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...
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 self-identify 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,
from a public health perspective, gang membership cause identification is not well understood.

Given the issues with both problem identification and cause identification, it is no surprise that there are few successful gang interventions (Gravel et al., 2013). Indeed, research has found that two successful gang interventions focused not on gangs, but on reducing aggression and violence in children. That focus had positive spillover effects in preventing gang membership. These programs, the Perry Preschool Program and the Montreal Preventive Treatment Program, worked with children identified as low income and at-risk for aggressive behavior at early ages and included family and school components (Schweinhart et al., 2005).

Importantly, because risk factors for youth violence and gang membership cut across ecological domains, interventions must also do so. Gang researcher James Short called for multiple levels of intervention, which he terms as individual, group (micro-level), and community (macro-level) (Short, 1985). He goes on to point out that the group-level analysis of how gang members interact with each other and how those interactions can co-produce violence has been largely ignored (Decker et al., 2013). While other researchers may use different terminology for these levels, his point is in line with a public health approach. Gang intervention must address those socio-ecological domains to be successful (Krug et al., 2002).

Finally, there are always problems when interventions are scaled up (Dodge, 2001). To date, the US federal government has promulgated the Comprehensive Gang Model as a promising practice to address gangs and gang violence. Agencies engaged in secondary and tertiary prevention, including police and prosecution, work collaboratively with the community toward reducing gang violence and increasing community capacity to meet that goal. While the model has shown some success, multiple problems, particularly in working collaboratively, have been identified as major barriers to overcome (Gebo et al., 2015).

At this point, one may ask, “Why study gangs at all?” There are several major reasons. Research in the U.S. and abroad is clear that those who are gang members commit more violence and more serious violence than they otherwise would have outside of gangs, particularly as a result of gun use (Delisi et al., 2009). Gang members also are at an increased risk of victimization compared to non-gang youth (Delisi et al., 2009). Further, locations with gangs experience more violence than locations without gangs, and in some cities up to 80% of violence can be attributed to gang activity (Esbensen and Maxson, 2012). While serious violence occurs outside of gangs and individuals can commit serious violence without being part of gangs, gangs and gang membership increase the likelihood of violence. Clearly, this is a public health problem that must be addressed to reduce violence and injury.

2. Mapping gang prevention

Gang violence prevention is mapped, taking the long view, from primary through tertiary prevention as a way to understand the current state of knowledge in gang research and to provide policy direction in moving forward. The analysis reveals points in which the focus should be on youth violence versus gangs and gang violence. Primary and secondary prevention are critical periods for a youth violence focus, while at the tertiary stage, gangs and gang violence are a key focal point.

2.1. Primary prevention

Primary prevention involves universal strategies that immunize individuals and groups against gang formation and gang membership. Addressing what some criminologists term the *distal causes*, or root causes, of gangs is critical (Decker et al., 2013). This stage is not usually considered in a criminal justice approach. Some scholars point to comprehensive programs that address the needs of those living in highly distressed neighborhoods as primary prevention; yet, those are secondary prevention efforts targeted at a specific population, rather than universal policies and programs (Welsh et al., 2014). Miller, in contrast, identifies the large-scale social issues that can prevent gang formation (Miller, 1990). These include systems approach to core human institutions, including access to quality education, employment, health and safety, housing, and parenting. Public health adds substantially to this knowledge by emphasizing the need for multiple, diverse collaborators and the reality that gang formation is the result of distal causes.

It must be underscored that primary prevention as a universal approach to which all peoples, regardless of socio-economic, ethnic, or gender status, receive benefits may be even more advantageous to poor communities where people of color are more likely to reside. Further, such programs and policies are more acceptable to the public and more likely to be adopted than secondary prevention programs that are targeted at specific individuals and sub-populations (Wilson, 1987). Primary prevention is the primary method to address the unequal distribution of gang offending and victimization by and against young men of color.

Programs and policies at the federal, state, and local levels that increase protective factors and reduce risk factors in ways that promote positive youth development are critical (Butts and Roman, 2010). Gang policies, particularly the Comprehensive Gang Model, identifies mobilizing communities and creating organizational change to ensure that institutions and policies work together to prevent violence is core to a gang prevention approach that is infused throughout prevention levels and can be capitalized upon in this integrated approach. As previously noted, research has shown that community members are more likely to be mobilized around criminal justice-related issues if the problems are defined as public health, rather than crime.

2.2. Secondary prevention

Criminal justice practice and research clearly addresses secondary prevention through gang joining. Youth join gangs for many reasons (Thornberry et al., 2003b). They are “pushed” into it through negative home, school, and community circumstance where they perceive a lack of love and belonging; and they are “pulled” into it through the attractiveness of status and material goods. Yet, punitive formal social control mechanisms, such as police involvement, are minimal at this stage. Efforts to identify those who are likely to become gang members are commonplace, especially through the creation of gang assessment instruments that attempt to detect those who have elevated risk factors for gang membership, but are asymptomatic. Gang assessment instruments, however, have not yet shown good predictive capability in identifying gang membership (Gebo and Tobin, 2012).

Programming and outreach at this stage are targeted toward individuals who have family and friends in gangs and to those who live in neighborhoods with gang presence. Gang Resistance Education and Training (G.R.E.A.T.) is a life skills curriculum taught in middle schools by police officers to help youth understand the negative consequences of gang membership and to resist the lure of gangs. Evaluations show that the program has been successful in these outcomes (Esbensen et al., 2011). Another program, the Boys and Girls Clubs’ Gang Prevention through Targeted Outreach, attempts to engage youth in prosocial activities. Evaluations of this program have shown that participants were less likely to hang out with gang members, wear gang colors, and have fewer contacts with the juvenile justice system (Arbretone and McClanahan, 2002). Meanwhile, street outreach often involves former gang members talking with youth who are teetering on the edge of gang membership to encourage them to seek out positive activities and individuals. Scientific research on street outreach outcomes are difficult because so much of what happens cannot easily be translated to record-keeping or observational analysis. Trust and confidentiality between streetworker and client are paramount. Recent rigorous and systematic evaluation of such programs are a gap in the literature, though street outreach has
been identified as one of the primary mechanisms to engaging and keeping engaged these hard-to-reach youth (Varano and Wolff, 2012).

Taking away the gang label for the moment and looking at secondary prevention from a violence context shows that there is success with risk assessment instruments that predict violence risk, individual needs, and responsivity to programming (Andrews et al., 2006). There also are a number of programs that have been shown through randomized controlled trials to reduce violence and aggression, such as Functional Family Therapy and Multisystemic Therapy (Boxer, 2011). Those successes have come by addressing individual risk factors or by matching youth with particular programs (Dodge, 2001).

A public health violence prevention approach may be more successful than a gang-specific focus at the secondary prevention stage. Much more is known about what is successful in preventing violence than what is successful in preventing gangs. Further, given that there are no clear risk factors that distinguish individuals who are violent from those who are gang members, it is logical to look at secondary gang prevention from a violence prevention perspective. As previously stated, this also is more palatable to community members who are more apt to mobilize around violence as a health issue.

2.3. Tertiary prevention

Tertiary prevention is often thought of as squarely within the purview of the criminal justice system. Gang leaders and gang members committing the most violence are targeted for arrest, prosecution, and where deemed necessary, incarceration. Imprisonment is considered a last resort – a form of quarantine – imposed to stop the violence and to stop the contagion. At the same time, rehabilitation, support, and education are necessary, though often not provided, for those who are under criminal justice supervision and for those who are returning to society from incarceration.

At this stage, the “disease” has entered the host, but here is where defining the problem as “gangs” is distinct. Gang membership is critical at this point because research shows that group context matters (Short, 1985). Again, those involved in gangs commit more violence and more serious violence than other delinquent youth who are not gang-involved. Just what it is about that group context that elicits these outcomes needs further investigation (Decker et al., 2013). Victimization also cannot be overlooked. Gang members are significantly more likely to be victimized than non-gang members. Gang members have a host of subsequent problems, including mental health disorders and substance abuse, though it is unclear if these problems attracted them to gangs in the first place (Neville et al., 2015). Regardless, these issues must be addressed to fully contain the problem and to rehabilitate the host. The long-term consequences of gang membership are more severe than for other delinquents, including more depression, less education, fewer quality employment positions, and more contact with child protection services for their own children (Gilman et al., 2014).

That said, if youth are inaccurately labeled and treated as gang members iatrogenic effects can occur. Youth may be more likely to see themselves negatively and act out in ways that attract negative attention from the justice system (Rios, 2011). They also may be subject to enhanced criminal justice sanctions, including lengthier incarceration; and they may incur deeper-end services, such as out-of-home placements and secured facility stays, which may not be warranted based on their crimes and histories alone. In short, criminal justice labeling and sanctioning can “decrease health” if not carefully applied. Emerging research shows that gang members are more difficult to engage than other youth and may require at least more intensive, if not different, efforts of engagement (Andrews et al., 2006). Gang membership cannot be dropped from consideration at this stage.

Tertiary criminal justice responses include development of Impact Player Lists, which target those committing the most violence for prosecution. At the group level, a deterrence-based strategy called Pulling Levers, involves placing impact players as well as their associated gangs, if connected to one, on public notice that if they commit further violence, they will be prosecuted to the fullest extent of the law (the “stick”). These meetings are typically conducted with police, clergy, and social service providers. Individuals will be helped with education and job training and counseling, should they want to end the violence, however (the “carrot”). International evidence shows success for this approach (Braga and Weisburd, 2012). Though effective intervention strategies with regard to counseling and job training, and the extent to which communities retain a sense of collective efficacy, or informal control in their communities, with these policing tactics, is unclear (Engel et al., 2013).

Streetworkers attempt to mediate problems on the street, and if a gang member is sent to a hospital, streetworkers often go there to help prevent retaliation, while using that critical time after an injury to induce the patient to change his ways. Such work across diverse organizations with different goals and missions cannot successfully be accomplished without organizational change. Lines of communication on possible gang-involved victims with penetrating wounds must be open as well as changes in policies that may once have prohibit streetworkers, former gang members with criminal records, from entering into secure areas of a hospital to work with patients.

Support, education, rehabilitation, and quarantine are part of a public health approach, and clearly gang membership increases an individual’s exposure to violence, perpetration, and victimization. Gang membership also complicates engagement and delivery of services with these youth. It is at this tertiary stage where gang membership matters most in terms of violence prevention and this is where knowledge of gangs and gang violence must take center stage focusing on those most violent.

3. Discussion

The reality is that “… [W]e know much more about the likelihood that youth will become involved in violence than we do about what increases the likelihood that a youth will become involved in a gang” (Haegerich et al., 2013). Combining public health and criminal justice approaches illuminates the gaps in knowledge, and perhaps suggests that to properly situate the problem based on what we know about gangs, we need to more closely align prevention of youth violence with gangs for several reasons.

First, the public health violence prevention approach is predicated on having a clearly defined population and identified risk and protective factors. There are no agreed upon gang definitions, and definitional problems with gang and gang member persist despite decades of scholarship and practical application. Matsuda, and colleagues discuss the difficulty of identifying gangs depending on definition utilized (Matsuda et al., 2012). They suggest using a “loose” definition in early stages of intervention (i.e. secondary prevention) with more stringent criteria in later stages (i.e. tertiary prevention & suppression). We need to be careful with such broad strokes about “gangs”, considering we know little about what differentiates them from those who may engage in violence at such early stages, and labels do matter.

Second, at this point in time, risk factors for gang joining are not demonstrably distinct from serious youth violence. Though it seems clear that gang youth have more risk factors over time across multiple domains than other youth, there is no accurate predictive mechanism for gang membership. Researchers continue to plug away at this, and we may know more in time. Protective factors are much less studied, and perhaps may shed some light on empirical distinction. Gang formation, due in large part to macro-level forces, however, is best addressed through primary prevention mechanisms critical to well-being of all youth and families.

It makes sense to address violence as the public health concern at primary and secondary stages. An example from the criminal justice literature helps illustrate this point. The Boston Gun Project, otherwise known as Boston Ceasefire, resulted in a 63% decline in youth homicides.
(24 years and younger) in the city over a seven year period (1991–1998) from a mean of 3.5 youth homicides per month to 1.3. Using a mixed method approach of police and interview data to identify the problem, researchers found that gun use committed by certain individuals within certain active gangs was the main problem. Researchers worked with criminal justice authorities, social service providers, and clergy in the Pulling Levers approach to reduce violence (Braga et al., 2001). From a practical point of view, what would be done differently if gangs and not violence was the focus? All gangs might have been targeted, rather than those few who were causing violence. Misidentification of gangs and not violence was the focus? All gangs might have been targeted, rather than those few who were causing violence. Misidentification of gangs and not violence was the focus? All gangs might have been targeted, rather than those few who were causing violence. Misidentification of gangs and not violence was the focus? All gangs might have been targeted, rather than those few who were causing violence. Misidentification of gangs and not violence was the focus? All gangs might have been targeted, rather than those few who were causing violence.

Adopting a public health, “Learn as we go approach” (Mercy et al., 1993) to gangs shows that the focus should be on violence in early stages and not specifically gangs. This exercise integrating the public health and criminal justice approach illustrates that gangs are a special case of youth violence, given that gang membership matters in terms of the following: (a) violence, both quantity and seriousness; (b) process of engagement and logistics of engaging individuals in treatment; and (c) long-term negative outcomes of gang membership. The gang label, however, does not become a master status by which to effect policy. The actions of individuals and their constellation of risk and protective factors in the context of their environment matters most in preventing. The public health framework informs public policy approaches as to when the focus should be youth violence versus gangs and gang violence.

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**Conflict of interest**

The author declares there are no conflicts of interest.

**Transparency document**

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