Confronting Gang Membership & Youth Violence: Intervention Challenges and Potential Futures

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At the start of this century there was widespread denial that gangs existed in the UK or wider Europe, probably because European gangs failed to resemble American stereotypes (Klein, 2001). By 2006 approximately 6% of 10-19-year olds in the UK claimed to be gang members, and were three times more likely than nongang youth to carry a knife (Sharp, Aldridge, & Medina, 2006). By 2009 there was an 89% increase in under 16s hospitalised with serious stab wounds (Centre for Social Justice, 2009), and in 2011 the UK government introduced the Ending Gang and Youth Violence (EGYV) programme to 33 areas (Home Office, 2011); this number was increased to 52 in 2016. In sum, in less than two decades, gang activity in the UK became firmly embedded on research and political agendas.

One reason for increased responses to gangs is excessive violence. In the US, becoming a gang member increases violent offending by 10-21% over and above general delinquency (Melde & Esbensen, 2013). In the UK, gang activity explained a 36% rise in recorded knife crime (HM Government, 2018), and gang activity was identified as responsible for the increase in murders of children up to age 15, between 2016-18 (Kirchmaier & Villa Llera, 2018). The expansion of county lines drug trafficking from cities to satellite regions (i.e. coastal, rural, & market towns; Spicer, 2018) has resulted in ‘cuckooing’ practices where vulnerable residents’ homes are taken over and used to store and/or to distribute drugs, and the exploitation and abuse of children, particularly those living in care and ‘clean skins’ (not known to police), to transport drugs (National Crime Agency, NCA, 2017). Although not attributable *solely* to gang activity, knife crime (McVie, 2010) and county lines drug

trafficking (NCA, 2017), are major concerns that underpin drives to reduce gang membership.

Anti-gang strategies in the US tend to favour expensive punishment-oriented approaches (Sheldon, Tracy, & Brown, 2013), and the same could be said of the UK. For example, UK civil gang injunctions attempt to reduce gang activity by preventing individuals from "engaging in, encouraging or assisting gang-related violence…" (Home Office, 2014, p.3). Old laws such as the contentious joint enterprise law, which considers those in the company of an offender during the offence equally guilty on the basis of supposed foresight, were also resurrected in attempts to control and deter gang involvement. Although suppression tactics have had some success, multifaceted 'carrot and stick' programmes which, in addition to suppression, provide community outreach support, seem to hold the greatest promise of gang reduction. In the US, evaluations of school-based programs such as the revised G.R.E.A.T. program, (targets gangs and violence by addressing school, peer and individual risk factors in students aged 11-13 years; Esbensen, Osgood, Peterson, Taylor, & Carson, 2013) and community-based programs such as Functional Family Therapy (FFT; Thornberry et al., 2018), suggest some progress in reducing gang membership. However, therapeutic challenges remain.

Obstacles to Intervention Success

Gang members are, in many ways, a unique subset of offenders because gangs provide something they need, above and beyond the proceeds of crime. Gangs offer members friendship, pride, identity development, esteem, access to financial assets (Goldstein, 2002), alleviation of fear, emotional bonding, belonging, and protection from outsiders (Vigil, 1988). For youth with disrupted school bonding (Henry, Knight, & Thornberry, 2012) and poor social relationships, a gang can become a 'family' (Decker & Van Winkle 1996), whose

needs come first (Hennigan & Spanovic, 2012). Consequently, social and emotional ties between gangs and members can be strong and enduring, even in members who express a desire to leave (Pyrooz, Decker, & Webb, 2014).

Gangs also influence members via normative structures and group processes (e.g. collective identification, status, cohesion) that promote violence (Thornberry, Krohn, Lizotte, Smith, & Tobin, 2003), which is excessive, disproportionate (Harris, Turner, Garratt, & Atkinson, 2011), and contagious (Zeoli, Pizarro, Grady, & Melde, 2014). Once immersed in a gang, members reject or restrict involvement with prosocial peers (Uggen & Thompson, 2003), and as they adhere to the gang's normative structures and group processes, their social cognition (e.g. anti-authority attitudes & moral disengagement; Alleyne & Wood, 2010) is nurtured in a pro-delinquency, pro-violence direction (Wood, 2014). This then facilitates members' involvement in levels of delinquency and violence, which exceed pre- or post-gang membership levels (Thornberry et al., 2003).

Even if gang members are willing to engage with anti-gang programmes, if they suffer from mental health problems, these will adversely affect their ability to maintain programme engagement, hold down jobs, control anger, and stick to commitments to leave the gang (Bailey 2014). Comparisons of nongang and gang youth show that gang members have more symptoms of perpetrator-induced PTSD (Kerig, Chaplo, Bennett, & Modrowski, 2016) and are more likely to develop depression (Watkins & Melde, 2016). Although no cause/effect relationship between gang membership and mental health problems has been established, comparisons of gang members and nongang men (violent and nonviolent), suggest that symptoms of mental health problems intensify with age; gang members have higher symptom levels of psychiatric morbidity, anxiety, self-harm, psychosis, and addictions (e.g. drugs, alcohol, gambling, pornography), and are more likely to attempt suicide and/or access psychiatric care (Coid et al., 2013). Notwithstanding the unknown cause/effect relationship,

empirical evidence strongly suggests that adult gang members' mental health problems are associated with the levels of violence that they are exposed to as witnesses, perpetrators, and victims (Wood & Dennard, 2017). Since peak gang ages are 13-15 (Pyrooz 2014), this means that gang members are exposed to high levels of violence at ages which make them vulnerable to neurological changes, mental disorder, and the perpetration of more violence (Elbert, Rockstroh, Lolassa, Schauer, & Neuner, 2006).

Overcoming Obstacles to Gang Intervention Success: Future Possibilities

Despite the millions of pounds spent trying to reduce gangs and violence, county line activities continue to propel gangs into towns and villages across the UK. Children from all social backgrounds are being exploited and abused, and coerced into transporting drugs. The danger that the UK faces is that as county lines expand, there will be an increase in gangs as youth across the country band together for protection, or to profit from the lucrative drug trade. Knife carrying is also likely to expand. Youth carry knives for protection or as weapons to threaten others and too often this is ending tragically. There is a dire need to reduce this destructive activity, to reduce the burgeoning culture of violence and gang activity, and restore feelings of safety to local communities. However, it is simply not possible to arrest our way out of the gang violence problem, and suppression tactics appear to have made no marked difference. A more persuasive, concerted, and holistic approach is needed.

Helpfully, at the end of 2018 the UK Government announced that it would adopt a public health approach to tackle youth violence, and London's Mayor announced an intention to introduce a Violence Reduction Unit (VRU) similar to the successful Scottish VRU. Public health approaches involve multi-agency (e.g. police, teachers, health professionals, social services) provision of support and education to a whole population; not just high-risk

individuals. Yet, before a public health approach to reducing gang violence can succeed, the challenges to programme success noted above need to be considered. It is futile initiating gang reduction programmes without first identifying and addressing any existing or emerging mental health needs participants may have. As noted above, mental health problems obstruct programme engagement, and if the mental health needs of young people, particularly those who may be gang involved, are left unaddressed, programmes are unlikely to have an impact on those who need it most. Equally, a strong risk factor for gang involvement is lack of parental support, so it is vital that a public health approach offers support for young people *together with* their families via community-based programmes (e.g. similar to the FFT approach).

Schools provide an ideal platform for introducing anti-gang programmes, as the implementation of G.R.E.A.T. in the US shows. School-based programs can address a range of social issues with large groups of young people, simultaneously. Given the young ages of gang-involved youth, programmes should be delivered to children from 9-10 years and upwards. Programme goals should include promotion and maintenance of prosocial relationships because prosocial relationships protect against involvement in violence. Young people who have been or are involved with gangs should be supported into resuscitating and strengthening the prosocial bonds that they may have abandoned, and supported to relinquish violent responding from their repertoire of behaviors. To coincide with this, responses to uncommitted or troublesome students need reviewing. School exclusions and pupil referral units (PRUs) make little sense in a climate committed to reducing gang involvement. Removing uncommitted students from the education system entirely, or placing them in PRUs, severs prosocial ties and encourages bonds with others who are equally disenfranchised. Exclusion and PRU strategies may end up strengthening antisocial bonds, gang connections, and underpinning gang commitment as attractive alternatives for

enhancing status and self-esteem. So, another important first step is to keep all children in the school system.

Gang programmes should also educate young people on the realities of gang life to dispel misconceptions, nurture disillusionment with gang life (Bubolz & Simi, 2015), and challenge the influence of group processes and norms that foster gang identities. Glamorized images of gangs providing protection, familial support, and financial gain can lead youth to grandiose expectations of gang life (Bubolz & Simi, 2015). Yet, gangs seldom live up to expectations. For instance, it is paradoxical that gang members claim protection as a primary reason for joining or forming a gang when the reality is that gang membership elevates levels of both minor and serious victimization (Katz, Webb, Fox, & Shaffer, 2011). Although youth may form bonds with their gang, the reality is that gangs often fail to provide familial support to members. Within-gang violence is common, particularly when status is at stake (Hughes, 2013) and gang members, who are often more focused on personal gain than on familial relations, will expel weak members who fail to contribute (Fleisher, 1998). So, programmes will need to explore the reasons why young people bond with gangs (e.g. alienation from prosocial groups, disaffection with legitimate establishments such as school), challenge any emerging or existing gang identities, and provide support to help sever antisocial bonds. Programmes will also need to explore with young people the reasons why they may believe that gang membership offers opportunities for financial gain and status, when the reality is that financial profit is seldom realized. Most gang members barely earn the equivalent of the minimum wage (Levitt & Venkatesh, 2000), and under extremely dangerous circumstances.

A public health approach to gang and violence reduction has promise. The Scottish example is very encouraging and provides a good template for future directions. However, since county lines have propelled gang activity into satellite towns, a public health approach to gang involvement will need to prevent county lines from continuing to flourish across the

UK. So, it will need national deployment rather than a focus just on major cities. A public health approach is not a quick fix; it needs to be shaped by long term governmental, financial and multi-agency dedication. This will be costly, but when pitted against the anticipated expense of future prosecutions, incarcerations, and human costs of gangs and violence, it is justified. It would also be sensible to include, as part of any anti-gang strategy, drug education which tackles the demand side of the supply and demand social equation and clarifies for those tempted to use drugs, exactly what they are financing. A strong, proactive approach that tackles the causes (e.g. drug profiteering) in addition to the symptoms of gang activity (e.g. violence and intimidation) is long overdue. However, an effective public health approach will be dependent on considering gang involvement as a unique social phenomenon, and a full and long-term commitment from the current and subsequent UK governments.

References

Alleyne, E., & Wood, J. L. (2010). Gang involvement: Psychological and behavioral characteristics of gang members, peripheral youth and non-gang youth. *Aggressive Behavior, 36,* 423-436. doi:10.1016/j.avb.2009.08.005

Bailey, C. E., Smith, C., Huey Jr, S. J., McDaniel, D. D., & Babeva, K. (2014). Unrecognized posttraumatic stress disorder as a treatment barrier for a gang-involved juvenile offender. *Journal of Aggression, Maltreatment & Trauma*, *23*(2), 199-214. doi.org/10.1080/10926771.2014.872748

Bubolz, B. F., & Simi, P. (2015). Disillusionment and change: A cognitive-emotional theory of gang exit. *Deviant Behavior*, *36*(4), 330-345. doi.org/10.1080/01639625.2014.935655

Centre for Social Justice. Gangs Working Group, & Antrobus, S. (2009). *Dying to belong: an in-depth review of street gangs in Britain*. Centre for Social Justice. Retrieved from https://www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/08/DyingtoBelongFullReport.pdf

Coid, J. W., Ullrich, S., Keers, R., Bebbington, P., DeStavola, B. L., Kallis, C.,…Donnelly, P. (2013). Gang membership, violence, and psychiatric morbidity. *American Journal of Psychiatry*, *170*(9), 985-993. doi:10.1176/appi.ajp.2013.12091188

Decker, S. H., & Van Winkle, B. (1996). *Life in the gang: Family, friends, and violence.* Cambridge, UK: Cambridge University Press.

Elbert, T., Rockstroh, B., Kolassa, I. T., Schauer, M., & Neuner, F. (2006). The influence of organized violence and terror on brain and mind – A co-constructive perspective.

In P. Baltes, P. Reuter-Lorenz, & F. Ro¨sler (Eds.), *Lifespan development and the brain: The perspective of biocultural co-constructivism* (pp. 326–349). Cambridge, UK: University Press.

Esbensen, F. A., Osgood, D. W., Peterson, D., Taylor, T. J., & Carson, D. C. (2013). Short- and long- term outcome results from a multisite evaluation of the GREAT program. *Criminology & Public Policy, 12*(3), 375-411. doi.org/10.1111/1745-9133.12048

Fleisher, M. (1998). *Dead end kids.* Madison: University of Wisconsin Press.

Goldstein, A. P. (2002). *The psychology of group aggression.* West Sussex, UK: John Wiley & Sons Ltd.

Harris, D., Turner, R., Garratt, I., & Atkinson, S. Ministry of Justice, National Offender Management Service. (2011). *Understanding the psychology of gang delinquency: Implications for defining effective violence interventions*. Retrieved from http://www.justice.gov.uk/downloads/publications/research-and-analysis/moj-research/research-gang-violence.pdf

Hennigan, K., & Spanovic, M. (2012). Gang dynamics through the lens of social identity theory. In Esbensen, F. A., & Maxson, C. L. (Eds.), *Youth gangs in international perspective* (pp. 127-149). New York, NY; Springer..

Henry, K. L., Knight, K. E., & Thornberry, T. P. (2012). School disengagement as a predictor of dropout, delinquency, and problem substance use during adolescence and early adulthood. *Journal of youth and adolescence, 41*(2), 156-166. doi.org/10.1007/s10964-011-9665-3

HM Government, (2018). *Serious violence strategy*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf

Home Office. (2011). *Ending gang and youth violence: a cross-government report*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97862/gang-violence-detailreport.pdf

Home Office (2014). *Review of the operation of injunctions to prevent gang-related violence.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/278786/ReviewInjunctionsGangRelatedViolence.pdf

Hughes, L. A. (2013). Group cohesiveness, gang member prestige, and delinquency and violence in Chicago, 1959–1962. *Criminology*, *51*(4), 795-832. doi.org/10.1111/1745-9125.12020

Katz, C. M., Webb, V. J., Fox, K., & Shaffer, J. N. (2011). Understanding the relationship between violent victimization and gang membership. *Journal of Criminal Justice*, *39*, 48-59. doi.org/10.1016/j.jcrimjus.2010.10.004

Kerig, P. K., Chaplo, S. D., Bennett, D. C., & Modrowski, C. A. (2016). "Harm as harm" gang membership, perpetration trauma, and posttraumatic stress symptoms among youth in the juvenile justice system. *Criminal Justice and Behavior*, *43*(5), 635-652. doi.org/10.1177/0093854815607307

Kirchmaier, T., & Villa Llera, C. (2018) *Murders in London.* Retrieved from https://www.researchgate.net/publication/326318802

Klein, M. W. (2001). Resolving the Eurogang paradox. In M. Klein, H-J. Kerner, C. Maxson, & E. Weitekamp (Eds.), *The Eurogang paradox: Street gangs and youth groups in the U.S. and Europe* (pp. 7-13). Dordrecht: Kluwer Academic Publishers.

Levitt, S. D., & Venkatesh, S. A. (2000). An economic analysis of a drug-selling gang's finances. *The quarterly journal of economics*, *115*(3), 755-789. doi.org/10.1162/003355300554908

McVie, S. (2010). *Gang Membership and Knife Carrying: Findings from the Edinburgh Study of Youth Transitions and Crime, Edinburgh*: The Scottish Centre for Crime and Justice Research. Retrieved from https://www2.gov.scot/Resource/Doc/324153/0104312.pdf

Melde, C., & Esbensen, F. A. (2013). Gangs and violence: Disentangling the impact of gang membership on the level and nature of offending. Journal of quantitative criminology, 29(2), 143-166. doi.org/10.1007/s10940-012-9164-z

National Crime Agency, 2017. County lines violence, exploitation and drug supply. London: NCA.

Pyrooz, D. C. (2014). "From your first cigarette to your last dyin'day": The patterning of gang membership in the life-course. *Journal of Quantitative Criminology*, *30*(2), 349-372. doi:10.1007/s10940-013-9206-1

Pyrooz, D. C., Decker, S. H., & Webb, V. J. (2014). The ties that bind: Desistance from gangs. *Crime & Delinquency*, *60*(4), 491-516. doi: 10.1177/0011128710372191

Sharp, C., Aldridge, J., & Medina, J. (2006). *Delinquent youth groups and offending behaviour: findings from the 2004 Offending, Crime and Justice Survey* (Vol. 14, No. 06). London: Home Office.

Sheldon, R. G., Tracy, S. K., & Brown, W. B. (2013). *Youth Gangs in American Society*. Belmont, CA: Wadsworth/Thomson.

Spicer, J. (2018). 'That's their brand, their business': how police officers are interpreting County Lines. *Policing and Society.* Advance online publication. doi.org/10.1080/10439463.2018.1445742

Thornberry, T. P., Kearley, B., Gottfredson, D. C., Slothower, M. P., Devlin, D. N., & Fader, J. J. (2018). Reducing crime among youth at risk for gang involvement: A randomized trial. *Criminology & Public Policy*, *17*(4), 953-989. doi.org/10.1111/1745-9133.12395

Thornberry, T. P., Krohn, M. D., Lizotte, A. J., Smith, C., & Tobin, K. (2003). *Gangs and delinquency in developmental perspective.* Cambridge, UK: Cambridge University Press.

Uggen, C., & Thompson, M. (2003). The socioeconomic determinants of ill-gotten gains: Within-person changes in drug use and illegal earnings. *American Journal of Sociology*, *109*(1), 146-185. doi.org/10.1086/378036

Vigil, J. D. (1988). *Barrio gangs: street life and identity in southern California.* Austin, TX: University of Texas Press.

Watkins, A. M., & Melde, C. (2016). Bad medicine: The relationship between gang membership, depression, self-esteem, and suicidal behavior. *Criminal justice and behavior*, *43*(8), 1107-1126. doi.org/10.1177/0093854816631797

Wood, J. L. (2014). Understanding gang membership: The significance of group processes. *Group Processes and Intergroup Relations, 17,* 710-729. doi:10.1177/1368430214550344

Wood, J. L, & Dennard, S. (2017). Gang membership: links to violence exposure, paranoia, PTSD, anxiety, and forced control of behavior in prison. *Psychiatry*, *80*, 30-41. doi.org/10.1080/00332747.2016.1199185

Zeoli, A. M., Pizarro, J. M., Grady, S. C., & Melde, C. (2014). Homicide as infectious disease: Using public health methods to investigate the diffusion of homicide. *Justice quarterly*, *31*(3), 609-632. doi.org/10.1080/07418825.2012.732100.