

Gang Involvement and Forensic Mental Health

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Clinical Experience

1. Received Doctorate from USC
2. Head, Mental Health Unit at MCRD, San Diego
3. Head, Alcohol Rehabilitation Services
4. Post-Doctoral Fellowship at UCSF/Comprehensive Child Crisis Services
5. Head, Child and Adolescent Psychology Division, NMC, SD
6. Safe Start – Trauma Focused Cognitive Behavioral Therapy

Gang Experience

1. Not an expert on a particular gang
2. Have interviewed over 500 gang members from California, Nevada, Illinois, Texas & American Samoa
3. Have worked with prison gang members
4. Ordered to learn about gangs in 1990 by Naval Command
5. Worked with a local gang detective for many years in learning about the gang culture

Lt. Minagawa – 1ST Gulf War



Army Enlisted Personnel – Gang Member



Forensic Experience

1. Qualified Expert in Superior, Federal and Military Courts
2. Qualified Expert in Juvenile and Family Courts
3. Qualified Expert on Gang Involved Youth
4. Qualified Expert on Developmental Impact of Trauma
5. Presenter at Capital Case Defense Seminar, Public Defender's Offices, Office of the Los Angeles County District Attorney, Department of Justice

Session Objectives

Developmental and Mental Health Factors that Contribute to Gang Involvement

Environmental, Social, Biological, Trauma, Substance Abuse, Impulse Control, Learning Disabilities

Forensic Issues in Gang Involved Youth

Issue of Choice, Gang Enhancements, Transfer Evaluations, Interventions, Rehabilitation

What are your reactions to the following photographs?



**Child soldiers of The Đặc Công SPECIAL FORCES stand in uniform.
Son Tay army base, Vietnam .September 01, 1990**







**AMERICA'S CHILD SOLDIERS:
TOWARD A RESEARCH AGENDA FOR
STUDYING GANG-INVOLVED YOUTH
IN THE UNITED STATES**

Journal of Aggression, Maltreatment & Trauma

May 2013

Research surveys estimate that
there are 756,000 gang members
across the United States in
comparison to some 300,000
child soldiers worldwide

Journal of Aggression, Maltreatment & Trauma

May 2013

There are approximately 1.4 million active street, prison, and OMG (outlaw motorcycle gang) gang members comprising more than 33,000 gangs in the United States. Gang membership increased most significantly in the Northeast and Southeast regions, although the West and Great Lakes regions boast the highest number of gang members.

2011 National Gang Threat Assessment
Federal Bureau of Investigation

Developmental Trajectory of Gang Involvement

- Interest begins during the latency stage of development (age 6 – 12)
- Peak age for gang participation is at 14 or 15, and is remarkably consistent across cities & countries based on studies
- Level of activity and association begins to drop off in late adolescence and early adulthood (depending on the type of gang)

Self-Report Studies Identifying Age Characteristics of Gang Members

Year	N Size	Location	Age Range
1999	618	Alabama	9 – 19
2002	933	Canada	11 – 14
1993	1,095	Denver	12 – 18
2005	5,935	GREAT	$\leq 13 - \geq 15$
2005	1,978	Netherlands	12 – 17
1984	1,206	Los Angeles	13 – 18
2001	808	Seattle	13 – 18
1974	454	Chicago	14 - 18
1999	347	Pittsburgh	12 – 21
2003	956	Rochester	13 – 17.5

The Majority of Gang Members are
Adolescents:

The Adolescent Stage of Development
is Biologically Based & Characterized by
High Risk Behaviors and Emotional
Reactivity

Cumulative Risk

Exposure to risk in multiple domains of development greatly increases the person's vulnerability to adverse outcomes. There is a strong positive relationship between experiencing multiple risks and the chances of becoming a gang member.

Cumulative Risk for Gang Membership

Number of Risk Factors / Percentage of Gang Members

0	0.2%
1-5	13.1%
6-10	35.1%
11+	51.6%

Gang Resistance Education and Training (G.R.E.A.T.) study
(1995)

Environmental and Social Factors

- Exposure to Gang Culture / Lifestyle
- Presence of Gangs and/or Gang Activity
- Community Violence
 - Exposure to Trauma
- Childhood Friends Become Gang Members
 - Parents are often unaware of change in peer group
- Intergenerational Gang Involvement
 - Parents

Community Violence

Exposure to large scale community violence is a common source of trauma for disadvantaged youth in the U.S., and many youth report that seeking protection and safety from neighborhood – especially gang-related – violence is one of the most important reasons for joining a gang

This too has a parallel in the child soldiering literature, in which youth in war-torn communities might pick up a gun and join a militant group to protect themselves against becoming victims of violence around them

Recruited/Manipulated

Gang members

- Protection
- Have a territory
- Feel a sense of belonging
- Get money or other things
- Friend was a member
- Family member had joined
- Feel important

Child soldiers

- Protection
- Identify with group/territory
- Have a sense of belonging
- Have access to food, shelter, clothing
- Recruited through school
- Lack of community support



Intergenerational Factors

Parents and other family members might encourage children's recruitment into armed forces and gangs through their own membership in these groups

In a survey of young gang members in Chicago, half of the participants responded that at least one of their parents was also involved in gangs

Biological Immaturity

- Adolescence is a period of increased risk-taking behavior
- Immediate Needs versus Future Consequences
- Lack of Experience and Knowledge
- More Easily Influenced by Peers
- Cannot Escape Negative Influences

Biological Factors

- Increase in Testosterone Levels
- Adolescent Brain Development (Begins at about age 15)
 - Emotional (Limbic) Dominance
 - Connectivity Within Brain Incomplete
 - Decision-Making
 - Influenced by Peers
 - Influenced by Emotionally Charged Situations
 - Impact of Alcohol or Drug Use Is Greater
 - Impact of Trauma

Trauma as Vulnerability for Recruitment

Child soldiers across many geographically diverse regions (Uganda, Mozambique, Sierre Leone, Burundi, Columbia, Nepal) have been victimized prior to their recruitment by physical abuse, sexual abuse and domestic violence

Parallel findings have emerged from the research with gang-involved youth in the U.S., for whom histories of maltreatment, including physical abuse, sexual abuse, and exposure to interparental violence significantly increase the likelihood of involvement in gang activity

COMPLEX TRAUMA

- Other Specified Trauma- and Stressor-Related Disorder
- Complex Trauma is:
 - The experience of multiple traumas
 - Developmentally adverse
 - Often within child's caregiving system (ACE)
 - Rooted in early life experiences
 - Responsible for emotional, behavioral, biological, cognitive, and attachment disturbances

Impact of Traumatic Stress on the Developing Brain

- Increase Anxiety
- Interferes with Concentration
- More Attentive to Non-Verbal Cues
- Misinterpret Non-Verbal Cues
- Misjudge Internal State
- Impaired Social and Problem Solving Skills
- Disruptions in Self Regulation

Biology of Trauma

Trauma interferes with the integration of left and right hemisphere brain functioning, which explains traumatized children's "irrational" ways of behaving under stress.

Under stress, their analytical capacities disintegrate, and their emotional schemas of the world take over, causing them to react with uncontrolled helplessness and rage.

Complex Trauma in Children and Adolescents

White Paper from NCTSN Complex Trauma Task Force (2003)

Biology of Trauma

What traits or capacities might be beneficial for survival in harsh conditions? Some of the more obvious are the potential to mobilize an intense fight-or-flight response, **to react aggressively to challenge without undue hesitation**, to be at heightened alert for danger, and to produce robust stress responses that facilitate recovery from injury.

Martin Teicher. Scars that won't heal: The neurobiology of child abuse. *Scientific American*, March, 2002.

Complex trauma exposure results in a loss of core capacities for self-regulation and interpersonal relatedness. Children exposed to complex trauma often experience lifelong problems that place them at risk for additional trauma exposure and cumulative impairment. These problems may extend from childhood through adolescence and into adulthood.

Complex Trauma in Children and Adolescents
Cook, A., et al. *Psychiatric Annals*; May 2005

Gang Members are Human Too...

- Can have mental health conditions
- Can suffer from alcohol or drug dependence
- Can be victims of abuse
- Have feelings and hearts
- Have family members they love and protect
- Have adolescent brains that are not well developed and are vulnerable to trauma
- And are very much like their non-gang peers

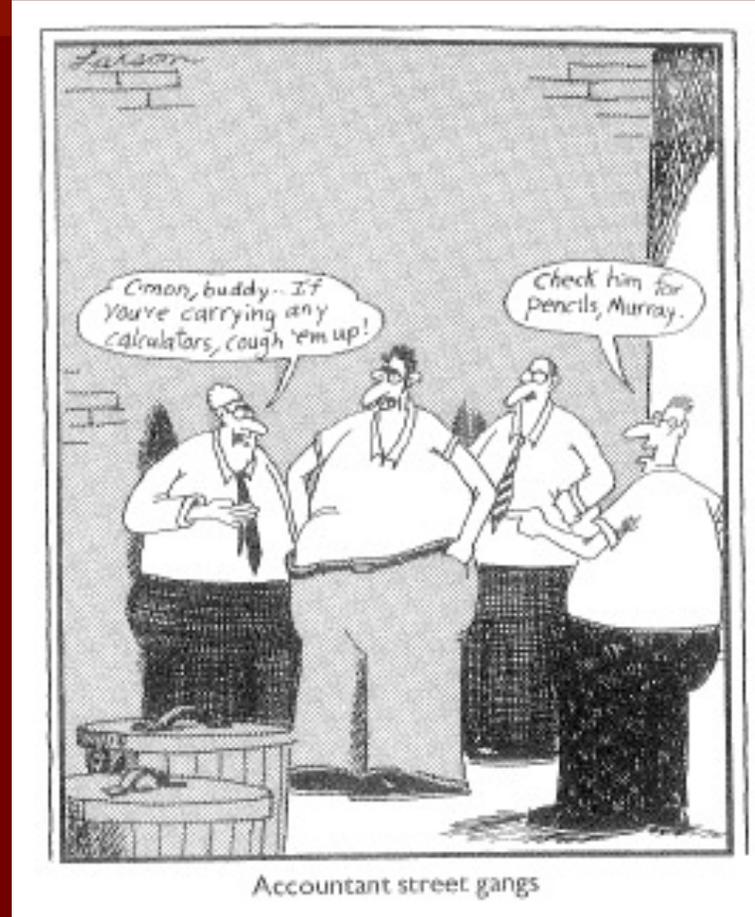
Psychological Conditions

- Substance Use Disorders
 - Cannabis
 - Alcohol
 - Methamphetamine
- Attention-Deficit/Hyperactivity Disorder
 - If previously diagnosed, on medication?
- Learning Disabilities
 - Has the minor ever been formally assessed for school failure?

Cannabis Use Disorder

- 22.5% of High School Students - 2019 Youth Risk Behavior Survey
- Exposure to marijuana during a period of neurodevelopmental vulnerability, such as adolescence, may also result in altered brain development and enduring neuropsychological changes
- Areas of functioning that are commonly compromised based on age of onset of marijuana use include decision-making, emotional dysregulation, risk-taking, and planning

BREAK



Forensic Issues for Gang Members

- Transfer Hearings
- Gang Conditions on Probation
- Gang Enhancements
- Treatment Interventions
- Rehabilitation – Dropping Out
- Attempted Murder/Homicide
- Capital Cases (guilt and/or penalty phases)

Transfer Hearings

- Degree of Criminal Sophistication Exhibited by the Minor
- Can Minor be Rehabilitated Prior to the Expiration of the Juvenile Court's Jurisdiction
- Minor's Previous Delinquent History
- Success of Previous Attempts by the Juvenile Court to Rehabilitate the Minor
- Circumstances and Gravity of the Offense Alleged to Have Been Committed by the Minor

How Would a Non-Gang
Member React in a Similar
Situation and with the Same
Background or Experiences?

Criminal Sophistication

- Assessing Criminal Sophistication (Factors the Court may weigh and consider)
 - Intellectual Capacity
 - Mental and Emotional Health at time of offense
 - Effect of familial, adult, or peer pressure on his actions
 - Effect of his family and community environment and trauma on his criminal sophistication

Can Minor Be Rehabilitated

- Potential to grow and mature
 - Evidence of progress while in custody
 - Progress in school once free of drugs and alcohol, and in a stable environment
 - If minor continues to associate with gang members in custody, is this evidence that he can't be rehabilitated?
 - No. Research on the developmental trajectory of gang membership shows that the majority of gang members leave the gang within a few years.

Why did they join?

children and teens are especially vulnerable to factors not Under Their Control

- Exposure to Violence in Community and Home
- Intergenerational Transmission
- Marginalized due to Psychological Conditions
- Peer/Community Identification
- Biological Immaturity
- Recruited/Manipulated

How Long do Gang Members Stay?

Number of Years of Gang Membership (%)

Males (152)	Black	Hispanic	White
One Year Only	51.0	52.9	44.8
Two Years	26.6	34.0	26.3
Three Years	15.1	8.2	18.8
Four Years	7.3	4.9	10.1

Rochester Youth Development Study, 2003

Minor's Previous Delinquent History

- Effect of family and community on prior delinquent history
 - Influence of gang-involved family members
 - Influence of gang-involved peers
- Effect of any childhood trauma on prior delinquency.
 - Being the victim of abuse
 - Witnessing acts of community violence
 - Loss of friends to street or gang violence

Success of Previous Attempts to Rehabilitate the Minor

- Adequacy of the services
 - Did the minor receive a comprehensive evaluation during prior periods of probation
 - Did the minor receive the appropriate, not just available, services needed to address rehabilitation needs
 - “Therapeutic Detention”
 - Did prior interventions take into account developmental needs
 - Did parents provide the level of supervision and support needed

Circumstances and Gravity of the Offense

- Mental state
 - What factors/circumstances can influence mental state
 - Presence of peers
 - Use of alcohol and/or drugs
 - Emotionally charged situation
- Degree of Involvement in the offense
- Level of harm actually caused to the victim
- Mental and emotional development

Gang Conditions on Juvenile Probation

- Conditions often guarantee failure
 - Is it reasonable to expect that a teenager will reject/avoid his friends
 - Placing minor in “court school” often results in driving the minor even further into the gang culture
 - Is it reasonable to expect a traumatized teenager to stop using marijuana or other substances
 - Placing the minor back in the same environment
 - Testing limits (violating probation) is actually a normal part of adolescent development

Why do minors stay?

Adolescence as a period of social and biological vulnerability

- Loyalty to Friends and Family
- Group Bonding and Identification
- Focus on Meeting Immediate Needs
- Support Drug or Alcohol Dependence
- Lack of Comprehension of Short- and Long-Term Consequences
- Can't escape the neighborhood environment
- Lack of Proper Intervention/Supervision

Gang Enhancement

- Gang enhancement can add 10 years to a sentence
- Not all crimes committed by gang members are done for the benefit of the gang
 - Stealing alcohol or food
 - Responding to a direct attack or threat from a rival gang member is not necessarily for the benefit of the gang
 - Getting into a fight in school or in the community can be for personal reasons

Treatment Interventions for Minors

- Need to get the complete cooperation of the parents
- Need to address the minor's need to socialize
- Remove from gang environment, or at the very least, address the fact that they will be right back in the highest risk environment
- Treat substance use disorders
- Provide them with the time they need to grow and mature

Treatment Interventions for Adults

- Provide vocation/job opportunities
- Provide tattoo removal services
- Support efforts to be re-located to secure distance from gang area
- Treat substance use disorders
- There are no evidence-based interventions for adult gang members

Why don't they leave?

Barriers to adults leaving the gang culture

- Risk of Injury to Self and Loved Ones
- Consequences Catch Up to Them (Prison)
 - Dropping Out
 - Not joining the prison gang
- Mental Health and Substance Abuse Issues
- Deep Ties to the Community

Context and Elements of the Crime are Critical

- ❖ Are family members involved?
- ❖ Are alcohol or drugs involved?
- ❖ Are other gang members or teens present?
- ❖ Is the crime spontaneous or reactive?
- ❖ How old is the defendant?
- ❖ Does the defendant have a history of PTSD, complex trauma or head injuries?

Attempted Murder/Homicide

- Level of involvement during a drive-by
- Prior history of trauma
 - Hypervigilant
 - Reactive not premeditated
- Influenced/Ordered to commit the offense by older gang member
- Social Media posts can provide information about level of involvement

Capital Cases (guilt and/or penalty phases)

- Gang membership is often seen as prejudicial
 - In penalty phase, critical to educate jury on reasons for gang involvement
 - Age at which time the defendant became involved in the gang
 - Issue of Choice is critical
 - Didn't choose to grow up in gang area
 - Didn't choose to be exposed to abuse or domestic violence
 - Didn't choose to come from multigenerational gang family
 - Risk and Protective Factors Model