

# Boys and Young Men

PROTECTING AND PROMOTING PHYSICAL, MENTAL, AND EMOTIONAL HEALTH AMONG YOUTH WHO IDENTIFY AS MALE

Minnesota acknowledges that systemic racism and generational structural (social, economic, political and environmental) inequities result in poor health outcomes. These inequities have a greater influence on health outcomes than individual choices or one’s ability to access health care, and not all communities are impacted the same way. All people living in Minnesota benefit when we reduce health disparities and advance racial equity.

## Current Landscape of Boys and Young Men in Minnesota

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.<sup>1</sup> 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 becoming a victim of violence compared to girls and young women.<sup>2</sup>

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.<sup>1</sup> Adverse childhood experiences (ACEs) such as experiencing violence in the home or in communities, having an incarcerated family member, or being a victim of abuse increase a person’s risk of negative health outcomes.<sup>3</sup> People who experience six or more ACEs have a life expectancy 20 years shorter than people without any ACEs.<sup>4</sup> Preventing ACEs requires promoting protective factors. These include 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).

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



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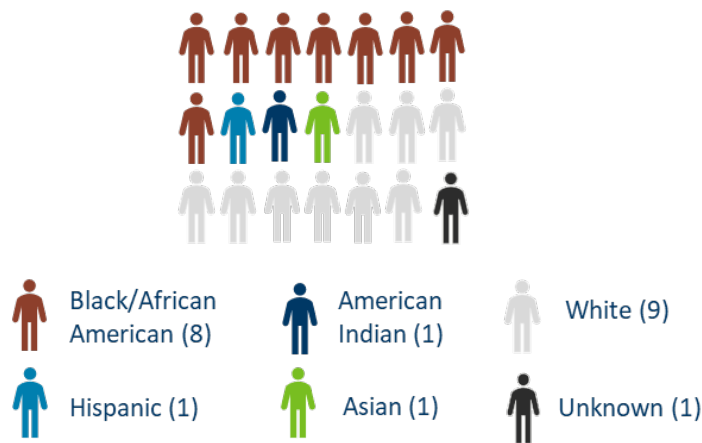
In Minnesota, male youth aged 10 to 24 are significantly more likely to die by suicide than female youth (17.4 per 1,000 vs 4.1 per 1,000, respectively). Data from vital records shows that in Minnesota, the male rate of suicide increased by 20 percent from 2016 to 2018 while the female rate dropped 38 percent. Boys and young men are also more likely to experience violence and be involved with the juvenile justice system. Males represented 67 percent of all arrests of juveniles in Minnesota in 2018.<sup>6</sup> According to data from the Minnesota Department of Education’s Report Card, in 2019, only 81 percent of males attending public school graduated on time (e.g. within 4 years) compared to 86.5 percent of female students.

Adolescent boys are less likely to have close relationships with male peers and their families. This “crisis of connection” leaves young boys with few friendships and lacking a community.<sup>7</sup> Positive relationships within a community provide meaning, develop social and emotional skills, and contribute to feelings of belonging. Without strong connections within a community, boys and young men may struggle to feel a sense of belonging or develop healthy social skills. Some research has shown that boys are more likely than girls to exhibit negative behaviors when they have insecure or little attachment to a parental figure.<sup>8</sup> Relationship loss or disruption through death of or separation from a parent has been associated with increased mental health struggles.<sup>9</sup>

### Racial Justice and Boys and Young Men

Among boys and young men, Black, Indigenous, and people of color (BIPOC) are more likely to experience violence and negative interactions with authorities. Inequities in the experience of violence, loss of family members, and over-policing can be traced to historical trauma and systemic racism which over time has resulted in health disparities. Some ACEs are more prevalent in communities of color as a result of systemic racism. Due to a justice system that disproportionately incarcerates people of color, children and youth of color are more likely to have an incarcerated parent than White children. Figure 2 illustrates the men aged 17 to 24 who were killed by Minnesota police between 2013 and 2020. Black/African American young men were 4 times more likely to be killed by police than White men.<sup>10</sup> In the past decade, Black/African American and American Indian boys and young men aged 15 to 19 were, respectively, 9 and 2 times more likely to die of homicide than White boys and young men.<sup>11</sup>

**Figure 2. Race/Ethnicity of the young men killed by police in Minnesota from 2013 to 2020**



Data Source: Mapping Police Violence<sup>10</sup>

Youth of color and American Indian youth are over-represented in the juvenile justice system. Compared to White youth, Black/African American youth are 4 times more likely and American Indian youth are 3

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times more likely to be arrested.<sup>6</sup> There is a widespread stereotype that boys and young men, especially youth of color, perpetrate more violence, but this is not true. Racial and gender profiling, which is the act of suspecting or targeting a person on the basis of observed characteristics such as skin color, contributes to the observed disparities in involvement with law enforcement. People of color, particularly men, experience higher rates of involvement with police despite similar, if not lesser, rates of violence perpetration.<sup>12</sup>

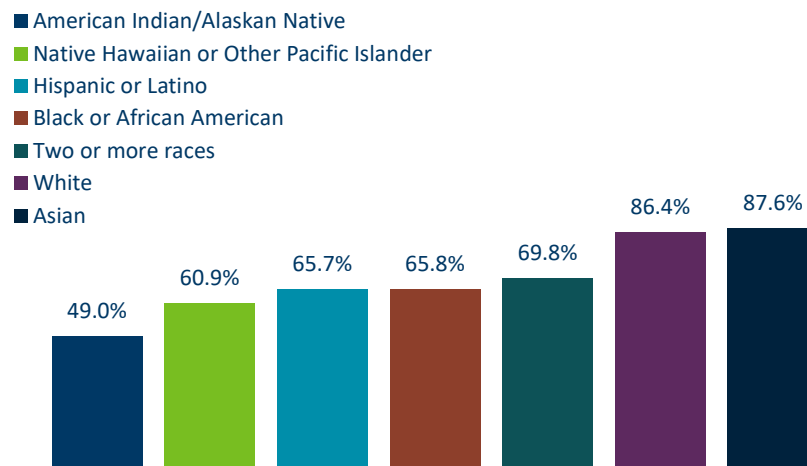
**Due to racial profiling, bias in the criminal justice system, and inequitable sentencing guidelines, BIPOC boys and young men are incarcerated at higher rates than White boys and young men.**Error!  
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A study in Minnesota in the early 2000s found 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.”<sup>13</sup> Racial and gender profiling have been associated with higher levels of stress among individuals, their families, and their communities.

After the murder of George Floyd while in the custody of Minneapolis police officers in May 2020, the Minneapolis City Council voted to reallocate \$8 million from police funding into expanding violence prevention programs, mental health crises response teams, and other programs.<sup>14</sup> Additional efforts are needed to further address the disparities experienced by boys and young men of color in Minnesota.

Educational attainment is a known protective factor against incarceration, but as a result of historical and current systemic gender and racial-based stereotyping, boys and young men do not receive the academic support they deserve.<sup>15</sup> In 2019, Minnesota’s graduation rate increased to 83.7 percent, however, BIPOC youth continue to have much lower graduation rates. Male American Indian, Black or African American, Hispanic or Latino, Native Hawaiian or Pacific Islander, or young men who identify as two or more races all have graduation rates below the 2020 goal of 85 percent (see Figure 3).

**Figure 3. 4-Year High School Graduation Rates for Males in Minnesota By Race/Ethnicity, 2019**



Data Source: Minnesota Department of Education

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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. This inequity continues into adolescence, manifesting in decreased levels of engagement and lower educational expectations.<sup>16</sup> 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.<sup>15</sup> Among Black men that do not complete high school, the lifetime risk of incarceration is 59 percent compared to just 11.2 percent for White men.<sup>17</sup>

### Trauma and Mental Health

Boys and men experience more traumatic events throughout life than girls and women, yet fewer males than females seek mental health treatment.<sup>12</sup> Accumulated trauma from racism, community violence, historical trauma, intimate partner violence and sexual violence can result in numerous negative health outcomes in adulthood such as depression, lack of stable relationships, and post-traumatic stress disorder (PTSD).<sup>12</sup> Minnesota male high school students with a history of sexual abuse were 8 times more likely to report a suicide attempt than their male peers who had not experienced sexual abuse.<sup>18</sup>

**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.<sup>12</sup>**

### Healthy Sexuality and Relationships

Approximately 14 percent of male high school students in Minnesota identified as something other than heterosexual.<sup>19</sup> Many studies have shown that rigid gender attitudes and norms around masculinity can lead to increased intimate partner violence, poor sexual health outcomes, homophobia, and hypermasculinity.<sup>20</sup> Boys and young men exploring their sexual identity or challenging rigid gender roles face increased bullying, increased anxiety, depression, and may feel socially isolated without strong support from their environment. Engaging boys and young men in reproductive health and relationship programming can also help to reduce and prevent sexual violence. This is done by changing attitudes on violence towards women, gender roles, and healthy relationships.<sup>21</sup>

A consistent critique of sexual and reproductive health studies and programming has been the lack of programs specifically targeted towards boys and young men.<sup>22</sup> 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.<sup>23</sup> 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, reframing these as important to young men's health as opposed to health issues only affecting young women.<sup>22</sup>

### COVID-19 Pandemic: Boys and Young Men

With the onset of COVID-19 shutdowns in Minnesota in March 2020, boys and young men lost many support systems in the form of school, team athletics, and other social outlets. Stay at home orders can cause feelings of loneliness and social isolation for adolescents and may have increased anxiety in boys and young men.<sup>24</sup>

Distance learning has caused academic stress for students. The Saint Paul Public School district reported an increase in students with a failing grade. In November of 2019, sixteen percent of students were reported as having a failing grade in one or more class. By November of 2020, that number had

increased to 36 percent.<sup>25</sup> Additionally, there is evidence that previous learning gaps and educational disparities will be further exacerbated with continued distance learning.<sup>26</sup>

Nationally, Hispanic or Latinx and Black or African American children had higher cumulative rates of hospitalizations from laboratory-confirmed COVID-19 as compared with White children. This mirrors the disparities of cases and hospitalizations found in adults as a result of structural and systemic racism.<sup>27</sup> As of February 2021, over 79,000 cases of COVID-19 in children and adolescents ages 0 to 19 have been reported to the Minnesota Department of Health.

## Strategic Planning

The Division of Child and Family Health (CFH) in partnership with stakeholders conducted a [comprehensive assessment](#) of the health and well-being of Minnesota's maternal and child health populations – including women, mothers, fathers, caregivers, children and youth (including those with special health needs), families, and communities. Following the prioritization of unmet needs, Boys and Young Men was selected as a top priority for Minnesota.

In order to advance maternal and child health outcomes and health equity, CFH acknowledges that we need to work together in authentic, collaborative, and innovative ways. CFH continued to engage stakeholders by implementing a community-focused process to set and implement strategies to address the priority needs using [Strategy Teams](#). We have only begun this work and know there is still much work to do. The outcome of this process helped form a statewide strategic plan that guides work on improving maternal and child health systems going forward.

## Vision for the Future

We strive for a Minnesota where boys and young men are supported and included as valued members of all communities. We envision a future where boys and young men have access to trauma-informed resources to address mental health needs and are no longer subjected to increased negative interactions with police and justice system based on the color of their skin nor their gender. We will work for a future where the boys and young men of Minnesota have the tools to build strong, healthy relationships and are recognized as integral members of families and communities as fathers and role models.

## Strategies to Address the Needs of Boys and Young Men

MDH brought together a multidisciplinary Strategy Team to identify a set of strategies to address issues related to Boys and Young Men. Although Boys and Young Men are not included as one of the ten priorities of the [Minnesota Title V Maternal and Child Block Grant Application and Annual Report](#), Minnesota recognizes the importance of focusing on the needs of boys and young men. Considerable work needs to be done to address the trauma experienced and boundaries faced by many boys and young men in communities across the state. Another important consideration in this priority area is the effect of a workforce in maternal and child health and in CFH that is not gender diverse. This hinders the ability to effectively engage boys, young men, fathers, and men in maternal and child health work. The selection of a priority area traditionally outside of the scope of the Minnesota Title V Maternal and Child Block Grant, the implementation of strategies to address the needs of Boys and Young Men will serve as a pilot program to build infrastructure and capacity for future, non-traditional priority areas. Below is a brief summary of Minnesota's strategies for beginning this work.

## Strategy A. Build Internal and External Capacity to Address the Health of Boys and Young Men

To address disparities in educational experiences, the criminal justice system, trauma, and support systems experienced by boys and young men, Minnesota will build better partnerships with internal programs and external community partners working with boys and young men. Specifically, Minnesota will engage boys and young men in developing and guiding this work.

## Strategy B. Advance a Culture of Trauma-Informed Male Inclusion in Our Institutions and Communities

While working to create a trauma-informed response, Minnesota needs to increase the capacity for supporting the individuals working with people who experience trauma by:

- Promoting trauma-informed training with accountability.
- Providing trauma support for caregivers.
- Promoting reflective supervision.
- Ensuring parallel support for those working with boys and young men who may have their own trauma.

## Strategy C. Provide Tools and Programs for Boys and Young Men for Building Healthy Relationships

To build strong social networks for boys and young men, Minnesota will focus on providing educational tools and resources for building healthy relationships. There will be an emphasis on community-driven and community-informed tools and promoting additional out-of-school programs. Systems of care that are culturally responsive and a representative public health workforce need to be developed. This will be important to improve how systems of support engage boys and young men from an early age.

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<sup>4</sup> Adverse Childhood Experiences - looking at how ACES affect our lives & society. (n.d.). Retrieved from [https://vetoviolence.cdc.gov/apps/phl/resource\\_center\\_infographic.html](https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html)

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