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## Gang Members in the ED

Don't 'dis' their 'rep'—a primer on safety.

Even under the best conditions, the ED can be like a powder keg. The department's 24-hour accessibility, its lack of adequately trained or armed security guards, and the many people sharing the cramped and often chaotic space make it vulnerable to violence. In addition, long waiting times increase emotional tension, and in such situations disagreements, misunderstandings, discourteous remarks, or unnecessary roughness can easily ignite aggression. When gang members are in the ED, the tensions mount.

Gang activity is widespread in the United States; in fact, the Office of Juvenile Justice and Delinquency Prevention stated recently that "all cities with a population of more than 250,000 and 86% of cities with populations between 100,000 and 250,000 reported persistent gang activity between 1996 and 2000."<sup>1</sup> As gangs spread, so does the probability that gang members will seek emergency treatment after a violent episode. This makes it imperative that health care professionals understand gang culture well enough to prepare themselves to work with gang members in ways that will prevent the inadvertent ignition of a volatile situation.<sup>2</sup>

### GANG CULTURE

People join gangs to feel a sense of communal identity. Each gang provides its own boundaries and disciplines that enable its members to leave their mark through the colors, symbols, jewelry, tattoos, graffiti, and language specific to that gang. Additionally, members feel included in a family or brotherhood that becomes an important source of support. It's also been postulated that people join gangs to receive recognition when mainstream society has rejected them.<sup>3</sup> And by joining a gang they hope to establish and maintain financial security—often by selling illicit drugs—that they are otherwise unable to attain.

The three Rs of gangs can help nurses understand how a gang member thinks.

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**Reputation** ("rep") is essential for the survival and success of any gang member as well as of the gang itself. Members achieve status through reputation, which is built on past actions and accomplishments. Because toughness and bravado are crucial to reputation, gang members are willing to endure serious injury to secure it. Initiation rites, for example, may involve being beaten by other gang members.

**Respect** is paramount, and each gang member seeks it and protects it for the gang as a whole, its territory, and family members. Rival gangs intentionally show disrespect for ("dis") another gang through hand signals, graffiti, or by staring.

**Retaliation.** When gang members believe their reputation has been violated, they respond with retaliation and revenge. No challenge goes unanswered. Most often, when gang members perceive they've been disrespected, they leave the area and return later (it could be hours, days, or weeks) with fellow gang members to retaliate and thus save their reputation.

### STAYING SAFE IN THE ED

Like everyone else, gang members come to the ED because they are ill, injured, or in pain. They don't come to get drugs (which they can obtain more easily on the street), initiate violence, or steal expensive medical equipment. An inservice training can help emergency staff learn to cope with the presence of gang members. Be alert for visual cues such as gang-related tattoos, clothing, colors, words, or gestures, and if you suspect there is a gang member in the ED, stay safe by following certain guidelines.

- Act professionally, radiate confidence in your abilities, and show the patient respect. Make sure he sees you as the best health care provider he's ever had.
- Treat a gang member's possessions with respect, bearing in mind that for him a bandana may be as valued as a Rolex is to an executive.
- Place as much distance as possible between members of rival gangs.
- Stay alert to mounting tensions. Look for aggressive body postures, hostile nonverbal cues, loud speech, use of profanity, and increased activity such as pacing or restlessness.

## Caught in the Crossfire

Helping Oakland, California, teens injured by violence.

Fifteen-year-old Raúl was shot repeatedly and paralyzed below the waist. Seventeen-year-old Monica was shot in the leg by a bullet meant for her boyfriend. Both were admitted to Highland Hospital in Oakland, California, a city in which rates of violent crimes involving youths, especially gun-related homicides, were among the highest nationwide between 1986 and 1996.<sup>1</sup> While these stories put human faces on these statistics, they also represent hope. While hospitalized, each received a visit from a counselor with Caught in the Crossfire, a new program that helps young people being treated for injuries resulting from violence.

"The hospital is where our counselors start building trust with their clients," says Marla Becker, associate director of Youth Alive!, the nonprofit agency that oversees Crossfire's efforts. "We work hard to see them there. The program is voluntary, and it's harder to get them interested by calling them on the phone after they've returned home." A hospital notifies the Crossfire office when a young person (ages 12 to 20) is admitted with injuries related to violence; a counselor arrives within 30 minutes. While the counselor helps a patient cope with physical injuries, other goals are addressed as well: preventing retaliation, reducing the chance of hospital readmission and future involvement with the criminal justice system, preventing kids from dropping out of school or being suspended because of violence, linking youths with local resources, and providing role models.

Chosen for their ability to relate to their clients, Crossfire's five full-time counselors have all had to overcome violence in their own lives. Through personal and telephone contact, they work with their young clients for as long as a year, helping them with everything from job applications to educational pro-

grams and legal aid. "Most of our clients live in violent communities," says Becker. "We work with them to figure out whatever they can do to lessen the likelihood they'll become victims or perpetrators of violence."

Results from a recent evaluation show the program's promise. Within six months of injury, Crossfire participants were 70% less likely than hospitalized youths who didn't participate in the program to be arrested and 60% less likely to have any criminal involvement. In a year of monitoring, 98% of participants avoided violent reinjury.<sup>2</sup> Today, stories such as Raúl's and Monica's support these statistics. Raúl's Crossfire counselor helped to retrofit his home for handicapped living, and Raúl has returned to school and plays wheelchair basketball. When Monica celebrated her 18th birthday with the Crossfire staff, she found much to be grateful for: she had ended her destructive relationship, had returned to school, and was being considered for a promotion at a new job.

Caught in the Crossfire has recently expanded to include Oakland's Children's Hospital, and Youth Alive! has worked with facilities across the country to set up similar programs. For more information, visit [www.youthalive.org/caught.htm](http://www.youthalive.org/caught.htm), or contact Julie Koebel at [jkoebel@youthalive.org](mailto:jkoebel@youthalive.org).—Lisa Santandrea

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2. Youth Alive! *Caught in the crossfire*. 2002. <http://www.youthalive.org/caught.html>.

- Remove gang graffiti immediately from hospital walls.
- Minimize eye contact and avoid nonverbal communication such as hand signals.
- Keep ample distance between you and the patient. When possible, place potentially violent patients in a room with two separate doors because it's easier to escape a room when there's more than one exit.<sup>4</sup>
- Don't allow a potentially violent person to be positioned between you and the door; stay close to the door.<sup>1</sup>
- Have security guards search potentially violent patients and remove weapons. Guards should remain near the room at all times. If you find a weapon on a patient, don't take it away; instead, ask the patient to put the weapon down and call security or the police.<sup>4</sup> Check your hospital's policy on what to do with weapons once they're confiscated.
- Remove potentially dangerous items—such as chairs, intravenous poles, and hot drinks—from the examination rooms before the patient enters.

- Don't wear personal items such as stethoscopes, scissors, or jewelry that could be used as a weapon against you.
- If you're attacked, tuck your chin down to protect the carotids if you're choked. If you're bitten, push toward the patient and plug his nose.
- Don't argue, cry, whine, fight, or run away if a weapon is shown. Try to alert others to the imminent danger and to determine what the attacker wants. Don't try to wrestle the weapon away—it's time to bargain. Use your words. Words don't bleed. ▼

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