Homicide Among Young Black Men in Toronto: An Unrecognized Public Health Crisis?

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ABSTRACT

This commentary addresses the high homicide rates among young Black men in Toronto, Ontario. It posits that homicide among this population is an unrecognized major public health crisis that should be a priority for the field. The author suggests that the dramatic rate of Black homicides in Toronto is a consequence of income inequality, poverty, poor quality of life, mental health risks, and sustained racism. The commentary calls upon public health scientists to prioritize research about violence and homicide among young Black men in Toronto. It suggests that current and future policy making would be better served by their enquiries into the nature and causes of the persisting dilemma.

KEY WORDS: Homicide; race relations; violence

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Could the disproportionate gang involvement of African-Canadian male youth signify that Canadian society is grossly failing this segment of the population? How else can we account for estimates that the largest percentage of youth gang members in Canada are Black when they remain a small proportion of the Canadian population?¹ More troubling still are the ages of the gang members. The National Crime Prevention Centre (NCPC) reported that 48% of gang members in Canada are below the age of 18, with 39% of them falling between the ages of 16-18.¹ Such demographics portend a wide range of future problems for this at-risk population.

The risk of homicide draws attention to the broader mental and public health problems among poor young Black* people in Toronto. Between 1992 and 2003, young Blacks were estimated to account for some 30% of murder victims and approximately 36% of offenders in Toronto area homicides.² Yet, during this time, Blacks represented only about 10% of Toronto's population.² According to Galabuzzi (2009), the murder rate among this population in Toronto was more than quadruple that of non-Blacks, having risen from a stable 2.4 per 100,000 during the 1990s to 10.1 per 100,000 by 2004.³ The disproportion is even more striking given a steady overall decline in violent crime rates during this period.⁴

The persistent rate of violence among young Black men has elicited a fair amount of criminological analyses but little public health research.^{2,5,6} Indeed, the tentative effort of the McMurtry and Curling report on youth violence to frame the issue as a public health one was notable for its exceptional status.⁷ The limited availability

of Canadian public health research, and policy recommendations, may partly explain why public policy and spending consistently focuses on hiring more police officers and a "tough on crime" approach rather than comprehensive intersectoral health interventions.⁷

Although many public commentators assume that the ongoing violence is the product of turf wars between gangs, illegal guns, and conditions in vulnerable neighbourhoods,⁷ such violence may be associated with child maltreatment (including childhood abuse and neglect), household anti-social behaviour (e.g., binge drinking), and stressful life events.⁸ The highest risk of violence may well be found among those with co-morbid mental illness and substance use disorders.⁸ An intersection of health determinants – particularly racialized status, racism-induced stress, and intensified poverty – may be generating and/or sustaining the high incidence rate of Black homicide in Toronto.

Potential sources of the crisis

The public health perspective is supported by variables linking crime to social isolation, persistent high unemployment, and concentrated poverty.⁹ This line of research suggests that people's understanding of their labour and life situations shape how they respond to high levels of unemployment and poverty. These interpretations are contingent on what people believe causes their poverty and unemployment and the actual duration of these conditions.¹⁰

It would not be a stretch to imagine an interpretation of unjust marginalization and oppression drawn from limited employment

* The terms *Black* and *African Canadian* are used interchangeably here to: 1) reflect the diverse opinions about nomenclature for Americans and Canadians of African and Caribbean descent; and 2) recognize that while *African Canadian* links Black people to specific geographical origins, the term *Black* reflects a popular struggle for self-naming.

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prospects. The overall unemployment rate for Toronto youth (15–24 yrs) was 19.6% compared with 38% for African and Black youth.¹¹ According to Ornstein, *“growing up poor ...can be linked to poor health, lower school performance, lower pay and unemployment as adults. With the high incidence of poverty in immigrant and racialized communities, the entire community would feel the impact of extreme disadvantage”*.¹¹

Experiencing concentrated poverty

According to the McGill Consortium for Ethnicity and Strategic Social Planning (MCESSP), *“four out of 10 Black children in Canada lived below the poverty line in 1991 — a figure twice that of the Canadian population in general”*.¹² With 160,000 Black people (31.5% of the Black population) living in poverty during the 1990s, significant numbers of Black youth would have grown up facing the challenges of social isolation.¹²

Their perceptions of living socially unjust lives could have been engendered by experiences of concentrated poverty in highly vulnerable neighbourhoods. A reality of racialized poverty would be apparent from their neighbours' predominant racial profile.¹³ Robert Murdie's 1971–1991 study of housing policy and poverty confirmed the larger number of poor Caribbean-born Blacks living in public housing residences and the stigma they faced.¹³ Such stigma, coupled with persistent racial profiling common to such communities, could have fuelled a widely accepted sense of social injustice.⁷

Over-policed and under-supported

Experiencing persistent discrimination, especially over-policing and expressions of hate, would have exacerbated the distress of young Blacks living in Toronto. In response to a newspaper poll conducted in 2000, 62% of Black Torontonians reported that they experienced racism; 35% reported that their children had been victims of verbal abuse; and 10% reported that their children had experienced physical abuse.¹⁴ Race was the dominant factor in the majority of hate incidents taking place in Toronto during the 1990s, with Black people being the most victimized.¹⁴

Contact with the criminal justice system may have reinforced these young people's perception of social injustice. According to Wortley's 1994 study, 28.1% of African Canadians reported being stopped by police, compared with 18.2% Whites and 14.6% Chinese. Also, 42.7% African-Canadian males reported being stopped by police in the previous two years, compared with 22.1% of Whites and Asians.¹⁵ Wortley would later observe that *“black people who are frequently stopped and questioned by the police perceive much higher levels of discrimination in the Canadian criminal justice system than blacks who have not been stopped.... being stopped by the police does not appear to increase perceptions of injustice for whites or Asians.”*⁶ Indeed, about 58% of Black respondents, as compared with 36% of Whites, expressed the view that judges do not treat Black people in the same way as they do Whites.⁶ They were not alone in this view. One report found that 40% of defense counsel and 33% of judges surveyed perceived differential treatment of White versus Black accused in the criminal justice system.¹⁶

A sense of precarious living, another potential impetus for distress, might have emerged from violent encounters, bullying, and criminal victimization. Some studies suggest that at-risk young people

in the situations just described are more likely to be victimized. Notably, people in low-income households – i.e., ≤\$15,000 income per year – are at greater risk of being victims of violent crimes than people in higher-income categories.¹⁷

Negative educational experiences

The perception of limited opportunities in mainstream life, another potential impetus for distress, could have been fuelled by the common tendency of educational institutions within such communities to stream Black students. Education remains a crucial determinant of quality of life and many Black students in vulnerable communities could have been distressed by their experiences. They might have experienced limited access to academic options, lower teacher expectations about their intellectual capabilities, and a wide range of stereotypes regarding the proper roles of Blacks in society as athletes and entertainers. They might also have lost any expectation of social justice on account of experiences as targets of zero tolerance policies.⁷

Identity confusion

The fact that during the 1990s one in four African-Canadian children grew up in homes without Black adult role models is cause for concern. It points to major identity challenges for these young people.¹² This lack of Black role models, amid circumstances of external indifference, could well fuel perceptions of a hopeless situation and serve as a source of tremendous distress. The resonance of powerful gangster images, fed by the media, coupled with the need to command respect from peers, would no doubt have posed deep challenges to masculine and racial identities; especially given the lack of positive, Black male figures in the lives of many Black children.⁷

CONCLUSION

Given the range of assumptions and interpretations of Black life and living conditions in Canada, it would seem a small victory if readers came to understand the high African-Canadian homicide rate as a direct outcome of racial discrimination in Canada. The prominent discourse on Black homicide rates continues to misinterpret the root causes of the problem, mistakenly focusing on ideas of inherent deviance and criminality, rather than preventable causes and the public health options for effective violence reduction.

Primary health care centres (PHCs) serving at-risk Black youth and their families may be able to reduce the incidence of violent injuries and deaths as well as the magnitude of violent episodes and associated harm. PHCs, in coordination with other organizations, could also deliver complementary parenting and family education and supports.^{18,19} The limited primary care evidence suggests that such interventions can reduce risks and harms associated with violence and can enhance protective factors.²⁰ Psychosocial screening and the provision of parenting education resources, for example, can reduce violent outcomes among youth.²⁰ PHCs may thus be well suited to deliver interventions to at-risk Black youth with co-morbid mental illness and substance use disorders as well as a history of child maltreatment. Greater public support for such efforts may well follow emergent public health initiatives to understand the needs and perspectives of the young people at the heart of this ongoing crisis.

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RÉSUMÉ

Notre commentaire porte sur les taux élevés d'homicides chez les jeunes hommes noirs à Toronto (Ontario). Nous posons que les homicides dans cette population sont une crise de santé publique majeure non reconnue qui devrait être abordée en priorité. Nous pensons que le taux vertigineux d'homicide dans la population noire de Toronto est la conséquence de l'inégalité des revenus, de la pauvreté, de la mauvaise qualité de vie, des risques pour la santé mentale et du racisme qui perdure. Nous invitons les scientifiques en santé publique à accorder la priorité à la recherche sur la violence et les homicides chez les jeunes hommes noirs à Toronto. La formulation des politiques actuelles et futures serait mieux servie par des enquêtes sur la nature et les causes de ce dilemme persistant.

MOTS CLÉS : homicide; relations interraciales; violence