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CHANGING COURSE

Preventing Gang Membership



Chapter 6. What Should Be Done in the Family to Prevent Gang Membership?



What Should Be Done in the Family to Prevent Gang Membership?

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- **Aggressive and antisocial behavior during childhood is a risk factor for more serious crime, violence and gang involvement later in life: age of onset (earlier) is related to the severity of involvement.**
- **Effective parenting and strong family functioning that include warm affective bonds, high monitoring and consistent discipline are *protective* against a variety of antisocial and problem behaviors, including involvement with delinquent peers and subsequent likelihood of gang membership and violence.**
- **Family-focused strategies prevent gang involvement by targeting important underlying risks for gang membership.**
- **Particularly for families living in high-risk neighborhoods, programs that help to build networks of social support and foster family-community ties can provide an additional protective factor to support healthy development and prevent youth involvement in gang and other types of violence.**
- **Early-childhood prevention programs, including those focused on pregnant mothers and families of young children, are currently among the most promising evidence-based prevention approaches.**
- **Practitioners, policymakers, and prevention scientists need to coordinate efforts for “scaling up” and disseminating evidence-based, family-focused programs. Increasing both the science and the use of evidence-based interventions will have a significant impact on the lives of children, families and communities.**

In Brief

The path toward gang involvement is complicated, with multiple determinants and no easy answers for prevention. It is clear, however, that family factors are central to youth risk. Parenting and family functioning early in development set the stage for children’s experience and interaction in other contexts. Poor family functioning, broadly construed, is related to risk for a host of poor outcomes for youth, including aggression, violence and gang affiliation. Good family functioning has been identified as protective for youth but, even more important, promotes healthy development.

The overwhelming majority of adolescents in the U.S. never become involved with a gang. But, for those who do, the nature, extent and consequences of involvement vary. This variation in gang involvement, from minimal involvement to deep association, tends to be related to age of onset of co-occurring problem behaviors, where earlier onset is related to more serious forms of delinquent behavior. Age of onset, in turn, tends to be related to family functioning. Serious disruptions in parenting and family functioning

are related to earlier onset of delinquent behavior, which tends to be more severe and more dangerous than when criminal activity begins later in adolescence.¹

It is clear, from both research and the experiences of service providers, that strengthening the family can help protect an at-risk child. The questions for family-focused preventive interventions are, first, which specific aspects of parenting and family functioning are factors in youth risk for gang involvement, and second, how can service providers work with families to decrease those risks?

There are remarkably few high-quality evaluations of family-focused interventions that focus solely on gang membership; however, we can use principles developed from juvenile delinquency and youth-violence research to think about a continuum of approaches to gang-membership prevention. Such a continuum would move from *universal* strategies for all parents and families to *targeted* strategies for youth and families at greatest risk.

The popular conception of gang life and membership is largely a caricature that has remained static in the past decades: a young man of color, alienated from society, entering into a binding allegiance with a group he calls “family.” The reality is that gang involvement is fluid and dynamic, with youth moving in and out of gang membership and sometimes even including overlapping gang affiliations.^{2,3,4,5} This mythology of gang affiliation as definite and terminal can have detrimental effects on how stakeholders — including the justice system, communities and families — respond to a child who is at risk for or suspected of being gang-involved. The justice system may dole out harsher sentences for that child, communities may reject and isolate him or her and, most tragically, families may give up hope for their child. But parents must be told that the family is key. Research and most theories of child development and risk show that families are central to the prevention of gang involvement and violence.

There is nothing easy about being a parent. All parents struggle, some more than others, and all parents need support. All children are different and, even within the same family, different children may require different ways of parenting. Some children are “easy” to parent, whereas others (even at a very young age) may challenge even the most competent parents. The majority of parents and families can find the support and assistance they need through other families, friends or other informal sources of support.

Some, however, need more formal kinds of intervention. There is strong evidence that family-focused programs not only prevent negative behaviors but, in fact, also increase the likelihood of the kinds of positive outcomes that lead to a successful and productive future. The earlier that prevention programs are put into place in a child’s development (even as early as prenatal care), the higher the likelihood of a positive developmental trajectory. The child is not only more likely to avoid gang involvement but is also more likely to succeed across areas of behavioral, social and emotional development. The evidence shows us that we can intervene before a negative cycle begins and help parents and families raise their children to become healthy and productive adults. (For more on developmental aspects of preventing gang-joining, see chapter 5.)

When discussing gang involvement in the context of prevention, it is important to consider the behavior, or set of behaviors, that is the target of prevention. The most effective way to prevent gang involvement and gang violence is to focus efforts on decreasing the risk for involvement in the kinds of behaviors that are related to youth getting involved in gangs. Aggression, delinquency and other types of violence tend to precede gang involvement, so programs that decrease these behaviors are likely effective in reducing gang involvement. The most successful prevention programs focus on empowering strong parenting practices and changing family functioning to support positive outcomes.

The Role of Child Development in Risks for Gang-Joining

Peer influences are among the strongest predictors of a youth joining a gang. However, the strongest predictor of kids associating with anti-social or delinquent peers in the first place is family. Effective parenting — consistent discipline, close parental monitoring and engagement, warmth and strong connection — are considered *protective* factors; they decrease the likelihood of involvement with delinquent peers. Poor family functioning — inconsistent and harsh discipline, low parental monitoring, poor communication, and low emotional engagement and attachment — is related to risk for aggression and increases the likelihood of involvement with delinquent peers. A lack of parental monitoring can lead to children associating with negative peers. This is compounded with neighborhood and community risk factors that make parenting skills even more important. Monitoring becomes critical in neighborhoods where gangs are more prevalent, there is easy access to drugs and alcohol, and community violence is pervasive.

Understanding the particular developmental and “ecological” (setting) influences on an individual provides a way to assess risk and prevent gang involvement before it begins. An individual child’s development is influenced by the social settings in which the child lives or participates, and the extent and nature of the interaction between these settings. “Settings” refers to social systems such as family functioning, peer relationships, schools, communities, and larger societal influences such as policies and media. Looking specifically at the family setting, however, it is important to understand that the same level of family functioning (including parenting practices) may have different effects on a child’s development, depending on the neighborhood in which the child lives.^{6, 7} For example, the level of monitoring that a parent provides when living in a relatively crime-free neighborhood may not be appropriate when living in a high-crime urban neighborhood.

As children grow, their needs and the demands of the environment change, and the nature and extent of exposure to developmental settings shift. For example, as children enter school and spend more time with peers, schools and peers

become greater influences; as youth spend more time on their own, the impact of neighborhoods becomes greater. As these influences shift over time, the family must manage both the child’s individual behavior and the influences of other social settings. This is why early establishment of effective parenting and a strong connection to family is so important to decreasing the likelihood of a child’s involvement with delinquent peers, which can, in turn, decrease the risk of joining a gang.

Family Risk

Throughout this chapter, we refer to “family” and “parents,” although it is important to note that what constitutes a family varies — and parenting may not necessarily be done by a biological parent or two parents. The additional stress of parenting alone brings a unique set of challenges, as single parents can be isolated and lack support and, therefore, be more affected by daily hassles. Combined with financial strain, this stress can impact parental mental health and lead to less than optimal parenting. Low-income parents, less educated parents, and parents with more children tend to display less warmth and harsher discipline than parents without these stresses.⁸ These parenting behaviors, in turn, relate to increased risk for child behavior problems.

Early Childhood Risk

Youth who are at highest risk for serious gang-related violence show signs of aggression at a very early age, some as early as kindergarten. Youth who begin on the path toward aggression and violence very early — those who are defiant and aggressive in early childhood — tend to come from families with multiple problems that significantly disrupt the parent-child relationship. These families are often characterized by problems in parenting, including harsh and inconsistent discipline and low levels of parental warmth and support, sometimes so severe as to constitute abuse or neglect.^{9, 10} Over time, the parent-child relationship can continue to deteriorate, increasing levels of hostility and discord. As the relationship is disrupted, less supervision and monitoring occur, increasing hostile and problem behavior as well as opportunities for involvement with delinquent or otherwise antisocial peers.

Often, youth who demonstrate aggression early also stand apart from their peers because of other identifiable problems, such as impulsivity, problems with self-regulation and poor social skills. These are children who can be very difficult to parent under the best of circumstances, but a lack of effective parenting skills, compounded with environmental risks, causes these antisocial behaviors to escalate even more.

This can sometimes be seen most vividly at school. Children with serious behavior problems tend to also have academic problems. Success requires schools and families to work together to address the additional educational and disciplinary needs of these children. This can be quite complicated, however, as beliefs and experiences of both schools and families can compromise the ability to work well together. Parents may feel blamed or unwelcome, or may simply be struggling to navigate the school requirements. Prior experience with teachers or school staff can make parents more or less motivated to get and stay involved. Despite that fact that at-risk children require the most family-school collaboration and consistency, often these relationships become highly conflictual and unproductive. As a wedge is driven between the school and parents, the child's outcomes decline. In these situations, parents may need help and support with respect to the organization of curricula and school personnel, or skills training for interacting with the teacher and other personnel, or how better to promote their child's academic achievement.

Adolescent Risk

Pervasive problems in multiple aspects of parenting (discipline and monitoring) and family functioning (support, communication, emotional warmth and connection) often characterize families of young children who have serious problems with aggression. Youth whose aggressive, violent or delinquent behaviors emerge during adolescence tend to come from families that are different in significant ways and have different intervention needs than those who develop these behaviors earlier in life.

Most teens are at risk for some form of delinquent activity. However, the majority are involved in relatively minor transgressions and only for a short period of time. Typically, when delinquent behaviors do not develop until adolescence, it

indicates that the youth's family has, for the most part, functioned well across areas of parenting and family interaction. The families' needs might be limited to additional support during the difficult developmental period of adolescence, particularly around issues of monitoring (that is, knowing where children are and knowing their children's friends and peer groups and the parents of their friends). Family-focused prevention strategies may be more in the form of helping families manage and adjust to developmental shifts, providing new strategies, and building networks of social support for parenting and for keeping youth out of trouble.

The Interaction Between Neighborhoods and Families

During this period of development, context — particularly neighborhood context — matters in regard to individual risk. In some communities, particularly impoverished urban neighborhoods where gang activity is prevalent, most children are at risk for becoming involved in gangs in some form or another. Yet these at-risk youth follow different patterns and are involved in different ways. Many avoid gang involvement altogether, whereas some become deeply affiliated and quickly escalate to participate in serious and violent offending. There are still others who may be marginally involved, associate with some negative peers, and engage in some delinquent behaviors but who, by and large, avoid violence. For practitioners, it can be difficult to assess the likelihood that an adolescent will follow one path or another. The structural characteristics of the neighborhood or community where the family resides must be considered in order to design appropriate family strategies; this is especially important in high-risk neighborhoods.

The neighborhood in which one lives appears to affect both the type of parenting that is needed for healthy child development and the way a given parenting practice affects a child's behavior. In the inner city, the environmental demands are such that all children and families are at greater risk for problem behaviors than children and families living in other types of neighborhoods, even if there is good parenting. The structural characteristics of a neighborhood (poverty and residential instability, for example) and the social organization

of the neighborhood, including the level of cohesion and support, affect family functioning and its relation to youth risk.^{8, 11, 12} Across communities that are similar in regard to structural dimensions such as poverty and single parenthood, there are significant differences in neighborhood social organization and networks that relate to differences in how families function and how parents manage their children. For example, in a study of parenting among single mothers in poor, urban neighborhoods, researchers found that those residing in the most dangerous neighborhood adapted to this environment by isolating themselves and their families from those around them.¹³ Although this served to increase the mother's sense of safety, it also cut her off from potential social supports. Similarly, others have found that parents in poor neighborhoods often use "bounding" techniques that restrict children to their homes and limit access to neighborhood influences, particularly peers.

Other research has pointed to the importance of "precision parenting" in poor, urban neighborhoods.^{14, 15} That is, in some urban neighborhoods, the relationship between parental monitoring and involvement is such that both too little and too much are associated with increased behavior problems among youth. This challenging balance, requiring almost "perfect parenting," is not found in studies of families residing in other types of neighborhoods. This means that the least well-resourced and highest stressed families are faced with having to provide the highest quality parenting.

Neighborhoods with an extremely high presence of gangs and community violence necessitate additional attention from practitioners and policymakers. Families living in these neighborhoods are in need of additional services to reduce isolation and provide services and support, not just for youth but also for parents. Unfortunately, these neighborhoods tend to be the most under-resourced. Given the lack of available resources, it is critical that resources be targeted to programs with evidence that those receiving the program or intervention actually benefit. Too often, programs are implemented because they are politically popular or are "believed" to be effective, despite a lack of evidence supporting that claim.

Family-Focused Prevention Programs and Strategies

Effective prevention connects outcomes to underlying causes. Although no family-focused programs specifically designed to prevent gang involvement have been evaluated to demonstrate effectiveness, there are programs that prevent the underlying risk behaviors. By focusing on strategies that strengthen families at the outset, mitigate the harm of adolescent delinquency, and bolster community ties, we believe that gang involvement and the related community violence can be effectively neutralized.

We focus here on examples of prevention strategies that address the risk factors and early behavior problems that relate to youth joining gangs. These risk factors include aggression, poor academic functioning, deficits in parenting, low family cohesion and support, and exposure to early childhood violence and trauma.

Generally speaking, there are two types of prevention strategies: "universal," which means that the strategy is directed toward a population regardless of risk (this could be an entire school, neighborhood or community, for example), and "selected," which means that the strategy is directed toward a specific risk group.

In the following discussion (intended to be illustrative, not comprehensive), we present examples of both types of strategies, all of which have been demonstrated through rigorous evaluation — typically, randomized controlled trials — to reduce delinquency, violence, or criminal or gang involvement. For a more complete review of prevention strategies that have been designated as effective or "promising," see, for example, *Social Programs That Work* (<http://www.evidencebasedprograms.org/>), produced by the Coalition for Evidence-Based Policy, and *Blueprints for Healthy Youth Development* (<http://www.blueprintsprograms.com>), a national violence-prevention initiative to identify strategies — evaluated through randomized controlled trials — that reduce adolescent violent crime, aggression, delinquency and substance abuse.

Early Childhood Programs

A broad body of research highlights the first three years of life as an important period for influencing a child's trajectory and the nature of the parent-child relationship.¹⁶ Unfortunately, exposure to trauma in this fragile period (exposure to violence, neglect and out-of-home placement) greatly increases the likelihood of disrupted development and increases risk for involvement in antisocial behaviors in adolescence. Conversely, consistent and nurturing caregiving during the early years of life relates to better outcomes as adults. The positive results of healthy early childhood development are far-reaching and include improved physical and emotional health, higher education, improved employability, and greater engagement in positive social exchanges and civic life.^{17, 18, 19, 20}

One model — early home-visitation services to high-risk parents and their children — has received a great deal of attention and has been at the forefront of recent federal efforts. The U.S. Advisory Board on Child Abuse and Neglect concluded that “no other single intervention has the promise of home visitation.”²¹ Research demonstrating initial and long-term benefits from regular nurse visits during pregnancy and a child's first two years of life has provided some of the strongest evidence to support a home visitation model and has led to its inclusion in recent health-care reform legislation.²²

Over the past 15 years, numerous researchers have examined the effects of home visitation programs on parent-child relationships, maternal functioning and child development. These evaluations also have addressed such issues as cost, program intensity, staff requirements, training and supervision, and the variation in design necessary to meet the different needs of the nation's very diverse new-parent population. One program in particular, the Nurse-Family Partnership, stands out as having the strongest evidence.

The Nurse-Family Partnership

The Nurse-Family Partnership provides monthly in-home visits by nurses to low-income women during the first pregnancy and for the first two years of the child's life.²³ This preventive program is offered at no cost and on a voluntary basis to first-time mothers meeting the low-income criteria. The nurses teach the mothers general

health-related behaviors and how to care for their child, and provide assistance for the mother's personal development, such as family planning and educational or career development. The program's objective is to improve outcomes for mothers and their children, such as reducing child abuse and neglect, behavior problems and criminal behavior, and increasing educational achievement.

Three well-designed, randomized controlled trials, conducted in both urban and semirural settings with differing populations — which varied by race or ethnicity, marital status, age and income — have demonstrated the effectiveness of the Nurse-Family Partnership, providing evidence of positive effects for both mothers and their children. Although specific outcomes varied by study, patterns of meaningful, sustained effects were found across sites. This family-focused prevention strategy achieved long-term, meaningful reductions in delinquency and criminality for the targeted children. At age 19, the children of these relatively high-risk mothers were 43 percent less likely to be arrested, had 57 percent fewer arrests, were 58 percent less likely to have been convicted, and had 66 percent fewer convictions than children of mothers in a control group who did not receive the program. Thus, services provided for mothers by the Nurse-Family Partnership have proven to transcend mothers' experiences and act as early prevention strategies for their children, resulting in better outcomes.

Practitioners and policymakers who are not familiar with the effectiveness of focusing on pre- and postnatal care may not immediately understand how programs like the Nurse-Family Partnership can actually help reduce risks associated with gang-joining. However, data suggest that early prevention programs are the most cost-effective forms of prevention because the benefits to child and parent cut across behaviors and risks — from mental health and behavior to physical health and nutrition to academic and employment success to community safety.^{24, 25}

Triple P: The Positive Parenting Program

Triple P is an example of a multilevel prevention strategy that includes targeted components designed to strengthen parenting skills in families that have demonstrated problems in parenting.²⁶ The program is designed to prevent child

maltreatment and emotional, behavioral and developmental problems. Again, prevention of these early risk behaviors can decrease risk for later involvement in delinquent and violent behavior and set children on a healthy and productive developmental trajectory.

The program emphasizes five core principles of positive parenting:

1. Ensuring a safe, engaging environment.
2. Promoting a positive learning environment.
3. Using assertive discipline.
4. Maintaining reasonable expectations.
5. Taking care of oneself as a parent.

In the most ambitious evaluation of Triple P — performed by University of South Carolina researcher Dr. Ron Prinz and colleagues — the program trained approximately 650 existing service providers in nine counties to deliver Triple P countywide for families with children ages 0-8. Investigators found county-level effects on multiple outcomes, including a 25-percent reduction in the rate of substantiated child maltreatment (11.6 cases of substantiated child maltreatment each year per 1,000 children ages 0-8 in Triple P counties vs. 15.5 cases in control-group counties); a 33-percent reduction in the rate of out-of-home placements, for example, in foster homes (3.4 out-of-home placements each year per 1,000 children ages 0-8 in Triple P counties vs. 5.1 in control counties); and a 35-percent reduction in the rate of hospitalizations or emergency room visits for child maltreatment injuries (1.3 each year per 1,000 children age 0-8 in Triple P counties vs. 2.0 in control-group counties).

Although the Prinz evaluation was the only randomized controlled trial of the multilevel Triple P system as implemented communitywide, 25 other randomized controlled trials have been carried out to evaluate component-level interventions — such as skills-training sessions tailored to parents of children with detectable behavior problems — within the Triple P system. Their findings are generally consistent with those of the study described above. By significantly reducing the level of childhood trauma and strengthening parenting skills, programs such as Triple P have great potential to reduce the likelihood that these children will

become involved in antisocial and other problem behaviors, including gang membership.

Family-Focused Prevention Programs and Strategies: Adolescence

Multisystemic Therapy (MST) is one of the more widely implemented and empirically supported family-focused intervention strategies, targeting youth at highest risk for gang involvement. MST, a community-based alternative to incarceration for juvenile offenders, uses a combination of empirically based treatments (such as cognitive-behavioral therapy, parent behavioral training or home-based contingency-drug treatment) to address multiple factors — family, school or peer groups, for example — that are related to delinquent and violent behavior as well as gang involvement. The primary goal of the intervention is to prevent rearrest and incarceration.

At the state level, MST is a cost-effective alternative to mass incarceration of delinquent youth. Incarcerating a youth for one year can cost a state \$40,000 to \$80,000, not including the sizable legal costs.²⁷ MST treatment costs approximately \$20,000 per child. Although the savings are immediately recouped, the most important saving is the accumulated justice costs over the lifetime of the child. Once a youth has been incarcerated, the likelihood of subsequent and more serious offenses increases. Preventing the child from becoming more deeply entrenched in criminal behavior will save hundreds of thousands of dollars in the long term.

As a gang-prevention strategy, MST works in three ways. First, by allowing a youth to avoid incarceration, the likelihood of gang affiliation is immediately reduced. Incarceration causes gang activity to proliferate. In Texas, for example, 40 percent of incoming juvenile offenders claim gang affiliation; however, the estimated rate of gang affiliation at the time of release is 70 to 80 percent of the population.²⁸ A youth could enter detention for something as minor as school truancy, become initiated in a gang, and return to the community as a gang member. Keeping youth out of detention or prison in the first place is critical to stopping the proliferation of gangs. Second, MST

IN THE SPOTLIGHT: SCO FAMILY OF SERVICES

▶ INTERVIEW WITH JAN HASSAN-BUTERA AND RHONDA JACKSON

SCO Family of Services is a New York City-based agency that provides Multisystemic Therapy (MST) for adjudicated youth through the Juvenile Justice Initiative program. MST has been demonstrated — through several high-quality randomized controlled trials — to significantly reduce a host of negative behaviors that place a youth at high risk for gang involvement, including delinquency, aggression, drug use, truancy and negative peer association. We interviewed Queens Program Director Jan Hassan-Butera, M.S., C.A.S.A.C., and clinical supervisor Rhonda Jackson, from the Juvenile Justice Initiative at SCO Family of Services.

We know that a juvenile’s involvement in the court system disrupts family cohesion. So, what is the role of a program like MST in diminishing a youth’s high-risk behaviors through strengthening the family?

Rhonda Jackson: MST helps reduce the risk that a child will become involved in gangs by strengthening that family as a unit. We focus on things that may seem small but are essential, like being the person the child can go to talk and know that they are being listened to — sometimes starting with little things, like having parents ask the child about their day and what interests them — just talking openly with their child. It can help the child feel like they have a place to belong. We also make goals for the family — not just the

child — but goals that are focused on making the family function better as a whole. We talk to everyone, find out what goals they have, what strengths they offer. We take a very strengths-based perspective of the family. All families have positive qualities — just as all families have their problems and weaknesses — but we work to turn those weaknesses into strengths.

Jan Hassan-Butera: We talk to our parents about the restorative power of emotional attachment. We talk about how hungry their child is to hear from them, ‘I’m proud of you.’ Underneath it all, [they are children] eager for attention, eager to learn, eager to have success at something. But we don’t only focus on the immediate family unit; we look to connect that family to broader social supports. Court-involved families are isolated; they have been cut off from their larger extended family networks. These parents actually need a lot of help, more help, to monitor their kids and keep up their motivation. The therapists help parents and youth rebuild those ‘burnt bridges.’

What is the importance of working with families to help prevent youth from gang-joining?

Hassan-Butera: If the child wants to be with the family — if they feel that they are wanted, they feel that they belong, and they have hope that they can be successful in school and jobs — they are much less likely to be interested in

gangs. The kids who join gangs feel estranged from their families. There are a lot of kids who are on the fence with gangs, but there is such a stigma around gang affiliation that people give up on these kids. [Service providers] need to help parents understand that you may look at that ‘Gangland’ television show and think, ‘Oh my god, that’s my son’s life; there is nothing I can do about it!’ But for the majority of kids — especially those who are just thinking about gang life — parents can actively intervene in those negative peer groups and be successful. Parents need to be made aware of what they can do to help their child where gangs are concerned. There are things parents can do; we say, ‘Parents are the key factors in their child breaking away from a gang, not anybody else.’

Jackson: Parents, if they pay attention, can really be the best ones to identify if their child is at risk for gang involvement. If a child is a victim of attack or bullying, they are at risk for gang involvement, so parents can look out for physical signs. They should be aware of abrupt changes in friends, clothing, behavior or interests. Parents can look out for unusually strong reactions: neighborhoods they won’t go to, colors they won’t wear, clothing items they won’t go without. If a parent is in tune with their child, they can intervene before the child becomes too involved. Unfortunately, many parents we work with ignored these signs. Parents may be unwilling because they might have the misconception that it is safer

diverts youth who are not yet involved in a gang (or perhaps minimally involved) into prosocial activities while making parents more aware of the risks for gang involvement and providing the tools to prevent their child from becoming affiliated. Last, and most challenging, MST can decrease the risky behaviors of actively involved gang members.

The success rate for intervening with “deep-end” youth is lower with every passing year. As economist James Heckman has shown, the returns for social intervention also diminish over time, making it more difficult and less cost-efficient to wait until youth have arrived at the point of gang involvement.²⁵

Implementation Challenges

Engaging Families

One of the greatest challenges in implementing a program that may help prevent kids from later joining a gang is engaging families and keeping them involved. This is particularly true for universal and early childhood programs when the family may not seem in need of help. Participation rates of 20 to 50 percent of families in these types of programs are not uncommon. The reasons for low participation, however, are not necessarily easy to discern. It is not simply the case that families either attend or do not attend. Some

not to confront the issue, or they may have ulterior motives such as the child is providing money and paying bills, so service providers can help families work on these cognitions and concrete barriers.

We know that a lack of parental monitoring can lead to children associating with negative peers. Can you address this?

Hassan-Butera: A lot of parents don't know anything about where their child is hanging out, who their child is hanging out with. Basically the child is given free rein to determine his own social interactions without any approval or oversight of the parent. Gangs seek out and target vulnerable kids: the young ones, the ones who are bullied, the newly immigrated, so parents need to know who their child is talking to and where they are going, especially in those hours after school before the parent gets home. In MST, we help parents take an active role in helping kids avoid negative peers. We do this, first, by getting kids to associate with more positive peers — usually by getting the kids into positive after-school programming, but when there isn't programming available, we get creative. For example, we've found positive neighborhood kids to tutor them and take them to the movies after school. The second thing we do is confront the negative peers directly. We've had parents walk up to gang members and say, 'You know what, you don't want to be

hanging out with my kid because he's on probation and that means that the police might be looking at you.' The gang might say, 'Yeah, we don't want this kid hanging around us ...' Or, for example, an uncle confronted the local gang saying, 'If you know my kid is hanging out with you or other gang members, you call me.' And they did! They would call him on his cell and he would come and pick up his kid. Those things are getting the parent actively involved — supervising, monitoring, knowing the child's whereabouts, and approving or not approving of their friends. All of that significantly reduces the likelihood that that child is going to engage or remain in a gang.

What is the role of practitioners in helping families create organization and support within the networks available to them?

Hassan-Butera: Gangs have a huge negative impact on the community. They put communities in a stronghold. Residents want them out. Whether it is churches, houses of worship, police precincts or community centers, they need to band together. The problem is that there are barriers for families to connect with these resources. For example, I know that the police have a gang-prevention component, but parents may think that if they go there, the police will get their child in more trouble. Practitioners can help break down the fear of stigma by building relationships with these resources so that parents can know they

won't be penalized for reaching out. Another thing practitioners can do is help give youth opportunities to make up for their prior behavior. The community service they have them do — sweeping up stuff in the park — that's not something you really feel good about. When we have kids do stuff like work in food kitchens or working at a home for the elderly, they feel good about it and the staff appreciates having them. Then the community can visibly see what a benefit these children are.

Jackson: Community formation — families coming together to help each other with their children — will help reduce the impact of gangs in the long term. If a neighbor is struggling with their children, they can ask them, 'Is there anything I can do to help? Do you want me to call you when I see Johnny on the corner talking to people he has no business talking to?' Churches can play a big role in this, too. For bigger concerns, sometimes families might feel more comfortable going to a church to talk about what they see and then the church can go to the police and schools on behalf of the neighborhood. The best role for service providers in this process is to serve as a temporary link between families and community resources. They can help set up meetings, role-play with parents who have difficulty reaching out, problem-solve barriers, and then make sure that families feel comfortable taking over from there.

participate immediately and engage fully; others are initially reticent but actively participate over time; some may attend irregularly or never become fully engaged.

Studies have shown three factors that influence family participation:^{29, 30, 31, 32}

- Perceived or anticipated benefits from the program (for example, improving child behavior or parenting skills).
- Logistical barriers (for example, access to transportation and child care, time commitments, and cost).
- Past use of resources (for example, the inclination to seek out help).

Engagement will likely require intensive and extensive outreach. Families are more likely to stay engaged when providers:

- Make themselves available or establish a positive affective bond with the family.
- Directly address the barriers to participation.
- Expect families to behave responsibly toward the program expectations but also be willing to acknowledge difficulties in committing to attendance.

- Stay focused on the practical aspects of the intervention; in addition to offering emotional support, providers must maintain an action-oriented approach and provide concrete, pragmatic and useful aid to families.
- Foster a collaborative, mutually respectful atmosphere between the provider and the family.

Workforce and Training

From a practitioner's perspective, there are a host of advantages to implementing evidence-based, family-focused prevention programs and strategies. However, without careful attention to implementation — such as evidence-based content and appropriate training for those delivering the content or implementing the strategy — outcomes may not be as consistent as the evidence predicts. In general, these tools improve fidelity in the implementation of prevention strategies and programs:

A manual or other written description of the content of the prevention strategy to be delivered. For example, a manual documenting the material to be covered during each session, and copies of handouts or any other program material.

Resources to help train those who will carry out the program. These resources might include written training manuals and/or workshops, discussing the philosophy behind the prevention strategy, and providing a clear, concrete description of the training curriculum and process.

Ongoing technical assistance. Some program developers provide ongoing support during program implementation, for example, through on-site supervision, “booster” training sessions, or consultations regarding implementation problems as they arise.

Because of the complexity of family-focused prevention strategies in particular, it is important to focus attention on strong workforce buy-in and thorough interventionist training. Interventionists need a full range of training, including an understanding of the theory and research behind the program, training and specialized workshops, and ongoing supervision and support. For many programs, successful implementation requires that

program-delivery staff possess specific qualifications and experience. For example, evaluators of the Nurse-Family Partnership found that the program had much larger effects on key outcomes for the women and their children when the home visits were conducted by well-trained nurses as opposed to paraprofessionals.³³

The prevention-program developers can be a helpful resource to guide staffing and training. It is a good idea to ask the developer about staffing concerns — for example, how many program-delivery staff are needed to successfully deliver the prevention program, how many program recipients can one staff member serve effectively, or what degrees or previous experience do program-delivery staff need?

Workforce consistency is a large part of successful implementation of evidence-based strategies.

Working in Highly Gang-Affiliated Territory

In neighborhoods that have very high gang presence and community violence, it is necessary for an even greater level of coordination across resources and service providers. In part, this is because the impact that a single family can have is somewhat diminished because of high levels of external pressures on a child. In Chicago, we found that parenting was able to buffer the effects of stress on youth delinquency in poor — but not in seriously impoverished or devastated — urban communities.¹¹ This was the case even though parenting skills were similar in the two types of neighborhoods. It is simply much harder to parent in these communities.

Although interest has been primarily in the stressful impact of these communities, there are also aspects of the fabric, or quality, of social life in such neighborhoods that might serve to buffer or mitigate the risks for youth and families, even in greatly impoverished communities. For example, we found extremely impoverished neighborhoods in Chicago where families reported feeling connected and supported and had a sense of belonging. Moreover, these social processes served a distinct protective role for families and youth. The perspective that neighborhood contexts are multi-dimensional points to the value in understanding

how these protective factors might be leveraged and used to protect and promote healthy child development. It may be the case that when the neighborhood meets emotional needs, such as a sense of belonging, family risk is minimized. For this reason, practitioners can be the key to initiating and fostering this connection.

Policy Challenges

Gang-joining has real risks for violence and the costly consequences of violent victimization and perpetration. In addition to the unquantifiable toll it takes on families and communities, youth violence costs taxpayers billions in police surveillance, hospital bills, more detention centers and, ultimately, the loss of productive human capital. Although high-quality programs demonstrated to prevent these outcomes exist, often they are not implemented because the cost seems prohibitive. However, a cost-benefit analysis of the prevention programs suggests that the initial investment is returned.³⁴ For example, although Nurse-Family Partnership (NFP) may cost \$4,500 per family per year, the Pacific Institute for Research and Evaluation³⁵ found that NFP (a) significantly reduced the number of families enrolled in Medicaid and food stamp programs, (b) decreased costly health complications, and (c) improved parental employment and educational achievement. These qualitative outcomes all lead to net gains for taxpayers, realizing more than \$5.00 for every \$1.00 spent on nurse-family partnerships. Our system of delaying action until the consequences are criminal or fatal is detrimental to our communities and is ultimately fiscally unsustainable.

Based on the scholarship of prevention scientists and the experience of practitioners, family-focused interventions are among the most successful and cost-effective approaches to preventing youth involvement in risky, antisocial behaviors. We must promote evidence-supported, family-focused preventive strategies that view gang involvement as the symptom rather than the cause of systemic failure.

Policymakers can play a role in connecting rigorous research to practice, which will increase the

dissemination and widespread use of effective programming. Likewise, additional research on how practitioners can implement evidence-based strategies in the context of their population needs is sorely needed and can be advanced by policymakers. By promoting family-centered, evidence-based programming, policymakers can ensure that the need to continue developing and evaluating family-focused interventions will be met. Future research efforts for gang-membership prevention should center on interventions that target families of children at different developmental ages and youth at varying levels of associated risk and involvement with gangs and delinquency. It is critical that efforts should be coordinated with implementation of evidence-based prevention strategies and policies in other social systems such as schools, community agencies and the justice system.

Conclusion

Jan Hassan-Butera and her team of MST therapists are fighting an uphill battle. By the time they become involved with a family, the adolescent is already deeply involved in criminal behavior; destructive patterns of family functioning have been crystallized into somewhat rigid systems and, developmentally, the influence of peers may be greater than that of parents and other adults. The high success rate of the Juvenile Justice Initiative program (see the sidebar “In the Spotlight: SCO Family of Services”) is a testament to the staff’s personal dedication; however, as a national policy, waiting until a youth is already involved in the criminal justice system is not advised. The best possible prevention of criminal and gang involvement begins early in life, working with parents and families to provide support, establish strong parenting practices and emotional connection, and increase parents’ connection to schools and their communities.

As a nation, we cannot move forward with gang-membership prevention until we think differently about risk and build systems that support all families.

About the Authors

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Deborah Gorman-Smith has been working in the area of youth-violence prevention for 20 years. Her work has focused largely on understanding the influence of family and neighborhood context on children's development, particularly with respect to minority families that live in poor urban neighborhoods. Dr. Gorman-Smith and her colleagues have developed and tested several family-focused preventive interventions designed to support families and deter children from later involvement in youth violence. She received her Ph.D. from the University of Illinois at Chicago and currently teaches at the School of Social Service Administration at the University of Chicago.

Kimberly Bromann

Kimberly Bromann has conducted evidence reviews on "what works" in social policy for a wide range of audiences — including federal officials, foundation leaders and social-service providers — through her work with the nonpartisan, nonprofit Coalition for Evidence-Based Policy. Before joining the Coalition, Ms. Bromann coordinated data operations for research studies focused on youth-violence prevention among inner-city youth.

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Andrea Kampfner is pursuing her master's degree in clinical social work at the University of Chicago School for Social Service Administration. She has worked on violence-prevention issues as a multisystemic family therapist and as a research associate at the Chicago Center for Youth Violence Prevention, at the University of Chicago, where she is involved in implementing and evaluating the effects of family-focused violence-prevention programs for youth and families living in inner-city neighborhoods. Ms. Kampfner's primary interest is working with community agencies to implement evidence-based preventive interventions.

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