



A need to belong

what leads girls to join gangs

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Executive summary

A small minority of young people is involved in gangs in the UK but they are the subject of considerable public and political concern. This has been prompted by reports of a rise in gang-related violence, fear about links between gang activity and the 2011 riots, and concern about the sexual exploitation of young women.

There is still, however, limited national information on the scale and pattern of health and social risk factors experienced by young people associated with gangs in the UK; and less still is known about the risks faced by girls and young women.

This report is the result of a comprehensive review of international literature on girls involved in gangs and an analysis of data collected for more than 8,000 young people from 37 newly developed youth point of arrest health screening initiatives in England. Screening was focused primarily on 10 to 18 year olds and took place between August 2011 and November 2012.



Evidence from point of arrest data

Our database identified 80 young women with gang associations from the sample of 8,029 young people and their mean age was 15.

They were screened for 28 different risk factors and health issues including histories of poor mental health, family conflict, homelessness and victimisation.

On average, young women involved in gangs had a threefold greater risk of health and social difficulties compared with average youth justice entrants and over double the number of vulnerabilities of other females being screened.

We found that the more risk factors a young person accumulates, the greater their chance of being identified as involved in gangs.

Average number of vulnerabilities per person			
General youth justice entrant	Female entrants	Boys in gangs	Girls in gangs
2.9	3.7	7.0	9.5

Risk factors for gang affiliation

Existing literature highlights a wide range of risk factors for females to become members of gangs. These include:

- severe childhood behavioural problems and mental ill health
- poor maternal mental health, exposure to violence in the home and experience of trauma
- low academic aspiration and disengagement with school
- association with antisocial or gang-involved peers and peer rejection or victimisation
- feeling unsafe or marginalised in their neighbourhood
- high income inequalities and social influences that devalue female roles.

Many studies identify a particular sensitivity on the part of girls to poor quality family attachments and social bonds as a driver for gang affiliation. Girls were more likely to describe experiences of membership in terms of providing an alternative and compensatory family structure. A history of sexual abuse was also identified in many studies of females involved in violence or with gang connections.

Major risk factors

Young women with links to gangs were generally four times more likely than other females entering the Youth Justice System to report poor relationships with their families and peers.

Parental imprisonment, substance misuse or poor mental health were particularly linked to gang membership in their children in our sample, with young women with such histories being around three to five times more likely to be involved in gangs than other females. These young women were also nearly four times more likely to have a sibling involved in antisocial behaviour than other girls being screened.

Our data show clear links between experiences of **victimisation** (such as sexual abuse, witnessing or experiencing domestic violence) and gang association. Young women involved in gangs were three times more likely to be identified as victims of **sexual abuse** compared with other young women

being screened. They were around three times more likely to witness violence and to experience **physical abuse and neglect** in their homes and about four times more likely to disclose **being bullied** than other females in the sample.

Gang-involved young women were around three or four times more likely to have histories of **running away**, poor educational performance and **exclusion from school** than the average female youth justice entrant. They were also more than five times more likely than other young women screened through this initiative to be involved in **sexually risky or sexually harmful behaviour** (although without more detailed qualitative investigation, it is unclear whether sexually risky behaviour is a precursor to, or a consequence of, gang involvement).

We found clear evidence of the psychological vulnerability of gang-involved young women. Just over a quarter were identified by workers as having a suspected diagnosable **mental health problem**. 30% were also identified as **self-harming** or at risk of suicide. 30% also identified having **sleeping or eating problems**. Finally, nearly 40% of girls with gang associations showed signs of **behavioural problems** before the age of twelve. These early behavioural problems represent one of the most common childhood mental health problems with particularly damaging implications for children's life chances. Young women linked to gangs were three times more likely than other females in this sample to be identified with signs of early persistent conduct problems.

Effective interventions

We found that the vast majority of girls involved in gangs were willing to be screened and responded to offers of support. Nine out of ten of those who were offered further support stayed in touch with the services they were offered. Around a quarter were supported back into education while 1 in 5 was referred to physical health services and counselling services and 5% were supported into housing. A small minority were referred into evidence-based family interventions such as Multi Systemic Therapy and Functional Family Therapy which have good track records in improving outcomes for young women involved in offending or violence.

Danielle

A 13 year old girl was referred by the police for screening. She was bullied at school and was a frequent non-attender. She revealed worries about a sexually transmitted infection but was unclear who might have passed this on; she had a 19 year old boyfriend but also described being 'on the edge' of a local gang and was sexually active with some of its members.

Her background was one of family conflict and her parents had separated. She described women in the family as 'invisible'; her two brothers attracting the majority of attention from her now-distant father. She described not feeling 'worth anything'; but that being part of a gang (and her sexual power over men) made her feel important. She also valued feeling protected and 'cared for' by the gang and by her boyfriend.

Danielle's mother described long-term concerns about her daughter's behaviour (particularly being disruptive at school, staying out late and possible sexual activity with older men), and had asked for help from social services a number of times. But her daughter failed to meet the threshold for support and only came to the police's attention because of her offending.

The worker developed a positive relationship with Danielle, listening, understanding her perspective and empowering her, whilst working collaboratively to solve the practical, psychological and aspirational problems creating barriers in her life. Within a few months Danielle had ended the relationship with her boyfriend, re-entered education and moved away from the gang. She did not re-offend.

Taking an overview of this case, the worker felt that there had been a lack of whole-system commitment and proactive engagement with this girl when risk factors began escalating and multiplying at school as she approached adolescence. She explained:

'Everyone had a different remit... but it's in everyone's interests to work together more closely; we need to wake up to the fact that engaging and working with these children is in everyone's common interests in the longer term.'

The reasons young women join gangs overlap in some instances with those of male peers, but they can also be quite different. This means that efforts to prevent or address gang association among females need to be gender-specific.

Preventive measures need to tackle multiple risk factors, for example to support secure attachment in early years, to reduce maltreatment and neglect, to promote positive parenting techniques, to strengthen girls' self-esteem and to respond quickly to the first signs of mental ill health among children.

And programmes working with gang members need to be sensitive to the specific requirements of young women, for example to foster respectful, collaborative and empowering relationships to strengthen self esteem, to provide safe housing and to offer positive female role models.

Recommendations

1. All services in regular contact with young people and families should recognise the toxic and undermining impact of both multiple risk factors and prolonged exposure to risk for children's healthy development.
2. All services in contact with girls and young women should routinely open a dialogue with young people about whether and how they are affected by gang activity in their communities.
3. All local authorities with responsibility for conducting Joint Strategic Needs Assessments should identify the number of young women involved in gang activity or who are at risk of it and develop multi-agency strategies to address these risks.
4. Health, social care, education and justice commissioners should all recognise gang membership as a marker for particularly pervasive negative outcomes for young people and communities and take collective action to gather data on prevalence, prevent risk and support those who are involved to exit safely.
5. Local Safeguarding Boards should actively monitor and review local prevalence information on gang activity and membership.
6. NHS England should commission point of arrest liaison and diversion services which are gender-sensitive and recognise the deleterious impact of gang membership on children's health and social outcomes.
7. The Youth Justice Board and the Home Office Violence Prevention Unit should continue and extend work to produce tools, training materials and initiatives for youth services and YOTs on gender-specific practice.
8. YOTs and probation services should work in close partnership with voluntary sector services working with gangs to create engaging and safe spaces and services for highly vulnerable young women.
9. The Government should ensure that the statutory duty on the Secretary of State to reduce local health inequalities translates into meaningful and measurable local action.
10. Academic institutions should prioritise research and development into effective responses to the needs of young women involved in gangs.

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The full report is available for £10 for a paper copy or free to download from our website at www.centreformentalhealth.org.uk.

Published: May 2013

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Charity registration no. 1091156. A Company limited by guarantee registered in England and Wales no. 4373019.
