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GANGS IN JUVENILE CORRECTIONS:

FIGHTING, DRUG ABUSE AND

OTHER HEALTH RISKS

by

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ABSTRACT

A sample of N = 1,801 juveniles confined in forty-four short and long term correctional facilities in five states constitute the data for the present analysis dealing with gang membership. Self-reported gang membership among confined juveniles was much higher (46.1%) that would have been expected from the prior literature. This factor of gang membership and age at joining a gang are shown to be significantly related to a number of other health risks, particularly drug and alcohol abuse. Other health risks examined include fighting behavior, sexual activity, being diagnosed with a sexually transmitted disease (STD), knowledge of AIDS/HIV infection, suicide and more.

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BACKGROUND OF THE PROJECT

This national survey data was collected during the period from May-June, 1991. The survey itself contains forty-five forced-choice questions designed to be completed by respondents inside short and long term juvenile correctional institutions. The sample of forty four (N = 44) juvenile correctional facilities was provided by the funding source and these facilities represented a potential sample frame of N = 2533 respondents¹. A substantial effort was made to protect the reliability and validity of this survey research methodology. A training tape was made and provided to all institutional staff administering the survey to confined juveniles.

¹ This project was funded by the National Commission on Correctional Health Care (NCCHC). The original NCCHC list included 46 such institutions; however, one had been changed to a non-correctional facility and the other (a private program) had closed down. Thus, only 44 actual juvenile correctional institutions were able to be contacted.

By July 10, 1991 a total of $N = 1,801$ completed surveys had been returned and processed for data analysis. This represents a slightly higher than 70 percent return rate of questionnaires for the complete sample frame of 44 institutions².

METHODOLOGY

For purposes of ensuring reliability in the data collected from confined juveniles between different institutions in five different states, a written guide to the administration of the survey was prepared along with a short video training tape. Each institution received this material. The survey was completed by the confined juveniles in small groups, typically a classroom setting, using a designated staff member at the institutional site. The staff member used the survey administration guide to read the survey questions and provide explanation where necessary.

The sample frame consisted of forty-four juvenile correctional facilities which had an overall average daily population of $N = 2,533$ juveniles in their care. The number of survey instruments returned consisted of $N = 1,801$ cases, which reflects a national response rate of 71 percent. However, there was some missing data in the surveys and this accounts for the variation in the number of cases for statistical tests described below.

² Partialing out those five institutions that refused to participate in the survey obviously increases the response rate to a somewhat higher level.

DESCRIPTIVE FINDINGS ON THE CONFINED JUVENILES

Only 5.1 percent of the youths were 13 years of age or younger; the median age was 16; and 79.3 percent were in the 15-17 year range. Most were male (87.8%) with only 12.2 percent female. The racial distribution was: Hispanic 18.9%; White - not Hispanic 27.1%; Black - not Hispanic 46.1%; and other 7.9%.

Some of the national health risk problems for confined juveniles can be summarized as follows:

- *** More than two-thirds were in a physical fight during the year before their incarceration.
- *** A fourth sustained fighting injuries that had to be treated by a doctor or nurse during the year before their incarceration.
- *** Three-fourths have at some time in their life been in a fight that involved the use of deadly weapons (e.g., gun, knife, razor, club, or bat).
- *** Some 46.1 percent reported gang membership.
- *** Most (87.6%) reported smoking cigarettes.
- *** Nearly a fourth represented some level of suicide risk.
- *** A fifth (21.8%) reported suicide ideation during the last year.
- *** Nearly the same proportion (19.5%) reported making a suicide plan during the last year.
- *** Some 15.5 percent reported one or more suicide attempts during the last year.
- *** Most (85.7%) had one or more days in their life during

which they had at least one drink of alcohol.

- *** In fact, over half (54.6%) reported having five or more drinks of alcohol in a row during the month period before being incarcerated.
- *** About four-fifths (80.3%) have tried marijuana.
- *** About half (51.6%) have tried marijuana 20 or more times.
- *** Over a fourth (31.4%) have tried some form of cocaine.
- *** Over a fifth (22.3%) have tried the crack or freebase forms of cocaine.
- *** A third (34.3%) have tried other illegal drugs (LSD, PCP, ecstasy, mushrooms, speed, ice, heroin, pills).
- *** Nearly one out of ten have "shot up" drugs (11.3%).
- *** Over a third (37.1%) have a permanent tattoo.
- *** Nearly a fourth (26.3%) either believed or were not sure that a person could get AIDS/HIV infection from mosquito or other insect bites.
- *** A sizable proportion (21.7%) either believed or were not sure that a person could get AIDS/HIV infection from drinking out of the same glass as someone who already has AIDS or HIV infection.
- *** Over half willingly had sex on or before they were twelve years old.
- *** About a third (34.3%) reported having sex with more than 20 different persons.
- *** Less than a third (32.6%) reported that a condom was

used the last time they willingly had sex.

*** Most did not use any form of birth control method or device during the last time they willingly had sex.

*** A substantial proportion (15.5%) report being forced to have sex through abuse or assault.

*** Over a third report either they got pregnant or had gotten someone pregnant.

*** A sixth (16.5%) reported previously being diagnosed as having a sexually transmitted disease.

FIGHTING AND GANG MEMBERSHIP ARE RELATED TO HIGHER DRUG ABUSE

Gang membership may be assumed to be a partial causal factor with respect to why these juveniles are confined in the first place. Among these confined juveniles no significant difference emerged between the males and females in terms of prior gang membership. However, race was a factor significantly differentiating gang membership (Chi square = 43.8, $p < .001$). Hispanics clearly led in terms of their proportion reporting ever being gang members (58.7%), compared to 46.5% of the Blacks and 36.7% of the whites.

Youths who reported that they had ever joined a gang was also a factor that significantly differentiated reports of sexually transmitted diseases (STD's) (Chi square = 8.1, $p = .004$). Those youths with a history of prior gang membership were more likely to report having an STD (154 out of 797) compared with non-gang affiliated youths (133 out of 937).

Similarly, fighting with potentially deadly weapons (e.g., gun, knife, razor, club or bat) and self-reported prior gang membership are variables that both differentiate lifetime alcohol drinking history as shown in Table 1. The same pattern emerges with the more aggressive juveniles who have a high alcohol abuse pattern.

TABLE 1

FREQUENCY OF FIGHTING WITH DEADLY WEAPONS,
AND GANG MEMBERSHIP AMONG CONFINED JUVENILES
BY LIFETIME ALCOHOL ABUSE HISTORY

	Alcohol Drinking History	
	Low <= 19 days in Lifetime *****	High >= 20 Days in Lifetime *****
Frequency of using deadly weapons during entire lifespan in fights (e.g., gun, knife, razor, club or bat).	<=3 times 521	363
	>=4 times 371	522
Chi square = 53.7, p < .001		
Gang membership:	Yes 368	451
	No 521	435
Chi square = 16.1, P < .001		

Another measure of alcohol abuse focused on "heavy drinking" episodes prior to being confined in a juvenile corrections facility. It asked the confined juvenile to indicate how many days during the month prior to being incarcerated that five or more drinks of alcohol were consumed in a short period (e.g., in a row, within a couple of hours). The data shows this type of health risk behavior to also be associated with factors such as physical

fights, fights with deadly weapons, gang membership, suicide ideation, and suicide planning among these confined juveniles as seen in Table 2.

TABLE 2

FREQUENCY OF PHYSICAL FIGHTS, FIGHTS WITH DEADLY WEAPONS AND GANG MEMBERSHIP BY REPORTS OF HEAVY DRINKING

		Any Heavy Drinking 30 Days Before Being Incarcerated?	
		(zero Days)	(>= 1 Day)
		*****	*****
Physical Fights in Last 12 Months prior to incarceration:			
	0 to 1	432	344
	>= 2	372	638
		Chi square = 60.1, p < .001	
Fights with deadly weapons during lifetime:			
	0 to 3	475	407
	>= 4	333	563
		Chi square = 49.9, p < .001	
Have you ever joined a gang?			
	Yes	313	501
	No	490	472
		Chi square = 27.7, p < .001	

Heavy marijuana use, like the alcohol abuse variables, appears to be related to factors such as physical fights, fights involving deadly weapons, gang membership, suicide ideation, and suicide planning. The trend of the confined juvenile reporting a history of physical fights, fighting with weapons, and joining a gang are associated with higher marijuana abuse as measured by the number of different times using marijuana during their lifetime as seen in Table 3.

TABLE 3

FREQUENCY OF PHYSICAL FIGHTS, FIGHTS WITH DEADLY WEAPONS, GANG MEMBERSHIP, SUICIDE IDEATION, AND SUICIDE PLANNING BY HEAVY MARIJUANA USE AMONG CONFINED JUVENILES

		<u>Level of Lifetime Marijuana Usage</u>	
		Low	High
		<= 19 Times	>= 20 times
		*****	*****
Physical fights during the year before being incarcerated:	<= 1	451	330
	>= 2	412	586
Chi square = 47.5, p < .001			
Fights during lifetime that involved deadly weapons:	<= 3	559	327
	>= 4	305	591
Chi square = 150.5, p < .001			
Have you ever joined a gang?	YES	331	488
	NO	531	430
Chi square = 38.9, p < .001			

Those health risk behaviors shown above to significantly differentiate alcohol and marijuana abuse also have the same relationship to whether these confined juveniles reported ever using any form of cocaine as seen in Table 4. Factors significantly differentiating cocaine users among the confined juvenile population include physical fighting, fighting with deadly weapons, gang membership, suicide ideation, and suicide planning. As seen in Table 4, fighting and gang membership are higher among those juveniles reporting any prior use of cocaine.

TABLE 4

FREQUENCY OF PHYSICAL FIGHTS, FIGHTS WITH DEADLY WEAPONS AND GANG MEMBERSHIP BY EVER USING ANY FORM OF COCAINE AMONG CONFINED JUVENILES

		Ever Use Any Form of Cocaine?	
		NO	YES
		*****	*****
# of physical fights during the year before being incarcerated:	<= 1	583	198
	>= 2	636	361
		Chi square = 23.9, p < .001	
# of fights with deadly weapons during lifetime:	<= 3	661	224
	>= 4	562	334
		Chi square = 29.6, p < .001	
Ever joined a gang?	YES	509	308
	NO	711	251
		Chi square = 27.6, p < .001	

Crack and freebase forms of cocaine abuse are also associated with health risk behaviors such as fighting, gang membership, suicide ideation and planning. Table 5 shows this same trend for fighting and gang membership to be associated with higher use of crack or freebase forms of cocaine. Those with higher fighting experience and self-reported gang membership are more likely to report using crack or freebase forms of cocaine one or more times. The same trend holds for another drug abuse variable which measured whether the respondent had used sundry other illicit drugs (e.g., LSD, PCP, ecstasy, mushrooms, speed, ice, heroin or pills without a doctor's prescription) as seen in Table 6.

TABLE 5

FREQUENCY OF PHYSICAL FIGHTS, FIGHTS WITH DEADLY WEAPONS AND GANG MEMBERSHIP BY USING THE CRACK OR FREE-BASE FORMS OF COCAINE AMONG CONFINED JUVENILES

		Ever Use Crack or Freebase Forms of Cocaine?	
		0 Times	>=1 Time(s)
		*****	*****
# physical fights during the 12 month period prior to being incarcerated:	<= 1	651	130
	>= 2	753	249
		Chi square = 17.6, p < .001	
# fights during lifetime involving a deadly weapon:	<= 3	729	157
	>=4	678	221
		Chi square = 12.5, p < .001	
Ever joined a gang?	Yes	611	209
	No	794	169
		Chi square = 16.7, p < .001	

TABLE 6

FREQUENCY OF PHYSICAL FIGHTS, FIGHTS WITH DEADLY WEAPONS AND GANG MEMBERSHIP BY REPORTS OF USING OTHER ILLEGAL DRUGS AMONG CONFINED JUVENILES

		Used LSD, PCP, ecstasy, mushrooms, speed, ice, heroin or pills without a doctor's prescription?	
		0 times	>= 1 time(s)
		*****	*****
# physical fights in the year before being incarcerated:	<= 1 time	593	187
	>=2 times	578	423
		Chi square = 65.07, p < .001	
# fights in lifetime using deadly weapons:	<= 3 times	620	264
	>= 4 times	553	346
		Chi square = 14.7, p < .001	
Ever joined a gang?	Yes	516	301

No 654 310

Chi square = 4.30, p = .038

The survey also asked the confined juveniles whether during their life they had ever injected (i.e., shot up) any illegal drug. This form of substance abuse is not independent of other forms of drug abuse. Injecting illegal drugs is also significantly differentiated by health risk behaviors such as fighting, gang membership, suicide ideation and suicide planning. These results are provided in Table 7.

TABLE 7

FACTORS SIGNIFICANTLY DIFFERENTIATING
INJECTING ILLEGAL DRUGS AMONG
CONFINED JUVENILES

		Ever Injected (shot up) any illegal drug? *****	
		Yes *****	No *****
# physical fights in the year before being incarcerated:			
	<= 1 time	65	714
	>= 2 times	134	865
		Chi square = 11.3, p = .001	
# fights during lifetime that involved use of deadly weapons:			
	<= 3 times	84	800
	>= 4 times	117	779
		Chi square = 5.61, p = .018	
Ever joined a gang?	Yes	111	705
	No	91	871
		Chi square = 7.49, p = .006	

FACTORS DIFFERENTIATING GANG MEMBERSHIP AMONG CONFINED JUVENILES

Outside of the Camp and Camp (1985) study where the unit of analysis was adult state prison systems (not individual

correctional institutions) and which had much missing data on states reluctant to report on this problem, the only other research on gangs in corrections is that by Robert Fong and his associates (Fong, 1987, 1990; Fong and Buentello, 1991; Fong, Vogel and Little, 1991; Fong, Vogel and Buentello, 1991) focusing exclusively on gangs in adult Texas prisons and that by Knox (1991) focusing on juvenile and adult correctional institutions nationwide.³ There has never been any research reported in the literature involving a survey of actual juveniles detained in correctional facilities nationwide regarding the gang problem. The present effort, therefore, has much knowledge to offer regarding this most important social policy issue.

The most significant finding of the present study not from a statistical, but from a knowledge development viewpoint, is that such a large proportion of these confined juveniles report ever having joined a gang. Recall that 46.1 percent of the juveniles from the present national survey reported such gang membership. The Camp and Camp (1985) research estimated that only three percent of our nation's adult prison population was gang affiliated. The recent research by Knox (1991) using a more rigorous unit of analysis⁴ showed that this figure was over ten percent for adult institutions, and even higher for juvenile correctional

³ See also the correctional training policy analysis on dealing with gangs inside juvenile institutions by Knox, Tromanhauser and Mc Currie (1991).

⁴ Surveys of the wardens and superintendents of the individual correctional institutions, nationwide.

institutions⁵.

The methodological improvement of the present study is that its unit of analysis is the individual confined juvenile and represents data from short and long term facilities in five different states. The findings below suggest that gang membership is associated with other health risk behaviors as well.

While age⁶ and sex are independent of gang membership, race of these confined juveniles significantly differentiates gang membership. While our sample included few Native Americans or Alaskan Natives (N=31), 11 of them reported gang membership. Similarly, there were few Asian or Pacific Islander respondents (N = 32), but 21 of them reported gang membership. Overall, the largest proportion of gang membership was found among Hispanics (59.4%), followed by Blacks (46.3%) and whites (34.8%).

Time served showed that gang members had been incarcerated longer than their non-gang member counterparts ($p = .03$). Some 70.5 percent of the gang members had gone to the nurse or doctor for health problems since being incarcerated compared to 64.2 percent of non-gang member juveniles ($p = .004$). As might be expected from the hypothesis that gang members would be more aggressive or prone to conflict, the number of physical fights

⁵ The advantage to the anonymous survey approach such as that used in the present NCCHC Health Risk Survey is that self-reporting in this instance is likely to produce less of a reporting bias. Most correctional estimates of gang affiliation are based on self-reporting as well, but at time of intake, a time when detained persons are more likely to underreport their deviance.

⁶ Age as an independent variable nears significance ($p = .06$).

during the twelve month period before incarceration also significantly differentiated gang membership. Some 63.1 percent of the gang members reported two or more such physical fights compared to 50.5 percent of their non-gang counterparts ($p < .001$). Similarly, gang members were significantly more likely to report one or more injuries sustained from these fights ($p < .001$). The potential deadly nature of some of these conflicts shows gang members face a significantly higher likelihood of being injured as well when comparing the number of fights in which deadly weapons were used ($p < .001$). As an illustration, some 67.9 percent of the gang members had four or more such fights involving deadly weapons during their lifetime compared to 35.3 percent of youths who were not gang members.

Gang members are significantly more likely to report cigarette smoking when compared to non-gang members ($p < .001$). While 23.1 percent of the gang members reported suicide ideation compared to 20.7 percent of their non-gang counterparts this was not a significant difference. Where the significant difference emerges is in making a plan for suicide within the last twelve months. Gang members showed a significantly higher tendency to make a suicide plan (22.2%) than did non-gang members (17.2%) ($p = .008$). Also, gang members reported making more actual suicide attempts than did their non-gang counterparts ($p = .001$). Also, gang members were more likely to have to be treated by a doctor or nurse for such attempts ($p = .001$). For example, 10.3 percent of the gang members reported required such medical

treatment for suicide attempt injuries compared to 6.3 percent of their non-gang counterparts.

With the longstanding linkage between drugs and street gangs it comes as no surprise to find consistently strong relationships between drug and substance abuse variables and gang membership among these confined juveniles. Gang membership significantly differentiates all measures of drug and substance abuse as seen in Figure 1.

FIGURE 1

DRUG AND SUBSTANCE ABUSE VARIABLES
SIGNIFICANTLY DIFFERENTIATING
GANG MEMBERSHIP AMONG
CONFINED JUVENILES

<u>Variable</u>	<u>Relationship/Direction</u>	<u>Probability</u>
Item 17 (age 1st drink)	Gang members drink earlier	< .001
Item 18 (days drinking)	Gang members drink more often	< .001
Item 19 (heavy drinking)	Gang members drink heavier	< .001
Item 20 (age pot use)	Gang members use pot earlier	.02
Item 21 (# pot uses)	Gang members use more pot	< .001
Item 22 (cocaine use)	Cocaine use higher for gangs	< .001
Item 23 (# cocaine uses)	Gangs use more cocaine	< .001
Item 24 (crack use)	Crack use higher for gangs	< .001
Item 25 (other drugs)	Gangs use more other drugs	.03
Item 26 (IV drug use)	Gang members shoot up more	.006

In a recent survey providing a partial replication of the Chicago Safe School study (Tromanhauser, 1981) data collected in June, 1991 among over 500 Chicago high school students showed 32.5 percent of the gang members had permanent tattoos compared to only 9 percent of non-gang affiliated Chicago public high school students. In some of the more organized gangs in America, children at a very early age whose parents are gang members have their

offspring tattooed with their gang sign, and for gang members the permanent tattoo is another form of gang expression and representation (Knox, 1991).

Among confined juveniles, having a permanent tattoo significantly differentiated gang membership ($p < .001$). Some 45.7 percent of the gang members had permanent tattoos compared to 29.6 percent of non-gang juveniles. Gang members also reported getting tattoos at an earlier age than their non-gang counterparts ($p < .001$).

While there was little variation among these confined juveniles in reporting whether or not they have ever willingly had sex, gang members showed a higher rate of reporting that they had willingly had sex ($p = .02$). Gang members were significantly more likely to report willingly having sex at age twelve or earlier than non-gang juveniles ($p < .001$) and to report having sex with more persons ($p = .008$). Consistent with the earlier tendency for gang members to have a higher drug and substance abuse history, they were also more likely to report using drugs and alcohol during the last time they had sex before their incarceration ($p < .001$).

During the last time these confined youths had sex before being incarcerated, gang membership also differentiated those who did not use any method to prevent pregnancy ($p = .02$). Gang members were more likely not to use birth control options. Gang members were also significantly more likely to report being pregnant or getting someone pregnant ($p < .001$). Finally, consistent with the findings just discussed, gang membership

significantly differentiates reports of being diagnosed with a sexually transmitted disease among the confined juveniles. Gang members are more likely to report having previously been diagnosed as having a sexually transmitted disease (19.3% for gang members, 14.1% for non-gang members) ($p = .004$).

SUMMARY AND CONCLUSION

Major findings from the descriptive statistics for the sample show the need for increased resources devoted to reducing the health risk behaviors of confined juveniles. These are major health risk behaviors that are represented within the juvenile correctional population. From a health care administration, health care education and program services point of view these problems represent an urgent agenda for action in American juvenile correctional institutions. Policy makers, administrators, and law makers cannot ignore these findings without risk of substantial legal liability represented by the adolescents they have the responsibility to care for⁷.

The bivariate findings reported here show much new evidence of the strong connection between fighting and drug abuse in relationship to whether the same youths report gang membership. These are preliminary findings abstracted from a much larger study.

⁷ Children in custody do not lose their civil rights, nor the right of civil suits. "Children maintain the right to sue for damages that may result from negligence or abuse incurred at the institution. These suits, however, may have to be brought by a parent, next friend, or law guardian" (Silbert and Sussman, 1973: p. 360).

Further analysis is currently underway by the authors and is expected to be reported later this year (Knox, Tromanhauser, and Laske, 1992).

Regarding gangs in the juvenile correctional setting, the value of the present study is that our unit of analysis was the individual detained juvenile in both long term and short term facilities (N = 1,801) in five states. Clearly, self-reported gang membership appears to be substantially higher than that estimated by juvenile correctional administrators (Knox, 1991); and varies even higher from the previous federal research estimating three percent of American prison inmates were gang members as recently as 1985 (Camp and Camp, 1985).

The authors are currently involved collaboratively with others on a variety of gang research projects. There appears to be a burgeoning interest in gang research. We need as criminologists to have a forum for properly disseminating gang research as well. In light of this, the authors cordially invite all present to attend a "beer and wine" reception for the debut of the first gang journal in America. If you are interested in gang research, or getting involved in gang research, or interested in being involved with the upcoming Gang Journal⁸, or submitting papers to it, or being a reviewer, etc, then please feel free to come to the hospitality/reception on Wednesday, Nov. 11, 1992 at 6 PM.

⁸The Gang Journal: An Interdisciplinary Research Quarterly, Vol. I, Issue 1 scheduled for release September, 1992; for order information contact: Vande Vere Publishing, 8744 College Avenue, Berrien Springs, MI 49103 (616) 473-1510.

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TABLE 1

A Comparative Analysis of
Prison Gang Members & General Population Inmates
(Categorical Variables)

Variable	χ^2	df	p value	Phi ϕ	Phi ² ϕ	Lambda λ (symetric)	Wilcoxon's Theta θ
SOL	281.80	1	<.0000	.350	.123		
CUST	779.10	2	<.0000				.204
UCR	55.71	7	<.0000			.020	
OFFN	19.27	2	<.0000				.096
TDC	19.32	2	<.0000	.092	.008		
REF	85.21	1	<.0000	.036	.001		
MAR	2.75	2	<.2523	.035	.012		
MAX	60.75	3	<.0000				.164
EDUC	27.30	2	<.0000				.094

Ford, Vogel, & Buntello (ACTS - 1992)

TABLE 2

A Comparative Analysis of
Prison Gang Members & General Population Inmates
(Continuous Variables)

Variable	# of Cases (N)	Mean \bar{x}	Standard Deviation	Standard Error	t Value	df	2-tailed Value	eta
AGE								
G1*	1276	34.09	6.837	.191	.80	2291	.425	.0002
G2**	1017	33.82	9.247	.290				
IQ								
G1	1181	89.36	13.253	.386	-2.74	2127	.006	.0035
G2	948	91.01	14.428	.469				
GDFLT								
G1	1275	.78	.532	.015	-7.29	2289	.000	.0227
G2	1016	.93	.489	.015				

* G1 = Prison gang members

**G2 - Non-prison gang members