

What Works With Gangs

A Breakthrough

James C. Howell

National Gang Center

Progress has been slow in developing antigang programs. Preventing gangs from forming and eliminating established gangs altogether seems impossible when they are rooted in the cracks of our society—most prevalent in large cities with long histories of socioeconomic deprivation and racial-ethnic conflicts (Howell, 2015). Nevertheless, past reviewers of gang programs have been fixated on finding a “magic bullet”—that is, exclusively *model* or *exemplary* programs (Elliott and Fagan, 2017; Gravel, Bouchard, Descormiers, Wong, and Morselli, 2013; Klein and Maxson, 2006; Wong, Gravel, Bouchard, Descormiers, and Morselli, 2016). Each of these reviews has important shortcomings, commonly, failure to include all relevant studies, use of inconsistent criteria for determining program effectiveness, and the application of the “model” program or “blueprint” criterion requiring random assignment of subjects for “effective” or “exemplary” ratings in cases where this is unacceptable. For example, as a matter of public safety, gangs cannot be randomly assigned to treatment and control groups. Moreover, even small benefits would be welcomed in economically disadvantaged inner cities with long histories of gang violence, given that historically gang-ridden communities present special challenges. As one example, Spergel’s (2007) Comprehensive Gang Program proved to be moderately effective in the Little Village community of Chicago in which a protracted “war on gangs” that was waged by police and embroiled community agencies clearly impeded Spergel’s innovative programming (Vargas, 2016).

In this policy essay, I applaud the positive outcomes of a gang-adapted program, Functional Family Therapy-Gang (FFT-G). I draw attention to this breakthrough program in the context of existing state-of-the-art of gang prevention and “comprehensive” gang intervention and suppression programs. The reality is that several programs not designated

Direct correspondence to James C. Howell, P.O. Box 5529, Pinehurst, NC 28374-8449 (e-mail: jcbuddy@gmail.com).

as “effective” with the so-called “blueprint” criteria have produced worthwhile positive results in the form of small or moderate reductions in violence and increased public safety in communities. Other programs discussed herein have proven effective in reducing gang crime in controlled studies, with notice to readers that these have not regularly produced especially large reductions; however, statistically significant outcomes in well-controlled studies should be recognized as worthwhile (Hodgkinson et al., 2009; Howell and Griffiths, 2019). This point is especially applicable to gang prevention and intervention programming because gang members tend to have multiple risk factors that often are entrenched in multiple developmental domains of their lives; moreover, these tend to persist over the life course (Howell, Braun, and Bellatty, 2017; Howell and Egley, 2005; Raby and Jones, 2016), presenting barriers to therapy and behavioral changes—especially when bonding to gangs is intense.

Looking Back: Program Impacts on Gangs and Gang Members

To date, just one gang prevention program has been rigorously evaluated, proven effective, and clearly deserving of a “blueprint” designation: Gang Resistance Education and Training (G.R.E.A.T.). Students in randomly selected classrooms in 31 schools in seven cities received the G.R.E.A.T. program. Remarkably, in a 4-year follow-up on the effects of the G.R.E.A.T. curriculum in which social skills training was emphasized while inculcating negative views of gangs, it reduced odds of gang joining among racially/ethnically diverse groups of youth by 39% in the first year and by 24% four years following training (Esbensen, Osgood, Peterson, Taylor, and Carson, 2013; see also Esbensen, Matsuda, Taylor, and Peterson, 2011; Esbensen, Peterson, Taylor, and Osgood, 2012). It is especially noteworthy that these results held up over a 4-year follow-up. The stated reasons for not having designated G.R.E.A.T. as a “blueprint” program by Elliott and Fagan (2017: 229–230) are not convincing. First, Elliott and Fagan failed to recognize the random assignment of classrooms to receive G.R.E.A.T. Second, the program was carried out in seven cities in multiple states—for excellent generalizability. Third, the gang-joining effect size fell in the “moderate” range, not in the “small” level that Elliott and Fagan claimed. Fourth, the fidelity of G.R.E.A.T. program implementation was very high.

Three intensive gang program models have demonstrated some effectiveness in reducing gang violence (see Howell and Griffiths, 2019, for more details on these). The Cure Violence program deploys violence interrupters to mediate potentially violent conflicts and to prevent these from leading to a shooting or a lethal assault. Cure Violence concentrates on reducing violence among a few selected community residents who have a high chance of either “being shot” or “being a shooter” in the immediate future. With this aim in mind, violence interrupters (mostly former gang members) work alone or in pairs mediating conflicts between gangs and high-risk individuals on the streets and in hospital emergency rooms to prevent violent incidents. They interject themselves into on-the-spot decision making by individuals at risk of shooting others. Utilizing reality therapy, successful

mediation efforts are built on trust and respect between violence interrupters and the community, especially high-risk individuals. Also working as change agents, outreach workers address proximal causes of violence, including norms regarding violence, and serve as positive role models for young people, steering them to resources such as job or educational training and needed services. In an independent evaluation (Skogan, Hartnett, Bump, and Dubois, 2008), researchers found significantly reduced homicides and shootings in six of the seven Cure Violence sites, in some of the most violent, gang-ridden communities in Chicago. Cure Violence has been replicated in six Illinois cities outside Chicago, as well as in neighborhoods in Baltimore, Maryland; Kansas City, Missouri; New Orleans, Louisiana; New York City; Philadelphia, Pennsylvania; and Puerto Rico (Delgado et al., 2013; Picard-Fritsch and Cerniglia, 2013; Webster, Whitehill, Vermick, and Curriero, 2013).

The Group Violence Intervention (GVI) is a problem-oriented policing deterrence project that instituted a zero-tolerance policy for any law-breaking activity on the part of identified individuals, with the aim of reducing homicide (Kennedy, 2010). High-rate violent offenders with histories of gang-related crimes (identified through a review of police arrest records in a problem analysis) are notified in a community meeting (to which they are invited) that they are subject to long prison sentences for any subsequent offenses, probation, or parole violations. In these community meetings, federal, state, and local law enforcement authorities communicate emphatically that violence will no longer be tolerated (Braga and Hureau, 2012: 134). Successful convictions that drew long federal sentences are widely publicized in the community to deter others. In various ceasefire sites, a menu of “sticks” and “carrots” was offered to offenders. Sticks were a range of sanctions or “levers” used to encourage gang members to desist from violence, notifying gang members that (a) all of them would be held accountable for violence committed by any one of them and that (b) violent crime surely would have consequences (i.e., long prison sentences). Services in the form of “carrots” can include job training and development, substance abuse treatment, and tattoo removal. In a meta-analysis, a large reduction in the annual number of youth homicides was reported in Boston and significant decreases were noted in other cities, including Indianapolis, Indiana; Los Angeles, California; Lowell, Massachusetts; Cincinnati, Ohio; and Stockton, California (Braga and Weisburd, 2012).

The Comprehensive Gang Prevention, Intervention, and Suppression Model (CGM, for short)—the development of which was based on a national assessment of gang problems and solutions supported by the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP)—has demonstrated effectiveness in multiple cities when implemented with high fidelity (Cahill and Hayeslip, 2010; Hayeslip and Cahill, 2009; National Gang Center, 2010; Spergel, 2007; Spergel, Wa, and Sosa, 2006). A key to its success is well-implemented outreach work in conjunction with intervention teams. To be most effective, the CGM should be nested in a continuum of prevention, intervention, and suppression programs and strategies, such as follows:

- *Prevention* programs are needed to target youths at risk of gang involvement, to reduce the number of youths who join gangs.
- *Intervention* programs and strategies are needed to provide sanctions and services for younger youths who are actively involved in gangs, to separate them from gangs.
- *Suppression* strategies are needed to target the most violent gangs and the criminally active gang members by law enforcement. Formal and informal social control procedures and accountability are essential for public safety, including close supervision or monitoring of gang youth by criminal justice system agencies, including probation, confinement, and parole, and by community-based agencies, schools, and grassroots groups (Howell and Griffiths, 2019).

Gang-Adapted Functional Family Therapy

Applauded herewith, Terence Thornberry and colleagues' gang-enhanced version of FFT produced significantly lower levels of self-reported general delinquency, drug use, and alcohol use, as well as reducing the percentage of this group that spent time in residential placement (Thornberry et al., 2018: 953–989). These outcomes are welcomed news, showing that this fortified “blueprint” program can produce noteworthy results with potential gang members—when implemented with high fidelity. Importantly, Thornberry et al. provide a rigorous test of FFT—to which a strong gang component had been added—under contemporary natural conditions of probation supervision and service, with an urban, predominantly minority population selected for its elevated risk for gang involvement.

A key strength of the gang-adapted FFT program model is that it was grounded in longitudinal research on the causes and correlates of gang involvement produced in the Rochester Youth Developmental Study, which was led by Terry Thornberry and Marvin Krohn. In addition to targeting risk factors identified in this study, covering the life-course from adolescence to adulthood, Thornberry and Krohn's pioneering interactional theory (Thornberry and Krohn, 2001, 2005; Thornberry, Krohn, Lizotte, Smith, and Tobin, 2003) that accounted for patterns of onset, escalation, course maintenance, de-escalation, and desistance in individuals' delinquency and gang careers from childhood through adolescence is reflected in the delivery of FFT-G services. The FFT-G model addresses problem adolescent behaviors in five specific phases: engagement, motivation, relational assessment, behavior change, and generalization. During the motivational phase, therapists concentrate on the relationship process between adolescents and their family. The behavior change phase aims to reduce and eliminate the problem behaviors and accompanying family relational patterns through individualized behavior change interventions (skill training in family communication, parenting, problem-solving, and conflict management). In the generalization phase, the goal is to extend the improvements made during behavior change into multiple areas and to plan for future challenges. This often involves extending positive family functioning into new situations or systems, planning for relapse prevention, and incorporating community

systems into the treatment process (such as teachers and probation officers). Skills include a multisystemic/systems understanding and the ability to establish links, maintain energy, and provide outreach into community systems. The primary focus is on relationships between family members and multiple community systems. Each of these phases is congruent with life-course gang involvement (Howell and Griffiths, 2019).

Outcomes were measured with self-reports and official records. For low-gang-risk participants, none of the self-reported differences between the FFT-G group and the control group attained statistical significance. For high-gang-risk participants, however, four of the nine comparisons were significant or marginally significant, all favoring the FFT-G group. (If a youth reported ever being a gang member, currently being a gang member, having family members who were either current or past gang members, or having close friends who were part of a gang, he was coded as having high gang risk.) Those who received the treatment reported significantly lower levels of self-reported general delinquency, drug use, and alcohol use, and a lower percentage of this group reported spending time in residential placement. Examination of official records revealed that at the 18-month follow-up point, all of the recidivism measures favored the FFT-G cases, and the magnitude of some of the differences was large. As with the self-reports, the official records revealed larger effects for youth at high risk for gang involvement than for low-risk youth. Importantly, “the effectiveness results varied by gang-risk status. For youth at high risk for gang membership the treatment group had significantly lower recidivism rates at the 18-month follow-up (23%) as compared to 38% among a “treatment as usual” control group (Gottfredson et al., 2018). The researchers also found that the cost per youth served was lower for treatment than it was for control youth primarily because control youth were more often placed in residential facilities.

Closing Observations

The success of the gang-adapted Functional Family Therapy program represents a remarkable achievement in the history of gang programming—especially given that high-risk delinquent offenders on probation were targeted. Its cost–benefit ratio is sure to represent large savings per client—particularly because of the demonstrated reductions in confinement.

That this effective gang program was carried out in Philadelphia is especially impressive—given its long history of serious gang problems (Howell, 2015). Less than a decade ago, this city was dubbed one of the youth gang capitals of the nation (Ness, 2010). For more than a decade leading up to 1980, Philadelphia ranked third (behind Los Angeles and Chicago) of all U.S. cities in the average number of gang-related homicides (Howell and Griffiths, 2019). Next, Wolfgang, Thornberry, and Figlio (1987) documented the continuity of criminal careers into adulthood in Philadelphia. Thus, the Philadelphia setting for this experiment presented formidable challenges, yet these were overcome with the fortified FFT-G model.

Each community needs to assess its existing gang activity, prepare a strategic plan that fits its specific gang problem, and develop a continuum of programs and activities that parallels youths' gang involvement over time (Howell and Griffiths, 2019), as called for in the Comprehensive Gang Program Model. *Prevention* programs are needed to target children and early adolescents at risk of gang involvement to reduce the number of youths who join gangs. *Intervention* programs and strategies are needed to provide necessary sanctions and services for somewhat older youths who are actively involved in gangs to separate them from gangs. And law enforcement *suppression* strategies are needed to target the most violent gangs and older, criminally active gang members. Each of these components helps make the others more effective, provided that evidence-based services and strategies are incorporated in the continuum.

An ideal continuum would consist of the G.R.E.A.T. program, to prevent gang joining, FFT-G to reduce criminal activity among youth at high risk of joining gangs, and the use of the Comprehensive Gang Program Model to integrate these two programs with targeted prosecution and law enforcement suppression that singles out the most violent gang members for confinement. Three proactive strategies can yield worthwhile benefits in interrupting the intergenerational cycle of gang involvement found in many large U.S. cities. First, vertical prosecution is a viable strategy for the older, most active, and violent gang members. Second, graduated sanctions paired with evidence-based services such as FFT-G can be effective with high-risk and criminally active gang members. Third, an intervention team that provides intensive supervision and outreach services for adolescent gang members can yield significant benefits. It would be advisable to make FFT-G a regular component in any large city's gang program continuum.

The gang field must move forward with the deployment of programs that produce worthwhile reductions in gang involvement and gang violence. A key to success, however, is that special attention must be given to program fidelity. In a study of the efficacy of MST with gang members, Boxer (2011) found lower treatment completion rates for gang members, not only when clients self-admitted gang membership but also when youths had strong gang associations. Gang members were twice as likely as nongang youths to be noncompleters of multisystemic therapy made available to them; only 38% of the gang-involved youths were service completers versus 78% of uninvolved youths (Boxer, Kubik, Ostermann, and Veysey, 2015; Boxer, Ostermann, Kubik, and Veysey, 2017). Therefore, the impact of programs serving gang members can be expected to be truncated in the absence of a full-service dosage—as both frequency of services and duration are requirements for positive outcomes in problem behaviors among adolescents (Howell, Lipsey, and Wilson, 2014). The cost of crime imposed on society by high-risk youth is staggering. A youth with six or more offenses over his or her lifetime imposes \$4.2–\$7.2 million in costs to society and victims (Cohen and Piquero, 2009; Cohen, Piquero, and Jennings, 2010). These enormous costs demand assiduous attention to gang participation and reducing crime among gang-involved youth in juvenile and criminal justice systems. The FFT-G is a most welcomed intervention.

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James C. Howell is a senior research associate with the National Gang Center in Tallahassee, FL. His gang publication topics include street gang history, gang homicides, drug trafficking, gangs in schools, myths about gangs, risk factors, and what works in preventing gang involvement and reducing gang crime. He assists states and localities in assessing and addressing gang problems.