



“I know our people”: Exploring community approaches to gang member reintegration II

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Author biography

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Author's note: The views expressed in this report are those of the author and not necessarily those of the Department of Corrections (nor do they reflect government policy).

The formation, maintenance and transition away from gang-centred lifestyles are, first and foremost, community issues (Fleisher & Decker, 2001; Maxson & Esbensen, 2016; Pyrooz & Decker, 2011). Furthermore, the issues for men with gang affiliations leaving prison are complex and can include coming to terms with mental illness, the impact of age, and opportunities to participate in criminal activity (Tito & Ridgeway, 2007; Watkins & Moule, 2014).

Long-term desistance is best achieved through strategies that promote and sustain the individual's efforts to reintegrate into society as a law-abiding citizen (Thurber, 1998). As noted in Tamatea (2017), an individual's pathway through the New Zealand justice system involves a range of formal relationships that might include prison and probation officers, psychologists, programme facilitators, specialist helping professionals (e.g. substance abuse counsellors, sensitive claims treatment), educators/instructors/employers, case managers, spiritual guides (e.g. chaplains) and indigenous service providers. However, there are individuals and organisations that operate outside of the criminal justice arena that have been considered to impact on the attitudes, values, lifestyle choices, and behaviours of men who lead gang-centred lifestyles in the community.

With any behaviour change regime, the need for good models of practice and a sound theoretical rationale are vital. For instance, differential reinforcement may serve as a mechanism of change (based on behavioural principles) when addressing selection of peer group engagement. Despite a variety of programmes and initiatives that have been designed with principles in mind (e.g., Goldstein & Huff, 1993; Klein & Maxson, 2006), there are few gang-relevant theories that support decision-making with gang-affiliated offenders other than general models of offender management (e.g., Andrews & Bonta, 2010; Bonta & Andrews, 2016) or those models focused on young gangs in other jurisdictions where the conditions may differ (i.e., rural/provincial vs urban; Wood & Alleyne, 2010). In the absence of a robust theory of gangs to drive relevant intervention efforts (Tamatea, 2015), practice-informed approaches offer a source of potentially usable field knowledge to apply with individuals where gang involvement presents a barrier to offence-free and healthier lifestyle choices.

Continuing a series of articles on community practices with the gang community (see Tamatea, 2017), the current article explores the findings of a study that sought to uncover the approaches and experiences of community organisations who work with gang members in a rehabilitative capacity. A previous study (Tamatea, 2010) explored the experiences of gang members themselves.

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Consulting community service experts

The study explored the experiences and processes of community providers who routinely work with gang members with a view to clarifying the nature and purpose of their work, and gaining insights into their models of practice.

Guidance for best practice was taken from Waa, Holibar and Spinola (1998) who emphasise that:

1. diversity of stakeholders would be acknowledged
2. the study would seek to actively empower disadvantaged (i.e., offenders) and approached groups (i.e., community providers) with a view to being of benefit to them, and
3. the study would actively encourage bidirectional consultation with the stakeholders.

Due sensitivity was exercised when discussing and reporting on individual and/or group statements. Only the researcher knew the source of the comments, and possible identifying characteristics were altered in the final work to ensure confidentiality. However, because the work of some of the providers had achieved public attention, it was not always possible to ensure *complete* confidentiality. Some practices reflected a process of insights and workable solutions forged over long periods of time and some participants were reluctant to disclose “trade secrets”, expressing concerns that their techniques may be misunderstood or considered out of context. As such, a superficial treatment of specific approaches is offered here to avoid misappropriating community expertise.

Participants

Participants were nominated by Community Corrections staff as part of a national survey (Tamatea, 2011) that invited respondents to identify the agencies and individuals that they endorsed. Consequently, participants were selected based on *confidence* and, by extension, presumed *effectiveness* in working with gang members. All contacted providers actively worked with gang members, either routinely as part of their practice (e.g., counselling), or directly with the gang community. The “effectiveness” of the agencies was defined in the survey by one or more of the following:

- reduction in gang/criminal associations
- increase in prosocial associations/support
- improved attitudes towards authorities
- increased reflective, self-monitoring, and independent decision-making
- increased consideration of consequences of their behaviour (reduced impulsiveness)
- more proactive about life choices (rather than assuming a “victim” role)
- improved management of substance abuse

- improved management of anger, hostility and/or other negative moods
- the agency assisting gang members to find employment
- the agency assisting gang members with establishing stable accommodation.

The completed sample involved 17 providers representing 10 services. The nature of the services varied greatly and included:

- community-based health care services
- prisoner-specific reintegration services
- individual counselling
- church-based community outreach groups.

Providers' roles included:

- service managers and team leaders
- field staff (i.e., healthcare providers)
- programme facilitators
- psychotherapists.

The participants were selected based on endorsements from probation officers. This implied that the agencies could deliver effective services that were relevant to dynamic needs and/or protective factors. However, there was no assumption made that the agencies explicitly addressed “risk” in the criminogenic sense.

Analysis

Thematic analysis is a data reduction and analysis strategy by which qualitative data are segmented, categorised, summarised, and reconstructed in a way that captures concepts of interest within a data set (Ayres, 2008; Miles, Huberman, & Saldaña, 2014). Themes are defined as patterns of experience typically derived from conversation topics, recurring activities, and meanings (Taylor & Bogdan, 1998; Tracy, 2013). As themes emerged, feedback was sought and obtained from the participants.

Processes, practices and problems

The findings are presented as they relate to the processes, practices, and problems faced by the participants. The primary categories include:

1. a description of the operational features of the agencies
2. intervention domains of relevance to offender reintegration
3. major challenges presented by gang members
4. broad descriptions of intervention philosophies and approaches.

The data is based on the summary notes taken at the end of each discussion.

Organisational features

To set a context, the basic interfaces between the participants, their services and clients were explored. Their referral processes and perceptions of their roles were of specific interest because these areas defined the scope of practice and the focus of the interventions.

Nature of contact

The contacts between service users and the participants varied:

1. intensive and short-term – especially if involved in health-based services that primarily targeted acute health issues
2. moderately intensive and intermittent – such as individual counseling or supported accommodation services
3. non-intensive and long-term community development programmes.

A number of the participants commented that, in the early phase of contact, gang members displayed “testing” behaviours (e.g., “puffing up”, erratic attendance) which were likely designed to establish how “safe”, tolerant and reliable a given service would be for them. These behaviours were observed in therapeutic environments where an element of personal disclosure was likely (e.g., counseling services), or activities that required behaviours considered to be outside of the repertoire of many members (e.g., making requests, applying for work). For participants who met with clients at their homes, the repeated contact was reported to have increased rapport via demonstrations of reliability, consistency, patience, and caring. In this regard, it was not unusual for some practitioners to report developing an attitude of perseverance with “hard-to-reach” individuals. For some other participants, long-term engagement offered opportunities for relationship development at a greater community level via several meetings where members of the agency would meet with members of a gang at a neutral and safe venue (e.g., marae). They held these repeated meetings to nurture a developing relationship between a gang chapter and their families where education and other essential services could be facilitated.

Entry criteria and referral sources

Most participants reported their service as having some broad referral criteria, with some stating that they had few exclusion factors save that of specific issues the agency could not accommodate (e.g., positive symptoms of acute mental illness). Furthermore, most agencies accepted referrals from a variety of sources, such as from the Courts, Corrections, other community-based health-care providers, and self-referrals. In community outreach efforts, membership of the gang – rather than a case referral – was sufficient.

Assessment of motivation (for behaviour change)

Very few of the participants formally assessed clients for motivation. Determining an individual’s motivation for changing target behaviours (e.g., addiction, relationship skills) was noted to occur relatively informally as part of an overall health/intake assessment. Indicators for motivation ranged from modest in-session behaviour (e.g., returning to attend successive sessions), to reports from the individual’s whānau and support people, to addressing cultural conceptions of intrinsic motivation, such as being tika and pono, as anchors in engagement.

Perception of role

Participants often saw themselves as having multiple roles that could be described as:

1. *clinician*: dealing with health-related concerns on a managed-care basis
2. *advocate*: offering representation for the individual when accessing resources (e.g., accommodation) or other services
3. *provocateur*: providing direct and sometimes challenging feedback to the individual about their behaviour in a safe therapeutic environment designed to mobilise the individual’s own motivation
4. *kaitiaki*: acting in a “guardian” role to “walk alongside” the person on their reintegration process
5. *intercessor*: acting as an intermediary link between the gang and mainstream communities (e.g., outreach).

These roles covered tasks including:

1. directly challenging an individual’s behaviour in an individual or group-therapy setting
2. providing access to resources (e.g., resource people in specific community or government agencies)
3. supporting the individual (and whānau) through critical life events (e.g., bereavement)
4. supporting the individual to engage in prosocial community-based activities (e.g., sports, education and recreation).

Acceptable outcomes

The expressed aims of service outcomes ranged from modest behavioural indicators (e.g., turning up to successive sessions, improved health) to improvements in broader lifestyle areas (e.g., increasing time out of prison, employment, quality time with whānau). Interestingly, gang-specific changes, such as withdrawal from associates or exiting from gangs, were largely regarded as a *consequence* – or lower priority – during engagement rather than as the primary focus of interventions. In some cases, the gang was conceptualised as a community that was

best encountered on its own terms (e.g., “tikanga gang” – see below, p70) with a view towards increasing educational opportunities for members’ children, employment for adult members, and providing substance abuse programmes. In other words, while decreasing antisociality and gang involvement was seen as desirable across all participants, gang withdrawal itself was generally not considered to be a primary aim, but viewed instead as a natural outcome of clients meeting other goals.

Reintegration

The participants’ approaches encompassed a range of life protective factors from offending. The categories that emerged from the discussions included: family and intimate relationships; work, education and accommodation; health and wellbeing; and relationships with the community.

Family and intimate relationships

A primary area of intervention across many of the participants’ services concerned improving the quality of relationships between gang members and their partners, children, and wider whānau. Providing opportunities to reflect on close relationships and enhance attachments to others was a process encouraged by almost all participants. Indeed, it was a common observation that gang members actively sought to develop connections with their families. A suggested explanation was that this is an emotionally-driven reaction caused by having been separated from their whānau, sometimes for long periods. It was reported that many of the men who accessed these services were considered to have expressed a deep sense of whakamā (shame) in relation to the abusive or absent role they had played in the lives of their families. Furthermore, many of the participants commented that they would regularly attempt to assist their gang clients to attain a sense of perspective about their emerging roles as parents (or even grandparents), and what their continued involvement in a gang lifestyle may mean for their whānau. Discussing gang lifestyles as discrepant from – or even a risk to – families was a favoured strategy to address ambivalence about membership.

Most participants commented that many gang members who had accessed their service were unskilled or unaware of how to manage themselves in intimate relationships. Participants had observed a range of dysfunctional relational styles such as aggressive and abusive behaviour towards partners, or avoidant and anxious behaviour that was presumed to have derived from low self-esteem. Some participants suggested that gang members tended to reveal more difficulties in intimate relationships than other client groups.

With respect to wider social networks, some of the participants emphasised the importance of developing prosocial competence by bringing their gang clients into contact with prosocial groups, such as sports clubs or churches, or – in one case – welcoming members into their own homes as part of a wider whānau-style community.

Employment, education and accommodation

Some participants worked for organisations that had employment as a primary focus. They recognised that entering the workforce is a key reintegrative activity for offenders in general, but that it presents special challenges for many gang members who tend to eschew workplace values. In this respect, education about and socialisation into workplace culture, as well as sourcing opportunities for employment or marketable skills-based training was central to much of this work. Additional challenges involved attending to urgent and reactive issues, such as establishing adequate accommodation shortly after release.

Accommodation was seen as a major challenge for many gang members and was the primary function of one participant’s agency that worked on a structured programme towards social integration. The “restorative social reintegration” approach of this agency involved forming long-term positive relationships in the community by means of attaining sustainable (i.e., affordable and livable) accommodation.

Health and wellbeing

Whilst several of the participants dealt with acute mental health, substance abuse and addictions needs, some agencies specifically targeted nutrition and physical exercise education. They aimed to promote lifestyle choices that would be incompatible with antisocial behaviour, especially sedentary and drug-using lifestyles fuelled by boredom and lack of structure. Encouraging lifestyle balance by engagement in sports was actively emphasised by those providers who had established linkages with community recreational clubs and facilities.

Community life

For most agencies, development of a prosocial outlook involved engagement in community activities that were alternatives to – or contrary to – gang life. For instance, agencies encouraged skill development for basic tasks such as making requests, asking for advice, and receiving support from organisations. Other agencies offered more intensive contact to assist gang members to make behavioural links with prosocial community living. For instance, one participant described the use of their family home as an environment for change.

Men would be invited to visit and observe other gang members preparing and participating in a meal with non-gang members. The therapeutic assumption was that these men need to observe alternative exemplars of how a “safe” place and a “family” might look. Another agency – a residential programme – had arranged a series of seminars by “inspirational speakers” that involved renowned personalities from the local community (e.g., council members, sports people, etc.). The rationale for these events was to expose the men to prosocial models from the community and promote engagement and dialogue between the gang members and the community. Lastly, one community group actively met with one gang chapter on a marae and, over time, developed a trusting relationship, assisted the children of the gang members into mainstream education, and offered life skills courses for the adults.

Primary challenges

Almost all of the participants encountered challenges that were indicative of broad operational barriers, and responsiveness barriers experienced with gang members. Specific areas of difficulty or impediments to practice included:

Agency-specific factors: Operational barriers

Issues in this category were reflective of the economic context in which many of the participants' agencies existed, and revealed a range of systemic challenges that impacted on their ability to effectively work with gang members. These included relationships with other agencies, bureaucracy in larger organisations, and funding – particularly with smaller agencies.

Interagency relationships. Co-ordination with other agencies was seen as problematic by some. Many of the participants indicated that difficulties liaising with other agencies were reflective of gang members' experiences of thwarted efforts to access adequate services. Some participants enjoyed a positive and mutually beneficial relationship with probation services, others expressed perceived disconnection. This was a source of much frustration to these participants, particularly given their gang member clients were often serving sentences during the time of contact. One participant commented that long-term investment in the community is critical to developing effective partnerships and creating robust support that gang members can invest in as part of their reintegration process.

Bureaucracy. Though not a widely reported issue, participants from smaller agencies commented that they were most able to exercise operational flexibility with a minimum of “red tape” – a source of some

frustration for other larger agencies. One provider commented that “*you need to be small enough to 'react'...because critical events happen frequently, and you don't always have the time to go through an endless chain of approvals to deal with them*”.

Funding. Some of the organisations derived funding from District Health Boards, via contracts with other funding bodies, or as a result of goodwill from the community in the form of donations. Access to adequate resources such as appropriate staff, relevant training, and support for professional development appeared to be one of the biggest struggles for many of the organisations – often affecting their ability to maintain sufficient staff and accept referrals.

Gang-specific factors: Responsiveness barriers

While none of the providers held any illusions about the reality of working with offenders in general and gang members in particular, the following challenges were experienced near-unanimously: working with young members/prospects, gang members' perceptions of authority, and the related issue of gaining adequate trust.

Young gang members and prospects. Adolescent gang members and prospects were the most difficult sub-group to engage and motivate to change. This is not surprising given that many men join gangs in their adolescence and are likely to have a vested interest in creating (or furthering) their reputations and/or joining a collective that supports their behaviour and beliefs.

Authority. All of the participants commented that gang members typically have poor to hostile relationships with authorities, such as the Police, Courts, and the Department of Corrections. Some added that negative perceptions of mainstream institutions were likely generalised to include other agencies or services that they had been referred to or that were seen to have a visible relationship/linkage with these institutions. Consequently, developing rapport and therapeutic engagement was seen as a major challenge when working with (predominantly) men from communities that have a history of conflict with the “system” and a philosophy of rejecting mainstream society and its values.

Trust. Related to the above, establishing trust was seen as one of the most critical challenges for providers who routinely worked with gang members. Consequently, providers had developed a range of strategies and approaches to address responsiveness issues. These will be discussed next.

Addressing gang-specific responsibility barriers

The following “inventory” of approaches, philosophies and working models reflects the providers’ learning from hard-won experience and investment in their communities. Some of the participants were reluctant to divulge specific techniques, so only broad outlines are offered here.

Safety considerations

Safety first. Basic idea: If leaving a gang is a priority, then the exiting member is likely to only make this move when conditions are favourable to them and their families. Although more of a cautionary consideration than an approach per se, the idea of “safety first” recognises the real and potentially far-reaching harm that can accompany the process of exiting from a gang. Indeed, it is not unusual for the very nature of exit rituals themselves to act as deterrents for leaving, with the effect of retaining group numbers, loyalty, and reducing ambivalence amongst members. For example, the rite of “handing in one’s patch”, may present very real hazards (e.g., group assault) in some gang chapters, but can also offer a visible and “respected” (by the gang community) pathway out.

Promoting relatedness

‘Know our people’. Basic idea: Knowledge of “our people”, such as the nuances of how specific communities function, can facilitate rapid and meaningful engagement and assist to address issues more directly. Early engagement is critical with gang members in therapeutic settings. Relationships with – and knowledge of – their home communities can be of value when attempting to form these relationships. To be open and direct about the gang/whanau relationship was observed to allow gang members to speak freely about their gang issues – an area that they come to challenge themselves about in time. One participant explained how they would address some of their gang clients in-session with non-ambiguous challenges to their behaviour and direct language. They would do this with selected clients whose whānau they have a well-established relationship (“*I know their fathers, their uncles, and how they speak to them...they respond to it with me...I know our people*”). Such exchanges may be challenging, but are conducted in a spirit of caring.

Reducing difference. Basic idea: Reducing sub-cultural differences between people while enhancing similarities was considered a powerful approach to develop effective working relationships, and reduce two-way stereotyping (i.e., “gang member” vs “the system”). A sense of relatedness was presumed to create opportunities for gang members’ confidence in the relationship to develop and set the conditions for change (e.g., working alliances). An example of

this approach was that of “purposeful disclosures”, where the participants would, as part of a *whakatau*, share significant aspects of their personal and family history with new gang member clients as a means of locating each other in traditional Māori concepts of connectedness (i.e., *whakawhanaungatanga*), but also in an effort to reduce perceived differences, recognising that all individuals have histories that include triumphs and achievements but also aspects of shame or disgrace.

Tikanga Māori. Basic idea: Creating connections in the world – Te Ao Māori, and the world “lived in” – promotes self-worth, a starting point for forming bonds based on trust. The citing of *whakapapa* was considered by some providers to help gang members understand “who they are” as gang members, as family members, and within other roles (e.g., vocational). Once these multiple realities were made explicit, effective working alliances and therapeutic aims were seen to be enabled, as well as developing quality connections with other services. *Tikanga*-informed change was assessed by some providers via observed lifestyle changes (e.g., to not “shit on the whare”). Some of the participants saw their role as a *kaitiaki*, and to “walk alongside” the person in order to develop empathy and try to “see their reality” as a useful frame of reference.

“Tikanga Gang”? Basic idea: While some Māori men (and women who are affiliates) are gang members, this is no guarantee that *Tikanga Māori* processes are likely to be observed – or even respected. Furthermore, traditional practices may be observed in some contexts and situations, but may not be a generalised aspect of gang members’ lives. “Tikanga gang” refers to gang-developed norms and practices that impact on daily living and critical incidents. Recognition of these principles was presumed to aid in the understanding of an individual’s “gangness”. For instance, a gang member’s relationship with their children was seen to offer opportunities to catalyze change, by encouraging a health focus, rather than a crime-centric one. In addition, families were encouraged to change their environment by means of (literally) “changing the conversation around the dinner table” – disrupting dysfunctional or unhealthy discourse during family interactions by introducing positive values-based discussions as a normative experience.

Promoting empowerment

React vs Create. Basic idea: Gangs have typically emerged in part as a *reaction* to mainstream societal values, and many members join – in part at least – for this reason. Therefore, creating conditions for gang members to *react against* can be effective. Advocates of this view believed that introducing provocations to gang members’ negative beliefs in a supportive, albeit direct, context could enable the men to participate

in and *create* their own reintegrative experiences. This approach means reintegrative experiences are not imposed, but that individuals attain a sense of ownership over their own change process. The primacy on self-determination and agency also recognised that mistakes may occur as part of this journey too.

Change vs exchange. Basic idea: Gang membership is part of an overall life process. However, people are inherently capable of caring for themselves, their families, and even their country. So, the main task of this model of practice is to restore the “memory” of what this intrinsic ability to care “looks like” and facilitate people to embrace it. An advocate of this perspective explained that change is a process of discovery, rather than something that can be “taught”. *Exchange*, on the other hand, involves a radical shift in the way some individuals think about themselves and imagine alternative and positive futures for them and their whānau. A central ingredient in this approach is to maintain the belief that change is possible. The process is then driven by the gang member themselves and opportunities are created to support informed and constructive decision-making in daily life choices.

Community outreach. Basic idea: Transitions from the gang to the mainstream community require long-term investment of the intervening agent in both. One participant described part of their service to assist individuals who have left their patches behind (for whatever reason) and want to support others who want to be “patch free”. This was achieved by establishing prepared “target communities” – these groups involve ex-gang members who walk alongside existing members who have ambivalence about their membership or are seeking options to leave – in conjunction with “receiving communities”, such as churches. When they are firmly established in crime-free living, former gang members and other ex-prisoners may form part of a Circle of Support and ‘walk alongside’ other offenders. These allied individuals are selected on the basis of prosocial lifestyle and demonstrated commitment. They are trained in the development of target communities and prosocial support, and are supported by the parent organisation. A parallel aim was to establish and maintain a non-judgmental environment for change and encourage the community to appreciate the relevance of helping gang members maintain change.

Closing comment

As can be seen, the range of practices and philosophies offered by the providers reflects an emerging body of field knowledge. One of the perennial tasks of any behaviour or lifestyle change process is *replacing* one

2 The phrase “tikanga gang” is attributed to Harry Tam, a gang member who has also worked as a policy advisor in various government departments.

system (i.e., of rewards, constraints, maintenance factors, etc) with another – no small feat given that many men and their whānau who live gang-centred lifestyles are likely to experience multiple problems. In this regard, gang members may be better treated as a group with specific needs – informed by sub-cultural norms, values, and practices – rather than as simply a “higher risk” group. This implies a targeted and *strategic* approach, but also realistic goals, such as promoting healthy relationships and values rather than simply focusing on extracting men from these communities.

Lastly, there is a need to recognise that gangs are a form of *community* with accompanying norms, values, processes and practices internal to those communities. Any behaviour change efforts with members of these groups would benefit from being “gang-informed”. However, a workable *theory* of gangs that informs about function, susceptibility to join, structure (and variations), processes of entry and exit, and outcome issues has yet to developed beyond general theories of crime and desistance. Strategic interventions that are informed by gang cultures – in addition to theories of crime and desistance – are suggested as a constructive area of further research.

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