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Suburban and Rural Gang Presence: Pre-empting Violence in Response to This Shifting Threat for Hospitals

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Abstract

The threat of gang violence spilling over into healthcare settings has become a reality in communities of all sizes. In particular, many people still perceive suburban and rural areas as havens from significant organized crime when they may actually be places where criminal gang activity and violence are less detectable by law enforcement. Additionally, lesser populated regions of the nation often have small and sometimes underfunded police departments, which can make those communities vulnerable and attractive to criminals trying to avoid larger cities with more sophisticated gang units. To deal with the potential for gang violence in the hospital setting, there is a need to understand the basics of the gang culture, related behaviors, and the continuing gang threat. The keys to a successful campaign against gang violence in a hospital setting are training and education of security and clinical staff, including coordination and cooperation with law enforcement, and proper reporting procedures and protocols.

Keywords: gangs, hospital violence, gang violence

Nearly a decade ago, McDaniel and nursing colleagues (2014) shared the following visionary commentary:

> *Many health providers might not have thought they would see the words "gang violence" and "public health" in the same sentence. However, nurses who work in emergency rooms, schools, local public health agencies, and health clinics located in communities*

> *with high levels of gang activity likely have daily reminders that gang violence and public health do intersect* (p. 3).

As with all national challenges that relate to quality of life, injury prevention, and untimely death, public health and public safety share a mission when it comes to stopping gang violence before it starts.

In the years that have followed, public health and public safety workers who respond to gang problems know that after-the-fact efforts are not enough. Specifically, to help change the course of the future for youth in the nation, Ritter, et al. (2019) published *Changing Course: Preventing Gang Membership* to address the challenge of gangs in America. Regrettably, gangs continue to proliferate, and nurses and other healthcare personnel will encounter their members and associates in a variety of settings. This is of particular importance since gang affiliates are now documented to be present in all 50 United Stated and territories and have had a persistent presence in all cities with a population over 250,000 every year since 1996 (U.S. Department of Justice Office of Justice Programs, 2020). Additionally, according to the Royal Canadian Mounted Police (2018), the federal government says gang violence is a serious threat to the safety of Canadian communities. Although crime rates in Canada have declined, gang activity has continually increased. Specifically, there are more than 430 active gangs in Canada – with the largest gang activity in Regina and Saskatoon. Further, with the consistent migration to suburban and rural geographical regions of these two nations, it has frequently found healthcare facilities and local law enforcement units minimally prepared to respond – not only for pre-emptive safety measures - but to the types of injuries that are frequently manifest from gang-related activities (Akiyama, 2015; McDaniel, et. al, 2014). Subsequently, it is critically important to raise awareness among healthcare providers, enhance forensic assessment of risks, and maintain safety for human lives in healthcare settings (National Gang Center, 2017; Public Safety Canada, 2022).

Review of Literature Supporting Practice Change

Using the United States as an exemplar, according to the seminal *National Youth Gang Survey Analysis* conducted by the U.S. Department of Justice, data between the years 2005 and 2012 revealed that gang-related crime more than tripled among smaller towns and neighborhoods in the national trend towards gangs expanding beyond urban areas (Egley, et al., 2014; National Gang Center, 2017). This situation is compounded by an accompanying lack of awareness or, in many cases, denial on the part of many, including healthcare personnel, that a gang problem exists in suburban and rural regions of the nation. This lack of awareness or realization is in stark and direct contrast to data from the Federal Bureau of Investigation (FBI) (n.d.) emphasizing that some 33,000 violent street gangs, motorcycle gangs, and prison gangs are criminally active in the U.S. today; that many are sophisticated and well organized; and that all use violence to control neighborhoods and boost their illegal money-making activities, which include robbery, drug and gun trafficking, prostitution and human trafficking, and fraud. However, the expansion of gangs into lesser populated regions of the nation often challenge small, and sometimes underfunded, police departments, which can make the communities extremely vulnerable and attractive to criminals trying to avoid larger cities with more sophisticated gang units. Also, gangs find these non-urban areas to be full of eager new drug customers with money, and a lack of significant competition from other gangs. The bottom line is that gangs go where business is good; where typically illegal drugs, illegal weapons, and most recently, where human trafficking can easily go

unnoticed (House Committee on the Judiciary, 2017; U.S. Department of Justice, 2021). For example, many people still perceive rural areas as being pastoral havens with rolling fields, grazing cattle, and flowing streams—when they may actually be places where a gang's criminal activity is less detectable by law enforcement, and they aren't competing with other gangs for business (Watkins, & Taylor, 2016).

The threat of gang violence spilling over into healthcare settings has become a reality in communities of all sizes. The keys to a successful campaign against gang violence in a hospital setting are training and education of security and clinical staff, including coordination and cooperation with law enforcement, and proper reporting procedures and protocols. According to *Campus Safety: Hospital/School/University* (2019), specific questions that healthcare settings need to answer are the following:

1. What occurs when a gang member presents himself or herself to a healthcare environment?
2. What can security, nurses, physicians, and other personnel working in areas such as registration and other departments do to respond to the potential danger and prevent a possible incident?
3. When and how is local law enforcement activated and involved?

In addition, these environments need to establish clear policies and procedures that can expand awareness and enhance early identification of potential gang violence so strategies can be implemented to prevent violence from erupting in workplace and community. (Occupational Safety and Health Administration [OSHA], 2016).

Furthermore, nurses should be familiar with the basic information related to gang membership and behaviors, and the types of gang activity occurring in their communities. For example, in one "middle-class suburb," a gang member presented himself to the Emergency Department (ED) with injuries after being beaten by rival gang members. The patient was accompanied by fellow gang members—all of whom were clearly dressed in gang-affiliated attire which was red and white (typically associated with the "Bloods"). Soon after they entered the ED lobby, registered at the front desk, and were seated in the waiting area, rival gang members—clearly dressed in opposing gang-affiliated attire which was blue and white (typically associated with the "Crips") entered, one of whom was carrying a baseball bat, who subsequently began striking the patient. Everyone was caught off-guard, including security. As two security guards impulsively attempted to respond, they, along with several gang members, were struck by the bat. The unit clerk dialed 911, but by the time the police responded, the assailant ran from the ED. The patient resultantly had severe head trauma, one security guard received a facial fracture, and several other patients and family members in the waiting area were injured with bruises and emotionally traumatized. The other gang members who accompanied the patient were arrested; subsequently, several were discovered to be in possession of firearms during their body searches by police.

In another case, a 19-year-old member of the MS-13 gang (*Mara Salvatrucha*), noted to be the largest and most violent gang by the FBI, and located mainly in rural and suburban areas (BBC News, 2017; Congressional Research Service, 2018), opened fire in the trauma unit of a rural hospital in an attempt to "finish off" the rival gang member who had survived an attack during a "gangbang" (i.e., an extreme instance of violence involving members of two opposing gangs) from the previous night. Knowing that the injured gang member was vulnerable (in slang

terms, "a sitting duck") while confined to a hospital bed, they wanted to take advantage of this situation that would make him an easy target for retaliation. However, during the attack, the intended target—the gang member—was actually surrounded by other MS-13 gang members and not struck by the chaotic gunfire. Rather, during the scuffle, a 37-year-old female registered nurse received a non-life-threatening gunshot wound to the forearm and a 62-year-old male security guard received concussive head trauma from being struck with the gun as the assailant fled the unit. The psychological trauma on all personnel (both present and vicariously) was palpable. A post-sentinel event debriefing reflected that the unit had not been locked down in any manner to limit or restrict visitors and no pre-emptive early awareness education or "target hardening" training (referring to the strengthening of the security of a building or installation in order to protect it in the event of attack or reduce the risk for retaliation by the gang within the hospital) had been provided (US Department of Homeland Security, 2018).

Preparing and Educating a Facility for Gang Violence

To evaluate the potential for gang violence in the hospital setting, there is a need to understand the basics of gang culture, related behaviors, and continuing gang threat. There is no single definition of a gang, but there are a number of widely accepted criteria for classifying groups as gangs, specifically: (1) the group has three or more members; (2) members share an identity, typically linked to a name and/or symbols; (3) members view themselves as a gang, and they are recognized by others as a gang; (4) the group has some permanence and a degree of organization; and (5) the group engages in a significant level of criminal activity (U.S. Department of Justice Office of Justice Programs, 2020). Generally, adult organized crime groups, hate groups, ideology groups, and militia groups are excluded from this overarching definition of a *gang*.

It is also important for nurses and others in the healthcare setting to be aware of and educated about the foundations of gang loyalty, which most importantly includes the "*Three Rs of Gang Life: Reputation, Respect, and Retaliation"* as presented below (Lauger & Lee, 2019; Moore, 2012):

Reputation

Reputation is crucial for the continued existence and achievement of any gang member. Additionally, gang reputation is critical in the endurance and promotion of the gang as a viable criminal enterprise. The fear of reprisal and violence is created through reputation. Gang-related behaviors, as well as the willingness of a gang member to do whatever it takes in furtherance of gang objectives, gain the member's status and reputation. If a gang member feels that he or she will lose respect, they are motivated to prevent that from happening because they are protecting their own and the gang's reputation and respect. For this reason, gangs will use violence almost anywhere.

Respect

Respect is a dominant desire for all gang members. Gang members seek respect and demand respect for themselves and their gang. They insist that rival gangs respect their territory, their gang colors, and their fellow members. They are often willing to risk serious injury or death to ensure this occurs. Maintaining respect is a fundamental goal for gang members and plays a role in gang behaviors. To lose face, to get challenged, or to be stared at too long and not respond are all ways that gang members think they lose respect. Gang members often have a sense that the gang they belong to and they themselves lose respect if any insult goes unanswered. This

belief causes gangs to respond—often violently—to minor incidents, like those mentioned above. If a gang member witnesses a fellow member failing to *dis* (i.e. *dis*respect) a rival gang through hand signs, graffiti ("tagging"), or a simple "mad dog" stare-down, they can issue a "violation" to their fellow posse member and he/she can actually be "beaten down" by their own gang as punishment. After a *dis* has been issued, if it is witnessed, the third "R" will become evident.

Retaliation

Retaliation happens when gang members believe that they or the gang has been disrespected or their reputation has been violated. It must be understood that in gang culture, no challenge goes unanswered. Many times, drive-by shootings and other acts of violence follow an event perceived as a *dis*. A common occurrence is a confrontation between a gang set and single rival "gangbanger." Outnumbered, he/she departs the area and returns with others to complete the confrontation to keep their reputation intact. This may occur immediately or follow a delay in planning and obtaining the necessary weapons to complete the retaliatory strike.

Gang Levels / Membership

There are also various levels of memberships within gangs, and this can be important information as far as understanding whom nurses might encounter in the ED or other healthcare setting and in what capacity.

Original Gangsters (OG)

These are the foundational members and are the highly protected leaders; they are in it forever. It is unusual to see these members in the ED unless they have been severely injured.

Emergency department providers will encounter hardcore members in trauma situations after gang shootouts.

Hardcore Members

These comprise approximately 5–15% of the gang. These are the die-hard gangsters, who thrive on the gang's lifestyle and will always seek the gang's companionship. These hardcore gangsters will almost always be the leaders and without them, the gang may fall apart. The gang's level of violence will normally be determined by the most violent hardcore members. They are usually the shooters and therefore most prone to severe injury and death. Hardcore members used to be considered only males, but this is changing as more females become active gang members and weapon carriers. ED nurses will see these members in trauma situations after gang shootouts.

Regular Members (Associates)

They usually range from 14 to 17 years old and are often oriented toward proving themselves to older gang members and running errands while making money. They usually join the gang for status and recognition, which is congruent with adolescent development. They may not participate in hardcore gang activities, but they may be involved in juvenile delinquent acts. They may doodle gang insignias, commit acts of graffiti vandalism ("tagging"), and speak in slang, use gang terminology, and display gang hand signs. They also may carry concealed weapons for protection.

Wannabes

These are usually 11 to 13 years old and their jobs are tagging and stealing. They are not yet initiated into the gang, but they hang around with them and usually will do most anything the gang members ask of them so that they may prove themselves worthy of belonging.

Could-Bes

They are usually under the age of ten. Children of this age are at more risk when they live in or close to an area where there are gangs or if they have a family member who is involved with gangs. It is important to find alternatives for these children in order that they may avoid gang affiliation completely.

Recommended Best Practices

Healthcare Facility Preparedness and Protocols

All healthcare facilities—not just those hospitals located in the inner cities—need to adopt a gang-awareness training program that incorporates local and regional gang identification, risk assessment of warning signs for potential violence, target hardening with strategic pre-emptive facility planning, and established reporting procedures. This education should be available to all employees, especially Emergency Department (ED), Intensive Care Unit (ICU), and safety and security personnel. In 2017, the U.S. Department of Justice developed Gang Violence Protocols for Medical Facilities. These include requesting annual gang identification training for ED personnel, including receptionists and security officers, by local law enforcement or gang taskforce officers. This training should include:

- Visuals of local gang tattoos, clothing, and other identifiers, and should also describe existing rivalries.
- Development of a relationship with local law enforcement or gang unit administrators.
- Requesting dispatcher notification when individuals of a gang conflict are transported to the ED. Emergency department personnel should also request further information, including the names/identifiers of the gangs involved and descriptions of suspects/vehicles. This information should then immediately be shared with security and reception personnel.
- Limiting the number of visitors who can accompany patients into waiting and treatment areas.
- Notifying security and/or requesting a law enforcement response in the ED when a patient with gang-involved injuries is treated.
- Being actively aware that rival gang members may encounter one another inside hospital facilities and in parking areas, so both areas require attention and security.
- Being prepared that in the event of a serious gang incident in the community, hospitals may wish to develop escalated security protocols that include locking down the emergency department and waiting area.

Additionally, hospital administrators may wish to incorporate *Crime Prevention Through Environmental Design* (CPTED) strategies. Many law enforcement and city planning agencies can provide CPTED reviews. Go here for information on CPTED courses: https://www.cptedtraining.net

In addition, it is very important that security and clinical staff be trained on how to assess for warning indicators related to potential gang violence. These are some of the signs (Moore, 2012; U.S. Department of Justice Drug Enforcement Administration, 2018; U.S. Office Department of Justice Office of Justice Programs, 2017):

- Obvious signs of agitation of patients and/or visitors arriving at the ED, or signs that they just came from a fight.
- The staring down of other visitors or staff members may be an indicator of looming violence. Known as "mad dogging," this tactic is often used between rival gang members.
- Gang indicators, whether it is the wearing of gang colors, identical clothing or sports attire, tattoos, or the use of hand signs.
- A patient with traumatic injuries from shooting, stabbing, or assault, who arrives with a group or "posse," or is being dropped off ("dumped") at the hospital entrance (sometimes from a still moving vehicle).
- A patient refusing to give up clothing or packages. These may contain weapons or illegal drugs.

Implications for Education, Research or Practice Implementation

"There aren't any 'real' gangs around here," often paired with the common misconception that hospitals are considered "neutral territory" for gangs, are two mindsets regarding gangs and gang-related violence that need to be changed; particularly in suburban and rural areas. Gang violence is not only a societal issue but also, a public health issue that doesn't stop at the hospital doors. Across the country, gang members enter hospital EDs and other healthcare settings daily as patients with injuries from shootings, stabbings, and beatings, as well as for medical needs that are not related to violence. Often accompanying these patients are fellow gang members whom they consider their "family" - even if they are not legally considered such. The conundrum for many healthcare providers is that, although *gang activity* may be illegal, *treating gang members* for health-related illness and injury is not. As a matter of fact, the opposite is true: it would not only be unethical but also malpractice to deny healthcare simply because a patient is clearly in a gang. As such, when it is apparent that the patient being treated in the ED is a gang member, it does not necessarily mean that gang violence will inherently follow; however, it should mean that the healthcare provider should modify their assessment and environmental awareness throughout their therapeutic interaction.

Ultimately, a workplace violence policy should be in place and all hospital employees should be familiar with its content. This policy should be a part of any new-employee orientation program and should detail the procedures for incident reporting; not only incidents of violence but also the potential for violence. The clinical staff should receive education regarding the best methods to deploy while interacting with suspected gang members. Should gang members feel disrespected by a nurse or physician, they may retaliate and lash out at the staff. Hospital staff should be straightforward and honest with the patient regarding his or her injuries and treatment. Treat the gang-member patient respectfully, as you would any other patient. Like all patients, gang members cannot be turned away when seeking emergency medical treatment. Therefore, the keys to a successful campaign against gang violence in a hospital setting are preparing for incidents of potential gang violence through training, education, and cooperation with law enforcement, as well as proper reporting procedures and protocols.

Resources

The National Gang Center (NGC) is a project funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the Office of Justice Programs (OJP), U.S. Department of Justice (DOJ). The NGC is an integral component of the Justice Department's mission to provide innovative leadership in coordination with federal, state, local, and tribal justice systems to prevent and reduce crime. The NGC disseminates information, knowledge, and outcome-driven practices that engage and empower those in local communities with chronic and emerging gang problems to create comprehensive solutions to prevent gang violence, reduce gang involvement, and suppress gang-related crime.
Office of Justice Programs – National Gang Center: Resources and training opportunities

Violent Gang Task Forces (by State and Region): https://www.fbi.gov/investigate/violent-crime/gangs/violent-gang-task-forces

Public Safety Canada:
Gang Prevention Strategy: https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/gng-prvntn-strtgy/index-en.aspx

Youth Gangs in Canada: A Review of Current Topics and Issues:
https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/2017-r001/index-en.aspx

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