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GANGS AND SOCIAL POLICY

A Major Paper Presented

By

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Gangs and Social Policy

by

Karen N. Doucette, RN, BSN, CSNT

A Major Paper Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Youth involvement in gangs in urban areas is significantly increasing. These youth are at high risk for physical, mental, emotional, and behavioral disorders. Exposure to community violence is linked to aggressive behavior, lower academic performance, lower levels of social competence, and negative mental health outcomes. The purpose of this paper is to set the agenda on how to deal with gangs and gang members from a social policy perspective. This paper will outline the nature of the gang problem in Providence, Rhode Island from three different perspectives: Violence, Forgiveness, and Practice. Literature will be presented and discussed and recommendations for social policy using Ortiz's (2007) Social Diagnosis will be presented.

Acknowledgements

I would first like to thank my husband Kevin and my daughters Rachel and Jessica. I know I was busy and cranky and the house is a mess. I promise you that when this is all finished we will "do something fun" and I will clean! Thank you to my parents for your love and support. I am what I am today because of you both. You have been such a great help to me, Kevin, Rachel and Jessica while I have been in school: picking them up, watching them, feeding them, etc. To my grandfather, Edward Histen, who passed away this January. He always understood my passion for working in an urban school and feeling like I have made a difference in these students' lives from his own experience teaching in Roxbury, Massachusetts. To the students of Central High School, you have impacted my life in such a way that words cannot describe. Thank you to all my professors at Rhode Island College but Lynn Blanchette and Cindy Padula in particular for all their assistance with this final paper. Finally, to "Doctor Diane" Martins who has been my mentor since my undergraduate days at URI. I am so lucky to have so many special people in my life.

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Gangs and Social Policy

Problem Statement

A youth gang is defined as any durable, street-orientated youth group whose involvement in illegal activity is part of their group identity (Fisher, 2009). Most gang members in the United States (US) are adolescents, with the peak age of recruitment into gangs and increased criminal involvement between 11 and 15 years old. Most are ethnic or racial minorities, predominately Hispanic and black/African-American (Fisher). Youth gang members are about 60 times more likely to be killed than the rest of the population (Sanders, 2009). In high gang areas such as Chicago and Los Angeles, half of the total homicides have been considered 'gang related' in recent years (Sanders).

The city of Providence, Rhode Island (RI), which is 18 square miles in size, has an estimated population of 175,255, according to the 2006 estimate from the US Census Bureau (State and County Quick Facts, 2011). In 2008-2009, the Providence School District served 23,632 public school students (Providence School at a Glance, 2011). At last count, there were approximately 1400 gang members in the city of Providence, representing over 30 gangs, and new gangs continue to emerge. Most are ethnic in nature, with a predominance of Hispanic and Cambodian gangs. The city police have their own 'Gang Squad' unit to deal with gang-related issues. In 2009, the Providence Police Department had 471 officers for the city (Police Department, 2011), or 2.74 officers/1,000. The national average is 3 officers/1,000 people (Newsroom, 2010).

Every public high and middle school in the city has gang members in it. As a school nurse teacher at Central High School, located in Providence, this writer has gained

rapport with many gang members over the last ten years and many known to this writer have been killed. One gang member in particular left an impact. When asked what the student planned to do after he graduated he said “I don’t know. I didn’t think I’d live until 18”. A discussion regarding leaving the gang ensued. He stated “If they jump me out, they will kill me. I know too much”. So he stays in, lying low, “under the radar”, hoping he can move forth with his life and dreading when the gang will call him up. Through discussions with him, he alludes to crimes he has committed, and talks of fights, violence, weapons, and getting shot at. He fears that one day “they” (rival gangs) will “get him”. He hopes no one he loves is with him that day, especially not his 10 year old brother.

From the perspective of a school nurse teacher, there was never any training on how to respond to this situation. There are currently no policies in place in Providence Public Schools on how to handle, interact, and identify gang members. As derived from an informal survey of Facebook friends that are teachers in New York City and Los Angeles County, there appears to be no formal trainings/policies in these highly identified gang areas either.

According to Alleyne and Wood (2010), gang members have been found to come from a background of low socioeconomic status, neighborhoods with existing gangs, and high in juvenile delinquency. Family factors such as poor parental management, familial criminality, and gang involved family members provides young people with a home environment that reinforces gang related and delinquent behaviors. Gang membership can be the result of selection where gangs select and recruit members who are already

delinquent, from facilitation where gangs provide opportunities for delinquency to youth who are not delinquent beforehand, and enhancement where gang members are recruited from a population of high-risk youth who, as gang members, become more delinquent. Youth may experience internal moral conflict when they discover benefits requiring immoral behavior, because harmful behavior is likely to conflict with their existing moral standards. There is evidence that gang members do use neutralization techniques (i.e. denial of responsibility, denial of injury, denial of the victim, condemnation of the condemner, and appeal to higher loyalties). Threat from neighborhood gangs can push a group of youths toward developing into a gang. These "reluctant gangsters" live in neighborhoods peppered with gangs and crime which make youth fearful of victimization.

While examining literature for this project, it became evident that the majority of scholarly work in relation to gangs is from the criminal/judicial systems. There is much information about why youths join gangs, with the focus on preventing gang membership, but little about the youth that are already gang members. Inner city youth are already at higher risk for practicing unsafe sex, and for having multiple partners, high rates of symptoms of mental health disorders, and high percentages of no or limited health insurance (Sanders, 2009). Gang members, in addition to constant exposure to crime and violence, are more likely to use drugs and alcohol and have unsafe sex compared to their non-gang peers (Sanders). According to Swahn (2010), gang members were more likely to report a high prevalence of alcohol use and to have engaged in alcohol-related physical fighting, peer drinking, drug use, drug selling, and peer drug

selling. They have typically seen more drug deals in their neighborhood than non-gang members.

Nursing has looked at the issue of gangs and gang membership through a narrow lens, concentrating primarily on managing gangs in the Emergency Department. Public health/community nurses in the last few years have begun to see this 'group' as a vulnerable population that is vastly underserved despite its known community health issues. By definition, gang members are a vulnerable population, based on the fact that they have characteristics common to other vulnerable populations, whether related to socio-demographic characteristics, increased participation in risk behaviors, and/or increased likelihood of negative health and social outcomes. These youth may need special access to health care in general and they have particular health care needs. While other subgroups of violence now have their own policies and procedures for community agencies and school departments to work with (ie intimate partner violence, cyber bullying, dating violence, domestic violence), those affected by gangs and gang violence continue to be underserved. After reviewing many community/public health text books along with social policy texts, there was an overwhelming absence of material related to working with gangs as well as the identification of their unique characteristics and concerns. Only one nursing text, *Community Health Nursing: Promoting and Protecting the Public's Health* by Allender and Spradley (2005) mentioned gangs in the context of types of group violence. This current state of knowledge exists despite *Healthy People 2010* (U.S. Department of Health and Human Services, 2000) and *2020* (U.S. Department of Health and Human Services, 2010) identified goals for reducing group violence.

Healthy People 2020 Objective AH-11 in Adolescent Health is to reduce adolescent and young adult perpetration of, as well as victimization by, crimes. Sub-categories include: decrease the rate of minor and young adult perpetration of violent crimes; decrease the rate of minor and young adult perpetration of serious property crime (Developmental); decrease the percentage of counties and cities reporting youth gang activity (Developmental); and reduce the rate of adolescent and young adult victimization from crimes of violence (Adolescent Health).

Within the Scope and Standards of Practice: School Nursing (2012) published by the American Nurses Association and the Nationaal Association of School Nurses, gang and community violence fit most appropriately under Standard 16, Environmental Health. This standard states that the school nurse practices in an environmentally safe and healthy manner. It focuses on safe staffing ratios, food safety, sound, odor, chemicals, mold, noise, and light. It does say that the school nurse participates in strategies that promote emotionally and physically healthy communities but does not describe how to do this.

The non-existence of social policy is overwhelming. Other types of violence are much more described in the literature with social policy being the end result. Bullying and cyber bullying are now very well known concepts that have new policies to deal with these issues within the school systems. Extensive education is done within the Health Curriculum on domestic violence, intimate partner violence, and teen dating violence. In Rhode Island, as well as other states, there is the Lindsay Ann Burke Act which was enacted into law in July 2007. This law requires each school district to: a dating violence policy to address incidents of dating violence that occur at school and inform

parents of such policy; provide dating violence training to administrators, teachers, nurses and mental health staff at the middle and high school levels; and teach an age-appropriate dating violence curriculum through health education classes every year in grades 7 through 12 (Lindsay Ann Burke Act). It appears that social policy is lacking overall in regard to adolescents who are students and also gang members. Research in this area has likewise been potentially limited by the difficulties of obtaining approval to study this marginalized, vulnerable group and actually conducting research in this challenging area.

Next, the relevant literature related to behaviors and exposures of gang members, studies regarding child soldiers, and an overview of some gang reduction programs and findings relevant to nursing practice will be reviewed.

Literature Review

Literature for inclusion and analysis were identified through a literature search of relevant topics in CINAHL, MEDLINE, Pub Med, and PYSCInfo. Key search words were gangs, youth violence, community violence, child soldiers, and nursing in various term combinations. After reviewing the available literature, and from the view of this author, three themes emerged: violence; forgiveness; and practice perspectives. Using this framework, the violence perspective encompasses research that characterizes behaviors and exposures of gang members. The forgiveness perspective, while potentially controversial, examines the parallels between gang membership and being a child soldier in war torn countries. The term "child soldiers" brings forth an empathic response, yet the opposite is generally true in relation to gang members. Yet both are recruited, live in neighbors that have been termed 'war zones', and have been made to commit unspeakable crimes. The practice perspective examines gang reduction programs already in place with nursing and other professionals' involvement. For purposes of this paper, a youth gang is defined as any durable, street-orientated youth group whose involvement in illegal activity is part of their group identity (Fisher, 2009).

Violence Perspective

Using the above perspectives' framework, the violence perspective encompasses research that characterizes behaviors and exposures of gang members. Taylor, Freng, Esbensen, and Peterson (2008) explored the gang membership-victimization link by examining the mediating effects of lifestyles and routine activities. Taylor et al. believed that delinquent lifestyles and routines activities would suggest that gang members' risk of

victimization was also increased. The sample consisted of 5,935 eighth grade public school students, representing 42 schools and 315 classrooms in 11 different cities, including Providence, RI. A cross sectional survey design study was employed. All eighth-grade students in attendance on the day of survey administration and for whom parental consent was provided completed group administered surveys that took approximately 45 minutes to complete. This study used an extensive measurement tool called the Pro-Social Involvement questionnaire (Taylor et al., 2008) that measures the extent to which the participants' friends are engaged in conventional activities such as community and religious activities. It is an eight item scale that incorporate seven measures of lifestyle and routines activities including: Pro-Social Peer Involvement; Delinquent Peer Involvement; Positive Peer Commitment; Negative Peer Commitment; Unsupervised Leisure Time; Availability of Alcohol and/or Drugs; Drug Use; and Self-Reported Delinquency summary index. Results showed that the odds of experiencing one or more serious violent victimizations were more than 2 ½ times greater for gang members than for similarly situated non-gang members. Similarly, the odds of serious victimization for males were twice that of females, and 59% higher for youths of other races and ethnicities relative to whites. Risk of serious violent victimization also increased with age. Reduced levels of guilt for violent offending and parental monitoring, and increased perceptions that the school environment was dangerous, were also significantly associated with serious violent victimization. The availability of drugs and/or alcohol was associated with a 52% increase in the odds of one or more serious violent victimization experiences. The information gleaned from this study would be

useful to school nurse teachers to help with their interactions with students who are known gang members and students exposed to community violence. Despite these findings the authors were unable to determine if lifestyles and routine activities condition the gang membership-violent victimization link.

Swahn (2010) explored the alcohol and drug use among adolescent gang members who attended school. The purpose of this study was to examine the associations between gang membership and patterns of alcohol and drug use and related exposures among youth who attend school in an urban, disadvantaged community. The sample was public school students in grades 7, 9, 11, and 12 in a high risk urban school district in the US in 2004. The school district was selected using community indicators of risk (i.e. poverty, unemployment, single parent households, and serious crimes), was racially and ethnically diverse, and located in a city with a population of less than 250,000. All English-speaking students in the targeted grades were invited to participate in the study. The study employed a written questionnaire called the "Youth Violence Survey: Linkages among different forms of violence" (Swahn, 2010). The Youth Violence Survey was developed from a cross-sectional study of youth in a high-risk community that examined various types of violence and their common risk and protective factors. These factors addressed the different domains of the social–ecological model, which includes individual, peer, family and community level factors. This survey also captured information on gang affiliation. Students who could not complete the questionnaire independently or had dropped out of school were ineligible to participate in the study. All participants were also asked how they felt about joining a gang. Response options

were: I don't want to join a gang; I would like to join a gang; I am in a gang now; I am in a gang now but would like to get out. A dichotomous measure was created to indicate current and former gang membership versus no gang membership.

Students who reported that they were present or former gang members were compared on demographic characteristics with students who reported no gang membership. Chi-squared tests were used to determine the statistical association between demographic characteristics and reports of group fighting by self or peer. Logistic regression analyses were used for the entire sample to determine the association between the alcohol and drug use variables. Of those participates, 8.8% reported present or former gang membership (5.6% of girls, 12.3% of boys; N = 4131.). Gang membership was most common among 7th grade Hispanic students. Gang members initiated alcohol earlier than non gang members: 50% percent of gang members versus 22% of non-gang members initiated alcohol use prior to age 13. This study showed that the reporting of gang membership declines with increasing age or grade level, possibly indicating a high level of dropout from school among the students who participate in gangs. A limitation of to this study was that what constituted gang membership was not defined; other limitations included the inability to reflect on gang members who had dropped out of school since it was performed within a school. This study was also limited to only English speaking participants, especially important since gang membership tends to run along ethnic lines. Additional research is needed to determine the social context for drinking and drug use and the characteristics of gangs and gang members.

Kelly (2010) conducted a literature review of studies related to gang violence. After a database search of Medline, ERIC, PubMed, Psycho Info, Social Work Abstracts, Sociological Abstracts, and Academic Search Premier using key words community violence and adolescents, 103 studies were identified. Many of the studies focused on adolescent experiences with exposure to community violence, with no mention of exposure to gang violence and adolescents' reactions to exposure to violence. Fifteen studies included gang violence as a part of community violence, and two studies focused specifically on the impact of gang violence on adolescents. Seventeen studies met the criteria for inclusion in this literature review. Of these 17 studies, 14 used the Survey of Exposure to Community Violence (SECV) (Richters & Saltzman, 1990), a self-report questionnaire for older youth to explore adolescents' exposure to community violence. This instrument measures the frequency of exposure to (witness) or being a victim of various types of violence in one's home, school, or neighborhood. Only five of the 17 studies were published in 2004 or later.

Two studies in this review focused specifically on the impact of gang violence on adolescents. Bility (1999) and Stoll, Dukes, and Smith (1997) used qualitative methods to examine adolescents' perceptions of gangs in schools. Bility conducted focus groups with 60 high school students and found that they expressed fears regarding gang activity and that it was the students' most important safety and health concern. Stoll et al. (1997) also conducted focus groups, in this case to gather information from 72 middle school and high school students. The middle school students felt a lack of control and powerlessness but were resigned to the presence of gang activity in their school. High

school freshman and sophomores (n=43; 60%) were concerned about their safety because of gang activity at school. They expressed the belief that they would get shot, stabbed or killed during gang conflicts. In contrast, junior and senior students felt that if they avoided gangs and stayed out of trouble, there would be no reason to be concerned about their safety. Kelly concluded that nurses need to have some knowledge of gangs and gang violence when interacting with adolescents. Adolescents may feel a greater sense of security with nurses who are knowledgeable and compassionate, interested, and accessible, and thus may be more willing to discuss their experiences. Summarizing these 17 studies, Kelly found that adolescents who witnessed violence in the community had internalizing symptoms that affected their mental health. Anxiety, fear, hopelessness, and depression were common among adolescents who had been exposed to violence. Parents were often unaware of the experiences that their children were exposed to, and this lack of awareness is a problem that, if corrected, could help decrease their children's exposure (Kelly).

Kelly suggested that the potential for research associated with gang violence on adolescents is vast; including exploring the longitudinal influence that gang violence has on adolescent girls as compared to adolescent boys. She also suggested examining the differences in older adolescents when compared with younger adolescents' exposure to gang violence, which could lead to development of age-specific interventions that would be helpful to school nurse teachers.

Forgiveness Perspective

Using the previously identified perspectives' framework, this section will explore studies completed related to child soldiers. According to UNICEF (2007), a child soldier refers to any person less than 18 years of age associated with an armed force or armed group in any capacity ranging from combatants to cook. During their time as soldiers, these youth are brutalized and cruelly abused by armed groups, and often forced to commit atrocities themselves.

A child soldier seems to be a perfect example of an innocent attacker in the framework of war (Vaha, 2011). The fact that the child is trained, armed, and is a member of an organized group makes him a threat in the full meaning of the word. Yet, there is something in being a child that makes one consider him not as a culpable attacker but as an innocent attacker instead. Children in war lose their innocence, yet are innocent since they are seen as victims rather than as perpetrators (Vaha). Klasen, Daniels, Oettingen, Post, Hoyer, and Adam (2010) examined the concept of posttraumatic resilience in former Ugandan child soldiers. Klasen et al. defined resilience people as those individuals who show no signs of psychopathology despite facing of severe adversity. There is controversy over whether resilience should be looked at as a personality trait or a mental health outcome (Klasen et al., 2010). Eighty percent (1.4 million) of the Ugandan population lives in camps for internally displaced people; many have been killed or tortured, and an estimated 25,000 children and adolescents have been forcefully recruited into the rebel forces, about 24% of which are girls.

The Klasen et al. study was a cross-sectional field study that consisted of 330 former Ugandan child soldiers aged 11-17. Children were on average 14.4 years old and originated from five war-torn northern districts of Uganda. Participants were recruited from a boarding primary school in Northern Uganda. This special needs school was designed to support war traumatized children and was established by the Ugandan government. The study participants had been protected from rebel attacks and domestic and community violence for four months prior to data collection. Inclusion criteria consisted of: participation as a child soldier for at least1 month; had returned from the armed group at least 6 months prior to the study; and were between 11 and 17 years old. According to teachers' assessment, 45.9% of the children were illiterate. Several diagnostic tools were used during this study: Child Soldiers Trauma Questionnaire with 2 subscales of Victim and Perpetrator (Bayer et al.; cited in Klasen et al., 2010); the MINI-KID (Sheehan et al.; cited in Klasen et al., 2010) to asses PTSD and depression; the YSR(Achenbach & Rescorla; cited in Klasen et al., 2010) was used to screen for behavioral and emotional problems; a self-developed checklist to measure the exposure to domestic and community; the Connor-Davidson Resilience Scale (Connor & Davidson; cited in Klasen et al., 2010) and the Positive Future Orientation Subscale of the Adolescent Resilience Scale (Oshio et al.; cited in Klasen et al., 2010); Peritraumatic Dissociative Experiences Questionnaire (Marshall et al., 2002) to assess peritraumatic dissociation; Guilt Cognitions Scale (Kubany et al.; cited in Klasen et al., 2010) of the Trauma-related Guilt inventory for guilt; and finally the Revenge Motivations Subscale

of the Transgression-Related Interpersonal Motivations (McCullough et al.; cited in Klasen et al., 2010) scale revenge.

Before entering the boarding school, 97.2% of the children had lived with family members or relatives. Many children had lost one or both parents. Children reported frequent experience of domestic and community violence (88.8%), with an average of 5.43 violent acts on a scale of 19 experiences. More than every fourth child (27.6%) showed a resilient mental health outcome; thus, 72.4/% showed significant symptoms of psychopathology. Of those, 33% met DSM-IV criteria for PTSD and 36.4% met the criteria for major depression, with 18.5% qualified for diagnoses of both disorders. Younger adolescents (11-13 years) displayed significantly lower rates of PTSD (23.9% vs 36.8%) and depression (27.2% vs 39.3%) than older adolescents (14-17 years). Six variables in the regression model proved to be significant predictors of posttraumatic resilience: higher age was a risk factor; high family SES was a protective factor; domestic and community violence was a risk factor as were strong guilt cognitions and revenge motivation; perceived spiritual support was a protective factor and almost doubled the odds of resilience as defines in this study. In conclusion, these findings have implications for training and policy because high levels of posttraumatic psychopathology in former child soldiers contrast with a psychiatrist-to-population ratio of 1:1.3 million in Uganda. Therefore, training of mental health professionals and a structural basis for sustainable intervention programs for children and adolescents in the region are urgently needed. Such programs should be based on knowledge of how to strengthen and sustain resilience in traumatized children.

Betancourt, Brennan, Rubin-Smith, Fitzmaurice, and Gilman (2010) conducted a similar study that examined the baseline and follow-up phases of a longitudinal study of former child soldiers in Sierra Leone. This study was conducted in collaboration with the International Rescue Committee and the Post-conflict Reintegration Initiative for Development and Empowerment. Survey interviews were conducted at three time points: 2002, 2004, and 2008. The researchers hypothesized that psychosocial adjustment among former child soldiers would be associated with the degree of exposure to war violence, with the most detrimental effects among groups exposed to severe events such as rape and wounding or killing others. They also believed that the presence of protective factors related to the individual (school access), family (family acceptance), and community (community acceptance) would be associated with improved psychosocial adjustment at follow-up. It was perceived that the presence of protective factors indicative of social acceptance would lead to better psychosocial outcomes, particularly among youth exposed to potentially stigmatizing war experiences.

All participants were between the ages of 10 and 18 and had been involved with the Revolutionary United Front (RUF)'s fighting force. Baseline assessment was done in 2002 with a follow-up in 2004. Data for all participants were collected through face-to-face interviews by a team of seven trained Sierra Leonean research assistants. The study consisted of 156 youth who were interviewed in 2002 and 2004. The average age of participants was 15.13 years, with 12% female and 88% male. The Child War Trauma Questionnaire was adapted and contained 42 items regarding child's experience of war-related events. Three types of war experiences were examined: witnessing general war

violence (e.g. massacres or raids on villages), experiencing rape, and participation in wounding or killing other. Retention in school, family acceptance, community acceptance, and psychosocial adjustment were all assessed and measured in a similar fashion as in the Klasen et al. study (2010). Betancourt et al. (2010) found that average levels of depression, anxiety, and hostility remained stable between baseline and follow-up. Wounding or killing others and rape had a particularly toxic influence on long-term psychosocial adjustment, particularly with regard to the outcomes of hostility and anxiety. Progressive deterioration over time was noted in the most highly traumatized former child soldiers. Young women faced increased risk of community stigma due to perceptions that they have been made impure or promiscuous by sexual violation. School participation was associated with improved pro-social attitudes and behaviors. Policy makers in Sierra Leone currently are focused on economic development and stability for the country. A number of programs in Sierra Leone have evolved to attend to the consequences of rape and other forms of gender-based violence, but little attention has been given to addressing the mental health consequences of perpetrating atrocities.

Practice Perspective

As stated earlier, the practice perspective will provide an overview of some gang reduction programs and findings relevant to nursing practice. Lee (1997) presented an example of a community health nurse who, as part of a Gang Reduction Interagency Partnership (GRIP) team, made a difference. The support and care that the community health nurse gives to the family usually encourages greater participation in the GRIP team. GRIP was implemented in August 1994 in the Pacific Northwest to offer wrap-

around services. It includes nine community agencies that formed an interdisciplinary team to focus on youth gangs and their families, including siblings of youth gang members. The team involves the nursing profession, a county juvenile court, a community development council, public schools, a county prosecutor's office, a gang assault unit, a police department, the Safe Streets organization, and a county sheriff. Youth and families involved in GRIP were selected from a set of criteria that included age, gang affiliation, number of siblings, and type and incidence of violent and nonviolent offenses. The probation officer and the community health nurse compose the team initially assigned to the family. The community health nurse collects any applicable information, establishes a plan designed to meet the needs of the family, according to identified priorities, and regularly visits the family and reassesses the current data. The GRIP team meets every other week and shares ideas to work toward a common goal.

The GRIP program continues to conduct outcome evaluation. The major focus of evaluation includes comparison with other youth gangs who are not in the program and targeted youths' records. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) evaluated this GRIP program as well as three others in the US in 2010. Although levels of overall crime in Los Angeles decreased early in the GRIP effort, gang crime rose 14% citywide in 2006, and city officials promised to increase their efforts to address gang crime (Juvenile Justice Bulletin: Findings From the Evaluation of OJJDP's Gang Reducation Program, 2010). The strongest concentrations of violent crime, or "hot spots," diminished following GRIP implementation, and their locations changed over time, moving from the target area to outside areas. The gang suppression component was

implemented through a partnership with existing multiagency law enforcement collaborative, the Community Law Enforcement and Recovery (CLEAR) program. The federally funded CLEAR program began in the Boyle Heights target area of Los Angeles in 2003 and coordinated resources in areas of high gang crime to decrease gang violence. These programs then partnered together for maximum effects in preventing gang violence.

According to the OJJDP (2010), GRIP has since been evaluated in six separate studies. The first two tested elementary students before and after participation in the program. Prior to the program, 50% of students were undecided about gang involvement; after participation, 90 percent responded negatively toward gangs compared with a control group who showed no change over that time period. The third and forth studies surveyed seventh- and ninth-graders who had participated in the program; both showed that 90% still had negative attitudes toward gangs. The fifth study cross-checked the names of program participants with police records and found that 96% were not identified as gang members. The sixth study showed that only 6% of ninth-graders who had participated in GRIP reported being involved in gang activity compared with 9% of youths in the control group.

In a 2009 *Cochrane Systematic Review*, Fisher conducted the first systematic review of effectiveness of opportunities provision for preventing youth gang involvement for children and young people aged 7 to 16. Opportunities provision is a gang prevention strategy based on the principle that providing youth with educational and employment opportunities may reduce gang involvement. Common techniques within opportunities

provision include tutoring, remedial education, job training, and job placement. Studies were eligible for inclusion if allocation to group was by random or quasi-random allocation. Electronic database searches for published and unpublished studies were completed. There were no language restrictions and no filters based on methodology because test searches indicated that such filters may eliminate relevant studies. The following databases were searched electronically: The Cochrane Library, MEDLINE, ASSIA, CINAHL, EMBASE, ERIC, LILACS, Criminal Justice Abstracts, Dissertation Abstracts, International Bibliography of Social Sciences, LexisNexis Butterworth Services, National Criminal Justice Reference Service, PsycINFO, and Sociological Abstracts. In addition, there were personal communications with appropriate government departments, non-governmental organizations, non-profit groups, advocacy groups, and experts in the field.

The search strategy generated 2,696 unduplicated citations, with 2,676 being excluded as they did not meet the inclusion criteria. Two citations appeared to be relevant, but upon personal communication with the study authors, both were excluded from analysis. The remaining 18 citations were reviewed and 16 were excluded as irrelevant because they did not fit the initial criteria. The remaining two were also excluded because they were not randomized or quasi-randomized studies. Fisher noted that the lack of evidence made it difficult to advise practitioners as to future intervention and policy efforts. Thus, there is thus an urgent need for high quality, primary research regarding opportunities provision for gang prevention.

Sanders et al. (2009) argued that gang-identified youth constitute a vulnerable population. The authors used a case study approach to examine a program developed in partnership with the Culver City Police Department's Juvenile Diversion Program. This delinquency prevention program was offered to young offenders aged 13-18 years old who had been arrested for nonviolent offenses. They were deemed eligible for diversion if they did not have a history of violence, were receptive to help, and if their parents were also willing to attend the program. The program was a semester-long course that included education, self-esteem and confidence building, and physical training within a classroom setting. The program was taught by police officers, although volunteer speakers from the community visited the youth on occasion. The public health nurse was a guest speaker for three different sessions. Each session lasted three hours and included the discussion of health-related issues. The police officers and parents were not present during the sessions to facilitate communication with the participants.

The first presentation was about some major causes of morbidity and mortality among youth, such as motor vehicle accidents, homicide, and suicide. Lecture, written and visual aids, and open discussions were the utilized teaching methods. The second presentation focused on major health issues common to the participants' age group, such as drug use, obesity, mental health, and sexual health. The third presentation was on risk prevention and health promotion focusing on STI's, testicular self exam, breast self-exam and free clinics within their community that provided testing. Despite the lack of formal evaluation, the public health nurse received anecdotal evidence of the program's success. Police officers informed the nurse that their informal follow-up conversations with the

parents of the youth participants revealed that over 70% said that their children's attitudes improved as a result of their participation, and continued to be better after the program was completed. The nurse also found that many youth who had completed the program requested to assist in future programs. Her use of the youths' vernacular, frankness in answering sensitive questions, and general acceptance of their life experiences helped establish rapport and allowed for a presentation of health-related information in a way that they understood.

Kelly, Anderson, Hall, Peden, and Cerel (2012) and Kelly and Hall (2010) conducted two studies relating to gang and community violence. In the 2010 study, Kelly and Hall reviewed, compared, and analyzed three measures used to measure anxiety in adolescents exposed to community violence. Criteria for inclusion in the review included specific references to child, adolescent, or youth exposure to community violence and the use of an instrument measuring anxiety.

The Trauma Symptom Checklist for Children (TSCC) (Briere; cited in Kelly & Hall, 2010), the Child Behavior Checklist (CBCL) (Achenbach &Recorla; cited in Kelly & Hall, 2010), and the State Trait Anxiety Inventory for Children (STAIC) (Spielberger; cited in Kelly & Hall, 2010) were frequently used. Kelly and Hall provided an overview of the instruments, evaluated them, compared the strengths and weaknesses of the instruments, and recommended new directions for measurement of anxiety in adolescents exposed to community violence. The TSCC anxiety subscale, CBCL anxiety subscale, and the STAIC instruments use different methods to measure anxiety. On the surface, each scale aims to measure anxiety but the scales differ on focus. The TSCC was

developed to measure psychological problems after adolescents were exposed to some form of trauma, such as violence. The CBCL was created to measure psychological issues and behaviors in adolescents. The STAIC was constructed for the single purpose of measuring anxiety in adolescents. The scales also had different qualities. The TSCC is composed of nine items, CBCL of 16 items, and STAIC of 40 items. All the instruments have shown favorable reliability and validity when used with adolescent samples. The ability to distinguish between anxiety and other psychological issues is problematic for the CBCL and TSCC. A concern with the CBCL is its three different versions. It asks parents and teachers to report and measure anxiety in the child. This becomes problematic since their observations may not reflect what the child is actually experiencing and they may not accurately capture anxiety. The TSCC includes items that are present on other subscales so it may be difficult to measure anxiety when adolescents also present with other psychological problems. A major strength of the STAIC is its ability to only measure anxiety and focuses on two different forms of anxiety. There are no confounding concepts that could interfere with the ability of the STAIC to measure anxiety. Self report instruments like these three provide an easy, affordable method to examine emotions. They can also be problematic since adolescents' understanding of their emotional state is questionable and their ability to accurately describe their emotions is unclear. Using more than one measurement tool can reduce the possibility of gathering inaccurate information. Although not directly used with gang members, these tools may prove to be beneficial in measuring anxiety in the gang population. Kelly and Hall (2010) commented that they lean towards using other procedures such as bio-behavioral

measures (e.g. cortisol levels) and use of drawings or illustrations for adolescents to show their emotions. The use of multi-methods may aid researchers in correlating adolescents' anxiety and functioning.

In 2012, Kelly et al. used a multi-method research design to explore the influence of exposure to gangs and gang violence on adolescent boys. Participants were recruited from three community centers in a large metropolitan area. Thirteen adolescents, 13 parents or primary caregivers, and six community center employees were invited to participate in the study. Inclusion criteria for adolescent participants were: boys between the ages of 11 and 17; in grade 6 or higher; agreement of their parent or primary caregiver to participate; and reported exposure to gang violence within the last two years. Adolescents were excluded if: they were unable to read and speak English; reported exposure to other types of violence (child abuse or domestic violence); were active members of a gang; were wards of the state; or reported any medical condition that would influence their participation.

An interview guide was used to collect qualitative data from adolescents. The interviews focused on adolescents' exposure to gang violence and their mental health. In addition to the semi-structured interview for adolescents, all participants were asked to complete one of the following: the Trauma System Checklist for Children (TSCC) (adolescent) (Briere, 1996 in Kelly et al., 2012), Child Behavior Checklist (CBCL) (parent/guardian) (Achenbach & Rescorla, 2001 in Kelly et al., 2012), and Teachers' Report Form (TRF) (community center employee) (Achenbach & Rescorla, 2001 in Kelly et al., 2012). Interviews lasted approximately 45 minutes and were tape recorded.

Each transcript was hand coded and then computer coded using the ATLAS ti program. From observational field notes and transcribed interviews, narratives were developed for each adolescent. Methodological triangulation was used.

Data from the TSCC identified a variety of mental health symptoms across the participants. Parents or primary caregivers and community center employees perceived that the adolescents had more problems with externalizing behaviors (e.g. rule breaking and aggression) than internalizing behaviors. Adolescents encountered various forms of violence in the neighborhood such as "people get jumped" and "people beaten with bricks and stuff". Violence came in all forms, from gun shootings to individual fights. Kelly stated that for these adolescents, encounters with violence seemed commonplace. One participant Pete stated: "I seen a lot of stuff that the average 16 year old doesn't, like, gangs fight people for no reason, gangs shoot up places. It is kind of hard to put into words, but I have seen them jump a lot of people, shoot a lot of things, damage property, hurt animals, make threats, stuff like that". Physical assaults were a common form of violence witnessed by all 13 of these adolescents. Knives and guns were commonly used to cause injury and several of these adolescents witnessed violence that included these weapons and saw gang members shoot property and people. Participant Colt described one experience: "When we was in our house, some dude was outside talking about, he owed him some money, and he had the dude on the ground, and I thought he was going to shoot him in the head, he shot him in the hand, then I think he shot him in the leg to make him fall before he landed on the ground". Feeling unsafe was common among the adolescents who expressed concern for their safety because of where they live and what

they had witnessed. Participants talked about having to be in the house at certain times because of shooting and stuff. Wayne stated that "I'm just aware of a lot of things. You don't live forever, but if I died tomorrow I wouldn't be surprised ".

The findings suggest that adolescents' exposure to gang violence can affect their mental health. Using the knowledge gained, health care providers can educate adolescents about the effects of exposure to gangs and gang violence. Understanding the influence gang violence can have on adolescents' mental health is important for developing interventions to help adolescents exposed to gang violence. School nurses are in a unique position to help adolescents deal with the mental health problems caused by their exposure to gang violence.

Alleyne and Wood (2010) studied the psychological processes that underpin gang membership. Their study examined gang members, peripheral youth, and non-gang youth across measures of criminal activity, the importance they attached to status, their levels of moral disengagement, their perceptions of out-group threat, and their attitudes toward authority.

Participants were recruited from five London schools. The mean age of the sample was 14.3 years for 566 boys and 231 girls. Inclusion criterion included that participants were aged between 12 and 18 years and attended one of the five London schools. The Youth Survey: Eurogang Program of Research (Weerman et al.; cited in Alleyne and Wood, 2010) is a comprehensive instrument consisting of 89 items that is designed to identify those who do and do not belong to a gang and is useful in highlighting risk and protective factors for gang membership. Participants who responded yes to having a

certain group of friend that they spend time with were then asked questions assessing gang membership. These questions measured youthfulness, durability, street orientation, and group identity. The delinquency measure was divided into four subgroups: minor offending; property offending; crimes against person; and overall delinquency. Perception of out-group threat was measure by a one item question that was created by the authors: "How much do you feel threatened by other groups of youths?" South and Wood's (2006)18 item scale, Social Status Scale, which measures perceptions of the importance of having social status was also used (South & Wood; cited in Alleyne & Wood, 2010). The Mechanism of Moral Disengagement Scale (Bandura et al.; cited in Alleyne & Wood, 2010) assessed agreement or disagreement with statements regarding moral disengagement strategies. Reicher and Emler's Attitude to formal Authority Scale (Reicher & Emler; cited in Alleyne & Wood, 2010) which assesses youth attitudes toward authority figures, such as school officials and police was also used.

Of the 798 participants, 59 (7%) were identified as gang members, 75 (9%) as peripheral youth, and 664 (83%) as non-gang youth. Findings showed a significant age difference between gang members and non gang members, with gang members being over a year older. Gang members were twice as likely to attack someone with a weapon versus non-gang (10% vs 5%) as well as carry a weapon. Drug use was also significantly higher for gang (n = 59; 17%) than for non-gang (n=584; 7%) members. Truancy rates for gang members were 48% as compared to 30% for non-gang members. Peripheral youth ranked higher in two delinquency categories: crimes against person and hit someone at 61% versus 50% for non-gang and 59% for gang members. There were no

differences in gender or ethnicity between the three groups. Gang members and peripheral youth committed more overall crime than non-gang youth. Gang members were found to commit more minor offenses than non-gang youth, and peripheral youth committed more crimes against people than non-gang. Both gang members and peripheral youth valued social status more than non-gang members. Perceptions of out-group threat did not seem to have a significant relationship with gang involvement. Gang members and peripheral youth were fully aware of the consequences of their actions. Gang members, in particular, took responsibility for their actions rather than diffusing it among their gang peers. More research examining the psychological processes behind gang formation and gang related crime is necessary before any conclusion regarding the motivations for gang membership can be drawn. This is needed as a basis from which to develop theory and devise and test appropriate interventions.

Additional nursing research on the gang population is urgently needed to explain this populations' care needs and the role of nursing. Youth gangs need to be studied in an attempt to promote health and reduce health risks. There is a need to look at the meaning of violent victimization and violence within and outside of the gang context. Violent victimization may mean something different to gang youths than it does for the general youth population. For example, youths who are "beat into" a gang may not view these as attempts to seriously hurt or kill them but rather as a part of the normative context of gang life. Urban school nurses are on the front lines working with students who are gang members and students who are witnesses of community violence. There are virtually no evidence based practice standards or guidelines developed by nurses for this marginalized

group. School nurse teachers and other health care professionals including doctors, case managers, teachers, and pharmacists must have knowledge and training related to this critical public health issue. Policy within Providence Schools is at a minimum listed only in the school departments Emergency Procedures Plan for the City of Providence (2010). Weapons and violence are commonplace in areas of this community. This author has implied that living in the West End of Providence is similar to an African War Zone. If this thesis is true, then this author would argue that in this context gangs and gang membership for adolescents is a survival technique utilized. With the conclusion of the literature review, the focus will now change to policy analysis using Ortiz's (2007) Social Diagnosis as the framework chosen to guide this project.

Policy Analysis Framework

The primary purpose of this paper is to analyze gangs and gang membership from a social policy perspective and to develop a policy statement for school nurse teachers. Social policy is an instrument applied by governments to regulate and supplement market institutions and social structures (Ortiz, 2007). Social policy is often defined as social services such as education, health, employment, and social security (Ortiz, 2007). Social policies can also create a virtuous circle linking human and economic development that, in the long run, will benefit everybody by boosting domestic demand and creating stable cohesive societies (Ortiz, 2007).

After an extensive review attempting to identify social policies relevant to gangs and/or gang membership for school nursing none could be located in the literature. Fawcett and Russell's Conceptual Model of Nursing and Health Policy (2005),

McLaughlin and McLaughlin's Policy Analysis Process (2008), and Midgley's Developmental Social Policy (2006) all had parts of them that fit the policy of gangs but none of them were comprehensive. Ortiz's Social Policy (2007) was chosen as the framework for this paper because of its ability to fit all three perspectives: violence, forgiveness and practice and its relevancy to this topic.

Ortiz's Social Policy (2007) identified a concept entitled Social Diagnosis. Social Diagnosis has five steps with some subsets including identifying needs, obstacles, risks, labor market dynamics, and sources of conflict. Identifying needs includes that all population groups of a country have a right to a decent life consisting of food, clothing, education, health services, employment standards, social security, accessible housing, etc. Gaps are identified as well as who are excluded, who is the highest priority, and what social policies are needed. Ortiz identifies these by reviewing qualitative and quantitative data in regards to life-cycle and gender differentials; income groups; people in formal/informal sectors; and special population groups in the process of Social Diagnosis.

In identifying obstacles the reasons for lack of opportunity and access are investigated including political, economic, social, institutional, environmental and geographical, and psychological. Risk involves examining vulnerability; populations, households, and individuals may be in a good condition at one point, but may face various risks that can plunge them into poverty overtime. Societies have to take steps to reduce their vulnerability and to cope with shocks when they occur.

Labor market dynamics include work which is the main source of income for the majority of citizens and particularly the poor. Similar to the GRIP program, a labor

market strategy is critical to reduce poverty, develop human capital, address gender discrimination, and enhance welfare and productivity. This area examines the characteristics of growth, employment, and poverty, which are some dynamic sectors of the economy, and how to accelerate employment generating growth. Identifying sources of conflict investigates gender inequality, listening to people, and disaggregated quantification. By ignoring internal tensions, conflicts often escalate so early warning and conflict prevention are included. Next, a social policy analysis of gangs and gang membership using Ortiz's framework (2007) will be presented.

Social Policy Analysis

The primary purpose of this paper is to analyze gangs and gang membership from a social policy perspective. Ortiz's Social Policy (2007) will be used as the organizing framework.

Identifying Needs

Using Ortiz's (2007) framework, identifying the needs is the first step in the process. The gaps between the reality of citizens and their potential well-being need to be mapped with a drive towards finding solutions. According to the US Census Bureau the total population for Providence, RI in 2010 is 178,042 (Profile of General Population and Housing Characteristics: 2010 Demographic Profile Data). Of this number, 53,257 are children under 19 years old. The population range at highest risk for gang involvement and recruitment include those from 10 -14 years and 15- 19 years of age. Males account for 14,401 of these populations with females accounting for 15,423 (Profile of General Population and Housing Characteristics: 2010 Demographic Profile Data). Caucasians make up 49.8% of the city, with 38.1% Hispanic, 16% Black or African American, and 6.4% Asian. Within the Hispanic or Latino origin by specific origin for Providence the majority of people are from the Dominican Republic (25,423), Puerto Rico (13,615), and Guatemala (11,949). Over 55,124 people speak only Spanish or Spanish Creole in their

home while 83,841 speak only English. (American FactFinder: Providence city, Rhode Island)

There are a total of 57,037 households in Providence with the average household size of 2.69. The total number of families is 31,907, with the average family size of 3.47. Of these families 18, 235 are married couples; 12,406 are female householder, no husband present; 3,653 are male householder, no wife present; and 25, 062 are nonfamily households. Of the total population 15 years and older (137,102) 31.4% are married, 5.3% are widowed, 8.7% are divorced, 3.9% are separated, and 50.7% never married. (American FactFinder: Providence city, Rhode Island)

According to 2010 Poverty Threshold, a family of four making under $ 22,811 (U.S. Census Bureau) is identified as living at poverty level. Poverty threshold is the minimum level of income deemed adequate in the US. Approximately 34% of families in Providence make less than $24,999 and thus are living below the poverty line. According to the U.S. Census Bureau 2005-2009 American Community Survey, the median household income in Providence was $37,273. Approximately 30.5% of all reported income was below the poverty line, with 34.9 % with children under the age of 18 years with female householder, no husband present represented at 41.2% below the poverty line. These female households were also 60.9% likely to have less than a high school degree (American FactFinder: Providence city, Rhode Island).

Of the civilian labor force, 11.3% are unemployed. For those who are employed, the mean travel time to work is 21.8 minutes. The health care and social assistance industry employ 25,806 workers in the city with the accommodation and food service employing

the second highest at 9,156. The two categories of retail trade and professional, scientific, technical services, administrative, support, waste management and remediation services both have approximately 7,400 to 8,800 workers each. Of all businesses (15,395), 29.3% are female owned, 10.5% are Black owned, and 19.5% are Hispanic or Latino owned (American FactFinder: Providence city, Rhode Island).

Providence is a very diversity city with a growing Hispanic population. It is also a frequent destination for refugees and immigrants (legal and illegal), with an estimated 35,000 illegal immigrants entering RI in 2010 ((Immigration Facts). The International Institute of Rhode Island reports serving over 450 refugees each year from troubled regions all over the world (Refugee Resettlement and Assistance). There is a gap between the upper class and lower class with the majority of the city living in poverty. As the gap between the rich and the poor widens, the lack of a middle class as a buffer between the two becomes more serious. Without such a stabilizing factor, it is easy for some variation of class warfare to commence. The upper class primarily lives on the East Side and the Mount Pleasant Area of the city leaving the other areas of the city in relative poverty.

According to the 2005-5009 American Community Survey from the U.S. Census Bureau there are 59,356 occupied housing units in Providence. Of these units 22,618 are owner-occupied and 36,738 are renter- occupied. Approximately 89% of this housing was built before 1960. The rates of lead poisoning in Providence are higher than in most other US cities due to the fact that much of the housing stock was built before the use of lead paint was made illegal in 1978 (Soil and Lead, 2011). Of the occupied housing units, 29.9% are single occupancy, 28.8% have three or four apartments, and 15.2% have 10 or

more apartments. In owner-occupied housing units, 63.7% of them are single dwellings compared to only 9.2% of renter-occupied. Most people who reside in renter-occupied housing live in three to four unit apartments (38.2%) or in 10 or more apartments units (22.9%). The majority of all housing has four to five rooms with two or three bedrooms. The median housing value is $249,200 (American FactFinder: Providence city, Rhode Island).

Providence Housing Authority Housing is home for more than 5,700 residents. There are 13 public housing developments in Providence, including six family developments, seven elderly/disabled high rises, and 246 scattered site homes. In addition, the PHA administers a Section 8 Program, which includes more than 2,500 households (Overview).

Approximately 82% of the city is Roman Catholic, 3.5% are Baptist and 2.9% are Episcopalian (Providence City). The First Baptist Church in America has been on College Hill in downtown Providence since 1638. There are several Jewish places of worship in Providence: Chabad of Rhode Island on Prospect Street; Congregation Mishkon Tfiloh on Summit Street; Congregation Beth Sholom on Camp Street; Temple Beth-El on Orchard Avenue; and Temple Emanu-El on Taft Avenue. On Hanover Street there is a Buddhist Temple used by the large Cambodian and Hmong population in that area. There are also many small Pentecostal churches in Providence utilized by the large Hispanic population of the city.

The largest population of Providence after Caucasian is Hispanic, with the Dominican Republic peoples leading the group. Their values include:

- People look to their family and relatives for support and help.
- They may also have relationships of compadrazgo or "co-parentage." Compadres are godparents who play an important role in their godchildren's life and are chosen before the child's birth. They are expected to assist with the child's education, career and even finances.
- Men and boys are expected to demonstrate machismo, or maleness, and personalismo which means putting one's dignity and honor above abstract political and collective ideologies.
- Women are expected to be submissive and to stay at home. (BITS OF CULTURE - Dominican Republic, 2011).

Puerto Rico has the next largest Hispanic population, Puerto Ricans are considered to be very friendly people and they welcome their guest with warm hospitality. They are very cordial and genuine people and lead a very peaceful life. Puerto Ricans believe in well-knit family and have a strong family value, which reflects in their culture. They are emotionally attached to their family and friends, and like to socialize with them. Puerto Ricans give high priority to education (Puerto Rican Culture, 2011).

Guatemala has been a country torn apart be civil and guerrilla wars. Guatemalans say that parents are espejos (mirrors): through them, you learn who you are and what you can become. Children are able to depend on their parents for advice and guidance throughout their lives. Family members tend to live near each other, and Guatemalans rarely live or spend much time alone (Guatemala: An Educator's Exploration, 2011).

Liberia has long had its own struggles with violence. Charles Taylor, former President of Liberia is currently on trial by the Special Court for Sierra Leone in conjunction with the United Nations. He lived in Central Falls in the 1980s before returning to Liberia, where he was elected President. There are many Liberians living in Rhode Island right now that know Charles Taylor from his time he spent here (RI'ers watching war crimes trial, 2010). Charles Taylor is charged with 11 counts of war crimes, crimes against humanity, and other serious violations of international humanitarian law committed in Sierra Leone from November 30, 1996, to January 18, 2002. The Prosecutor alleges that Taylor is responsible for crimes which include murdering and mutilating civilians, including cutting off their limbs; using women and girls as sex slaves; and abducting children adults and forcing them to perform forced labor or become fighters during the conflict in Sierra Leone. Many Liberians fought for Taylor during his war in Sierra Leone. Rhode Island has the third highest Liberian population in the country with Philadelphia and Minnesota being first and second. Mr. Taylor has pleaded not guilty. (Who is Charles Taylor?, 2011)

In the 1980's there was an influx of Cambodian's into Providence trying to escape the Killing Field's of Cambodia. Pol Pot, leader of the Khemer Rogue, attempted to "cleanse" Cambodian society of capitalism, Western culture, religion and all foreign influences in favor of an isolated and totally self-sufficient state which resulted in the deaths of an estimated 1.7–2.5 million people (Heart of darkness: Cambodia's Killing Fields, 2003). Based on Buddhist teachings, the Cambodian cultural values consist of respect for life in all its forms; generosity and selfless concern for others; warmth and

good natured temperament; abhorrence of fighting, drinking, fornication, and other sins; devotion to family; industriousness; religious devotion; honesty; and lack of concern for material wealth (Cambodian Content, 2011)

The Hmong are known as mountain people. They survive by hunting and farming up in the hills of Southeast Asian countries like Laos, Vietnam, Thailand, Burma and China. The U.S. recruited and trained many young Hmong men to help them fight against the Communists of North Vietnam. After the U.S. withdrew its' troops from South Vietnam in 1975, the Hmong people were than faced with genocide. The Laos King was overthrown by the Pathet Lao (communist party) who supported the North Vietnamese (Viet Cong). They began prosecuting the Hmong people for their involvement with the U.S. in the war. Therefore, the Hmong people were imprisoned, tortured, killed and sent to labor Camps, where thousands perished. After 1975, thousands of Hmong people began their escape to the refugee camps in Thailand. There they stayed until they would be resettled in another country. In 1975 Hmong people have began to come to the United State until the end of the year 1993 (Hmong History, 2011).

Identifying Obstacles

In order to build a good strategy, it is essential to identify the barriers and structural reasons that impede social development (Ortiz, 2007). This section will be looking at reasons for lack of opportunity and access. Ortiz stated that the most common obstacles are usually related to elites and vested interests insistent on holding on to their privileges. They must be tackled in the context of public policies that promote public information, transparency, civil society engagement and other activities that strengthen the social

contract. The biggest barrier within the city of Providence is that of corruption and politics. It is actually a statewide epidemic. Despite being a convicted felon, Buddy Cianci is a popular talk radio host, commentator on local news channels, and a public speaker. Mayor David Cicilline left the city in financial ruins despite saying otherwise leaving the deficit to Angel Taveras, the city's first Latino mayor. One of Taveras' first actions was to fire the teachers claiming poverty but then gave a 2% retroactive raises to other city employees. Currently Taveras has raised taxes, layed off city employees and won concessions from union representing city worker. Overall the city is looking for relief from oppressive and unsustainable Cost of Living (COLA) payments.

There is some evidence that indicates that the current legislators are more aware and working on important social issues. Representative Grace Diaz has been fighting against racial profiling and advocating for a proposal that would grant all students, regardless of immigration status, the opportunity to go to college at in-state tuition rates. is in this legislative session (Press Releases). Senator Harold Metts has been speaking out about his concerns with Achievement First which operates a network of college-preparatory public schools in Connecticut and New York and has made application to open a pair of schools (mayoral academies) in Providence. Senator Metts stated that "I couldn't help but feel that the Achievement First initiative was a fancy way to reintroduce tracking and disguise homogenous groupings." (Press Releases). To help ex-offenders in their effort to re-enter society and to assure prospective employers and others that ex-offenders have been successful in their rehabilitation, Senator Metts is proposing establishment of a "certificate of good conduct" (Press Releases). With growing concern over the fate of the

city and its taxpayers, Sen. Juan M. Pichardo) is calling on Brown University, the Rhode Island School of Design and other tax-exempt institutions to increase their payments to the city of Providence (Press Releases). Now Providence's economic status will be examined.

Economically, Providence's bond rating has been downgraded by one notch on March 27th, keeping the city's rating three notches above junk status (Nesi, 2012). The changes reflect the city's deteriorated financial position, a $30 million projected budget gap for fiscal 2013; the uncertain outcome of litigation challenging the city's ability to transfer eligible retirees to Medicare; and low funding of its local pension plan. Providence may run short of cash and need to borrow money to pay its bills during the summer or fall of 2012. The city is carrying a higher-than-average debt load and its economy is relatively weak, though significant structural improvements have been made by the Taveras administration (Nesi, 2012). Congressman David Cicilline offered a public apology and expressed regret on April 10th for saying during his 2010 campaign that Providence was in "excellent financial condition."

The city of Providence has 25 neighborhoods. These neighborhoods are grouped into areas: The East Side; The Jewelry District; The South Side; The West Side; and West Broadway. The East Side would be considered the most affluent area including huge houses/mansions on Blackstone Boulevard. The South Side, West Broadway, and the West Side are very ethnic areas with a lot of boarded up houses, empty lots, fences, and multiple family housing. There are a range of small ethnic stores in these areas from Cambodian to Hispanic to African. This is also where the concentration of gangs and

gang members are located. One the more interesting things about Providence is that you can find yourself in an affluent neighborhood on Rochambeau Avenue and then within two blocks be on Camp Street within a poverty stricken area. There are over 1000 streets in Providence laid in a haphazard fashion and there are still some cobble stone streets over near Washington Street past the Police Station.

Another obstacle is the lack of health insurance. Children who have health insurance coverage are healthier and have fewer preventable hospitalizations (2012 Rhode Island Kids Count Factbook, 2012). They are also more likely to receive preventive care, be screened for developmental milestones, miss fewer days of school, and get treatment for illnesses and chronic conditions. The number of children without health insurance in RI has decreased from 9.4% in 1995 to 6.3% in 2009 (2012 Rhode Island Kids Count Factbook, 2012). In 2010 RI's rate of children that were fully immunized (74%) was comparable to the U.S. rate (73%). RI purchases vaccines for all children and distributes them to health care providers: Hasbro Children's Hospital and St. Joseph's both have free immunizations clinics in the city for all youth regardless of ability to pay or immigrant status. Children living in poverty are more likely to have severe and untreated tooth decay than higher-income children. Medicaid-eligible children are twice as likely to have dental disease as higher-income children (2012 Rhode Island Kids Count Factbook, 2012). When RIte Smiles (Rhode Island's managed care oral health program) started in 2006, reimbursement rates were raised for participating dental providers. The number of dentist accepting qualifying children with Medical Assistance coverage in RI increased from 27 participating providers before RIte Smiles to 90 at the launch of RIte Smiles in

September 2006 (2012 Rhode Island Kids Count Factbook, 2012). As of September 2011 there are 370 participating providers.

Lack of health access is another potential obstacle. Though there are extensive services within Providence, availability is not the issue, utilization of them is. There are five area hospitals in Providence with 1440 hospital beds in the city: Rhode Island Hospital, Women and Infants, Roger Williams Hospital, Miriam Hospital, and Butler Hospital. In addition there is the Providence VA Medical Center that has an additional 230 inpatient beds.

Rhode Island Hospital is the largest of Rhode Island's general acute care hospitals, and provides comprehensive health services, including pediatrics at its Hasbro Children's Hospital. Rhode Island Hospital also serves as the region's only Level 1 trauma center. The Miriam is a general acute care hospital that provides a broad range of medical and surgical services to adolescents and adults. The Miriam is recognized as a Magnet hospital for nursing excellence. Roger Williams Hospital provides the following services: Behavioral Medicine, Cancer Center, Dermatology, Diagnostic Imaging, Elder Care, Gastroenterology, Laboratory Services, Sleep Disorder Center, Stroke Center, Surgery, Weight Loss Surgery, and Bariatric Surgery. It currently has an affiliation with Boston University School of Medicine.

Women and Infant's is one of the nation's leading specialty hospitals for women and newborns. The primary teaching affiliate of the Warren Alpert Medical School of Brown University for Obstetrics, gynecology and newborn pediatrics, Women & Infants is the 10th largest obstetrical service in the country with more than 9,700 deliveries per year

(About Women and Infants). Women & Infant's operates a Level III, 60-bed NICU specializing in the care of premature and distressed newborns.

Butler Hospital is Rhode Island's only private, nonprofit psychiatric and substance abuse hospital for adults, adolescents, children, and seniors. Butler is affiliated with The Warren Alpert Medical School of Brown University and is the flagship hospital for its department of psychiatry, which has been recognized by its peers as one of the top ten in the United States (About Butler Hospital).

The Providence Area consists of over 500 physicians and specialists. It boosts of having Brown University's School of Medicine right in the city. Because of the large number of providers and clinics in Providence this writer will only highlight a handful of providers.

Providence Community Health Centers is an integral part of Providence caring for more than 35,000 patients at health-care facilities around the city. Their mission is to provide neighborhood-based high quality and accessible primary medical care to improve the health status of the residents of Providence and surrounding communities regardless of their ability to pay (About Us).

The RI Free Clinic provided more than 6,000 patient visits in 2010, offering patients primary care services as well as diagnostic and laboratory services and a free pharmacy. Located on Broad Street in Providence clinic patients are residents of Providence and surrounding areas. All RI Free Clinic patients are uninsured. Nearly half (45%) are employed in jobs that do not provide health insurance, nor can they otherwise afford to purchase it (Rhode Island Free Clinic).

Planned Parenthood delivers vital reproductive health care, sex education, and information. Located on Point Street in Providence, Planned Parenthood provides: Abortion Services, Birth Control Services, Emergency Contraception, General Health Care, HIV Testing, HPV & Hepatitis Vaccines, LGBT Services, Men's Health Services, Patient Education, Pregnancy Testing, Options & Services, STD Testing & Treatment, and Women's Health Services (Health Info and Services).

The Providence Center is the mental health center for the city of Providence. Their mission is to help adults, adolescents and children affected by psychiatric illnesses, emotional problems and addictions by providing treatment and supportive services within a community setting (Our Mission). Their two major locations are on North Main Street and Hope Street.

The St. Joseph's Center for Health and Human Services, located on Peace Street, provides comprehensive care to more than 30,000 children and families each year through a network of primary care and specialty clinics. Their services include: Adult Primary care, Diabetes Resource Center, GYN Clinic, Immunization Clinic, Laboratory Services, Lead Clinic, Pediatric Clinic, Pediatric Dental Center, Prenatal Clinic, Radiology, Rite Care Application Assistance, Walk-In clinic, WIC Program, and Women's Cancer Screening (Care Services).

Providence is the second oldest professional fire department in the country. Providence Firefighter/EMTs play a crucial role in protecting the community by responding each year to over 42,000 emergency calls from families, friends and neighbors who are in need of assistance. There are 6 Rescue Companies, 14 Engine

companies, 8 Ladder companies, and one Special Hazards vehicle located through the city (Fire Stations + Apparatus). When there is a shooting or a violent act this is the first responder in these neighborhoods. Non-emergency activities revolve around fire prevention through public education, building familiarity and inspections, plan reviews, code enforcement and arson investigations.

Again, the number of services is a definite asset to this community but utilization of them is still lacking. As a school nurse this writer has found that many students use the nurse's office as their primary medical treatment looking to the school nurse to give treatment, education and guidance if further medical attention is needed. Gang members often do not seek medical treatment after injury primarily to keep their gang involvement from family and others.

Prejudice and negative attitudes towards groups is also present in Providence. From this writers experience working with theses different ethnicities it is evident that even within the Hispanic, African, and Asian communities there is prejudices amongst themselves. There are conflicts between Guatemalans and Dominicans and Nigerians and Liberians for example. The nature of these conflicts is not known. Spanish is commonly heard as the language of choice while walking in the West End, South Side, and West Side of Providence. Gangs are very visible in these areas along with vandalism, boarded up houses, and graffiti.

Identifying Risks

Poverty and deprivation are not static conditions. Populations, households, and individuals may be in a good condition at one point, but may face various risks that can

plunge them into poverty over time (Ortiz, 2007). Vulnerability indicates exposure to hazards and the likelihood that the welfare of an individual or a household falls below minimum consumption levels and/or living standards (Ortiz, 2007). War may not be defined in the traditional way in Providence. Gangs and gang wars/violence are prominent in the poorer areas of the city and in the West End in particular. According to Providence Police Department's Crime Comparison Report, from 1/1/12 to 4/15/12 there have been 265 "violent crimes" in the city of Providence. Violent crimes are defined as the following: homicide, sex offenses, forcible, robbery with firearm, assault with firearm, and assault, other. There were 72 arrests in this same time period for weapons and 2230 property crimes (burglary, motor vehicle theft, larceny from motor vehicle, and larceny, although "shots fired" were only logged six times in the PPD's Case Log. According to School Resource Officer, Cyndi Rodriguez, "Shots are fired every day in this city. Those (six) are the only ones that people actually called on". The locations of the six calls on record for this time period are primarily in the West End neighborhood of the city.

Vulnerability in housing is associated with other issues. According to Kids Count 2012, the average rent for a three-bedroom apartment in Providence is $1,048. The percentage of income needed for rent at poverty level for a family of three would be 68%. Between 2008 and 2010, 83% of low-income children in RI live in older housing, compared to 60% of low-income children in the U.S. Because affordable housing is in short supply, many low-income families must choose between poorly-maintained housing that puts the health and safety of their families at risk. This older housing stock poses

additional health risks for children, in particular lead poisoning. Providence screened 2,946 children entering Kindergarten for Fall 2013. Of those tested, 145 screened had a blood lead level higher than 10 mcg/dl. Illegal apartments continue to be an issue within Providence. The Providence City Council in 2010 voted to re-establishment of a task force to identify illegal apartments in the city. The proposal comes after a mother and her four -year-old daughter, who had been living in an illegal basement apartment on Charles Street, died when the home caught fire. What makes the apartment "illegal" is usually violating fire codes especially when it comes to the number of exits. Basements and attics seem to be the common location of these apartments.

Vulnerability continues within the school system. In the Providence Public School Department, there are currently 42 public schools: 25 elementary, 7 middle, 10 high and 2 charter schools. One high school, Classical, although it is a public school, requires that students test prior to admission. There are 23,518 students in Providence. Of these students 11,559 are elementary, 4,767 are middle, 6,915 are high school and 277 are preschool. Eighty-one percent of these students are low income and the majority (63%) being Hispanic. Only 12% of the students eligible for Early Intervention participate and 2% eligible for Head Start participates (Rhode Island Kids Count, 2012).

The high school graduation rate for Providence is 66% with a 22% dropout rate and 3% GED rate. In 2011, 18 schools were making insufficient progress, 11 met the adequate yearly progress, 11 were delayed, meaning they met their annual yearly progress in their first year of being identified for school improvement, and four were cautioned. High school attendance rate is 85%, middle school is 91%, and elementary is

93%. Seventeen percent are English Language Learners and 19% are enrolled in Special Education. Student mobility rates for Providence are the highest in the state with 25%. Student mobility is associated with lower academic performance, social and psychological difficulties, lower levels of school engagement and behavioral problems (Rhode Island Kids Count, 2012).

Providence students do not perform well on standardized testing. On fourth grade reading skills, only 46% of students were at or above proficiency level. The improvement was minimal on the eighth grade reading test, with 52% of students at or above proficiency. In the area of math skills, fourth grade students outperformed eighth grade students: 34% proficiency in fourth grade and 31% in eighth grade. (Rhode Island Kids Count, 2012)

There are over 32 private schools in the city. The most popular high schools are Moses Brown, Wheeler, Lincoln School for Girls, and Lasalle Academy. There are numerous parochial K-8 schools also and there are over 100 private and public preschools in the city. Ten of the public elementary schools include pre-K programs (Providence city, 2011).

The majority of the school buildings in Providence are old and outdated. The newest is Providence Career and Technical Academy which cost over $90 million. Central High School, originally built in 1921, was just renovated in 2007. Classical remodel their science wing in 2011 year and Mount Pleasant High School is currently being modernized also. Springfield Middle School and Alvarez High School were built on former a brownfields (Providence At a Glance, 2011).

For high school students, there is not school provided transportation. Students need to live further than three miles in order to be eligible for a RIPTA bus pass. Due to financial constraints, the school department has more recently been cracking down on the number of RIPTA passes given. Special education students, per their Individual Education Plans, can have door to door service provided by the school department. Also, if the child has a medical condition, their physician can write a note requesting a bus pass.

Another part of identifying risks includes looking at risks that may include natural disasters, financial crises, harvest failure, war and serious illness, among others (Ortiz, 2007). The climate of Providence is that of a typical New England City. There are usually 4 distinct seasons here. The average daily temperature is 50.4F with July and August being the hottest months and January and February being the coldest. Annual rainfall is 45.5 inches and 35.9 inches of annual snowfall (Providence city, 2011). Hurricanes, tropical storms, blizzards, and even the occasional earthquake and tornado are all possible natural disasters that can occur in Providence. The latest being Hurricane/Tropical Storm Irene that came through in August of 2011 and delayed the start of school by one day in Providence. Although this past winter was mild, cold winters can bring with them increased house fires, usually due to space heaters.

Per the Rhode Island Department of Health (RIDOH), Providence had 3,035 live births in 2002. There were 90 infant deaths (under year 1) and 76 neonatal deaths (under 28 days old). This writer could not find death data on the city of Providence alone and instead had to utilize the state's death data. The state of RI had a total of 10,241 deaths in

2002 according to RIDOH. The top 10 leading causes of death were, from highest to lowest:

1. Heart disease- 3108 deaths
2. Malignant neoplasm- 2399 deaths
3. Cerebrovascular Diseases- 604 deaths
4. Chronic lower respiratory diseases- 520 deaths
5. Influenza and pneumonia- 320 deaths
6. Unintentional injuries- 275 deaths
7. Alzheimer's disease- 265 deaths
8. Diabetes mellitus-263 deaths
9. Nephritis, nephritic syndrome and nephrosis- 142 deaths
10. Septicemia – 134 deaths

For children in Providence, asthma and obesity are two growing health concerns. Of the 41,634 Providence children under age the age of 18 years old, 8.3% were hospitalized with any asthma diagnosis and 4% were hospitalized with a primary asthma diagnosis between 2006-2010 (Rhode Island Kids Count, 2012). In 2011, 10.8% of RI high school students were obese and 14.9% were overweight (Rhode Island Kids Count, 2012). Social stigmatization caused by overweight and obesity can cause low self-esteem, and hinder academic and social functioning. The obesity prevalence increased by 23%-33% for children in low-income, high-unemployment and low-education level households (Rhode Island Kids Count, 2012).

The third variable of identifying risks is to identify mechanisms of coping with risks. To cope with risks such as obesity, recent changes in school nutrition policy have made RI school meals among the healthiest in the country. RI is one of 19 states that implement nutritional standards for school meals and snacks that go beyond existing USDA requirements (Rhode Island Kids Count, 2012). RI has mandatory lead testing for children under age five. Although not the chosen coping mechanism, 7% of high schools brought a weapon to school in 2011 and 11% had been in a physical fight at school. In 2010, 297 youth were arrested for assault (230 youth) and weapons (67 youth) offenses.

Identifying labor market dynamics

Work is the main source of income for the majority of citizens and particularly the poor. A labor market strategy is critical to reduce poverty, develop human capital, address gender discrimination, and enhance welfare and productivity (Ortiz, 2007). According to figures released by the RI Department of Labor and Training, RIs unemployment rate ticked up slightly to 11.1% for March, from 11.0% in February (Providence Journal, 2012). The state lost 600 jobs between February and March. RI's unemployment rate is now nearly three percentage points higher than the national unemployment rate of 8.2 percent. U.S. Bureau of Labor Statistics lists Providence's unemployment rate at 13.5% for February 2012. On the positive side, Rhode Island Kids Count, Investing in Providence Workforce and the Poverty, and Work and Opportunity Task Force have been identifying some possible strategies to assist with increasing and better training the workforce. These strategies focus on increasing education levels,

establishing career pathways, and creating jobs for the low-income and poorer communities.

The limited educational skills, low literacy levels and limited English skills of the low-income workforce make finding and maintaining employment difficult. In Providence, 26,253 people lack a high school diploma, 16,638 people have no high school diploma and/or are Limited English Proficient (Rhode Island Kids Count, 2012). A sufficient supply of Adult Basic Education programs that incorporate contextualized learning, setting course instruction within meaningful academic, real life and occupational contexts could be a possible solution. In Rhode Island, Southeast Asian Economic Development Center offers a program that prepares low-income minorities and high school dropouts to take the GED exam. Classes include instruction in all five content areas. Those who succeed in this program will have the opportunity to access higher education, have greater opportunities for employment promotions, and higher wages, and access to job training programs.

Students who enroll in postsecondary education are often ill-prepared for classes and require remedial education classes before they can pursue college level work. High dropout rates (29%) in Providence combined with students not learning the basic skills needed to succeed in college or work while they are in high school and an increased demand for postsecondary education have led to colleges offering and often requiring remedial courses. The cost of remediation can be exorbitant for colleges and increases the economic strain on states to ready their workforce (Rhode Island Kids Count, 2012). A possible solution could be strengthening curricula and standards in high schools and

aligning these standards with the expectations of colleges and employers. Another may be to look at effective ways of reducing transition fall outs from high school to college or to the workforce by adult learners. These might include requiring clear content standards that address the skills and knowledge needed for students to smoothly advance in their studies, working with community colleges to clearly define the assessment and placement process, and standardizing placement exams.

Colleges struggle with retention rates and successful completion of postsecondary degrees. Research shows that difficulties in completing postsecondary degrees often result from having to play "catch up" with students who have lower incomes and/or limited English skills. Nationally, 46% of students who begin a postsecondary education at a community college complete their degree. A recent study indicated that of students enrolled in at least three remedial classes, only 2.1% ultimately earned an associate's degree (Rhode Island Kids Count, 2012). In Rhode Island, The Bridge to College Program at Dorcas Place Adult and Family Learning Center assists students seeking post-secondary education by providing admissions, financial aid, application assistance, academic skill preparation, career and personal support. Also, the Governor's Statewide PK-16 Council commissioned a report to look at redesigning Rhode Island's dual enrollment programs to meet PK-16 goals, increase the rates of college degree attainment and encourage participation by low-income students.

Recent testimony before the RI State Apprenticeship Council suggests that current regulations regarding the ratio of journeymen (master workers) to apprentices are limiting the opportunities for growth in the apprenticeship sector. The regulations and others

governing programs will likely have to be systematically examined in order to expand apprenticeship opportunities (Rhode Island Kids Count, 2012). In Providence, The Building Futures Apprenticeship Initiative is designed to help the construction sector meet its future needs, while creating employment opportunities for unemployed or underemployed adults from urban communities. The project is a joint effort of The Providence Plan, YouthBuild Providence, BuildRI and Making Connections Providence. Building Futures plans to place at least 30 low-skilled, minority residents from urban communities into apprenticeship programs. In addition, Year Up, a project of the United Way, is an intensive training program that provides a combination of technical and professional skills, college credits, an educational stipend and a corporate apprenticeship.

Trainings, certificate and occupational credits are not always portable from one employer to another. State skills certificate and panels can unite businesses under a basic industry to create occupational training credits and guidelines, transferable from employer to employer (Rhode Island Kids Count, 2012). Rhode Island offers a "Job Training Tax Credit-Apprenticeships" to employers in Rhode Island who start or increase apprenticeship programs in their company. The program is limited to machine tool and metal trade or plastic processing apprenticeships. This credit allows a tax credit of 50% of actual wages paid to a qualifying apprentice. The apprentice must be enrolled in a registered qualified program through the Rhode Island Department of Labor and Training.

Traditional job-training programs that focus on basic education but fail to link to employer needs yield disappointing gains in wages and career advancement. While

gaining access to first jobs is critical, practices and strategies that focus on advancement generates real opportunities and advancements for workers and can be cost effective for business by reducing turnover (Rhode Island Kids Count, 2012). Skill Up Rhode Island, a project of the United Way of Rhode Island, is a community impact initiative that invests in the development and enhancement of workforce intermediaries, or partnerships, to meet the needs of low-skilled adult Rhode Islanders and the employers who hire them. Stepping Up provides labor force development in the health care sector and Building Futures provides labor force development in the construction sector.

Career pathways for unemployed, low-skilled and low-literate individuals, as well as people with limited English skills are difficult to navigate or do not exist. The limited skills and education of individuals can stymie their economic progress and can “trap” individuals in low-wage, unstable employment. Rhode Island has New England's highest high school dropout rate and has the highest percentage of adults at literacy Level 1, the lowest of five National Adult Literacy Survey (NALS) levels. Nearly half (47%) of employed Rhode Islanders are at Level 2 or below. Both levels are considered "well below what American workers need to be competitive in an increasingly global economy" (p. 6) and to secure jobs with salaries adequate to support a family (Rhode Island Kids Count, 2012). In Providence, 42,891 adults make up the adult education target population (i.e., they are sixteen and older, are not enrolled in school and have no high school diploma and/or are limited English proficient). More than 3 in 5 of the adult education population are lacking a high school diploma but have English skills. Approximately 1 in 10 of the adult education population have a high school diploma but

are considered limited English proficient (Rhode Island Kids Count, 2012). In Providence, Dorcas Place has three programs to assist with literacy and workforce: The Family Literacy and Even Start Program, The Functional Literacy Education Program, and The Workforce Literacy, Career Academy and Job Center.

State welfare policies (Temporary Assistance for Needy Families [TANF]) that fail to integrate the population into workforce development efforts neglect an important segment of the low-skilled workforce. In Rhode Island in 2006, over 10,000 families relied on a Family Independence Program (FIP) cash grant and the employment services offered. In Providence in 2006, 4,640 families, with 8,821 children, utilize FIP. A recent testing of a cohort of FIP parents showed that 32% read below the 6th grade level and an additional 43% read below a 12th grade level (Rhode Island Kids Count, 2012). In the 2006 legislative session, the Family Independence Program (FIP) was amended to allow participants to combine 10 hours of education or training with 20 hours of work to reach the 30 hour work requirement beginning in the 25th month of their employment plan. Rhode Island developed two programs to serve the needs of those unable to meaningfully connect to the workforce after 24 months of enrolled in FIP: Transitional Jobs Program and Supportive Employment Program. Transitional Jobs Program is a subsidized period of work within the community to help participants develop skills. This is generally a three to five month learning experience. The Supportive Employment Program offers a job coach/counselor to the participant.

Adults who have limited English skills often face poor labor market prospects. Of the 42,891 adults who make up the adult education target population in Providence, 30% are

classified as limited English proficient. Beyond their limited fluency in spoken English, many immigrants often lack education credentials and written English skills vital to the advancement in the labor market (Rhode Island Kids Count, 2012). In Providence, the Rhode Island Professional Latino Association (RIPLA) RIPLA is an association of Latino professionals who would like to practice their chosen professions in the US, but face challenges associated with re-credentialing and English literacy. RIPLA is working with its members to help them gain credentials in the legal, engineering, teaching, and healthcare sectors, among others. Also, English for Speakers of Other Languages programs are offered at the International Institute, Genesis Center, Progresso Latino, Dorcas Place Adult and Family Learning Center, the Southeast Asian Economic Development Center, the Providence Housing Authority, and English for Action.

Limited skills of incumbent workers prohibit career advancement and/or full employment. To advance economic priorities, helping workers retool skills for career advancement, advancing low- skilled workers, and workforce education programs need to be used strategically to insure economic development. Helping incumbent workers can help attract or retain key businesses and help dislocated workers retool skills for new careers (Rhode Island Kids Count, 2012). In Rhode Island, The Job Training Tax Credit allows a credit against the corporate income tax equal to 50% of actual training expenses for new and current employees, up to $5,000 per employee, over three years. Employees must work at least 30 hours per week at the time of training, make 150% of the RI minimum wage at completion and be retained for 18 months for the company to qualify.

Effective partnerships among labor unions, business, government and organizations with knowledge of the needs of low-income communities are needed to successfully implement workforce development strategies. Labor unions know the needs of employers and can identify changes that will be necessary to prepare low-income employees for advanced positions and employers can predict occupational and industry shift and can connect workforce education and training to employers who offer quality jobs and advancement potential for workers (Rhode Island Kids Count, 2012). As previously stated, Skill Up Rhode Island, a project of the United Way of Rhode Island, is a community impact initiative that invests in the development and enhancement of workforce intermediaries, or partnerships, to meet the needs of low-skilled adult Rhode Islanders and the employers who hire them. Stepping Up provides labor force development in the health care sector and Building Futures provides labor force development in the construction sector.

Job creation is a vital aspect of economic development. Whether through micro-enterprise development or tax credits, appropriate measures of success need to be included in any program that seeks to offer an incentive to the private sector for job growth. A measure of success should take into account not simply the raw number of jobs created but also the quality of employment opportunities that become available to residents. Complex regulatory and administrative frameworks create high fixed costs for small enterprises and increase the need for administrative and business advice. There is often reluctance in the banking sector to issue loans for these endeavors because of a lack of equity, experience, and/or collateral (Rhode Island Kids Count, 2012). Tax credits can

help to stimulate an economy, but need to be monitored to ensure that the credit is producing the economic benefits required. Without this accountability, the loss of state revenues is problematic. Rigorous evaluation can eliminate the risk of ineffective outcomes not in the public interest. A firm understanding grounded in the value of the expected public benefit and what the expected public cost for such incentives will be is needed (Rhode Island Kids Count, 2012).

Identifying sources of conflict

Conflicts of interest among different groups are intrinsic to societies, but problems emerge when there are no mechanisms to deal with them or when these are ineffective (Ortiz, 2007). Unattended conflicts lead to violence and carry high human and economic costs. In this section gender inequality issues, listening to people, and disaggregated quantification will be discussed.

Most conflicts are ignited by grievances in respect of economic disparities, cultural differences, or militarization and human rights abuses (Ortiz, 2007). Gang conflict often stems from a verbal insult or a step in the wrong direction that gets bullets flying. Sometimes it is an imaginary line through the streets of Providence that gets stepped over. One of the city's positive programs, The Institute for the Study and Practice of Non-Violence had moved from their location on Pearl Street near Central High School to Oxford Street. Most would see this move as a positive. They have a new facility with more rooms, etc. to run programs. The problem is that it is now in known gang territory (C-Block). On March 18, 2011, Ivan Soto, age 21 and Freylin Ortiz, age 18, were shot outside the Institute. They were waiting for their friend who had gone into the Institute to

pick up his paycheck. The problem was that Soto and Ortiz are both M.O.P. members (Members of Pine), a rival gang of C-Block. So when they entered C-Block "territory", they crossed the invisible line which led to their shooting. Luckily, both survived. Steve Nawojczyk (1997), a nationally recognized gang researcher/educator and former consultant to then Governor Bill Clinton lists the five Hs that drive individuals towards joining a gang: helpless, homeless, hopeless, hungry and hug-less. He also describes the three "R's" of gang culture: reputation, respect, and revenge/retaliation. Reputation extends not only to each individual, but to the gang as a whole. In some groups, status (or rank) is gained within the gang by having the most "juice" based largely on one's reputation. While being "juiced" is very important, the manner by which the gang member gains the "juice" is just as important. Upon interview, many gang members embellish their past gang activities in an attempt to impress their conversation partner. Gang members freely admit crimes and it has been this author's experience that most in fact do embellish their stories to enhance their feeling of power. In many gangs, to become a member, you must be "jumped in" by members of the gang. This entails being "beaten down" until the leader calls for it to end. Afterwards, all gang members hug one another to further the "G thing". This action is meant to bond the members together as a family. Frequently, young gang members, whether hardcore or associate, will talk of fellowship and the feeling of sharing and belonging as their reason for joining a gang (Nawojczyk, 1997).

Respect is something everyone wants and some gang members carry their desire for it to the extreme. Respect is sought for not only the individual, but also for one's set or

gang, family, territory, and various other things, real or perceived in the mind of the "gangbanger". Some gangs require, by written or spoken regulation, that the gang member must always show disrespect to rival gang members. (refered to in gang slang as dis). If a gang member witnesses a fellow member failing to dis a rival gang through hand signs, graffiti, or a simple "mad dog" or 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 dis has been issued, if it is witnessed, the third "R" will become evident (Nawojczyk, 1997).

Retaliation/Revenge is the last of the three "R's". 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 dis. A common occurrence is a confrontation between a gang set and single rival "gangbanger." Outnumbered, he departs the area and returns with his "homeboys" to complete the confrontation to keep his reputation intact. This may occur immediately or follow a delay for planning and obtaining the necessary equipment to complete the retaliatory strike. It must also be understood that many acts of violence are the result of bad drug deals or infringement on drug territory. If the gang aspect is learned about, many crimes can be solved through the use of accurate intelligence gathering techniques by law enforcement agencies dealing with this problem. In gangbanging, today's witness is tomorrow's suspect, is the next day's victim (Nawojczyk, 1997).

Despite having a "Gang Squad", the Providence Police Department seem unable to effectively mediate and anticipate gang issues. Within the school system, the school

nurse is a unusual ally to the School Resource Officers (SRO). Frequently students share information with the school nurse that can confidentially be passed on to the SRO. In the past, this writer has called the Gang Squad for information in regards to area gangs and up and coming gangs. In 2010 the Gang Squad was called in regard to a Liberian gang called L.I.B. (Liberians in Blood). It is a gang that originated in Liberia but started up again in Philadelphia after the death of a 12 year old Liberian boy. Knowing that RI has one of the top three Liberian populations in the country, this writer asked the Gang Squad if there were any L.I.B. locally to which they responded "No". They confirmed hearing the same reports out of Philadelphia. Later that day, this author met a new student from Philadelphia. He was asked about L.I.B and his response was "Here or in Philly?" When told that there are no L.I.B. in Providence he stated "There are about 10 members in Chad (Brown)". Sadly, repeat calls to the Gang Squad to relay this information went unanswered but the SRO at Central High School was informed. This story is told to demonstrate that maybe the Gang Squad is a source of conflict within the gang problem in regards to listening to people and not thinking outside the box and utilizing other resources.

With the conclusion of the Social Diagnosis assessment, the focus of this paper will move to drafting development strategies and action plans.

Drafting Development Strategies and Action Plans

Strategies and action plans start from an impartial diagnosis of problems, leading to determining national, or in this case, local priorities. The diagnosis established the major social priorities in terms of needs of population groups, the risks they face, the obstacles for social development as well as the sources of conflict. In this section, there will first be a a brief review of some strategies already in place in Providence, a review of content related to gangs in relevant nursing textbooks and standards, followed by examples of gang policies used in other school districts nationwide. Finally, a plan for the city of Providence will be recommended along with proposed policies directions for SNT's.

Overview of Current Strategies in the City of Providence

Currently, within the Providence Public School Department there is only one existing gang policy. In the Emergency Preparedness Plan for the City of Providence, updated November 2010, there is the emergency procedure for gang-related violence or altercation. It states that the person discovering the incident will report all rumors of violence to the Principal or designess and will report all gang identifiers, e.g. clothing, signs, colors, street names, etc., to the Principal or designee (Emergency Preparedness Plan: City of Providence, 2010). While this is a useful policy, to date the school department has not offered any training on gang identifiers to school nurses or teachers. Clothing, colors, and signs are very elaborate systems that gang members use to identify themselves and who they represent. As schools and police have become more saavy in

identifying colors and other identifiers, the gangs have become adaptable, changing their identifiers to keep outsiders in the dark.

Richard Rose from the U.S. Attorney General's Office is the coordinator of the Project Safe Neighborhoods (PSN) initiative. Project Safe Neighborhoods is a Department of Justice initiative to reduce gun crimes and networks wtih existing local law enforcement programs that target gun crimes. PSN partners include the R.I. Attorney General's office, agents from the Bureau of Alcohol, Tobacoo, Firearms and Explosives, The Providence Police Department, the Institute for the Study and Practice of Nonviolence and the RI Training School (Project Safe Neighborhoods). Richard Rose routinely visits middle and high schools and various other community centers and church groups and engages students and citizens in discussions about PSN and gangs. This writer has had the privledge of seeing Mr. Rose on several occassions perform this presentation. He was found to be engaging and provacative and he utilized music and culture familiar to the students he informs. His mantra is that "If I can just help one of you today". On one of these occassions, this writer asked a known member of gang MS-13 if he had attended the assembly to which he stated yes. When asked what he thought of it he responded "I think he was talking to me!". This student made a huge turn around after this presentation. He stopped skipping school, graduated on time and is attending MTTI, a technical school. Other than the PSN initiative, there are no other initiatives in place to help reduce gangs and gang violence despite the number of programs utilized with some success around the country. Nationally, there are programs that have been tested and met with some success such as the G.R.E.A.T and the GRIP program. The GRIP program has

been widely analyzed by the OJJDP and incorporates a nursing aspect in its delivery. The support and care that the community health nurse gives to the family and gang member who participates in GRIP usually encourages greater involvement for both parties.

On the state level, Providence is not the only community with gangs in it. Other communities such as Central Falls, Pawtucket, and Woonsocket need to start to recognize gangs and gang activities as an area needing intervention and start formulating comprehensive plans, at minimum at the school level to deal with it. Unless this is issue is looked at on a broader agenda, change will be minimal.

Review of Healthy People, 2020

Adolescent Health objective AH-11 reads to reduce adolescent and young adult perpetration of, as well as victimization by, crimes. The baseline according to the Violent Crime Index was 444 per 100,000 adolescents and young adults aged 10 to 24 years old were arrested in 2008 for perpetration of crime. The target set for Healthy People 2020 is to decrease arrests to 399.6 per 100,000 population aged 10 to 24 years for a 10% improvement. AH-11.3 is a developmental goal to decrease the percentage of counties and cities reporting youth gang activity. Developmental objectives indicate areas that need to be placed on the national agenda for data collection. They address subjects of sufficient national importance that investments should be made over the next decade to measure their change. These types of objectives currently do not have national baseline data and, therefore, have abbreviated or no operational definitions. Potential data sources include the National Youth Gang Survey, Department of Justice, Office of

Justice Programs, and Office of Juvenile Justice and Delinquency Prevention. Future needs of Healthy People 2020 is better data at the local level and more partnerships with schools which again leads back to the SNTs.

A Critique of Relevant Nursing Textbooks and Standards

In addition to the lack of a program in place to target reducing gang violence, there is a lack of information regarding this specific type of violence in nursing books, in particular those in community and public health nursing at the graduate and undergraduate level. Although not every textbook should mention violence, those in the community/public health realm should definitely have a definition of gangs and gang violence, possible physical and emotional concerns, and interventions for nurses working with this population.

This writer identified textbooks used in the RIC MSN curriculum which in the opinion of the writer should contain reference to gangs. No reference to gangs, gang violence, or community violence were included in any of the following textbooks: The Clinical Nurse Specialist Handbook (Zuzelo, 2010); Delivering Health Care in America: A Systems Approach (Shi & Singh, 2004); Health Care Delivery in the United States (Kovner & Jonas, 2002); The Nation's Health (Lee & Estes, 2003); and Healthy Places, Healthy People (Dreher, Shapiro, & Asselin, 2006).

Three text books reviewed did mention violence: Public Health Nursing: Leadship, Policy and Practice (Ivanov and Blue, 2008) Public Health: What it is and How it Works (Turnock, 2009); and Community as Partner: Theory and Practice in Nursing (Anderson & McFarlane, 2011). Ivan and Blue (2008) discussed violence in the context of dating,

domestic, homelessness, immigrant health, and substance abuse, and immigrant health is discussed in relation to victims of trafficking. Anderson and McFarlane (2011) discuss violence in the context of intimate partner and workplace. Turnock's (2009) mentioned briefly the public perception of reducing deaths/injuries in public health.

Policy and Politics in Nursing and Health Care (Mason, Leavitt, and Chaffee, 2012) actually had gang violence listed but under the guise of advocacy against it. Five pages were dedicated to this but two pages were pictures of Corazon Tomalinas winning awards for her community activism. Again, a disappointing showing in a required textbook. The **only** textbook identified as having a section on gangs was Community Health Nursing: Promoting and Protecting the Public's Health (Allender and Spradley, 2005), which in an undergraduate textbook. Allender and Spradley (2005) discussed that the school nurse is in an ideal position to identify behaviors that indicate an increased potential for youth violence and to initiate age-appropriate therapies. Indicators were listed that can be used to identify potentially violent youths such as: depression or mood swings; obsession with violent or pornographic games, internet sites, tevlevision shows, or movies; absence of age-appropriate anger-management skills; artwork, writing, or language that displays violence, profanity, anger, association with gangs, or social isolation; evidence of cruelty to animals; history of bullying or fighting; self-perception as a victim; and obsession with violence or weapons (Allender and Spradley). They also listed gangs under nontraditional American families. They were described as a destructive form of a family and stated that nurses who serve urban areas should be prepared to deal with the issues that gangs create. This textbook clearly includes the

most comprehensive information that nurses need to be aware of. Overall, review of these textbooks suggests a major gap in knowledge about gangs and gang violence that all nurses in all disciplines should be aware of, both at the graduate and undergraduate levels.

For school nurses, there is again minimal mention of violence in the Scope and Standards of Practice: School Nursing (ANA and National Association of School Nurses, 2011). Under Standard 16, Environmental Health, the school nurse participates in strategies that promote emotionally and physically healthy communities. There is no additional guidance or information on how to do this. Since this is the Standard of Practice for school nursing, it appears that there is again a vast gap in knowledge. Given that Healthy People 2020 identifies the reduction of gangs and gang activities as a priority for nursing, school nursing in particular need to start looking at strategies within this discipline.

Review of Selected National School Districts

Selected school districts around the country do have gang policies in place. DeSoto County School District in Mississippi has a policy that prohibits gang activity. It states that students who engage in gang activity will be subject to discipline pursuant to the Distct's Code of Discipline, up to and includeing possible expulsion (GANG POLICY - DeSoto County Schools, 2012). Prohibited "gang activity" includes, but is not limited to:

(1) Soliciting students to become gang members;

(2) Participating in gang initiation or other gang ceremonies;

(3) Deliberately wearing, displaying or possessing prohibited gang symbols;

(4) Engaging in gang-related violence or threats of violence;

(5) Threatening others, including threats by brandishing a weapon or a replica of a weapon on school campuses, or at supervised school functions; or

(6) Engaging in any behavior undertaken in such a manner as to be reasonably likely to incite violence or endanger persons or property.

The school district has printed a "manual" of information of gang names, colors, symbols, signals, and gestures associated with gangs. The manual is intended to be updated every school year and to be printed in the Student Handout that is given to students and parents every school year. There is no provision in the document related to counseling the gang member. The school district had to clarify its gang policy as part of a settlement of an ACLU lawsuit after a 12-year old honor student was expelled from school after his phone was confiscated and searched by the school principal and the police. Officials claimed that pictures on the student's phone were gang signs (Mississippi School District To Clarify Gang Policy As Part Of Setttlement Of ACLU Lawsuit, 2011).

In 2007, the Alamance-Burlington Board of Education in North Carolina passed a gang policy similar to DeSoto County's which bans wearing of colors, tattoos, jewelry, etc and punishes those caught (Hayhurst, 2007). Again, there is no provision that offers counseling or other services to the gang member. Other school based gang policies identified from around the country in places like Memphis, Tennessee, Kenosha, Wisconsin, Portland, Oregon, and Logan, California all had similar "punishment only" policies.

The most comprehensive policy found was "Maryland's Model Policy to Address Gangs, Gang Activity, and Similar Destructive or Illegal Group Behavior" released February 22, 2011 by the Maryland State Department of Education. Besides containing the usual rote material listed in other gang policies it adds information about the types of support services, including family support services, for a student suspected of participating in gang activity. It also includes recommendations concerning gang prevention and intervention services and programs for students that maximize community participation and the use of federal funding. It goes on to list the type of services that should be provided for students who are at risk for and/or suspected of participating in gang activity and their families, which includes:

1. Gang awareness education (for students, parents, school faculty/personnel, law enforcement, and community stakeholders) that at the least shows promise of effectiveness based on research. The gang awareness education information should be revised and updated regularly to reflect current trends in gang and gang-like activity.
2. Culturally and/or linguistically appropriate services/supports for parents and families.
3. Counseling coupled with mentoring for students and their families.
4. Community and faith-based organizations (churches, synagogues, fraternities, sororities) and civic groups including grass-roots groups – e.g. Gang Resistance Education And Training (G.R.E.A.T.) Program, Mentoring Male Teens in the

Hood, New Visions, Pride Youth Services, Boys & Girls Clubs, programs developed by former gang members and evidenced-based services as appropriate.

5. Viable, sustainable after-school programs developed in collaboration with other stakeholders.

6. Job training and employment opportunities as both a deterrent to gang involvement and an incentive to leave gang involvement.

7. School sanctioned/facilitated extra-curricular activities.

Collaboration with stakeholders and school systems is encouraged to provide gang prevention and intervention services and programs. The initial step in this process is to provide training for staff and teachers, who are considered the first responders, on gang prevention and intervention resources annually. The gang awareness information should be revised and updated regularly to reflect current trends and in gang and gang-activity (Maryland's Model Policy to Address Gangs, Gang Activity, and Similar Destructive or Illegal Group Behavior, 2011).

In New Jersey, the State Police Street Gang Units have created the "Know the Signs: A Guide to Gang Identification" which is a handbook for educators, community leaders and law enforcement. This guide reviews the gangs in New Jersey, their clothing, hand signs, graffiti, symbols, tattos, and more. It includes a sample school policy which also specifies that students identifed as possibly involved in gang-related activities receive counseling to enhance self-esteem, encourage interest and participation in wholesome activities, and promote memvership in authorized student organizations (Know the Signs: A Guide To Gang Identification).

Recommendations for the Providence School Department

The primary recommendation for the Providence School Department is give serious consideration to implementing a policy similar to Maryland's. In addition to listing the gang identifiers, the Maryland document includes a comprehensive plan that focuses on assisting the gang member as opposed to punishment only.

Schools must work closely with law enforcement to share information on gang activity since what happens in the community spills over into the schools and vice versa. It is recommended that Providence Police Department print something similar to New Jersey's Know the Signs handbook, which would be a great resource for all school nurse teachers and teachers since they have a special division of the Gang Squad.

At the beginning of each school year in Providence, the school staff needs to complete numerous mandatory trainings such as blood borne pathogens, diabetes and first aid, and restraint. There are School Resource Officers (SRO) who are part of the school community. It is recommended that a mandatory training be offered by the SRO's to present on Providence gangs There needs to be an improved "trickle down" effect between administrators and the school staff. SRO's and administrators work closely with each other but there seems to be a disconnect with the sharing of important information. Most schools in Providence utilize a "Staff Bulletin" to keep staff up to date on activities within or outside the school. This would an appropriate place to share relevant information on gang updates with the staff. Schools need to establish cooperative relationships and communication networks with parents and train them also in gang identifiers, interventions, and prevention techniques. It has been recognized within

Healthy People 2020 which is a start. SNTs are really the gatekeeper of the schools. With more education and policies aimed at SNTs there will be better identification of those in gangs or at risk, quicker referral to appropriate services, and a chance at better outcomes for this marginalized population. Advanced Practice Public Health Nurses (APPHN) will be at the forefront of introducing and setting policies in place.

In conclusion, gangs are a community problem, but schools are a part of that community and cannot operate in isolation while hoping that the gang members will drop their gang alliances and activities once they cross the schoolhouse door. SNT's could participate in community coalitions to help with better, safer housing and improved health status of the community via education regarding asthma, obesity, and lead. Advocating for reduce vulnerability and promoting of equity are also areas the SNT could support. Programs SNTs could support could consist of those which keep kids in school and assist with low literacy levels and limited English Skills for the community on whole. SNT can promote social cohesion among gangs by fostering multicultural societies and tackling prejudice against excluded groups.

The SNT is in an ideal situation to effect change including identifying those in gangs or at risk for gangs and referral to appropriate services for students and families. Having some understanding and empathy to the similarities of these adolescent gang members to those who were child soldiers is crucial. Both groups are recruited, forced to commit and witness horrible, violent acts, have a high use of drugs and alcohol in addition to high levels of depression, anxiety, and hostility. Kelly (2010) had concluded that nurses need to have some knowledge of gangs and gang violence when interacting with adolescents.

These adolescents may feel a greater sense of security with nurses who are knowledgeable and compassionate, interested, and accessible. SNT fit all these criteria. Using the knowledge gained, SNT can educate adolescents about the effects of exposure to gangs and gang violence. Understanding the influence gang violence can have on adolescents' mental health is important for developing interventions to help adolescents exposed to gang violence. School nurses are in a unique position to help adolescents deal with the mental health problems caused by their exposure to gang violence.

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