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Gang-Related Homicides in Los Angeles County

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ABSTRACT: The incidence of gang homicides in Los Angeles County has increased faster than that of non-gang homicides in the past decade. This study compares characteristics of gang homicide victims with those of non-gang homicide victims for the year 1987. In 1186 cases, gang members were more likely to be young Black men who died of gunshot wounds. Gang homicide victims were more likely to die of firearm injuries in the early evening, and were more likely to die in a relatively small area of Los Angeles County. Drive-by shooting was highly associated with gang homicide.

KEYWORDS: criminalistics, gangsters, gunshot wounds, homicide

Homicides committed by members of street gangs currently account for approximately 35% of the homicides in Los Angeles County, or 690 deaths in 1990 [1]. These homicides have an effect that is disproportionate to their numbers, as the victims are often younger than the average homicide victim and gang violence engenders great public apprehension [2].

The identification of a homicide as gang-related is important because these slayings may otherwise appear motiveless. In addition, a single gang homicide may predict additional homicides, as rival gangs retaliate against each other.

This paper presents a comparison of gang-related and non-gang-related homicide victims in Los Angeles County in 1987. This comparison was made to identify characteristics of victims which are associated with death by gang violence.

Methods

For study purposes, a gang-related homicide was defined as death of the victim at the hands of another, where either the victim or the assailant was a gang member, and where the homicide occurred in a gang context.

Classification of cases as gang-related or non-gang-related was made by detectives at Los Angeles Police Department or Los Angeles County Sheriff's Office. These agencies, which in 1987 investigated 1186 of 1553 homicides in the County (76%), have specialized divisions that examine homicide reports individually and classify the crimes as gang-related or not. Homicides investigated by other police agencies were excluded from this study.

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All of the 1186 homicide victims in this study had complete autopsies. In most cases, concentrations of ethanol, phencyclidine, cocaine, benzoylecgonine and opiates were determined in blood of victims. Case records were reviewed to ascertain the decedents' age, race, sex, time and date of injury, cause of death, place of injury, whether the death involved drive-by shooting, and whether the decedent was hospitalized before death.

Statistical analysis was performed using the Chi-square test, Student's two-tailed t-test or the Mann-Whitney two-sample test, as appropriate.

Results

Data for the county as a whole from 1980 to 1990 [1] were reviewed to determine numbers of gang homicides and total homicides. Figure 1 shows trends in numbers of homicides for Los Angeles County overall from 1980 to 1990. During the latter part of the decade, gang homicides increased in a roughly linear way. The proportion of homicides related to gang activity roughly doubled, from 18.5% in 1985 to 35.1% in 1990.

The remaining data presented refer only to the year 1987. Characteristics of gang homicide victims are compared with those of other homicide victims in Table 1. Victims of gang homicides are more likely to be male and black than victims of other homicides, and are less likely to have used cocaine prior to death. Drive-by shooting is highly associated with gang homicide ($P < 0.001$). In addition, the large majority (88%) of gang homicides are from firearm injuries. Such injuries are significantly more common in gang homicides than non-gang homicides.

Figure 2 shows the distributions of ages of gang and non-gang homicide victims. Most gang homicide victims are in their teens or early 20s; less than 10% of gang homicide victims are over age 35. Gang homicide victims are, on the average, significantly younger than other homicide victims ($P < 0.001$). (Although occasional young children are involved in gang violence, most childhood homicides do not involve gangs.)

The day of the month and month of the year were not significant predictors of the frequency of homicide. Both gang and non-gang homicides increased on Friday, Saturday and Sunday, but there was not a significant difference between the two groups.

Figure 3 shows the time of injury in gang and non-gang homicides. Gang homicides rarely occurred during daylight hours, but increased sharply in the evening and peaked

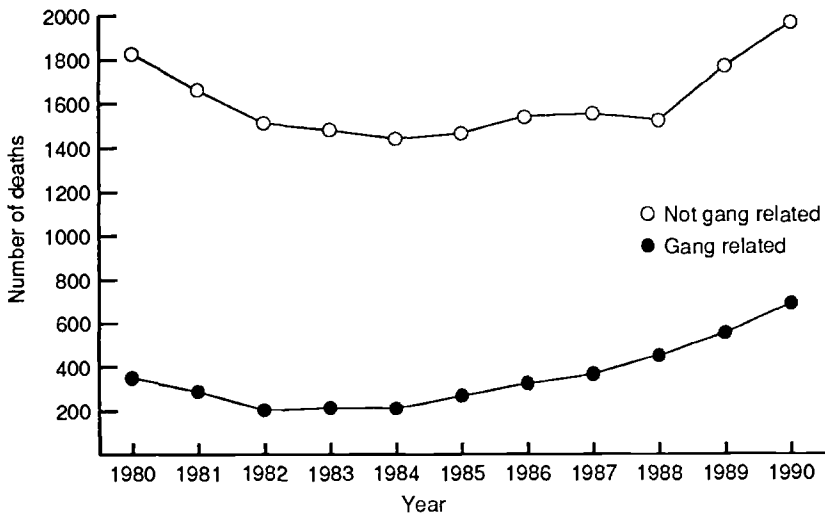


FIG. 1—Number of gang and non-gang homicides in Los Angeles County, 1980–1990.

TABLE 1—Characteristics of homicide victims.

	Gang homicides	Non-gang homicides	P
Percent male	92%	80%	<0.001
Race			
Black	58%	40%	<0.05
Hispanic	36	36	NS
Asian	1	3	NS
Caucasian	5	21	<0.001
Toxicology ^a			
Alcohol present	52%	48%	NS
Phencyclidine present	9	3	NS
Opiates present	0	4	NS
Cocaine/BE present	20	28	<0.01
Drive-by shootings	27%	3%	<0.001
Cause of death			
Gunshot wounds	84%	58%	<0.001
Shotgun wounds	4		NS
Stab wounds	8	21	<0.001
Blunt trauma	3	9	NS
Other	1%	9%	<0.001

^aIncludes only non-hospitalized cases.

Abbreviations:

NS—Not significant ($P > 0.05$).

BE—Benzoylcegonine.

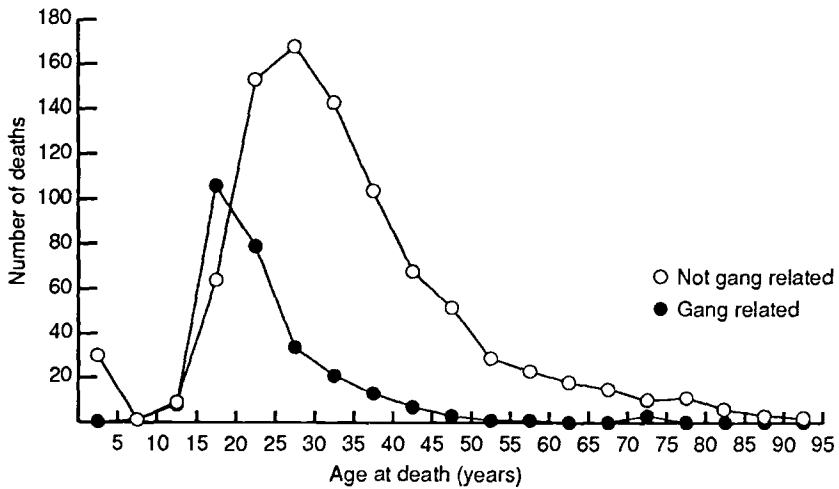


FIG. 2—Ages of gang and non-gang homicide victims.

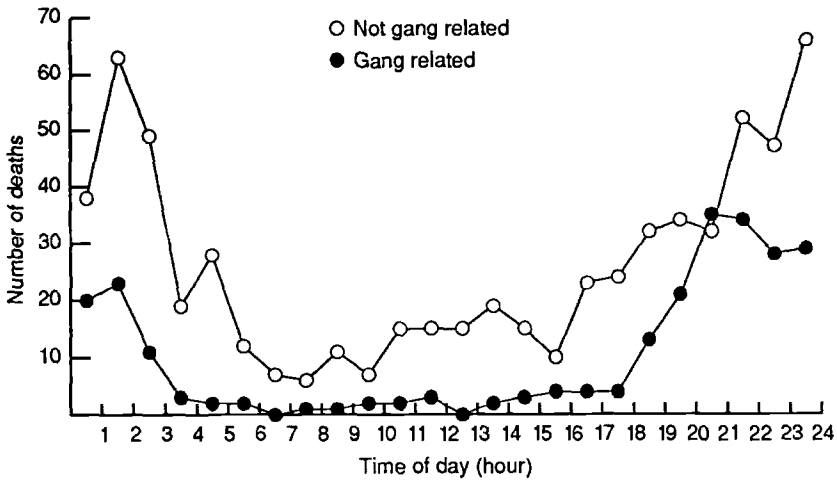


FIG. 3—Time of injury of gang and non-gang homicide victims.

at approximately 8 to 9 PM. Non-gang homicides were also more frequent at night, but the peak incidence was later in the evening ($P < 0.001$).

For both gang and non-gang homicides, most victims were injured in South Central Los Angeles. However, the gang homicides were relatively more concentrated in this area, with one five-mile-square area accounting for about one-fourth of gang homicides in this study.

Discussion

In the last decade, gang homicides have increased faster than other homicides. Gang homicides are concentrated in a small area of Los Angeles County, and are most likely to involve young black males. These homicides thus involve a fairly small part of the total population, yet are devastating to those most at risk.

Acknowledgments

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References

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