

Evolving Gang Culture and Youth Adversity in Scotland: *Critical Perspectives on the Impact of a 'Public Health' Model*

Professor Ross Deuchar, PhD
University of the West of Scotland

DPU, University of Aarhus

13th March 2023



THE 'PUBLIC HEALTH' APPROACH TO VIOLENCE PREVENTION

- Moves the focus from dealing with consequences of violence to preventing violence through 'addressing its causes' [Conaglen & Gallimore, 2014, p.15].
- Risk factors conceptualised in the form of ACEs; 'positive and significant association between ACE scores and gang involvement' [Wolff et al. 2020, p.42].
- Public health perspective pioneered by the SVRU – focus on treating deep-rooted causes of violence; smart use of data; working across organisational boundaries [Deuchar, 2013; Williams et al., 2014].
- Educational programmes recognised as vital in prevention through tackling root causes [Deuchar, 2013; Arnot & Mackie, 2019].
- A steady decline in reported incidence of street violence and knife crime in Glasgow [Scottish Government, 2020, 2021, 2022].
- Embedding of public health approaches into HM Government's 'Serious Violence Strategy' and formation of VRUs in England/Wales [Deuchar et al., 2022].

THE 'PUBLIC HEALTH' INITIATIVES

- **Community Initiative to Reduce Violence [CIRV]:** Enforcement; moral voice of the community; social service provision – recreational sport, education, volunteering, training & employability services. A reported 46 per cent reduction in violent offending, with significant decreases in weapon carriage and gang fighting (Deuchar, 2013; Williams et al., 2014).
- **Street & Arrow Café:** employment/ rehabilitation programme modelled to some extent on *Homeboy Industries* in Los Angeles - employment skills, relationship issues, mental health; access to counselling and mindfulness (SVRU, 2022).
- **Navigators programme:** working in A&E departments, engaging patients affected by gang violence; partnership work, signposting and mentoring to break the cycle of violence (SVRU, 2020).



THE 'PUBLIC HEALTH' INITIATIVES

- **No Knives, Better Lives:** provides training, networking events and resources to support youth workers, teachers, sports coaches and community police officers; young people are trained to work in their communities to raise awareness of the risks and consequences of knife crime [(NKBL, 2019).

~~No knives~~
Better lives

THE 'PUBLIC HEALTH' INITIATIVES

- **FARE Scotland:** registered charity established in 1989 - provides diversionary activities for gang-involved young people (including sports, arts and cultural activities in neighbourhoods prone to gang violence), breakfast clubs, employability programmes - actively recruits young people with gang-related backgrounds (Deuchar, 2009).
- **Youthpoint Aberlour-** youth work in various socially disadvantaged communities, provided gang-related prevention work and employability programmes.

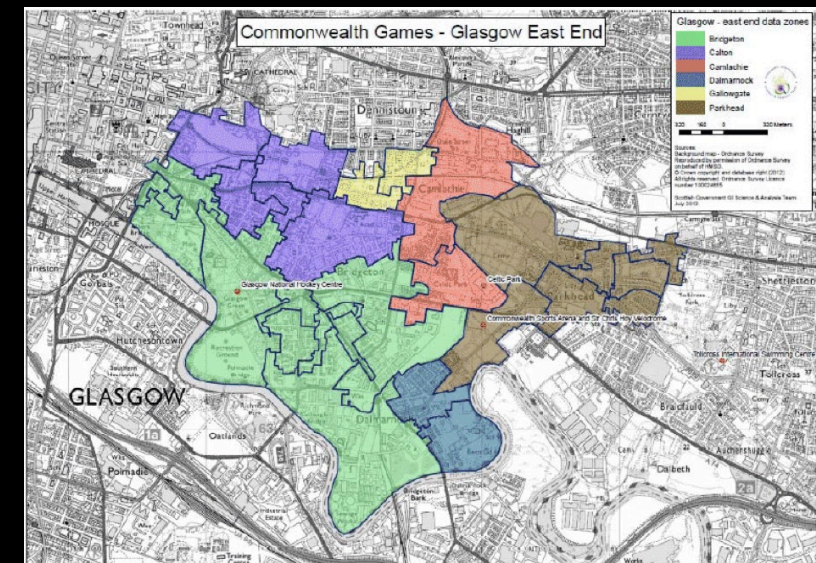


WIDER INITIATIVES WITH A DANISH INFLUENCE!

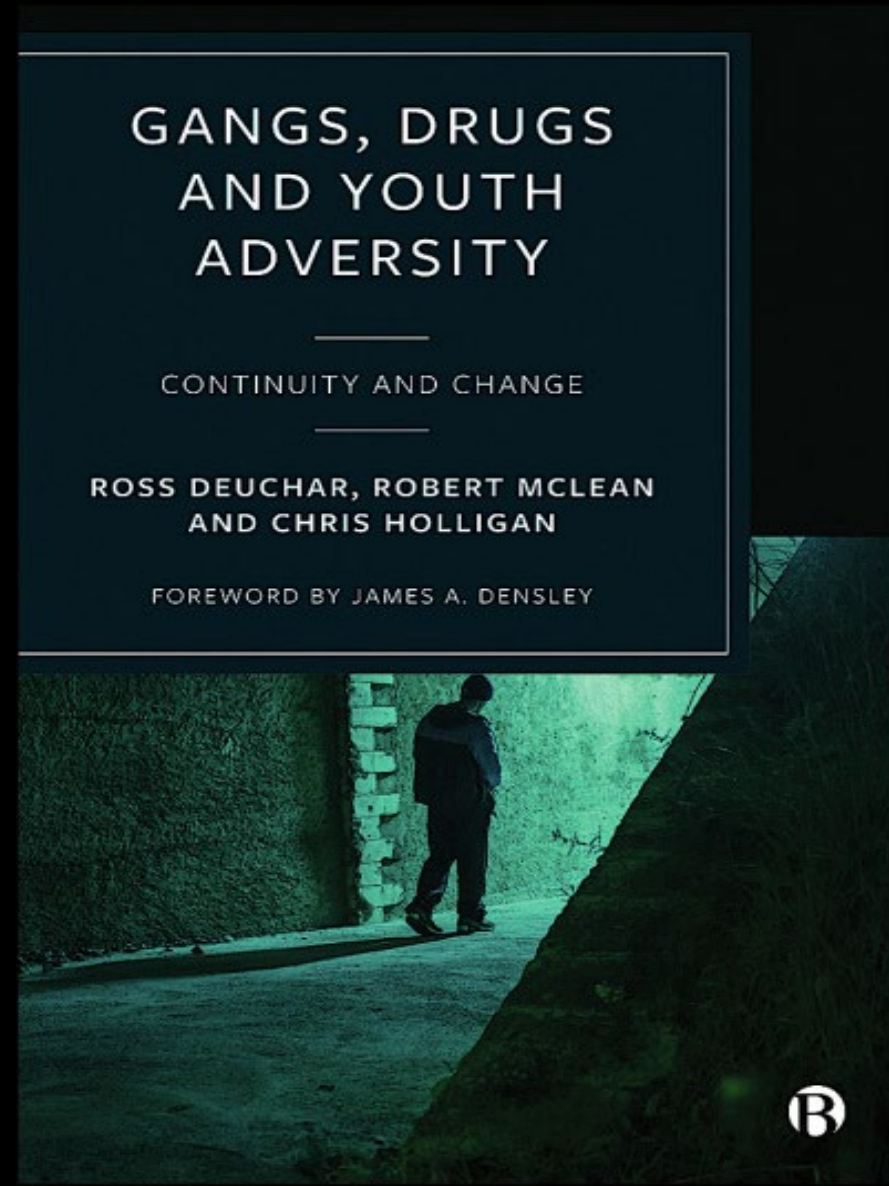
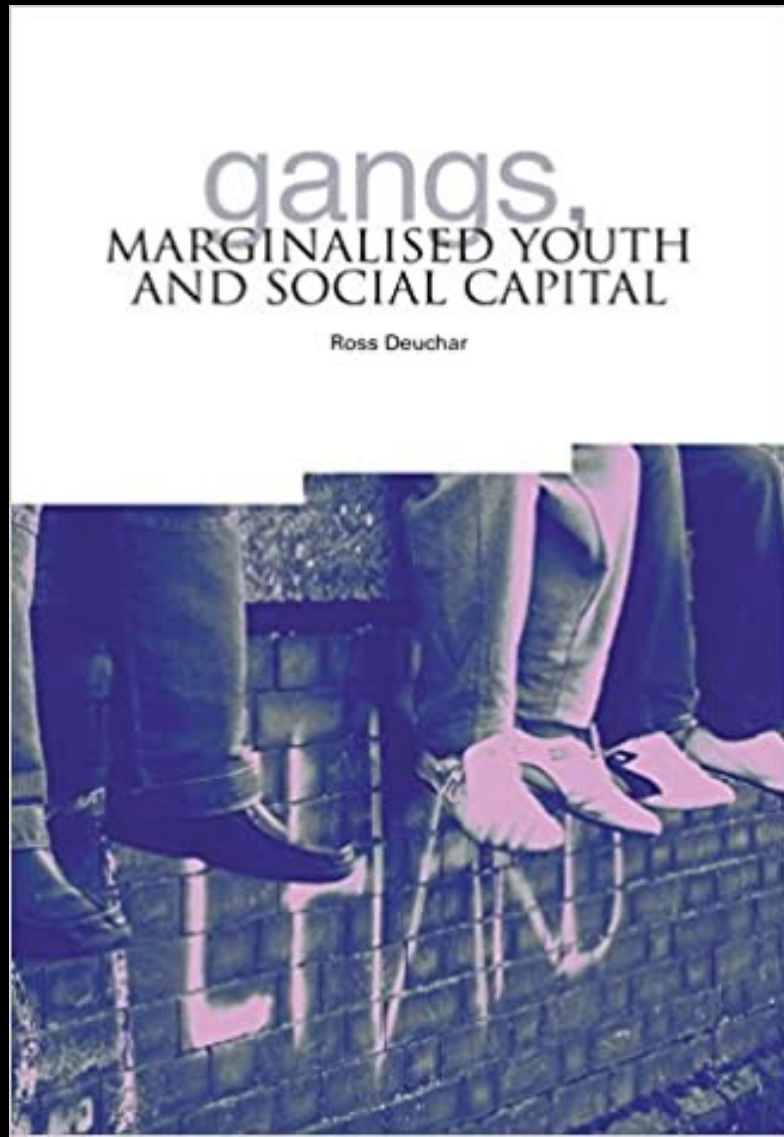


GLASGOW STREET GANGS & 'PUBLIC HEALTH' APPROACH

- Over 150 year history of street gangs involving young, working class White men - with roots in sectarian divisions [Deuchar, 2009, 2010, 2013, 2016].
- Lure of the gang was seen to be driven by the Glasgow culture of 'self-assertion and rebellious independence against authority as a means of attaining masculinity' [Patrick, 1973].
- Young men in deprived housing schemes vie for territory and engage in recreational violence; they gained social capital that was difficult to access elsewhere [Deuchar, 2009, 2010, 2013, 2016].
- Flexible structures, no fixed organisational hierarchy, no intent to exclusively engage in serious criminal activity for financial gain [Deuchar, 2009; Fraser, 2013, 2015; Miller, 2015].
- Recent research suggesting Glasgow gangs exist on a continuum – YSGs – YCGs – OCGs – with an evolving relationship with territory over time [McLean, 2019; Harding et al., 2019; McLean et al., 2019].



FROM 2009 TO 2019 ...



RESEARCH METHODS

- Convenience-led, opportunistic and snowball sampling methods: overall sample of **n=68**.
- Semi-structured interviews: **practitioners [n=22] [19 male, 3 female]; former gang members [n=12] [aged 25+] [11 male, 1 female]**, .Semi-structured interviews and focus groups with **teenagers and young people** with recent experience of gang culture/drug distribution or from communities impacted by these issues **[n=34] [aged 13-20] [28 male, 6 female]**.
- Geographical areas: districts/suburbs of Glasgow; towns in wider west of Scotland - commonly impacted by poverty.
- Process of informed consent, guaranteeing confidentiality, anonymity. Use of pseudonyms for participants and geographical areas to protect identities.
- Audio recordings, manual coding of data and thematic analysis [Strauss & Corbin, 1998].

JOURNEYS OF CHANGE:

I think to a certain extent the gangs task force was the stick and there was a lot of apprehension activity, enforcement activity, happening across the city in relation to gang violence. It coincided with the SVRU's launch of CIRV where there was a carrot offered and people who were involved in violence were given an alternative opportunity ... to me that joint activity between 2008-12 broke the back of gang violence in Glasgow. ~ *Michael, senior officer: SVRU*

At the time I don't think we kind of knew the longer-term effect [CIRV] was gonna have. I don't think we really knew that dealing with Johnny from [east end], the impact that was gonna have on his younger brothers and sisters and the generations after ... the knock-on effect, the ripple effect ... but certainly the work we've done then must have had a knock-on effect for future generations. ~ *Daniel, senior officer: SVRU*

Years ago, everybody addressed those [neighborhood] areas as the names of gangs, it didn't matter what age of generation ... you hear it now and again, but no' as much. ~ *Lewis, senior manager: FARE Scotland*

I don't know if the kids just now have ever seen or heard of knife crime ... I don't think it's talked about as much ... I think in some areas, some young people, they meet the boys, they get stoned, get drunk and they fight ... and it's more alcohol, drugs, fighting than it is knife crime. ~ *Peter, youth development coordinator: SSF*

Although some people still carry, we know in fact that most knife use now is from people picking up kitchen knives and not from carrying ~ *Wendy, senior development officer: NKBL*

CONTEMPORARY ADVERSITIES:

A disproportionate amount of violence still remains in our more deprived communities ... and it is also true that in these areas, there are higher levels of drug abuse, alcohol abuse, gambling addiction. And higher levels of suicide, particularly around young men ... they're all being driven by poverty. ~ *Michael, senior officer: SVRU*

Poverty is ... rife in the area, massive, massive poverty ... it took us a generation to eradicate [gang violence] and our priority now is to eradicate poverty within the areas we serve. ~ *Lewis, senior manager: FARE Scotland*

There is nothing out there for them, like no jobs ... employers are wanting kids but with 20 year experience ... I think it's also who you know as opposed to what you've done, isn't it? If you have this rich family that knows X, Y or Z then you have this kid coming from the high rises ... they are not going to get the job, are they? ~ *Thomas, teacher: Parkside School*

You only need to look at the current drug death crisis to know that it's getting worse... there's more drugs in society and more people using them. Poverty and inequality has got worse and austerity's got something to do with that as well. So the more stress there is in a community, in the deprived wards, the higher the likelihood there to people being vulnerable to [drug distribution] ... it's the perfect storm. ~ *Jack, development officer: SVRU*



CONTINUITY:

Territoriality & Football Bigotry

Josh: If you're no' liked by one person, by one scheme, you're no' liked by any of them. So if you see them, somebody phones and they all come down and fight ...

Kevin: [could be if] somebody was talkin' shit [on social media]

Josh: Like somebody said 'fuck [this scheme] to somebody.

Kevin: Or else if you're a Rangers fan and you say, 'fuck the Pope'.

Josh: Aye, that can start somethin' bad.

Kevin: There's quite a lot of that, cunts get stabbed for sayin', 'fuck Rangers, fuck Celtic.'

Josh: Even the sectarian stuff, man, it can happen in the same scheme ... say a Rangers supporter lives here, a Celtic s supporter lives here, things can start and they start fightin.'

- Josh, age 17, & Kevin, age 18

CHANGE: Mental Health & Social Media

I know a lot of people who have been cyberbullied and been slagged online about their pictures and they've harmed themselves ... Instagram's about the worst one for it. You always see pictures of all these lassies online, just standin' in front of a mirror, and wi' all the filters n'that. – *Stuart, age 14*

'I've been diagnosed with anxiety ... I used to go to CAMHS [Child and Adolescent Mental Health Services] but stopped – it didn't help. Nothing that makes it better or worse, constantly paranoid. – *Larry, age 16*

I smoke [cannabis] every day ... I've been smokin' weed for about a year or two, from age 13/14 ... I get stressed out fairly easily and I feel like, if I don't smoke this, I'd end up losin' my temper at anythin' anyone said bad to me. I feel as if it calms me down. – *Jason, age 15*

I was gonna commit suicide, that's how bad I felt ... I didane want to be here ... on that day, I smoked ... and I felt ... I just calm[ed] doon. – *Rowan, age 20*

CHANGE: Drug Markets & Supply

You can see what everybody has got [online] ... on Snapchat, Instagram. Like an online shop. ... [using emoji's] like a star and a dog, for the strength of the stuff - different kinds of weed, like the potency ... Somebody might be doing you six grams for 50 quid but somebody might be doing seven grams for that as well. Because they have more to get rid of. Better deals. Shopping around [and it can be delivered]. They [dealers] will post their number on social media. The number they post is the burner phone - *Fergus, age 16*

DRUG DEALERS' EMOJI CODE



Heroin



Cocaine



MDMA



High Potency

CHANGE:

Drug Markets & Supply

[Violence today is really] just debts that had not been paid. 'Tick'. Nothing to do with 'you're from here, you're from there'. Stupid wains [children] try and do that. A few that make a deal of it but not a lot. - *Fergus, age 16*

I'll show you an actual example. If you were in [scheme name], then you'd probably drop to the areas around [scheme name], so like ... basically the areas in a circle surrounding it ... basically like a bus timetable ... I've seen stuff on people's stories [on *Snapchat* advertising], 'who can drive? £300-er'. For just a few hours, it's mental because they can make easily thousands in a night ~ *Ethan, age 15, Barrhead*

The guy I did it for, he would go to London. He would drive down and up the same day. I went three times with him ... he went in and bought the stuff. He would sit with the guy and be like, 'the next time I come up will be [this date] and this is how much it will be'. When he is sittin' wi' the guy, [I] am round the corner dealin' [drugs in London streets] for [him]. The guy [is about] 20 year[s] old. ~ *Cammy, age 15, North Ayrshire*

I was the one that asked them ... I wanted to make money so I just said 'want to gie us it so I can make a bit of money? ~ *Jason, age 15, Oakford (Glasgow city district)*

CONCLUSIONS

- By modelling violence as akin to disease pathology, the SVRU and PH partners enabled the implementation of many intervention strategies to address root causes – but PH programmes can only facilitate gang disengagement and violence reduction and prevention for the limited number of participants that the initiatives can employ and provide support to (Deuchar & Weide, 2019).
- Limited formal evaluation data meant our research relied on testimonies of practitioners involved in PH initiatives.
- Continued poverty and widespread deprivation throughout Glasgow’s housing schemes throwing up an intersection of wider adversities.
- Territoriality’s decline had apparently lubricated ease of movement across local areas, intensifying drug circulation on a larger community scale; public health model led to unforeseen consequences in terms of gang evolution.
- Illegal drug consumption normalised; skeletal form of County Lines practices; street gangs evolved to become an extension of existing criminal structures and existing supply chain. Young people serving as useful points of contact for dealers looking for new clientele.
- Human damage that is attendant on communities surrounded by apparently endemic poverty requires more attention, with interventions biased towards therapeutic mental health



Thanks for listening!

ross.deuchar@uws.ac.uk
@rossdeuchar