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Review Article

An integrated public health and criminal justice approach to gangs: What can research tell us?

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ABSTRACT

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There has been a call to better link public health and criminal justice approaches to best address crime problems generally, and youth and gang violence in particular. Importantly, there has yet to be a systematic examination of how criminal justice approaches can be integrated within a public health framework. This paper examines the strengths and challenges with mapping gang research and evidence-informed practices onto a public health approach. Conceptual examination reveals benefits to utilizing an integrated framework, but it also exposes core problems with identification and prediction of gang joining and gang membership. The gang label as a master status is called into question. It is argued that a public health framework can inform public policy approaches as to when the focus should be youth violence versus gangs and gang violence.

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There has been a call to better link public health and criminal justice to reduce the prevalence and incidence of interpersonal violence (Mercy et al., 1993). Recent research has identified the areas of intersection between the two fields, showing that some programs originating out of a criminal justice focus are compatible with a public health approach to community violence (Akers and Lainer, 2009; McDaniel et al., 2014; Welsh et al., 2014). Two oft-cited programs that are in line with a public health approach are Cure Violence and Communities that Care (CTC). Cure Violence is an initiative that aims to reduce violence through streetworkers who "interrupt" violence by working with those on the cusp of committing violence, as well as through the utilization of public messaging. CTC utilizes data on community risk and protective factors to implement best practice strategies to improve community health, especially with regard to violence. While CTC is a carefully planned, concerted effort, to address violence, the norm in most communities across the U.S. and abroad is a patchwork of programs and policies that are loosely connected to each other and infused into the most highly distressed areas with funding from a variety of sources (Welsh et al., 2014).

One important benefit of a public health approach to gangs is a focus on primary prevention, emphasizing policies and programs that prevent violence – and gangs and gang membership – before it starts. Another key benefit is that public health has always involved a range of stakeholders in solutions, which translates to a range of inputs that can be applied to violence prevention. This is critical given that the origins of violence are multi-causal (Krug et al., 2002). Further, communities are more likely to buy-in to efforts that have a public health framework rather than a criminal justice focus because the emphasis is on wellness rather than individual blame (Tita and Papachristos, 2010). It is not

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surprising, then, that Chicago Ceasefire, which was loosely modeled after the successful Boston Ceasefire, was renamed Cure Violence.

Much of the literature linking public health and criminal justice to date has provided examples of promising collaborative approaches and programs (Mercy et al., 1993; Welsh et al., 2014; Neville et al., 2015). Missing from these discussions is a grounded, integrated conceptual framework that specifically addresses gangs. This project fills in that rift by systematically assimilating existing research, programs, and policies on gangs and gang violence into a public health approach. Importantly, this approach may help shed new light on thorny issues of when gang member status matters for prevention purposes versus a broader focus on violence.

1. Violence prevention framework & gang research

The public health prevention framework is used to ground this analysis in two ways. First, the categories of that framework will be utilized to examine how current knowledge about gangs fit into each step. Second, gang research will be overlaid onto each stage of prevention to identify areas of intersection and problems with gangs as a public health focus rather than youth violence. The four steps to the violence prevention framework identified by the World Health Organization are: (a) surveillance; (b) risk and protective factor identification; (c) development and implementation of interventions; and (d) implementation. Fig. 1 describes each of these stages.

An examination of gangs from this approach exposes four concomitant problems. First, with regard to problem identification, it is not always clear who is a gang member and which youth groups are gangs. Definitions of gang member and gangs vary across locations, organizations, and individuals. As one example, the National Gang Center conducts an annual survey of U.S. law enforcement agencies, and defines gangs as "a group of youths or young adults in your jurisdiction that you or other responsible persons in your agency or community are willing to identify as a 'gang''; while also recognizing a host of different definitions used by individual states and other entities (National Gang Center, 2015). It is unlikely that uniform definitions will be developed because various organizations view gangs differently. Police may view gang status as a fixed, public safety threat, while social service providers may view gang status as a mutable attribute to overcome in rehabilitation (Gebo and Tobin, 2012). Standard definitions are called for, however, in order for communities to move forward to address gangs from a collaborative approach (Decker and Curry, 2002).

Gang research shows that one of the best indicators of gang membership is self-nomination (Matsuda et al., 2012). Those who selfidentify as gang members are indeed likely to be part of gangs. Research also is clear that gang membership is short lived. Most individuals stay in gangs for two years or less (Thornberry et al., 2003a). Further, gangs vacillate in their deviant activities and violence, such that some are not a violence threat at one point in time, but are at another point (Miller, 1990). This dynamic nature of gang membership and gangs also complicates classification because gang classification is often recorded solely at one point in time, rather than through a life course perspective. From a public health standpoint, there is no well-defined problem identification given the short-term and fluid nature of gangs and gang membership affiliation.

Second, with regard to cause identification, gang research shows that those with an accumulation of risk factors across ecological domains (i.e. individual, relational, community) are more likely to become gang members than those with fewer risk factors across fewer domains; and these risk factors vary over time (Howell and Egley, 2005). Consistent and distinct indicators of who will become a gang member have not been identified in the literature. Less than one quarter of youth living in areas with gangs become gang members themselves, demonstrating that there are no clear structural factors that lead youth to join gangs (Howell, 2012). Additionally, much work remains to be done on protective and promotive factors for gang membership (Howell, 2012). Thus,

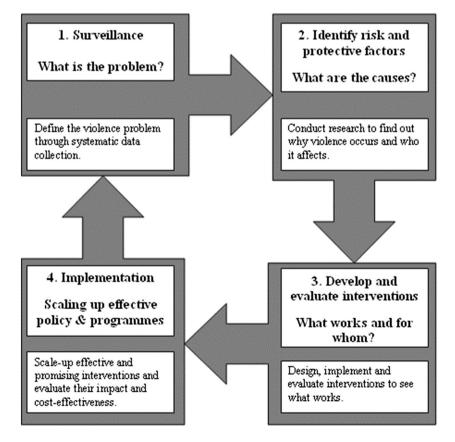


Fig. 1. WHO violence prevention approach (Krug et al., 2002).

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