

# **A Study of Risk Behaviors among Gang Youth in Los Angeles**

## **Overview of Key Findings**

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Bill Sanders, Stephen E. Lankenau, and Jennifer Jackson Bloom  
Department of Pediatrics, University of Southern California  
Community, Health Outcomes, Intervention and Research Program  
The Saban Research Institute, Childrens Hospital Los Angeles

## Preface

This report is an overview of key findings from a study on risk behaviors, such as alcohol and drug use, violence, and unsafe sexual practices, among gang youth in Los Angeles. What follows does not claim to represent what life is like for all gang youth in Los Angeles. Instead, the aims are to provide some insight into the extent that a handful of young people involved in gangs from various parts of Los Angeles use drugs and alcohol, are both perpetrators and victims of violence, and engage in risky sexual behaviors. Moreover, the report details what has happened to these young people as a result of their participation in these behaviors. The report also offers some additional information on the background of these young people, as well as miscellaneous aspects about their lives.

An important point in examining risk behaviors among gang youth is to identify the extent these young people are exposed to health risks. These risks include drug and alcohol addiction, sexually transmitted infections, including HIV – the virus that leads to AIDS – teenage and unplanned pregnancies, injury, disability, and even death. By identifying the extent that young people in gangs are exposed to these health risks and what conditions help explain such exposure, the better informed we will be to intervene and help such youth.

The study was conducted by Bill Sanders and Stephen E. Lankenau, both Assistant Professors within the Department of Pediatrics at the University of Southern California and researchers within the Community, Health Outcomes, Intervention and Research Program, The Saban Research Institute of Childrens Hospital Los Angeles. Jennifer Jackson Bloom is a biostatistician at Childrens Hospital Los Angeles who assisted in analyzing the data, programming the questions into our interview schedule, and offering valuable perspectives.

The research was funded by the National Institute on Drug Abuse. The findings and interpretations are solely the authors' and do not necessarily represent the views of the University of Southern California, Childrens Hospital Los Angeles, or the National Institute on Drug Abuse. All questions, queries, concerns, and critiques should be directed to Dr. Sanders at [bsanders@chla.usc.edu](mailto:bsanders@chla.usc.edu).\*

This report simply presents what we found, and does not analyze any data. The report does not make any theoretical claims or policy recommendations. Moreover, the report does not reference any of the general points made from the research literature on youth gangs. These can be provided upon request to Dr. Sanders. In the coming years, analyses will emerge in social science and public health journals, which will be properly referenced. Copies of these manuscripts will be available after their publication from Dr. Sanders. The findings within are not to be published elsewhere or professionally referenced without expressed permission from Dr. Sanders.

\*Starting September, 2008, Dr. Sanders will be at the School of Criminal Justice and Criminalistics at California State University, Los Angeles, and can be contacted there.

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## Introduction

Gang youth are considered a ‘hidden population’ – a group of people whose numbers and whereabouts are not exactly known. We can only offer estimates of the number of gang youth, which are provided by police departments. Such reports indicate that about 760,000 gang members were active in the United States. In Los Angeles, about 40,000 gang members reside in the City, and perhaps as many as 100,000 reside in Los Angeles County.

Los Angeles is often called ‘the gang capital of the nation’ for many reasons. For one, some of the most well-known gangs, often heard about or seen in the news, on television shows, or in the movies, are from Los Angeles. In these regards, the City is associated with gangs both historically and through popular culture. Gang crime has also had a huge impact on the City. From 1994 to 2004, about half of all homicides in Los Angeles were considered ‘gang related’. This equated to hundreds of dead gang members per year in the City.

Within the last 15 years or so, research has emerged in several cities in North America to suggest that, compared to non-gang youth, youth involved in gangs are more likely to commit crime, use alcohol and a variety of illegal drugs, and be a victim and perpetrator of violence. This finding has been considered very important in the study of the criminal behavior of young people, and towards the study of crime in general. Other research on gang youth suggest high rates of participation in unsafe sexual practices and reported sexually transmitted infections. Overall then, research is suggesting that gang members are likely to participate in what are known within the public health community as ‘risk behaviors’ – behaviors that may endanger their physical and mental health.

What remains largely unknown are the negative social and health consequences among gang youth as a result of such behaviors. A negative social outcome includes being kicked out of school or being arrested. A negative health outcome includes a sexually transmitted infection or an injury from a fight. Finding out what happens to gang youth as a result in participating in risk behaviors, as well as how involved they are in such behaviors, are main reasons for this study.

Aside from filling in some gaps about what remains largely unknown about risk behaviors among gang youth, another reason for the study is to offer a relatively unique perspective. The study is considered ‘qualitative’, which in this case refers to how information was collected about gang youth by talking directly with them about their experiences and opinions. While this is a very old tradition in studying gangs, very few people do this type of research. In fact, this study is one of a handful in the history of gang research in Los Angeles, whereby the researcher/academic actually talked with gang youth directly about crime, violence, drugs and alcohol and other aspects of their lives.

## **How the Information was Collected**

Knowing how the information was collected is very important when interpreting the results.

The research is based on interviews conducted by Dr. Sanders with 60 young people involved in various gangs in three general areas of Los Angeles: Western Los Angeles, including Culver City, Venice, Santa Monica; Eastern Los Angeles, including East Los Angeles, Boyle Heights, Lincoln Heights; and Southern Los Angeles, including South Los Angeles, West Adams, and Compton.

Interviews were conducted over a 17-month period between July 2006 and December 2007.

All of the young people agreed to an interview with Dr. Sanders. All interviews were held in private. All youth were told that their names, names of their gangs, or any names or locations they mentioned would not be revealed. All of the questions and procedures were approved by the Institutional Review Board at Childrens Hospital Los Angeles. For more information on the details about how and where the youth were interviewed, please contact Dr. Sanders.

A total of 15 individuals representing 11 organizations arranged interviews with the youth and Dr. Sanders. These were largely community-based organizations. As such, an important question to ask is: What type of gang youth hangs out at such organizations? The young people in this study were affiliated with such organizations because they were either seeking services, simply 'hanging out', going to school or working, were court-ordered to attend, and/or a combination of such reasons.

An important point in mentioning this is that it highlights some limitations of the study. This report only somewhat reflects the lives of gang youth who have some sort of connection to a community-based organization. As a result, it has little power to say anything about the lives of gang youth who have no such connection. Such youth may participate in risk behaviors at different levels than the youth reported on here.

This research may be considered a 'pilot' study, meaning that our aims were to see how a relatively small number of youth (60) responded to questions about participating in risk behaviors and other questions about their lives – the specifics of which we simply know little about. The study cannot say 'this is what it is like' for all gang youth in Los Angeles or elsewhere, but rather aims to offer the reader some insight into the lives of those youth who agreed to talk with Dr. Sanders.

## Demographics

Demographics often refer to characteristics related to the individual and their lives at home. The following is a partial view into the demographics of the youth.

A total of 54 (90%)\* of the youth were males. Young women in gangs were difficult to find.

The age range of the youth was 16-25 years, though most were teenagers. The average (mean) age was 18 years.

The youth were either African American (30%) or Latino (67%), though a few were of mixed heritage, such as African American/White, Latino/African American, or Latino/White. Most of the Latino youth had family members from Mexico, but some also had family from several Central American countries. White, Asian, Pacific Islander and other gang youth were unable to be found.

Exactly one-third (33%) of the youth live with someone who has difficulty speaking English.

Over half of the youth (55%) were Catholic, and many considered themselves 'general Christian' (27%). Over one in ten (13%) said they were not religious.

Almost half of the youth (45%) were raised by both parents. About one in ten (10%) were raised in group homes, foster care, or something similar.

One in four (25%) of the youth felt that when growing up, they were 'poor' or 'very poor', but most (72%) though they were 'about average.' About one in four (27%) of the youth had experienced homelessness at some point, and one in five (20%) had at one point not been able to eat because of poverty.

Most of the youth (73%) were in some form of schooling, though over a third (35%) had been kicked out, and over one in ten (12%) had dropped out of school at some point. Most (85%) wanted to pursue further education at a local university or community college.

Over one in four (27%) mentioned some form of legitimate, current employment and most (94%) saw themselves having a 'normal' job when older.

\* All percentages within this report are rounded to the nearest one.

## Health Related Questions

The youth were asked several questions about their overall physical and mental health, their access to health care, and the health history of their family members.

Most youth reported no problems with their physical health, though around one in five (22%) mentioned their health was 'fair' or 'poor', and more than two in five (43%) mentioned current physical health concerns.

Around one in three (32%) have no health insurance and about two in five (42%) have no dental insurance.

In the past 12 months, 15% of the youth have been denied medical care, largely due to no insurance.

The youth were asked about the health history of their immediate families. About two in five mentioned heart attacks (22%) and/or family members being 'very overweight' (20%). More than one in four (27%) has a family member who has had a stroke, and close to two in five (38%) have a family member with high cholesterol. Over half mentioned high blood pressure (52%) and/or diabetes (53%) in the family.

More than a third (37%) has a family member who has seen a mental health therapist and around one fifth (22%) have family members who have been prescribed a medication for a mental health condition.

The youth had an average height of about 68 inches (5 foot, 8 inches) and an average weight of 160 pounds. This puts their average Body Mass Index (BMI) at around 24.5, which is in the normal range for youth in this age group.

On average, the youth ate fruits and vegetables on 4.5 out of the previous 7 days, but also consumed just about as much soda (4.4 out of the previous 7 days) and ate at fast food restaurants (4 out of the previous 7 days).

## Daily Activities

The young people were asked what they did on a regular day. Specifically, they were read a list of activities and then asked, as they woke up in the morning, if they were 'more likely' or 'less likely' to participate in these behaviors that day. Below are the percentages of the sample who answered 'more likely.'

Nothing: 17%

Go to school: 60%

Study: 35%

Chores: 43%

Work: 45%

'Hang out with the homies': 87%

Play video games: 32%

Play sports: 52%

'Hang out' with the family: 53%

Drink beer: 35%

Drink hard liquor: 23%

Smoke weed: 53%

Use 'hard' drugs (crystal, heroin): 10%

Do graffiti: 32%

Steal things: 13%

Get in fights: 52%

Talk to the opposite sex: 73%

Kiss/touch the opposite sex: 48%

Have sex: 43%

Fire guns: 10%

Gangbang/'Put in Work'\*: 50%

\* The terms 'gangbang' and 'put in work', as used by gang youth, generally refer to criminal activity, at times conducted on behalf of the gang.

## Life in the Gang

The young people were asked a variety of questions about their lives in the gang.

Many (77%) had to 'join' the gang, which had some sort of initiation process to it, usually fighting. About a third (37%) fought between one and three others, and a similar amount (35%) mentioned fighting between four and seven others. Some mentioned doing something against a rival gang in order to join (15%), and a few (5%) mentioned having to commit an offence to get into the gang.

Approximately half of the youth have been in the gang three years or less and the other half more than three years. About one in 10 have been in the gang more than 10 years.

Many (68%) had family members in their gang. These largely included cousins (60%), aunts or uncles (37%) or fathers (12%), but some mothers (2%), grandparents (3%) and stepparents (5%).

Most youth (95%) have friends not in the gang. On average, between two and three (2.7) of the young people's 'five closest friends' are also gang members. On a normal day, on average, these youth hang out with about 13 other gang members.

Exactly one-third have gang tattoos.

The size of the young people's gang varied: 15 youth mentioned less than 100 people in their gang; 11 mentioned between 100 and 200 fellow gang members; 10 mentioned between 200 and 400 other gang members; and nine mentioned more than 400 people in their gang. About a dozen youth had no idea how many people were in their gang.

## Arrest, Jail and Prison

Most (83%) of the youth had been arrested. The offences they have ever been arrested for are:

Fighting/assault: 42%  
Weapons related offence: 37%  
Drug use: 35%  
Robbery: 32%

Graffiti: 28%  
Drug selling: 27%  
Vandalism: 27%  
Burglary: 25%  
Theft: 20%

Shoplifting: 18%  
Trespassing: 17%  
Probation/parole violation: 18%  
Gang injunction: 12%

Grand theft auto: 7%  
Murder/attempted murder: 7%  
Truancy: 3%

Other offences, each mentioned by only one youth, included assaulting a police officer, being shot by gang members, evading high speed pursuit, terrorism, false identification, failing a drug test, domestic violence, drinking in public, disrespecting police officers, and being in a stolen vehicle.\*

On average, each young person had been arrested about nine times. The average age at their first arrest was between 13 and 14 (13.5 years old). The average age at their last arrest was about 17 (17.2 years old).

Most (90%) of the young people have a family member who has been arrested.

Close to three in four (70%) of the young people have been to jail and/or juvenile hall. On average, each youth has been to jail and/or juvenile hall about five times.

More than one in four (28%) of the young people have been to prison, probation-run 'camp' facilities, or the Division of Juvenile Justice (formerly California Youth Authority). On average, each youth has been to one of these facilities twice.

\*Youths' descriptions of their arrests.

## Alcohol, Tobacco and Other Drug Use

Close to half (45%) of the youth smoke cigarettes. The youth started smoking between ages seven and 25 years, with an average age of about 12 (12.3). About three in four (76%) of these youth said they could stop smoking immediately if they wanted to.

Most (97%) of the youth have used alcohol. Youth reported first using alcohol to the point they felt 'drunk' between ages six and 19 years old, with an average of about 13 years old (13.4). Close to a quarter (22%) of the youth felt that their drinking had caused them 'problems.' Close to half (47%) believed a family member had drinking 'problems.'

Marijuana, referred to as 'weed', 'chronic', 'kush' and 'medical', was popular among the youth, more so than alcohol. A total of 98% of the youth have used marijuana. Youth started smoking marijuana anywhere from ages six to 17 years, with an average age between 12 and 13 years old (12.5). More than half (57%) of the youth said marijuana was their 'drug of choice' – their favorite drug. Over half (53%) said they used marijuana every day of the last 30 days prior to the interview.

The young people mentioned using a variety of illicit drugs. The following presents the percentage of youth who said they had ever used these drugs in their lifetime.

Crystal Methamphetamine (crank, tweak, G, speed): 35%

Ecstasy (E, X): 35%

Powder cocaine (cavi, coke): 32%

Crack cocaine (rocks, piedra, p-dogs): 33%

PCP (angel dust, sherm, water, H20): 23%

Psilocybin 'magic' mushrooms: 22%

Inhalants (gasoline, glue, paint): 22%

LSD (acid): 10%

Other drugs used by the young people included heroin ('chiva';7%), 'speedballs' (mixture of heroin and cocaine; 2%), and 'poppers' (inhaled amyl/butyl nitrate; 3%).

Some youth also mentioned using prescription drugs, particularly Vicodin (28%) and Oxycontin (10%). These drugs are considered 'opiates' and have similar effects as heroin.

Many of the youth also used certain drugs together, particularly drinking alcohol and smoking marijuana at the same time, but also alcohol, marijuana and one other drug, usually crystal or crack cocaine, simultaneously. These combinations are referred to as 'polydrug' or 'multiple drug' use.

One in three of the youth (33%) said that their drug and alcohol use had caused them problems in their lives. None of the youth were injection drug users.

## Sexual Behaviors

Most (97%) of the youth sexually identified as heterosexual ('straight'), though two of the young women identified as bisexual, meaning they were sexually attracted to men and women. Over a third (35%) of the youth had friends in homosexual ('gay/lesbian') relationships.

Three-fourths (75%) of the youth were currently in a relationship.

Most of the youth (82%) said that they have talked to someone about safe sex, usually a parent, but in some cases only from teachers during sexual education courses at school.

Two-thirds (66%) of the youth have talked to their friends about using contraception, primarily condoms ('rubbers'). However, close to a quarter (23%) mentioned difficulties accessing condoms in the past.

Most (93%) of the youth have had sex. While about a quarter (23%) of the youth had known their partners for less than a month when they initiated sex, close to half (46%) knew such partners for a year or more.

Youth in the sample first had sex when they were between ages nine and 21 years, with an average age of between 13 and 14 years old (13.5 years old). The national average of sex initiation is about 16 years old.

The first time youth had sex, more than one in three (35%) did not use a condom or other contraceptive. About one quarter (22%) were using drugs and/or alcohol before they first had sex.

Youth reported having sex with between one and 100 different people in their lifetimes, with two youth saying there were 'too many sexual partners to count.'

About a quarter of the youth (23%) had engaged in group sex – sex involving at least three people either at the same time or one after another. Many of these events (71%) involved the use of drugs and alcohol, and close to one in five (21%) of these youth did not use condoms or other contraception during group sex.

Close to one third (32%) of the youth have been pregnant or caused someone to be pregnant. About one in ten of the youth (12%) have children.

Close to one in five youth (17%) reported a sexually transmitted infection.

Over half (52%) of the youth have been tested for Hepatitis C (HCV) and close to two-thirds (62%) have been tested for HIV, the virus that leads to AIDS. Few (7%) of the youth has a friend or family member with HCV, and one in ten (10%) has a friend or family members with HIV. Few (7%) have had friends or family members pass away due to complications arising from their HCV or HIV infection.

## Violence

In many cases, youth grew up in a home environment where violence was acceptable. For instance, two-thirds (66%) had been told by an adult in their household that, “if somebody hits you, you hit them back. I don’t care what the teacher says.”

The youth had been in between one and 100 fist fights in their lives, though about half (46%) mentioned ‘too many fights to count.’ About a quarter (24%) of the youth had been in a fist fight within the previous seven days.

‘Getting jumped’ is a surprise attack involving two or more attackers and at least one victim. Most (88%) of the youth reported being jumped. Youth had been jumped between one and 16 times in their lives, with three saying that this had happened ‘too many times to count.’ In more than half (56%) of the times, the youth were jumped by a rival gang member.

Most (80%) of the youth had jumped others. Youth mentioned doing this between one and 50 times in their lifetime, and 13 said they have done this ‘too many times to count.’ The majority (58%) of the youth said they jumped rival gang members.

Most of the youth (80%) had been in group ‘rumbles’ or ‘riots’ both inside and outside periods of incarceration.

Weapons were common, but largely during collective fighting (rumbles, jumping). Almost three-fourths (72%) said that they were much more likely to use a weapon if they were fighting more than one person at a time.

Almost all of the youth (88%) said that obtaining a gun would be ‘very easy’ or ‘easy.’ Most (97%) know someone who has a gun, and about half (54%) have family members who have guns. About three-fourths (73%) have fired guns.

All of the youth know someone who has been shot, and most (95%) know someone who has been shot at. Most (80%) of the youth themselves have been shot at.

Three in four youth (75%) feel that it is ‘very likely’ or ‘likely’ they will be shot and killed one day. Slightly less (68%) feel that it is ‘very likely’ or ‘likely’ that a loved one will be shot and killed one day. For most of these youth, deadly violence is a reality.

Over one-third (37%) needed to go to the hospital as a result of fighting. Such youth went to the hospital between one and seven times in their lifetimes. At the hospital, the youth were treated for deep cuts required stitches (27%), broken bones (12%), head injuries (17%), dislocated joints and torn muscles (each at 5%), and gunshot wounds (14%).

## **The Public Health Approach towards Gang Youth**

An overarching goal of the research is to promote a public health agenda towards gang youth. But what does this mean?

A public health approach towards gang youth emphasizes the prevention of gang participation, intervention with current gang members, and interventions aimed at reducing or eliminating risk behaviors amongst gang youth.

‘Prevention is the best cure’ is a common phrase used within health care professions, though very little efforts go towards preventing youth from joining gangs, particularly compared to the money used to police and incarcerate them. Tackling the community issues that give rise to gangs is a focus on prevention, which is related to more of a public health approach.

A public health approach is a break from traditional criminal justice approaches towards gang youth that emphasize suppression, incarceration, fines, and other community penalties. Some of the nation’s leading gang researchers have found very little evidence that police-driven gang suppression programs work, though such programs continue to receive substantially more money and resources than gang prevention and gang intervention efforts combined. To be clear, public-health related efforts towards gang youth should compliment, not replace, existing criminal justice ones.

Gang youth are more likely to engage in risk behaviors compared to their non-gang peers. The public health approach aims to find out what has happened to these youth as a result of such participation. As outlined in this report, gang youth have suffered many negative health outcomes, such as a variety of wounds, including gunshot, sexually transmitted infections, unwanted pregnancies, and problems related to their drug and alcohol use. Understanding the extent to which gang youth suffer from these negative health outcomes is part of a public health approach.

The public health approach towards gang youth also focuses on mental health issues. This is an area sorely neglected in gang research, with perhaps a handful of studies suggesting that gang youth do suffer from some mental health ailments. More research is needed along these lines, so as to properly outline the various mental health conditions that gang youth may have. From such studies, proper treatment options can be developed.

The information presented in this report is based on research that is intended to be one in a series of public health-related studies on gang youth in the Los Angeles area. Perhaps such research will reveal practices and policies aimed at reducing risk behaviors amongst gang youth that thus far have been undiscovered or under utilized.