# Working With Gang Members (being "gang-informed")

## Suggestions for Working with Auckland's Gang Community in an Outpatient Alcohol and Drug Treatment Setting.

## 1. BACKGROUND:

Gangs have been a recognized component of Auckland's social landscape for the past 50 years, starting with the establishment of the first chapter of the Hells Angels outside of America in 1961.

Current estimates of numbers of gang members in New Zealand indicate that there are around 4,000 patched gang members, representing around 32 adult gangs. New Zealand also holds the dubious honour of having the most gang members per head of population than any other country in the world. Gang members and associates are said to have more extensive and extended contact than non-gang members with many of our social and justice sectors.

Since the 1980s, gangs have become increasingly linked with the illegal narcotics trade (in particular, the Class A drug methamphetamine). In Auckland, CADS is usually the nominated community service provider for clients who require alcohol and drug interventions as recommended through a corrections-based pathway. Gang members themselves are also acknowledging the impact of substance abuse and addiction within their gang communities, and have been vocal in seeking support for this.

Currently at CADS there are no recommended guidelines or practice suggestions for working with gang members and their associates.

Auckland has an eclectic gang community ranging from semi-organized youth and young adult gangs, to highly-structured adult gangs with chapters throughout New Zealand. New gangs have also been introduced into Auckland, partly by way of deported New-Zealand born citizens back from Australia who are active gang members. With these variations it is important that clinicians are gang-informed, with view to support these communities accurately and with compassion.

**"New Zealand gangs are forms of community with norms, values, processes, and practices that possess an internal logic".** AJ TAMATEA (2013).

## 2. PROJECT DESIGN:

A year-long project consisting of a literature review, clinical file audit, development of an information sheet, and creation of a workshop, was designed and sanctioned by the Waitemata District Health Board under the Career Advancement Salary Progression pathway with two main objectives:

1) Increasing base knowledge of gangs and gang culture for alcohol and drug clinicians.

2) Exploring and suggesting methods for working with gang members and gang associates.

## 3. AUDIT:

- **Reviewed 38 files for clients referred to CADS who self-identified or had been identified through their referral sources as belonging to a gang or being associated with a gang.**
- **Focus on gang-specific information gathered by clinicians, with view to gain a more accurate picture of needs for gang members and associates accessing CADS.**

### Primary review findings:

→ 71% had previous contacts with CADS.

→ 71% were of Maori or Pasifika descent.

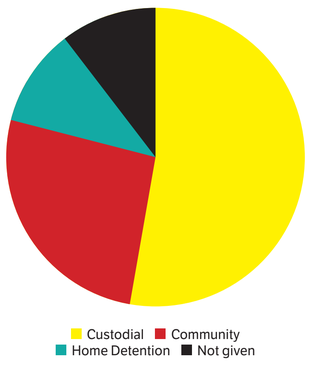
**Issues discussed included themes of:**

**Personal "safety":** Drug debts, ending a relationship with a senior gang member and methamphetamine cook, being accused of "narking off" a patched gang member over drug selling.

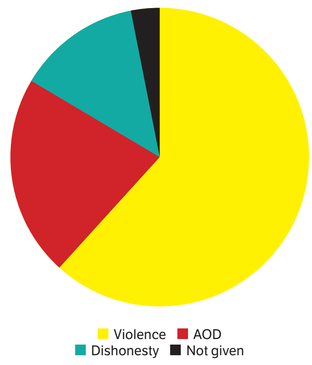
**Desistance:** Wanting to leave or limit amount of engagement with gang due to adjustment of values, birth of first child, not wanting to perpetuate the stereotype of the "wasted gang member, stumbling down the street with a patch on".

**Financial gain:** Roles within the gang such as drug dealing, collecting drug debts on behalf of senior members or 'theft for hire" to obtain drugs via stealing specified items in exchange for drugs.

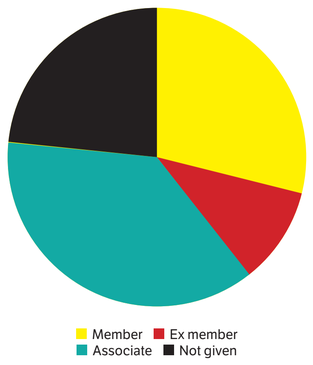
### Primary audit findings




**SENTENCE TYPE**
**63%** were serving a custodial-based sentence at time of contact with CADS (prison, parole, or released on conditions)




**OFFENDING TYPE**
**60%** were on sentence for violent offending (**39%** from this group for intimate partner violence)




**RELATIONSHIP TO GANG**
**25%** described a family link with a gang (**57%** from this group as child of a gang member)

**Cultural considerations:**

→ The 1960s migration of rural Maori and Pasifika to Auckland, in search of employment and financial benefits, lead in part to the formation of Auckland's gang scene. Youth and young adults formed some of the first gangs are they are now known, in response to loss of cultural identity and to replicate social bonds.

→ Economic difficulties in the 1970s and changes to government work schemes in the 1980s led to these communities experiencing financial hardship and gang membership became more attractive as their communities of origin became more marginalised.,

→ Currently around 50% of all patched gang members are of Maori ethnicity and around 15% of all patched gang members are of Pacifika ethnicity.

## 4. LITERATURE REVIEW:

- **Explored the development of gangs in New Zealand, with emphasis on gangs in Auckland and the connections between gangs and alcohol and drug use.**
- **Explored different health-based interventions for gang members.**
- **Discussed six gang-specific and gang-inclusive programmes operating in New Zealand, with collation of positive outcomes across programmes as suitable for working with the gang community in an outpatient setting.**

### Primary literature review findings:

→ **Understand gang culture:**

- Be "gang-informed"; develop a basic understanding of gang culture and gang values. Use this to help with framing of suitable questions and reflections that encourage building of the therapeutic relationship.
- Sense of stigma and feeling marginalized affects how gang members and gang associates may engage. Use a non-judgemental approach; some members and associates of gangs may have had difficult interactions with other social services, starting from early childhood.

→ **Understand gang values:**

- Gang chapters have formal rules around not sharing gang-specific information with outside services. Ensure client safety by clearly explaining confidentiality and limitations to confidentiality.
- Ensure safe practice by being assertive and establishing clear boundaries. Gang communities have some values that are similar to non-gang communities, and most will respect "straight up" and honest interactions.

→ **Understand gang-specific challenges:**

- Be alert to gang-specific challenges faced at time of service contact, and where possible, use this feedback to develop a suitable treatment plan. This also extends to associates of gang members. Both the length of time with the gang and the status held within the gang will affect these challenges.

### Conclusions:

Gang-specific and gang-inclusive programmes for adults have shown some degree of success with working with the gang community, although few have been soundly evaluated. Awareness of gang culture and tailoring of treatment to suit a gang member or associate can both enhance the therapeutic relationship between client and clinician and allow for addressing more definite needs within a treatment episode.

Although substance abuse and addiction may feature as only one component amongst a number of other social issues faced by the gang community, the importance of reducing or stopping problematic substance use cannot be underestimated, with potential to improve well-being in other areas of life typically affected by gang involvement.

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