![Minnesota Department of Health logo] **DEPARTMENT OF HEALTH**

Boys and Young Men

PROTECTING AND PROMOTING PHYSICAL, MENTAL, AND EMOTIONAL HEALTH AMONG PEOPLE WHO IDENTIFY AS MEN

Why It's Important

Engaging boys and young men in public health efforts is incredibly important. Despite work being done by public health agencies, community-based organizations, and others to engage this population in education, services, and programs, it remains critically important to attend to the needs of boys and young men. Historical trauma, systemic racism, socially influenced gender roles, and stigma around men seeking mental health care has led to widespread systems-level failures that have left boys and young men underserved and struggling with higher rates of substance use, suicide, mental health struggles, and victimization compared to girls and young women.[1]

- In Minnesota, the male rate of suicide increased by 9 percent from 2016 to 2017 while the female rate dropped 10 percent during the same period of time.[2]
- Boys and young men are more likely to experience violence and be involved with the juvenile justice system with males representing 67 percent of all arrests of juveniles in Minnesota in 2016.[3]
- African American boys and young men are 8 times more likely to be the victims of homicide and have the highest likelihood of being killed by police.[4]

Disparities in the experience of violence and associated negative health outcomes can be traced to historical trauma and systemic racism which over time has resulted in the health disparities seen today.

Figure 1. Environmental Influences on the Health of Boys and Young Men

Source: The Urban Institute[5]
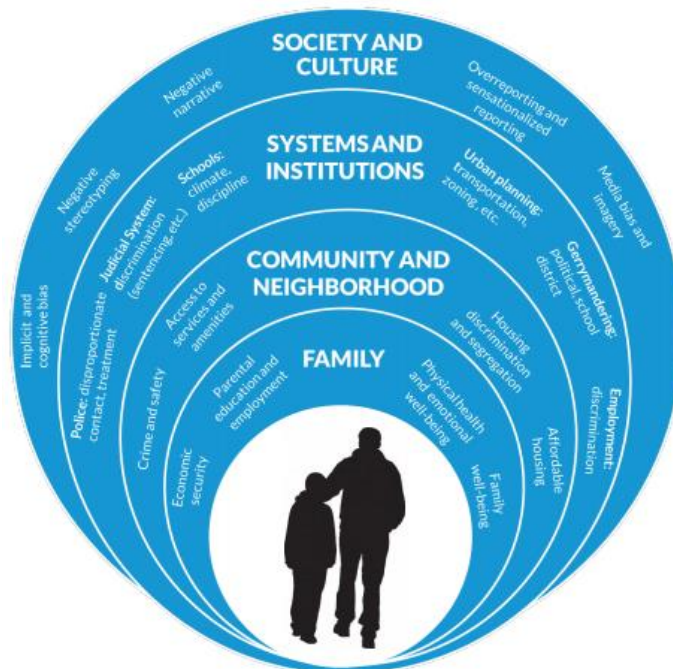
Preventing or diminishing the impacts of mental illness, experience of violence, and disparities in incarceration as boys and young men age into adulthood requires extensive efforts to address the health of boys and young men during early childhood and adolescence.[6] Preventing adverse childhood experiences (ACEs) requires promoting protective factors such as connection to family, close relationships with peers, and a positive engaging experience within a quality education system in addition to other environmental factors that influence development (Figure 1). Adolescent boys are least likely to have close relationships with male peers and their families, which has been called a "crisis of connection" leaving young boys with few friendships and lacking a community.[7] Some research has shown that boys are more likely than girls to exhibit negative behaviors when they have an insecure or little attachment to a parental figure.[8] Relationship loss or disruption through death of or separation from a parent has been associated with increased mental health struggles. Children of color are more likely to have an incarcerated parent and thus experience this type of childhood adversity more often than white children.

Focus on Health Equity

Interactions with the Criminal Justice System

Youth of color and American Indian youth are more likely to be involved in the justice system, resulting in their over-representation in the juvenile justice system. Compared to white youth, American Indian and African American youth are 3 and 4 times more likely, respectively, to be arrested.[3] Nationally, men "represent more than 90 percent of the perpetrators of criminal violence in the United States and are also the victims of the large majority (78%) of that violence."[9] Gang involvement is much higher among youth of color than white youth and is associated with higher rates of victimization and perpetration of violence.[9] There is a widespread stereotype that boys and young men, especially youth of color, perpetrate more violence. Racial and gender profiling, which is the act of suspecting or targeting a person on the basis of observed characteristics such as skin color, is thought to have to contributed to the observed disparities in involvement with law enforcement with people of color, particularly men, experiencing higher rates of involvement with police despite experiencing similar, if not lesser, rates of violence perpetration.[9] Racial and gender profiling have been associated with higher levels of stress among individuals, their families, and their communities.

> **Boys and young men of color are incarcerated at higher rates than white youth with racial profiling, bias in the criminal justice system, and inequitable sentencing guidelines thought to contribute to these disparities in incarceration more than the actual prevalence of criminal behaviors.[9]**

A study in Minnesota in the early 2000s found that "African American, Latino and American Indian drivers were all stopped and searched by law enforcement at higher rates than white drivers, though contraband was found more frequently among white drivers. If all drivers had been stopped at the same rate, the study concluded, approximately 18,800 fewer African Americans, 5,800 fewer Latinos and 22,500 more whites would have been stopped."[10]

Among black men that do not complete high school, the lifetime risk of incarceration is 59 percent compared to just 11.2 percent for whites.[11] Educational attainment is a known protective factor against incarceration, but historical and systemic gender and racial-based stereotyping are thought to be at the root of educational systems that do not support the academic achievement of boys and young men.[12]

Education

Despite high school graduation rates increasing in Minnesota over the last 4 years to an all-time high of 83.2 percent, students of color and American Indian students have the lowest graduation rate. According to data from the Minnesota Report Card, in 2018 80.7 percent of males attending public school graduated on time (e.g. within 4 years) compared to 85.9 percent of female students. Male American Indian students and students of color are less likely than male white students to graduate on time with only 48.7 percent of American Indian or Alaska Native, 60.5 percent of Hispanic/Latino, and 64.6 percent of African American/black, and 71.4 percent of Native Hawaiian male students successfully completing high school within 4 years compared to 86.4 percent of white male students. Disparities in educational attainment have been associated with boys' experience of education in early childhood. Boys are more likely than girls to be penalized for behavioral issues in elementary school, which continues into adolescence manifesting in decreased levels of engagement and lower educational expectations.[13] Males represent 69.8 percent of total out-of-school suspensions with boys and young men of color about 25 percent more likely than a white student to receive a suspension for a similar infraction.[12]

Trauma and Mental Health

Boys and young men experience more trauma during childhood, yet fewer males than females seek mental health treatment.[8] Experiencing intimate partner violence, sexual violence, race-based trauma, community violence, and historical trauma can all contribute to traumatic experiences that potentially compound over the life course. Accumulated trauma can result in numerous negative health outcomes in adulthood such as depression, lack of stable relationships, and post-traumatic stress disorder (PTSD).

> **According to the National Intimate Partner and Sexual Violence Survey, racial/ethnic minority men experience more sexual violence during their lifetimes than do white men – 1.7 percent of white men experienced rape, compared with 31.6 percent of multiracial non-Hispanic men and 26.6 percent of Hispanic men.[9]**

Healthy Sexuality and Relationships

A consistent critique of sexual and reproductive health studies and programming has been the lack of programs specifically targeted towards boys and young men.[14] Actively engaging fathers and male parental figures in the care of boys and young men has often been overlooked in maternal and child health programming despite many research studies showing that engaging fathers can improve the long term health outcomes of their children. Gender equality in reproductive health requires increased involvement of boys and young men in discussions of positive and safe relationships, consent, contraception, and family planning re-framed to be young men's health issues as opposed to health issues only affecting young women.[14] Engaging boys and young men in reproductive health and relationship programming can also help to reduce and prevent sexual violence through changing attitudes on violence towards women, gender roles, and healthy relationships.[15]

> *"…boys and young men need early education and support about the role of father-hood and the need to be healthy role-models for their child(ren)." – Needs Assessment Discovery Survey Respondent*

Additional Considerations

Improving protective factors during early childhood is crucial in the lives and social networks of boys and young men to reduce disparities in negative physical, mental, and emotional health outcomes.[6] The life course perspective takes into account experiences across the life span with special attention given to early childhood experiences. To effectively address disparities in mental, physical, and emotional health experienced by men in adulthood, a trauma informed and intersectional approach to public health must be utilized. Developing systems of care that are culturally responsive and a public health workforce that is representative of men and men of color will be important to improving boys and young men engagement with support systems from an early age.

Another important consideration is how having a non-gender diverse workforce affects the Division of Child and Family Health's (CFH's) ability to effectively engage boys, young men, fathers, and men in public health work.

Important Note on Equity and Intersectionality

The Minnesota Department of Health's Title V Needs Assessment team acknowledges that structural (social, economic, political and environmental) inequities can result in poor health outcomes across generations. They have a greater influence on health outcomes than individual choices or a person's ability to access health care, and not all communities are impacted in the same way.

All people living in Minnesota benefit when we reduce health disparities.

We also acknowledge that the topic addressed in this data story does not exist in isolation– which is important to remember as we do needs assessments and as we start thinking about how we approach solutions. In addition to the needs themselves being intersectional, there are also intersecting processes and systems through which power and inequity are produced, reproduced, and actively resisted.

Citations

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