whites								
Male	13.1	11.5	9.0	6.7	6.4	6.0	6.0	6.2	6.3
Female	8.4	7.9	6.8	4.3	4.0	3.8	3.7	4.1	4.2

Source: National Center for Health Statics. (1990). *Health, United States, 1989*. Hyattsville, MD: Public Health Service.

Table 3
Race of Homicide Victims, United States, 1968 to 1987

Year	White		Black		Other Race		Race Unknown		Total Victims	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
1968	5,449	45.6	6,351	53.1	120	1.0	35	0.3	11,955	100.0
1969	5,740	44.4	6,984	54.1	158	1.2	36	0.3	12,918	100.0
1970	5,812	44.6	7,065	54.2	130	1.0	32	0.3	13,039	100.1
1971	6,840	44.6	8,238	53.8	207	1.4	37	0.2	15,322	100.0
1972	7,158	45.2	8,422	53.2	238	1.5	14	0.1	15,832	100.0
1973	8,031	46.9	8,863	51.8	212	1.2	17	0.1	17,123	100.0
1974	9,034	48.5	9,266	49.7	306	1.6	26	0.1	18,632	99.9
1975	9,463	50.8	8,831	47.4	298	1.6	50	0.3	18,642	100.0
1976	8,475	51.0	7,732	46.6	345	2.1	56	0.3	16,608	100.0
1977	9,470	52.5	8,176	45.3	358	2.0	30	0.2	18,034	100.0
1978	10,111	54.0	8,201	43.8	352	1.9	51	0.3	18,715	100.0
1985	11,163	56.1	8,276	41.6	—	—	—	—	19,893	—
1986	11,690	53.8	9,495	43.7	—	—	—	—	21,731	—
1987	11,128	52.7	9,487	45.0	—	—	—	—	21,103	—

Notes: Percentages may not sum to 100.0 due to rounding. "Other Race" includes American Indians or Alaska Natives, Asian/Pacific Islanders, and persons of Hispanic origin.

Source: FBI, Uniform Crime Reports. *Supplementary Homicide Reports, 1968-1978*. Washington, DC: U.S. Department of Justice; National Center for Health Statistics. (1990). *Health, United States, 1989*, Hyattsville, MD: Public Health Services.

low levels of education and vocational skills, high unemployment, a high proportion of single males, overcrowded and substandard housing, low rates of home ownership or single-family dwellings, mixed land use, and high population density.¹⁵

Most theories of homicidal behavior in black youths can be grouped into three categories: sociological, psychological, and environmental. The sociological theories focus on social structural factors such as poverty, broken homes, and limited economic opportunities. This approach proposes that these factors foster a subculture of violence filled

with aggressive behaviors and high risk destructive activities.¹⁶ Other sociological studies attempt to explain high black homicide rates by focusing on the poverty of the black population as the most important factor. Some analyses do, in fact, indicate that when poverty, race, and regional cultural factors are related to black and white homicide rates, poverty emerges as the most significant correlate of homicide.¹⁷ Others have pointed out, however, that blacks commit much more homicide than Hispanics living under equal or worse poverty conditions in the United States.¹⁸

Psychological theories attribute high black homicide rates to psychological scars inflicted by racism. Particularly among low-income blacks, this psychological damage is thought to be reflected in feelings of low self-esteem, self-hatred, and rage that are conducive to violence against others.¹⁹ Black homicide rates are also attributed to the frustrations engendered in low-income blacks by life in a society that still discriminates against persons on the basis of skin color. This view suggests that, lacking means to function successfully in the larger social area, low-income blacks aggressively defend what is left of their integrity within the circle of their families, friends, and acquaintances. This may be a reason that many homicides develop out of quarrels over seemingly trivial issues.²⁰

Black males and females have rates of homicide deaths far in excess of the rates of other racial/ethnic groups.

The environmental theorists point to factors in the external environment — encompassing physical, historical, cultural, social, and economic factors — as producing high levels of stress and social pathology, which in turn provoke violence.

Contrary to popular misconceptions that murders are committed by “criminals,” most murders are committed as a result of disputes between persons known to each other. A study of 1978 national data showed that 53% of all acquaintance homicide victims were black, and data for the period 1976 to 1984 indicate that some 60% of the murders of blacks were committed by acquaintances or family members.²¹ Among black males, acquaintance homicides are more prevalent than other types of homicide; among black females, family members are more often assailants.

Between 1976 and 1979, 63% of all homicide victims died from assaults not related to another crime. Among young males, nonfelony homicide victimization is similar between blacks and whites. In 1982, 65.4% of young black male homicide victims were killed during or after arguments or other nonfelony circumstances and only 11.2% of the homicides of young black males resulted from other criminal events; among young white males, the rates were 62.9% and 15.7%, respectively. Among young white males, however, a smaller proportion of victims were killed by acquaintances (38.6%) and a slightly larger proportion by strangers (23.8%).²² These nonfelony killings are referred to as primary homicides. They differ substantially from secondary homicides, which take place during the commission of a felony and are typically perpetrated by strangers.

Another commonly held misconception about

black homicides is that they result mostly from gang- or drug-related activities. However, prior to 1981 gang-related homicides accounted for only 1% of the nation’s homicides. In Chicago gangs accounted for 5% of the total number of homicides in 1981. Drug-related homicides have varied from less than 10% in 1988 in Chicago to 80% in the same year in Washington, DC, which experienced a 65% increase in homicide that year.²³

Most homicides are committed by persons who are of the same race as their victims.²⁴ While there has been some increase in interracial homicide in the United States since the 1960s the overwhelming majority of black homicides involve blacks killing blacks. A study of FBI homicide data for the years 1976 to 1979 found that the race of the killer and the victim was the same in 92% of all homicides for which the race of both could be identified.²⁵ This distribution still obtained a decade later. In 1988, 95% of black victims were slain by black assailants, and 88% of white victims were slain by white assailants.²⁶

Behavioral Models

Social and behavioral scientists have used several models to seek to explain differentials or trends in homicide. One such model is the deterrence model. This model argues that the certainty of punishment, especially capital punishment, minimizes homicide. Ehrlich argued that capital punishment has a negative effect upon the incentive to commit homicide. His investigation suggested that the elimination of capital punishment was related to a rise in homicide.²⁷ According to Loftin, one major weakness in this model is that it ignores socioeconomic and demographic factors.²⁸ It also overlooks the fact that most primary homicides are neither psychotic nor premeditated acts. Wolfgang and Ferracuti estimate that no more than 5% of all homicides are planned or intentional.²⁹

The subculture of violence theory relies on cultural variables to account for differences in homicide rates, and its proponents argue that certain segments of society have adopted distinctively violent subcultural values.³⁰ These values purportedly provide normative support for violent behavior, thereby increasing the likelihood that hostile impulses will lead to homicidal incidents. Black-white differences in homicide rates are explained in terms of differing value orientations. This model has been partially discredited by more recent research that shows that a structural poverty index, which combines several socioeconomic variables, is a more powerful predictor of homicide rates by state than either race or region.³¹

A weakness in the subculture of violence model is that it fails to explain variations in primary (non-

felony) homicide rates. These rates appear to be more highly associated with social structural factors, especially measures of poverty. Racial differences in socioeconomic status are striking, and several studies suggest that poverty may be a more significant factor than race with regard to primary homicides.³²

The subculture of violence theory is also criticized for its inability to explain how or why the alleged subculture emerged. Another criticism is that the theory focuses on value orientations of individuals to the neglect of conditions in American society that may foster high rates of black interpersonal violence and homicide. These conditions include widespread poverty, the lesser value that legal and social institutions in America have traditionally placed on black life, and the tendency of law enforcement agencies and others to attach less importance to violence that affects only blacks.³³

Some analyses indicate that when poverty, race, and regional cultural factors are related to black and white homicide rates, poverty emerges as the most significant correlate of homicide.

A third model used to explain differentials or trends in homicide is ecological analysis, which incorporates socioeconomic variables and looks at the correlation between these and other factors. In this model the black community is recognized as quite diverse. This diversity manifests itself not only in economic life, occupational pursuits, and network structures, but also in rates of antisocial behaviors. Ecologic models hold that homicides are the product of several variables operating at the macro and micro levels. This perspective emphasizes environmental factors for blacks, including poverty, unemployment, substandard housing, and stressful life events and conditions that may render individuals more or less vulnerable. When these factors are added to technological change—the rise in the supply of handguns—one can see at least a partial cause for the increase in black homicide.

These three models have been used in attempts to identify and describe the criminal personality or disposition among certain groups in certain geographic locations where there are disproportionate occurrences of homicide. Few studies, however, have attempted to test and develop models for understanding more recent homicide frequency.

Preventive Strategies

A relatively new orientation of public health is that it should concern itself with prevention and health promotion—in other words, on a broad ba-

sis, improving the quality of life. Violence, including homicide, affects the quality of life and is thus a health problem.³⁴ In spite of increased homicide rates over the past several decades and the recognition that this problem is confronting both the criminal justice system and the health sector, there appear to be no known means of effective prevention short of drastic measures, e.g., total handgun confiscation. Currently, this measure is unacceptable to the American public. Enough is known about homicide risks, however, to suggest some useful starting points for applying public health interventions.

Primary prevention efforts need to be directed at cultural, social, technological, and legal aspects of the environment in the United States that facilitate the perpetuation of the nation's extraordinarily high homicide rates. Such preventive strategies would include: public education, professional education, community self-help, and interventions against mass media violence. Implementation of these strategies will require that health professionals join with others in an effort to eradicate factors that impair health by facilitating homicide.³⁵

In terms of secondary prevention, early detection and case finding are the means by which future, more serious morbidity may be decreased. In the case of homicide, such case finding requires identification of individuals manifesting early signs of behavioral and social problems that are logically and empirically related to increased risks for subsequent homicide.³⁶ Adolescent and family violence, childhood aggression, and school truancy and dropout may be important focal points for efforts at secondary prevention of homicide. Such preventive efforts may be particularly useful in low-income, inner-city communities characterized by high rates of violence, school dropout, unemployment, and family disorganization.

Contrary to popular misconceptions that murders are committed by "criminals," most murders are committed as a result of disputes between persons known to each other.

The third type of prevention, tertiary prevention, is concerned with situations in which health problems are already well established. It involves efforts that are made to prevent further progress toward increased disability and death. In relation to black homicide, the problems of greatest concern are the types of interpersonal conflict and nonfatal violence that appear to have a high risk for homicide. Aggravated assaults, spousal violence, police disturbance calls, and gang violence may be important focal points for tertiary prevention.

In attempting to address strategies for preventive

intervention that may deter homicide, a major concern is identifying and bringing the devastating health problem of violence to the attention of all sectors of society. This may be accomplished through community education and cooperation and collaboration of various sectors—health, criminal justice, education—and appropriate research.

Summary

The homicide trends reported in this chapter suggest a serious criminal justice and health problem for Americans, particularly African Americans. Total age-adjusted homicide rates for the United States showed a decrease among African Americans in the 1950s, a sharp increase between 1960 and 1970, and a slight decrease beginning in the early 1980s. In the late 1980s the black homicide rate was similar to the rate in the 1950s; however, because of population growth some 50% more blacks were homicide victims in the 1980s than in the 1950s. Among the most consistent findings in criminal homicide is that blacks and men are more likely to be victims of homicide than whites and women.

Because homicide represents the ultimate deterioration of personal interactions, its frequency in a given population may furnish an objective index of violent reactions to the cumulative stresses in the group. Moreover, problems generated by these tragic losses of life are larger than a simple summation of individual misery. Ultimately, a high rate of homicide disrupts almost every facet of society. Because homicide has such important legal, social, and medical ramifications, its study possesses an immediacy matched by comparatively few other aspects of contemporary life in the United States. The magnitude of the homicide problem suggests that specific actions must be taken by the health sector as well as the criminal justice system to reduce these rates.

References

1. Federal Bureau of Investigation, Uniform Crime Reports, (1987). *Crime in the United States, 1986*. Washington, DC: U.S. Department of Justice.
2. Hindelang, M. J. (1974). The Uniform Crime Reports Revisited. *Journal of Criminal Justice*, 2, 1-17; Skogan, W. G. (1974). The Validity of Official Crime Statistics: An Empirical Investigation. *Social Science Quarterly*, 55, 25-38.
3. National Center for Health Statistics. (1990). *Health, United States, 1989*. Hyattsville, MD: Public Health Services.
4. Curtis, L. (1985). *American Violence and Public Policy*. New Haven: Yale University Press.
5. National Center for Health Statistics. (1990). *Health, 1989*.
6. National Center for Health Statistics. (1985). *Health, United States*. Washington, DC: U.S. Department of Health and Human Services. (Publication No. 85-1232).
7. National Center for Health Statistics. (1990). *Health, 1989*.
8. Federal Bureau of Investigation, Uniform Crime Reports. (1984). *Crime in the United States*. Washington, DC: U.S. Department of Justice.
9. Farley, R. (1986). Homicide Trends in the United States. In D. F. Hawkins (Ed.), *Homicide Among Black Americans*, pp. 13-28. Lanham, MD: University Press of America.
10. Farley, F. (1980). Homicide Trends in the United States. *Demog-*

raphy, 17 (2), 177-188.

11. Baker, S. P., O'Neill, B., & Karpf, R. S. (1984). *The Injury Fact Book*. Lexington: D.C. Heath; Federal Bureau of Investigation. (1984). *Crime*.
12. Federal Bureau of Investigation. (1984). *Crime*.
13. Bullock, H. (1955). Urban Homicide in Theory and Fact. *Journal of Criminal Law, Criminology, and Political Science*; Wolfgang, M. E. (1958). *Patterns in Criminal Homicide*. Philadelphia: University of Pennsylvania Press; Pokorny, A. D. (1965). A Comparison of Homicide in Two Cities. *Journal of Criminal Police Science*, 56, 479-486; Yoss, H. L., & Hepburn, J. R. (1968). Patterns in Criminal Homicide in Chicago. *Law, Criminal Police Science*, 59, 499-508; Block, B., & Zimring, R. E. (1973). Homicide in Chicago: 1965-1974. *Journal of Research Crime in Delinquency*, 10, 1-12; Herjanic, M., & Meyers, D. A. (1976). Notes on Epidemiology of Homicide. *Forensic Science*, 8, 235-245; Constantino, J. P., Kuller, L. H., Perper, J. A., & Cypress, R. H. (1977). An Epidemiological Status of Homicides in Allegheny County, Pennsylvania. *American Journal of Epidemiology*, 106, 314-324; Rushforth, N. B., Ford, A. B., Hirsch, C. S., Rushforth, N. M., & Adelson, L. (1977). Violent Death in a Metropolitan County: Changing Patterns in Homicide (1958-74). *The New England Journal of Medicine*, 297, 531-538; Haberman, P. W., & Baden, M. M. (1978). *Alcohol, Other Drugs and Violence*. New York: Oxford University Press; Tardiff, K., Gross, E. M., & Messner, S. F. (1986). A Study of Homicides in Manhattan, 1981. *American Journal of Public Health*, 76 (2), 139-143; Welte, J. W., & Abel, E. L. (1986). Homicide and Race in Erie County, New York. *American Journal of Epidemiology*, 124, 666-670.
14. Shin, Y., Jedlicka, D., & Lee, E. S. (1977). Homicide Among Blacks. *Phylon*, 38, 398-407.
15. National Commission on the Causes and Prevention of Violence. (1969). *Crimes of Violence, Volume 12: A Staff Report*. Washington, DC: U.S. Government Printing Office.
16. Gibbs, J. T. (1988). The New Morbidity: Homicide, Suicide, Accidents, and Life-Threatening Behaviors. In J. T. Gibbs (Ed.), *Young, Black and Male in America: An Endangered Species*. New York: Auburn House.
17. Jason, J., Flock, M., & Tyler, C. W. (1983). A Comparison of Primary and Secondary Homicides in the United States. *American Journal of Epidemiology*, 117 (3), 309-319.
18. Silberman, C. E. (1978). *Criminal Violence, Criminal Justice*. New York: Random House.
19. Poussaint, A. F. (1983). Black on Black Homicide: A Psychological Political Perspective. *Victimology*, 8, 161-169.
20. Bulhan, H. A. (1985). *Frantz Fanon and the Psychology of Oppression*. New York: Plenum Publishers.
21. O'Carroll, P. W., & Mercy, J. A. (1986). Patterns and Recent Trends in Black Homicide. In D. F. Hawkins (Ed.), *Homicide Among Black Americans*, pp. 29-42. Lanham, MD: University Press of America.
22. Centers for Disease Control. (1986). *Prevention of Disease, Disability & Death in Blacks & Other Minorities*. Washington, DC: U.S. Department of Health and Human Services.
23. Bell, C. C., & Jenkins, E. J. (1990). Preventing Black Homicide. In J. Dewart (Ed.), *The State of Black America 1990*. New York: National Urban League.
24. U.S. Department of Health and Human Services. (1986). *Report of the Secretary's Task Force on Black and Minority Health. Volume 5: Homicide, Suicide, and Unintentional Injuries*. Bethesda, MD: U.S. Government Printing Office. (DHHS Publication No. 491-313-44710).
25. Jason, Flock, & Tyler. (1983). Primary and Secondary Homicides.
26. Garwood, A. N. (1990). *Black Americans: A Statistical Source Book*. Boulder, CO: Numbers and Concepts.
27. Ehrlich, I. (1975). The Deterrent Effect of Capital Punishment: A Question of Life and Death. *American Economic Review*, 65, 397-417.
28. Loftin, C. K. (1977). Alternative Estimates of the Impact of Certainty and Severity of Punishment on Levels of Homicide in American States. Paper presented at the Annual Meeting of the American Sociological Association, Chicago, Illinois.
29. Wolfgang, M. E., & Ferracuti, F. (1967). *The Subculture of Violence: Toward an Integrated Theory of Criminology*. London: Tavistock.
30. Wolfgang & Ferracuti. (1967). *The Subculture of Violence*.
31. Loftin, C., & Hill, R. H. (1974). Regional Subculture and Homicide: An Examination of the Gastil-Hackney Thesis. *American Sociological Review*, 29, 714-724; Parker, R. N., & Smith, M. D. (1979). Deterrence, Poverty and Type of Homicide. *American Journal of Sociology*, 85, 614-624.
32. Loftin & Hill. (1974). Regional Subculture and Homicide; Smith, M. D., & Parker, R. N. (1980). Type of Homicide and Variation in Re-

- gional Rates. *Social Forces*, 59, 146-157; Riedel, M. (1984). Blacks and Homicide. In D. Georges-Abeyie (Ed.), *The Criminal Justice System and Blacks*, pp. 51-60. New York: C. Beardman.
33. Hawkins, D. F. (1983). Black and White Homicide Differentials: Alternatives to an Inadequate Theory. *Criminal Justice and Behavior*, 10, 407-440.
34. Debro, J. (1988). Ethnicity and Health. In W. A. VanHorne (Ed.), *Ethnicity and Health*. Madison: Board of Regents, The University of Wisconsin System.
35. U.S. Department of Health and Human Services. (1986). *Report of*

Secretary's Task Force.

36. Shah, S. A., & Roth, L. H. (1974). Some Considerations Pertaining to Prevention. In D. Glaser (Ed.), *Handbook of Criminality*. Chicago: Rand McNally.

Wornie L. Reed, Ph.D., is director of the William Monroe Trotter Institute and chair of the Black Studies Department at the University of Massachusetts at Boston.
