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Interrogating the Public Health Approach: Lessons from the Field of Urban Violence

Gary Armstrong James Rosbrook-Thompson
(City University of London, UK)
Gary.Armstrong@city.ac.uk james.rosbrook-thompson.4@city.ac.uk

Governmental responses to the COVID-19 pandemic have brought public health discourse to the fore in societies around the world. The public health idiom had already made serious inroads into understandings of, and attempts to address, urban violence (particularly among young men). With COVID-19 almost inevitably becoming 'endemic', the role of public health discourse will only become further entrenched and extend to the analysis of a wider range of societal 'ills' (not all of which are directly connected with COVID-19 and other Corona viruses). This article seeks to analyse the application of the public health approach to attempts to address urban violence using fieldwork conducted in London. As explained more fully below, the fieldwork was carried out in a number of settings across the English capital, between 2009 and 2018. We are especially interested in interrogating the public health model on its own terms. For example: What is the disease? How are symptoms identified and gauged? Who are the victims? How is the 'cure' formulated and administered? And how is recovery from the social ill of urban violence captured and calibrated? More prosaically, while we know about some of the theoretical-conceptual implications of viewing urban violence through a public health frame (Riemann 2019), we know less about how these implications play out in the everyday settings wherein agencies are expected to work together to combat urban violence.

In exploring these issues, we combine the findings of our own fieldwork with the growing literature on the application of public health approaches to urban crime, as well as scholarly debate around trust and authority in the context of legitimacy (Pardo and Prato 2019; Pardo and Prato eds 2019a, 2019b). This allows us to examine the institutional and personal tensions that exist in the context of public health-inspired, multi-agency work on addressing urban violence, as well as wider political and ideological assemblages. We also pause to make comparisons with other approaches to violence, including some alternative methods of addressing urban violence, and question whether Agamben's assertion about the imposition of a 'continuous state of emergency' – discussed recently by Prato (2020) — is relevant in the case of urban violence and public health. Here links can be drawn with Marcello Mollica's analysis of war and public health in Lebanon (2022). While in the latter context questions about public health are posed in the context of full-scale civil war, in the UK violent territorial disputes among youth groups have been used to create something approximating to a state of emergency wherein public health interventions (which implicitly endorse the prevailing neoliberal logic of the UK government) can be easily justified.

Although the broader research was conducted between 2009 and 2018 across a number of London boroughs, the lion-share of the fieldwork took place in the London Borough of Newham (LBN) between 2011 and 2012 and was part of a wider project which sought to

examine the policing of the 2012 Olympic Games (Armstrong et al. 2016). As acknowledged later in this discussion, a large part of the policing and security planning around the 2012 Olympic Games pertained to the issue of gangs and Serious Youth Violence (SYV) in East London (and especially LBN). While the threat of a large-scale terrorist attack was certainly among the concerns of the upper echelons of the Metropolitan Police Service (MPS), at the level of everyday policing it was skirmishes over the territory of street gangs and the extension of this territory into freshly minted Olympic and commercial spaces that dominated. Policing and security preparations for the Games coincided with the introduction of gang databases in London. These databases were pioneered in the United States and aimed to identify an area's key gang members as well as rate them algorithmically in terms of their violent potential (Fraser et al. 2019). The database used in London is called the Gangs Matrix and has been at the centre of serious controversy over racial disproportionality plus possible contravention of human rights and data protection legislation (Amnesty International 2018). Early use of the Gangs Matrix in LBN went with the grain of public health approach with regard to risk, harm and contagion. But there were problems. As we will show, the wider approach to addressing youth violence was poorly articulated, with the Gangs Matrix integrated into existing policing and security strategies rather than representing anything substantively new.

The pursuit of being predictive in the Criminal Justice System (CJS) is inspired by the non-retributive penal philosophies of prevention and reformation. Any sentence passed on the convicted is implicitly a failure of prediction and thus considered by many as a significant task in creating a predictive assessment of future behaviour. How the suppositions of predicted future behaviour should be delivered and by whom is a crucial consideration for criminology, not least because prediction has to be considered from an *individual* perspective (is the offence an outcome of individual anomie?) and an *institutional* perspective (how many prison places might there be?) and indeed from a *categorical* perspective. In this latter consideration, we need ask whether a number of individuals are appearing in the CJS by virtue of a lifestyle wherein practices and stigma precede individual circumstances (Mannheim and Wilkins 1955).

Predictive studies were explored close to a century ago by Burgess (1928) who examined 3000 parole records of imprisoned male offenders in Illinois State penitentiary and, in considering 21 factors, attempted to establish a points system of predictability. There was no follow-up research or weighting system and the only resource the researcher had to draw on was the official parole documents. Around the same time, the *Guess Who? Game* pioneered by Hartshorne and May (1928) took 4520 school children aged between 8-13 and, using vaguely derogatory statements, asked them who in their class fitted such epithets — a technique supplemented by IQ testing. Later, Glueck and Glueck (1930) sought information about offenders beyond that compiled by CJS officials, reducing the factors to six and extending the prediction timeline to 15 years (beginning from the age of six), as they compared 500 delinquents with non-delinquents based on subjective ratings. The study's sample was not random; all offenders were drawn from a reformed school and had long

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criminal histories. Crucial to the metric were considerations of family, traits derived from the Rorschach Test and characteristics deduced via psychiatric interviews. Mannheim and Wilkins (1953) took an approach similar to the Gluecks but, utilising a more sophisticated statistical technique, attempted to deal with those considered 'un-predictables' (those on the borderline of probable success and probable failure).

Any attempt at predictive profiling thus has issues. At one level, it is about the idiographic and actuarial nature of the proposed intervention; is early intervention worthwhile? Is all behaviour treatable? Then arises the issue of validation; namely, what intervention is proven? In 1951 Cambridge University academics conducted the Somerville Experiment which, via an elaborate interview procedure, ranked male juvenile offenders on an 11-point scale. This was more successful than the merely impressionistic assessment of their schoolteachers in predicting future offending. In 1952 in the Journal of CLCPS Hathaway and MCkinley (1942) attempted to utilise the MMPI for predicting delinquency but with little success. Around the same time, the California Youth Authority pioneered the Jesness Inventory which sampled 145 delinquents and 300 non-delinquents on a 155-point scale which sought a true/false response around the themes of social maladjustment, alienation, anxiety repression and withdrawal to produce an 'asocial index' to identify 74% of delinquent behaviours.

Scales have interested those seeking predictions. One such was the 1963 *Bristol Social Adjustment Guide* which via its researcher D.H. Stott at Glasgow University measured a child's social adjustment and developed a delinquency-prediction scale and claimed a high correlation over the 15-month duration of the research. The Milligan Scale was a long-term follow up study of 5000 children begun in 1958. This provided some predictive value as it correlated incidents of childhood aggression with later delinquency. The Rutter scale is still being utilised and Havinghurst et al.'s (1962) longitudinal study of 5000 11-year-olds provided socio-metric testing for 'maladjustment', 'aggression' and 'withdrawal'. Interestingly, very few of the research cohort turned out to be delinquent.

Kvaraceus' (1953) checklist itemised 75 items of personality which included home background and schooling but was never really used as a predictive device. The California Psychological Inventory (CPI) produced by Gough (1956) contained a 'socialisation scale' which sought to measure 'degrees of social maturity' and probity that an individual could be argued to have attained and was utilised later by Dinitz, Scarpitti and Reckless (1962) to study youth offenders in HDAs. The latter author then developed the Self Concept scale, asking how much the subject saw oneself as an influencer (the respondents were chosen by schoolteachers). We might also consider Rosenberg's (1965) exploration of adolescence which used self-concept variables to develop a series of scales around adolescence.

Crucial to daily policing, the issues around intelligence are three-fold: how is it gathered, who collates the sources of information and how is such information then utilised? Also critical are the systems of storage, co-ordination and dissemination, alongside intelligence-sharing protocols. We might add a few further considerations when addressing intelligence, namely: What reaction timelines are ideal for information received? Who

completes the profile of the individual offender? From whom is the information drawn and how reliable is it? To whom is the information communicated and for what purpose?

Our fieldwork was conducted across four London boroughs. In this article we use the findings of interviews with practitioners in each of these locations. The practitioners were principally drawn from multi-agency teams which included police, Youth Offending Services, plus representatives from education, probation, and various third sector workers. By 2017 (when this bout of fieldwork began), the public health approach was being articulated more fully and implemented more comprehensively. While the Gangs Matrix remained at the centre of data-driven operations and interventions, these were formulated and effected in the context of a multi-agency team and principally geared to prevention and safeguarding (with enforcement a last resort). That said, while there were differences in approach across the two bouts of fieldwork, a common factor across all settings was an austere financial climate wherein resources were sparse. Issues of funding, staffing and wider questions around capacity evidently affected practitioners' ability to implement the public health approach as well as their views on its advantages and disadvantages.

The fieldwork itself comprised observation of police and multi-agency meetings and operations plus interviews with a range of police, local authority and third sector practitioners. In what follows we use a combination of fieldnotes and interview excerpts to interrogate each element of the public health model — from diagnosis to treatment and claims about recovery — with the analysis section of the paper organised accordingly.

In the analysis section we present the lessons learned from this multi-sited ethnography of public-health-inspired approaches to address (or 'cure') urban violence. While one may assume that programmes formulated and implemented in the name of public health can be separated from questions of politics and legitimacy, our findings demonstrate that this certainly is not the case. We need only consider varying responses to the COVID-19 pandemic to acknowledge that public health programmes overseen by national governments have been intrinsically (and in some cases, emphatically) political, with the legitimacy of each programme relying on appeals to wider notions of common sense (themselves underpinned by ideological motifs such as 'individual responsibility').

It should come as no surprise, then, that the application of public health programmes in the area of urban violence is fraught with questions about legitimacy and wider political values and imperatives (Rosbrook-Thompson 2019). Many of the people we interviewed and observed were sceptical about the ability of the approach to address the real causes of the 'illness' in question. The implementation of data-driven public health models also had unintended operational consequences, in some cases intensifying the effects of staff shortages. However, even where there was significant scepticism around the model and the gang databases at its core, police and practitioners were encouraged to frame their own knowledge and intelligence according to the conventions of the Matrix which, while effective in securing extra resources, resulted in inaccuracies that could be costly for the young people involved. Inevitably this led to the misidentification of gang members, with pressure exerted by Gangs Command to meet certain quotas when peopling the Matrix. This reflected and fed

into wider anxieties around racism and racial disproportionality, with some practitioners being critical of the medical model's pathologizing of particular communities. In describing this dynamic, we reflect on what critical scholars of science and technology have argued about the performativity of statistics, algorithms, graphs and formulas.

The treatment administered through the form of evidence-based interventions was similarly open to considerations regarding legitimacy. There was concern that the seemingly systematic and sophisticated approach to identifying and gauging the symptoms of urban violence was unmatched by the nature of multi-agency interventions. Indeed, for some respondents the need to secure wider legitimacy for the Matrix — and the day-to-day work this entailed — actively hampered the ability to intervene quickly and effectively. The inputting of data was very time-consuming as was the hardening of 'soft' intel in the interests of accessing greater operational resources. Such reifying of 'soft' intel — in the interests of meeting short-term objectives — has led to a significant crisis of legitimacy for the Gangs Matrix spearheaded by the Information Commissioner's Office (2019) and the charity Amnesty International (2018). Also — and perhaps inevitably — the institutional allegiances of individual team members shaped their perceptions of the legitimacy of the public health model.

These (sometimes divergent) institutional concerns were present in discussions of recovery and questions as to how to measure success. For some, objectives were relatively modest; and this was consistent with the way that their employer calibrated success (and failure). For others, especially those closest to ongoing discussions about costs and funding, only headline figures such as annual statistics on SYV could demonstrate success. What united most respondents was a belief that the model could *demonstrate* success.

In conclusion, we note how the analysis of this issue takes us back to Pardo's (1995, 1996) and Pardo and Prato's (eds 2019a, eds 2019b) claims about notions of democracy, citizenship and the legitimacy of rule perpetuated by governments who are interested in protecting the interests of the privileged, even at the cost of those at the bottom of the social hierarchy. We also examine the current climate surrounding public health discourse and, inspired by Judy Arnold's analysis of the legitimacy of the medical establishment in the USA (2022), ponder whether the crisis of legitimacy surrounding UK government's handling of COVID-19 pandemic will lead to a more widespread questioning of public health discourse. Finally, there is the possibility of the targets of public health interventions themselves seeking to resist their identification as a 'health problem'. This may see them question the suitability of the health approach in the name of something like Elizabeth A. Olson's 'health sovereignty' (Forthcoming), or even question the UK government's very notion of 'access' to healthcare (Prato 2022).

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