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Patients or Perpetrators? The Effects of Trauma Exposure on Gang Members' Mental Health:

A Review

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Abstract

Given the portrayal of gang members as ‘super predators’, it is not surprising that much of the media and scholarly attention, to date, has focused on gang members as perpetrators of violence with little attention paid to their role as victims and their psychological wellbeing (Bennett et al., 1996). In this review we evaluate and synthesize theory and research relating to the relationship between gang membership and mental health problems such as anxiety, depression and Post Traumatic Stress Disorder (PTSD). The scarcity of research on this topic leads us to draw from research other than gang research to theorize links to build a clearer picture of the psychological consequences of belonging to a gang. We conclude that gang members' involvement in violence (as victims and perpetrators) is likely to have a negative impact on their behavioral, social and psychological functioning. We suggest future directions should be aimed towards developing and honing a robust program of research capable of producing evidence-based assessment and intervention strategies for tackling gang membership.

Keywords: Gangs, violence, victimization, trauma, mental health,

Gangs are a destabilizing force in any ordered community and have therefore been the focus of a growing research effort to understand and remediating their effects (Wood & Alleyne, 2010). However, much research focuses on gang members as perpetrators of violence, with relatively little emphasis on their roles as victims and the subsequent effects on their psychological wellbeing. To advance knowledge, broader and more creative academic inputs are required. To this end, this review: **(1)** identifies, evaluates and synthesizes relevant and representative research pertaining to gang membership, trauma and mental illness; **(2)** identifies gaps in the literature and makes recommendations for addressing these; **(3)** draws attention to the utility of current strategies for dealing with gangs and mental illness.

Gang membership and perpetration of violence

Gangs have a 'group-enhancing effect' that promotes violence above and beyond association with equally violent, non-gang youth (Klein et al., 2006, p. 413). Several self-report surveys attest the disproportionate amount of violence emanating from gangs, and finds that gang members are responsible for 70% of all self-reported violent offending in adolescent samples (Esbensen et al., 2010; Huizinga et al., 2003; Thornberry et al., 2003). This pattern is observed across a range of offence types. In a study comparing criminal activity of gang-involved and at-risk youth, Huff (1998) found that gang members were 20 times more likely to commit a drive-by shooting, 10 times more likely to commit homicide, four times more likely to assault a rival and three times more likely to assault their own friends (fellow gang members). Overall, gang members reported greater involvement in all but two offence categories (assault on police officers and teachers), including: burglary, arson, auto-theft, police bribery and intimidation of a victim/witness. Interestingly the median age (14 years) of gang entry coincided with the median age of first arrest, a parallel denoting the centrality of violence to gang life. With this in mind and given that the lifetime

prevalence of violence in gang members is 90.7% (compared to 46.4% in non-gang members), prevention and intervention programs to reduce gang membership are crucial in reducing violence overall (Thornberry et al., et al., 2003).

To test the idea that “gangs provide a unique social forum for violence amplification” Melde and Esbensen (2013, p. 2) used five waves of data from a multi-site panel study. They found that active gang membership associated with a 21 percent increase in the odds of involvement in violent incidents. Even after youth had left their gang, general offending (but not necessarily violent offending) remained high. Further illustrating the effect of gang membership on violence, Pyrooz et al’s (2015) meta-analysis found a robust relationship between gang membership and offending. Similar to Melde and Esbensen’s findings the effect was stronger when studying active gang members. The deleterious effects of gang membership may also continue into adulthood. Krohn et al., (2011), using data from the Rochester Youth Development Study, identified that gang membership has an indirect effect on both criminal and non-criminal outcomes in adulthood and theorize that gang membership leads to a number of “precocious transitions” (e.g. teenage parenthood, school dropout, early nest leaving) that make it difficult for gang members to successfully adopt adult roles and responsibilities, such as employment. Consequently, the resulting economic hardship and family strain are thought to contribute to their involvement in street crime.

Violence in gangs is universal and has been identified consistently across various methodologies, outcomes measures, locations and demographics, but *exactly what* it is that makes gangs so persistently violent is not easily pinned down (Klein & Maxson, 2006). Klein and colleagues (2006), in a summary of studies from the Eurogang Program, present five different motives for violence that may operate in gangs at any one time: 1. territoriality, 2. revenge, 3. intra-gang violence, 4. status, and 5. instrumental violence (e.g. robbery).

Understandably, due to such strong associations between gangs and violence, most research steers towards understanding the roots of this association and, until recently, primarily considers gang members as perpetrators rather than victims of violence.

Gang membership and gang members' victimization

Violence begets violence, but violence also begets victimization. Ironically, the most likely victims of gang violence are other gang members (Katz et al., 2011). This could be for a number of reasons; Katz and colleagues (2011) posit that risky activities (e.g. drug use/trafficking) associated with gang membership, together with retaliation from other local gangs (e.g. assaults, robberies), and intra-gang violence (e.g. member initiation and punishment) increase gang members' risk of being violence victims. Whilst it is possible that individuals join gangs for protection *from* victimization, Katz and colleagues (2011) note that the prevalence of violent victimization increases concomitantly with level of gang involvement. That is non-gang members experience the lowest levels of victimization, gang associates experience more and former gang members and active gang members experience the highest levels. The authors also found that after controlling for gang crime, gang membership alone did not influence risk of violent victimization, and this supports the idea that it is *offending* as part of a gang that increases the likelihood of victimization.

In one of the first studies to examine gang membership and victimization, Peterson et al., (2004) using data from the Gang Resistance Education and Training (G.R.E.A.T) found that being a victim of violence was significantly higher during gang membership than it was before joining, and after leaving a gang. This was further supported by Taylor et al's (2008). study examining the same data. However, this latter study reported that after controlling for delinquency, gang members had greater likelihood of becoming victims of 'serious' rather than more 'general' (less violent) forms of crime. Taken together these findings suggest that

although gang members are at increased risk of gang-related victimization, they are less likely to experience non-gang violence (Taylor et al., 2007) and supports the idea that gang membership, provides members with protection from non-gang violence. Alternately, Spano et al., (2008) using routine activities theory showed that although gang members were significantly more likely to be victims of violence, the links to gang membership per se were not supported when demographic, family and deviancy variables were controlled for.

Likewise, Gibson et al., (2009) re-examined the data from the G.R.E.A.T programme and found that once propensity score matching (statistical analysis that accounts for covariates) was applied, no relationship between gang membership and victimization was found.

In their critical review of 16 quantitative studies examining the gang-victimization nexus, Gibson et al., (2012) concluded that a *causal* effect of gang membership on violent victimization could not be confirmed. They go on to state that despite some studies conjecturing a causal link between gangs and victimization very few employed methodologies capable of supporting their assertions. Methodological limitations they identified include cross-sectional data, limited control variables, inadequate statistical adjustments, selection bias, failure to conduct sensitivity analyses and the measure of victimization itself. Thus, while some of the findings above may indicate an association between gang membership and members' experience of violent victimization, we cannot conclude that gang membership *leads* to a greater prevalence and frequency of violent victimization of gang members.

Trauma and Post Traumatic Stress Disorder (PTSD)

Psychological trauma generally stems from an uncontrollable and overwhelming event that threatens, or is perceived to threaten, a person's life, integrity or sanity (Pearlman & Saakvitne, 1995; Horowitz, 1986). Such events may include violent victimization, (e.g. rape, assault, military combat, child abuse, natural disasters, community violence, torture or

the unexpected death of a loved one) and although the general population lifetime prevalence of events is estimated at 7.8% (Kessler, et al., 1995), these may vary with socio-demographic variables (Kessler et al., 1995; Breslau, et al., 1995). For instance, community-based violence (e.g., being chased, threatened, attacked, robbed, raped, shot, stabbed, or killed), is disproportionately high among poor urban ethnic minority males (Stein, et al., 2003; Paxton, et al., 2004), and young offenders (Burton, et al., 1994; Abram et al., 2004; Ford, et al., 2008), and has been linked to a broad range of internalizing and externalizing symptoms that include symptoms of PTSD, (e.g. re-experiencing of events, avoidance of trauma-related stimuli, irritability, angry outbursts and feeling emotionally flat) (Fitzpatrick & Boldizar, 1993; Martinez & Richters, 1993; Singer et al., 2001), anxiety (Boney-McCoy & Finkelhor, 1995; Osofsky et al., 1993), depression (Kliewer et al., 1998; Martinez & Richters, 1993; Overstreet, 2000), dissociation (Putnam, 1997), aggression (Bell & Jenkins, 1993; Farrell & Bruce, 1997; Garbarino et al., 1992; Ford et al., 2012), delinquency (Ford et al., 2010), substance abuse and low academic achievement (Garbarino et al., 1992; Hurt et al., 2001; Saigh et al., 1997; Delaney-Black et al., 2002).

Theoretical advances have also been made in the development of integrated epidemiological models of trauma and internalizing/externalizing symptoms e.g. the Trauma Coping model (Ford et al., 2006; Ford et al., 2009), the General Strain Theory (Maschi et al., 2008) and Kerig and Becker's (2010) Transactional Developmental model (see Kerig et al., 2010 for a full review). However, none of these models consider gang membership or gang violence – which is surprising given the links between delinquency and gang involvement (Corcoran et al., 2005; Curry et al., 2003).

Gang membership trauma and mental health

Based on their experiences of violence gang members are vulnerable to internalizing symptoms related to PTSD. Research shows that compared to other PTSD groups, those exposed to a *combination* of direct violence (as a victim) and indirect violence (as a witness) suffer higher incidents of current and lifetime PTSD (Kulkarni et al., 2011). Li et al's., (2002) findings indicate that, compared to their non-gang counterparts, gang members (current and former) are more likely to witness violence against others and/or the use of deadly force or death and to experience higher levels of distress symptomology (intrusive thoughts, despondency about the future and lack of belonging). More recent findings further show how gang members' own perpetration of violence can add to their development of PTSD (Kerig et al., 2015).

Looking at other mental health issues Madan et al., (2011) examining the mediating effects of delinquency and violence exposure on the relationship between gang membership and internalizing symptoms note how violence exposure and delinquency mediate the relationship between gang membership and suicidal behavior, but not anxiety or depression. The authors theorize that undetected PTSD may contribute to the higher rates of suicidal behavior in gang members, but does not explain the lack of association between gang membership and anxiety and depression. In fact, a study by Kerig, et al., (2009), examining the mediating effect of PTSD on the relationship between trauma and juvenile delinquents' mental health problems note how PTSD has a stronger relationship with anxiety and depression (.88) than suicidal ideation (.65). This makes it odd that Madan and colleagues (2011) did not find gang membership to be associated with all three symptoms, or at least not more so with anxiety and depression. Thus, in order to tease out the finer relations between gang membership and mental health more research using appropriate methodology and sophisticated analyses needs to be conducted.

Wood et al., (2002) comparing the relationship between violence exposure, posttraumatic stress (PTS) symptoms and delinquency in incarcerated adolescents and matched high-school students note vast differences in violence exposure (familial and community), and PTS symptoms. Their findings show that 16% of incarcerated adolescents have been sexually assaulted, molested or raped, 57% have witnessed someone being killed, and 72% reported being shot and/or shot at. The comparative figures for the matched group were 6%, 10%, and 23% respectively. The incarcerated sample also scored higher on PTS symptom clusters (re-experiencing, avoidance and arousal) and had higher prevalence rates of full PTSD diagnosis (40%) compared to their high-school equivalents (23%). Regression analyses showed that community violence was the strongest predictor of incarcerated males' PTS symptoms followed by physical punishment, but sexual abuse was not a significant predictor. These findings all add to suggest strong links between violence *exposure* and violent *behavior*.

In a more extensive examination Coid and colleagues (2013) surveyed 4664 adult men on measures of psychiatric morbidity. Results showed that compared to men who are violent, gang members have higher levels of: anxiety, psychosis, antisocial personality disorder (ASPD), alcohol and drug dependence and suicidal behavior. This difference is even greater when gang members are compared to non-violent men. The exception to this trend was depression which was similar across groups. Here, it could be that because groups satisfy our fundamental need to belong, they also facilitate emotional bonding, which buffers against depression (Goldstein, 1991). Also, peer groups have been noted in meta-analytical findings to resemble the remedial effects of cognitive behavioral therapy in treating depressive symptoms (Pfeiffer et al., 2011). This may explain why gang members appear to have some immunity against depression, but without further research we cannot do more than speculate this. Unsurprisingly, given their higher levels of mental illness, Coid et al., also found that

gang members are more likely than violent and non-violent men to access psychiatric services and to be prescribed psychotropic medication. That psychiatric morbidity increases progressively from non-violent men to violent men to gang members supports claims (see above) that it is the violence associated with gang membership, rather than gang membership as such that contributes to adverse mental health outcomes. Interestingly, Coid et al., also note that whilst hostile rumination, victimization and fear of future victimization mediate the relationship between gang membership and anxiety, this is not the case for violent men's anxiety. Again, these findings suggest something specific about gang membership experiences and adverse mental health outcomes. However, it is possible that gang members come to their gang with existing psychopathologies possibly stemming from earlier trauma. Only longitudinal research will allow accurate causal inferences as to the sequence of these factors.

Current research indicates that there are also differences between gang members, gang affiliates and violent men. For instance, despite similar demographics, compared to gang affiliates, gang members have more extensive and varied criminal histories, lower academic achievement and impulse control, a narrower focus on life outside their gang, less incentive to leave the gang and are harder to engage in treatment (Klein, 1971). A comparison of violent men's, gang affiliates' and gang members' mental health shows that psychiatric morbidity — self harm, suicidal behavior, anxiety, ASPD, gambling, drug and alcohol abuse and pornography addiction— occur more frequently in both types of gang member than they do in violent men (Wood et al., in preparation). However, differences also occur between gang affiliates and gang members with gang members reporting higher rates of psychosis, anxiety, drug and alcohol addiction and ASPD. It is not particularly surprising that gang members are more anxious than violent and non-violent given that they are at greater risk of being violence victims (Katz et al., 2011), but it is surprising that gang members experience

more anxiety than do gang affiliates. This suggests that gang members, who, perhaps due to their centrality to the gang's violent endeavors, have a "higher 'gang profile'" and this leaves them visible and vulnerable targets for victimization, and provokes their anxiety (Wood et al., In Preparation, p.15).

Gang membership and psychiatric morbidity: The trauma mechanism

As noted above, gang members are exposed to a host of violent experiences as perpetrators and victims, and risk adverse physical, behavioral and psychological outcomes (Brooks et al., 2009). Kerig et al., (2013) note an analogy between gang membership, trauma experiences and adverse mental health outcomes and the wider combat literature (Burton et al., 1994; Garbarino et al., 1992) and children who are forced into armed combat in countries such as Sierra Leone (Betancourt, et al., 2010), Uganda (Annan et al., 2006) and Mozambique (Boothby & Thompson, 2013). Although seemingly distinct from westernized gang warfare and taking in to consideration the forced element of children in armed combat, the body of work exploring the traumatization of child combatants may help fertilize and inform our limited knowledge of gang membership and psychopathology. Burton and colleagues (1994) suggest that the chronicity and ferocity of violence (especially gang violence) occurring on the streets of impoverished urban communities has considerable overlap with combat situations and should be considered within the same conceptual PTSD framework as other war experiences. Kerig and colleagues (2013) add that risk factors increasing child soldiers' vulnerability to traumatization also exist in gang youth – violence being the main risk factor. In their longitudinal study, Boothby and Thompson (2013) report descriptive accounts of children's war experiences that resemble the type and range of violence gang members and other urban youth (Garbarino, 1992) experience. Boothby and Thompson (2013) further note that as a process of re-socialization and indoctrination, elders

within armed groups punish, humiliate and often kill younger soldiers who display emotion and resist instructions. This type of intra-group violence is also noted in gangs who use violence to reprimand members who break gang rules (Klein et al., 2006). Further, to become a full gang member, candidates may be subject to initiation ceremonies or "street baptisms" to assess the initiate's dedication and fighting skills (Vigil, 1996) just as many child soldiers graduate into active service after their first murder (Boothby & Thompson, 2013).

Using prospective data from 40 child soldiers forcibly conscripted into the Mozambique National Resistance (Renamo), Boothby and Thompson (2013) report the long-term psychological effects of child combat. They note that boys who spend longer than one year with the Renamo (30% of sample) — who tend to hold higher positions such as "leader" and "chief" — score significantly higher on the Trauma Symptoms Checklist (TSCL) than those who spend less than one year with the group. Of the child soldiers they examined, three developed especially negative (and in one case fatal) outcomes; each had service records of more than two years in service, each had held acclaimed roles as 'youth leaders,' and each had been earmarked as "troubled children" 16 years earlier (Boothby & Thompson, 2013). It appears then that *length of conscription* and *position* could moderate the relationship between trauma exposure and posttraumatic stress symptoms much the same as *levels of gang involvement* may attenuate adverse mental health effects — as noted above. This highlights the importance of early interventions in minimizing maladaptive behaviors, for both soldiers and gang members. It should be considered, however, that these findings are tempered by small sample sizes and lack baseline measures of child soldiers' social and psychological functioning, which may provide alternative explanations for the findings.

In sum, the evidence so far suggests that belonging to a militant group increases risk of traumatization and that this may be a result of *participating* in violent activities, *witnessing*

violent activities and/or being a *victim* of violent activities (Katz et al., 2011; Kerig et al., 2013; Kerig et al., 2015). Gang members, just as others, are products of intersecting variables (Kerig et al., 2013). However there may be something about those who *choose* to join gangs that differentiates them from their non-gang counterparts. Research suggests that child neglect, abandonment, physical/sexual abuse and exposure to interpersonal and community violence increases a youth's chances of becoming involved in a gang (Bocanegra & Stolbach, 2012). Paradoxically, trauma resulting from exposure to community violence (especially gang violence) may prompt youth to seek gang membership for security (Fowler et al., 2009). Overall though, whether gang-involvement is a source or a consequence of trauma remains unclear.

A Future research and political agenda

First and foremost there is a need to develop a robust program of inter-disciplinary research to include sound, preferably longitudinal methodologies to tease out the cause and effect relationship between gang membership and adverse mental health. Until we garner a deeper and more refined understanding of gang dynamics and gang members' mental health, theories of gang membership remain incomplete. Currently, to address questions about the relationship between gang membership and psychopathology we resort to borrowing 'the best bits' from elsewhere and applying them to a forensic framework. Research examining links between gang membership and mental health outcomes is lagging globally behind other gang-related topics and so, more dedicated research efforts are needed. Without constructing theory and research we cannot verify the substance and effectiveness of current interventions used to tackle gang-related mental illness or reliably develop new ones. Thus, future directions need to focus on expanding the sparse literature currently available and endeavoring to create new avenues for exploration.

However, to tackle gang membership effectively it is vital that we learn to live with the juxtaposition that gang members are violent individuals *and also* vulnerable victims, and that the current one-dimensional perception that gang members are merely violent perpetrators is amended. There is a real need for both their perpetrator and victim positions to be taken in to account by justice and/or health systems. Since gang members come into contact with health services through various entry points, data sharing and better coordination across such services is vital for the fast and effective treatment of gang member needs (Coid et al., 2013). At the gang prevention level we also need to identify and tackle affiliate gang membership so that it does not develop into full-blown gang membership and potentially further adverse mental health outcomes. Bellis et al., (2012) note that in the UK, for example, there is a wealth of local data that could identify and measure community violence - facilitated by the VIPER (the Violence Indicator Profiles for England Resources) system. Such profiles could help identify communities and individuals most at risk of gang violence and, importantly, where to target intervention resources (Bellis et al., 2012). This format together with an incorporated gang-affiliation risk assessment, could be adapted for use with gang members to stem the development and/or longevity of gang membership.

There is relevance here too for the criminal justice response to existing gang members. For gang members who are mentally unwell, prison may be their first opportunity to receive treatment. However, in the UK the *Mental Health of Prisoners* report (HM Inspectorate of Prisons, 2007) states that current reception screening tools are not sensitive enough to detect prisoners' undiagnosed mental health needs, or to address the complexity and extent of existing issues. This is especially relevant to gang members, because although gang involvement may negatively affect their mental health, many gang members may be unaware that they require help – or be reluctant to seek help due to fear of a stigma contrary to the status they hold in gang circles. Psychological research needs also to focus on

developing an assessment tool to identify gang-affiliation and mental health needs so that interventions may be developed to address gang members' needs.

However, these are ideals and may only be adopted if changes in strategies aimed at tackling gang members occur. In the UK the 2011 London riots were a wellspring of strong sentiment, stereotypes and, in some cases, racialized rhetoric (O'Carroll, 2011). Despite their minor role in the riot, gangs became scapegoats for the breakdown in social values the riots came to represent (Lewis et al., 2011; Medina & Shute, 2013). The media-peddled image of gang members as "amoral" and "cold-blooded" protagonists fueled tough responses to gang membership and the perpetuation of these images may stand in the way of gang members receiving appropriate and effective treatment (Bennett et al., 1996, p. 27; Gilliam & Iyengar, 2005; Alderman, 1994).

Whilst incarceration fulfils its obligation to *contain* individuals, it does not necessarily *prevent* or even *treat* the problem of gang membership, and as research findings show, some prisoners involved in gang activity inside prison continue to maintain, albeit tempered, involvement in community based offending (Wood et al., 2009). Consequently, a position that focuses on punishment alone is unlikely to greatly benefit gang members or societies dogged by gang activity. What it may mean is an increase in scarce resources such as prisons to house an ever increasing population of mentally damaged individuals who require, but do not necessarily receive, treatment. In short, to use a medical model analogy and an anonymous quote: "Building more prisons to address crime is like building more graveyards to address a fatal disease."

Concluding remarks

The conclusions that we draw from our review is that gang members' involvement in violence is likely to negatively impact on their behavioral, social and psychological

functioning. However, the scarcity of research looking at mental health outcomes in gang membership means it is too early to tell whether gang members' involvement in violence and any subsequent trauma is a risk factor for, or a consequence of, gang membership. Until this research base has been fed and matured with rigorous methodologies, robust findings that include cause and effect evidence, it is imperative that gang researchers draw on the strength of inter-disciplinary collaborations to fertilize and scaffold the development of our understanding of exactly what it is that gang members face in order to guide new avenues of exploration and to inform effective treatments to reduce gang membership and its related adverse outcomes.

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References

- Annan, J., Blattman, C., & Horton, R. (2006). The state of youth and youth protection in northern Uganda. *Uganda: UNICEF*.
- Abram, K. M., Teplin, L. A., Charles, D. R., Longworth, S. L., McClelland, G. M., & Dulcan, M. K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. *Archives of General Psychiatry, 61*(4), 403-410.
- Alderman, J. D. (1994). Leading the public: The media's focus on crime shaped sentiment. *Public Perspective, 5*(6), 30-31.
- Alleyne, E., & Wood, J. L. (2010). Gang involvement: Psychological and behavioral characteristics of gang members, peripheral youth, and nongang youth. *Aggressive behavior, 36*(6), 423-436.
- Bandura, A., Barbaranelli, C., Caprara, G. V., & Pastorelli, C. (1996). Mechanisms of moral disengagement in the exercise of moral agency. *Journal of personality and social psychology, 71*(2), 364.
- Bell, B., Jaitman, L., & Machin, S. (2014). Crime Deterrence: Evidence From the London 2011 Riots. *The Economic Journal, 124*(576), 480-506.
- Bell, C. C., & Jenkins, E. J. (1993). Community violence and children on Chicago's southside. *Psychiatry, 56*(1), 46-54.
- Bellis, M. A., Leckenby, N., Hughes, K., Luke, C., Wyke, S., & Quigg, Z. (2012). Nighttime assaults: using a national emergency department monitoring system to predict occurrence, target prevention and plan services. *BMC public health, 12*(1), 746.

- Bennett, W. J., DiIulio, J. J., & Walters, J. P. (1996). *Body Count: Moral Poverty--and how to Win America's War Against Crime and Drugs*. New York: Simon & Schuster.
- Betancourt, T. S., Borisova, I. I., Williams, T. P., Brennan, R. T., Whitfield, T. H., De La Soudiere, M., ... & Gilman, S. E. (2010). Sierra Leone's Former Child Soldiers: A Follow-Up Study of Psychosocial Adjustment and Community Reintegration. *Child development, 81*(4), 1077-1095.
- Bocanegra, E., & Stolbach, B. (2012, November). Trauma histories and recruitment of gang-involved youth in Chicago. In B. Stolbach (Chair), *Trauma histories and recruitment of gang-involved youth in the U.S. and child soldiers in Colombia and Nepal: Parallels and implications*. Panel presented at the 28th meeting of the International Society for Traumatic Stress Studies, Los Angeles, CA.
- Boney-McCoy, S., & Finkelhor, D. (1995). Psychosocial sequelae of violent victimization in a national youth sample. *Journal of Consulting and Clinical Psychology, 63*(5), 726-736.
- Boothby, N., & Thomson, B. (2013). Child soldiers as adults: The Mozambique case study. *Journal of Aggression, Maltreatment & Trauma, 22*(7), 735-756.
- Brooks, R. A., Lee, S. J., Stover, G. N., & Barkley Jr, T. W. (2009). Condom attitudes, perceived vulnerability, and sexual risk behaviors of young Latino male urban street gang members: implications for HIV prevention. *AIDS education and prevention: official publication of the International Society for AIDS Education, 21*(5 Suppl). doi:10.1521%2Faeap.2009.21.5_supp.80.

- Burton, D., Foy, D., Bwanausi, C., Johnson, J., & Moore, L. (1994). The relationship between traumatic exposure, family dysfunction, and post-traumatic stress symptoms in male juvenile offenders. *Journal of Traumatic Stress, 7*(1), 83-93.
- Delaney-Black, V., Covington, C., Ondersma, S. J., Nordstrom-Klee, B., Templin, T., Ager, J., ... & Sokol, R. J. (2002). Violence exposure, trauma, and IQ and/or reading deficits among urban children. *Archives of pediatrics & adolescent medicine, 156*(3), 280-285.
- Farrell, A. D., & Bruce, S. E. (1997). Impact of exposure to community violence on violent behavior and emotional distress among urban adolescents. *Journal of clinical child psychology, 26*(1), 2-14.
- Fitzpatrick, K. M., & Boldizar, J. P. (1993). The prevalence and consequences of exposure to violence among African-American youth. *Journal of the American Academy of Child & Adolescent Psychiatry, 32*(2), 424-430.
- Ford, J. D., Chapman, J., Connor, D. F., & Cruise, K. R. (2012). Complex trauma and aggression in secure juvenile justice settings. *Criminal Justice and Behavior, 39*(6), 694-724.
- Ford, J. D., Hartman, J. K., Hawke, J., & Chapman, J. F. (2008). Traumatic victimization, posttraumatic stress disorder, suicidal ideation, and substance abuse risk among juvenile justice-involved youth. *Journal of Child & Adolescent Trauma, 1*(1), 75-92.
- Ford, J. D., & Russo, E. (2006). Trauma-Focused, Present-Centered, Emotional Self-Regulation Approach to Integrated Treatment for Posttraumatic Stress and Addiction:

Trauma Adaptive Recovery Group Education and Therapy (TARGET). *American Journal of Psychotherapy*.

Fowler, P. J., Tompsett, C. J., Braciszewski, J. M., Jacques-Tiura, A. J., & Baltes, B. B.

(2009). Community violence: A meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. *Development and psychopathology*, 21(01), 227-259.

Friedman, C. J., Mann, F., & Friedman, A. S. (1975). A profile of juvenile street gang members. *Adolescence*, 10(40), 563-607.

Garbarino, J., Dubrow, N., Kostelny, K., & Pardo, C. (1992). *Children in danger: Coping with the consequences of community violence*. Jossey-Bass.

Gewirtz, A. H., & Edleson, J. L. (2007). Young children's exposure to intimate partner violence: Towards a developmental risk and resilience framework for research and intervention. *Journal of Family Violence*, 22(3), 151-163.

Gibson, C. L., Miller, J. M., Jennings, W. G., Swatt, M., & Gover, A. (2009). Using propensity score matching to understand the relationship between gang membership and violent victimization: A research note. *Justice Quarterly*, 26(4), 625-643.

Gilliam Jr, F. D., & Iyengar, S. (2005). Super-Predators or Victims of Societal Neglect?. *Framing American politics*. In K. Callaghan & F. Schnell (Eds.), *Framing American Politics* (pp. 148-166). Pittsburgh, PA: University of Pittsburgh Press.

Goldstein, A. P. (1991). *Delinquent gangs: A psychological perspective*. Champaign, IL: Research Press.

- Hecker, T., Hermenau, K., Maedl, A., Hinkel, H., Schauer, M., & Elbert, T. (2013). Does perpetrating violence damage mental health? Differences between forcibly recruited and voluntary combatants in DR Congo. *Journal of traumatic stress, 26*(1), 142-148.
- Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of traumatic stress, 5*(3), 377-391.
- HM Inspectorate of Prisons (2007). *The mental health of prisoners: A thematic review of the care and support of prisoners with mental health needs*. Retrieved from <https://www.rcpsych.ac.uk/pdf/TheMentalHealthPrisoners2007.pdf>.
- Horowitz, M. J. (1986). Stress-response syndromes: A review of posttraumatic and adjustment disorders. *Psychiatric Services, 37*(3), 241-249.
- Huff, C. R. (1998). Comparing the Criminal Behavior of Youth Gangs and At-Risk Youths. *Research in Brief*. Retrieved from <http://files.eric.ed.gov/fulltext/ED426175.pdf>.
- Hurt, H., Malmud, E., Brodsky, N. L., & Giannetta, J. (2001). Exposure to violence: Psychological and academic correlates in child witnesses. *Archives of pediatrics & adolescent medicine, 155*(12), 1351-1356.
- Jacobius, A. (1996). Going Gangbusters. *American Bar Association Journal, 82*(10), 24.
- Katz, C. M., Webb, V. J., Fox, K., & Shaffer, J. N. (2011). Understanding the relationship between violent victimization and gang membership. *Journal of Criminal Justice, 39*(1), 48-59.
- Kerig, P. K., Becker, S. P., & Egan, S. (2010). From internalizing to externalizing: Theoretical models of the processes linking PTSD to juvenile delinquency. *Posttraumatic stress disorder (PTSD): Causes, symptoms and treatment, 33-78*.

Retrieved from

<http://psych.utah.edu/people/people/kerig/pub/FromInternalizingToExternalizing.pdf>

Kerig, P. K., Chaplo, S. D., Bennett, D. C., & Modrowski, C. A. (2015). "Harm as Harm" gang membership, perpetration trauma, and posttraumatic stress symptoms among youth in the juvenile justice system. *Criminal Justice and Behavior*, Advance online publication.

Kerig, P. K., Wainryb, C., Twali, M. S., & Chaplo, S. D. (2013). America's child soldiers: Toward a research agenda for studying gang-involved youth in the United States. *Journal of Aggression, Maltreatment & Trauma*, 22(7), 773-795.

Kerig, P. K., Ward, R. M., Vanderzee, K. L., & Moeddel, M. A. (2009). Posttraumatic stress as a mediator of the relationship between trauma and mental health problems among juvenile delinquents. *Journal of Youth and Adolescence*, 38(9), 1214-1225.

Kirk, D. S., & Matsuda, M. (2011). Legal cynicism, collective efficacy, and the ecology of arrest. *Criminology*, 49(2), 443-472.

Klein, M. W. (1997). *The American street gang: Its nature, prevalence, and control*. Oxford University Press.

Klein, M. W. (1971). *Street gangs and street workers*. Englewood Cliffs, NJ: Prentice-Hall.

Klein, M. W., & Maxson, C. L. (2006). *Gang Structures, Crime Patterns, and Police Responses*. Oxford: Oxford University Press.

Klein, M. W., Weerman, F. M., & Thornberry, T. P. (2006). Street gang violence in Europe. *European Journal of Criminology*, 3(4), 413-437.

- Kliewer, W., Lepore, S. J., Oskin, D., & Johnson, P. D. (1998). The role of social and cognitive processes in children's adjustment to community violence. *Journal of consulting and clinical psychology, 66*(1), 199-209.
- Krohn, M. D., Ward, J. T., Thornberry, T. P., Lizotte, A. J., & Chu, R. (2011). The cascading effects of adolescent gang involvement across the life course. *Criminology, 49*(4), 991-1028.
- Kulkarni, M. R., Graham-Bermann, S., Rauch, S. A., & Seng, J. (2011). Witnessing versus experiencing direct violence in childhood as correlates of adulthood PTSD. *Journal of interpersonal violence, 26*(6), 1264-1281.
- Lewis, P., Newburn, T., Taylor, M., Mcgillivray, C., Greenhill, A., Frayman, H., & Proctor, R. (2011). Reading the riots: investigating England's summer of disorder. Retrieved from [http://eprints.lse.ac.uk/46297/1/Reading%20the%20riots\(published\).pdf](http://eprints.lse.ac.uk/46297/1/Reading%20the%20riots(published).pdf).
- Li, X., Stanton, B., Pack, R., Harris, C., Cottrell, L., & Burns, J. (2002). Risk and protective factors associated with gang involvement among urban African American adolescents. *Youth & Society, 34*(2), 172-194.
- Maschi, T., & Bradley, C. (2008). Exploring the moderating influence of delinquent peers on the link between trauma, anger, and violence among male youth: Implications for social work practice. *Child and Adolescent Social Work Journal, 25*(2), 125-138.
- Madan, A., Mrug, S., & Windle, M. (2011). Brief report: Do delinquency and community violence exposure explain internalizing problems in early adolescent gang members?. *Journal of adolescence, 34*(5), 1093-1096.
- Madina, J., & Shute, J. (2013). 'Utterly appalling': why official review of UK gang policy is barely credible. *Manchester Policy Blogs*.

<http://blog.policy.manchester.ac.uk/featured/2013/12/utterly-appalling-why-official-review-of-uk-gang-policy-is-barely-credible/>.

Martinez, P., & Richters, J. E. (1993). The NIMH community violence project: II. Children's distress symptoms associated with violence exposure. *Psychiatry*, *56*(1), 22-35.

McDonald, C. C., & Richmond, T. R. (2008). The relationship between community violence exposure and mental health symptoms in urban adolescents. *Journal of Psychiatric and Mental Health Nursing*, *15*(10), 833-849.

O'Carroll, L. (2011, August, 15). David Starkey's Newsnight race remarks: hundreds complain to BBC. *The Guardian*. Retrieved from <http://www.theguardian.com/media/2011/aug/15/david-starkey-newsnight-race-remarks>.

Osofsky, J. D., Wewers, S., Hann, D. M., & Fick, A. C. (1993). Chronic community violence: what is happening to our children?. *Psychiatry*, *56*(1), 36-45.

Overstreet, S. (2000). Exposure to community violence: Defining the problem and understanding the consequences. *Journal of Child and Family Studies*, *9*, 7-25

Page, B. I., & Shapiro, R. Y. (1983). Effects of public opinion on policy. *The American Political Science Review*, 175-190. Retrieved from <http://www.jstor.org/discover/10.2307/1956018?uid=3738032&uid=2&uid=4&sid=21104450789767>.

Paxton, K. C., Robinson, W. L., Shah, S., & Schoeny, M. E. (2004). Psychological distress for African-American adolescent males: Exposure to community violence and social support as factors. *Child Psychiatry and Human Development*, *34*(4), 281-295.

- Peterson, D., Taylor, T. J., & Esbensen, F. A. (2004). Gang membership and violent victimization. *Justice Quarterly*, 21(4), 793-815. Retrieved from http://www.hawaii.edu/hivandaids/Gang_Membership_and_Violent_Victimization.pdf.
- Pfeiffer, P. N., Heisler, M., Piette, J. D., Rogers, M. A., & Valenstein, M. (2011). Efficacy of peer support interventions for depression: a meta-analysis. *General Hospital Psychiatry*, 33(1), 29-36. 10.1016/j.genhosppsych.2010.10.002.
- Piquero, A. R., Fagan, J., Mulvey, E. P., Steinberg, L., & Odgers, C. (2005). Developmental trajectories of legal socialization among serious adolescent offenders. *The Journal of criminal law & criminology*, 96(1), 267. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2776646/>.
- Putnam, F. W. (1997). *Dissociation in children and adolescents: A developmental perspective*. New York: Guilford.
- Saigh, P. A., Mroueh, M., & Bremner, J. D. (1997). Scholastic impairments among traumatized adolescents. *Behaviour research and therapy*, 35(5), 429-436.
- Sampson, R. J., & Bartusch, D. J. (1998). Legal cynicism and (subcultural?) tolerance of deviance: The neighborhood context of racial differences. *Law and Society Review*, 777-804. Retrieved from <http://www.jstor.org/discover/10.2307/827739?uid=3738032&uid=2&uid=4&sid=21104453563007>.
- Schwab-Stone, M. E., Ayers, T. S., Kaspro, W., Voyce, C., Barone, C., Shriver, T., & Weissberg, R. P. (1995). No safe haven: A study of violence exposure in an

- urban community. *Journal of the American Academy of Child & Adolescent Psychiatry*, 34(10), 1343-1352.
- Singer, M. I., Anglin, T. M., Yu Song, L., & Lunghofer, L. (1995). Adolescents' exposure to violence and associated symptoms of psychological trauma. *Jama*, 273(6), 477-482.
- Slutkin, G. (2012). Violence is a contagious disease. In *Contagion of violence: Workshop summary*. Retrieved from <http://cureviolence.org/wp-content/uploads/2014/01/iom.pdf>.
- Slutkin, G. (2013). Contagion of violence, forum on global violence prevention, workshop summary. *Institute of Medicine and National Research Council; Washington, DC: The National Academies Press; Violence is a contagious disease*; pp. 94–111.
- Spano, R., Freilich, J. D., & Bolland, J. (2008). Gang Membership, Gun Carrying, and Employment: Applying Routine Activities Theory to Explain Violent Victimization Among Inner City, Minority Youth Living in Extreme Poverty*. *Justice Quarterly*, 25(2), 381-410.
- Stein, B. D., Jaycox, L. H., Kataoka, S., Rhodes, H. J., & Vestal, K. D. (2003). Prevalence of child and adolescent exposure to community violence. *Clinical child and family psychology review*, 6(4), 247-264.
- Stein, B. D., Zima, B. T., Elliott, M. N., Burnam, M. A., Shahinfar, A., Fox, N. A., & Leavitt, L. A. (2001). Violence exposure among school-age children in foster care: relationship to distress symptoms. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(5), 588-594.

- Taylor, T. J., Freng, A., Esbensen, F. A., & Peterson, D. (2008). Youth gang membership and serious violent victimization: The importance of lifestyles and routine activities. *Journal of Interpersonal Violence*, 23(10), 1441-1464.
- Taylor, T. J., Peterson, D., Esbensen, F. A., & Freng, A. (2007). Gang membership as a risk factor for adolescent violent victimization. *Journal of Research in Crime and Delinquency*, 44(4), 351-380.
- Thornberry, T. P., Krohn, M. D., Lizotte, A. J., Smith, C. A. and Tobin, K. (2003). *Gangs and delinquency in developmental perspective*. Cambridge: Cambridge University Press.
- van der Kolk, B. A., Pynoos, R. S., Cicchetti, D., Cloitre, M., D'Andrea, W., Ford, J. D., ... & Stolbach, B. C. (2009). Proposal to include a developmental trauma disorder diagnosis for children and adolescents in DSM-V. *Unpublished manuscript*.
Verfügbar unter: http://www.cathymalchiodi.com/dtd_nctsn.pdf (Zugriff: 20.5.2011).
- Vigil, J. D. (1996). Street baptism: Chicano gang initiation. *Human Organization*, 55(2), 149-153. Retrieved from
<http://sfaa.metapress.com/content/3358547x86552mg4/fulltext.pdf?page=1>.
- Wainryb, C. (2011). 'And So They Ordered Me to Kill a Person': Conceptualizing the Impacts of Child Soldiering on the Development of Moral Agency. *Human Development*, 54(5), 273-300. Retrieved from
<https://psych.utah.edu/people/files/wainryb83r10.pdf>.
- Walinsky, A. (1999). The crisis of public order. In J. E. Dizard, R. M. Muth, & S. P. Andrews (Eds.), *Guns in America: a reader* (pp.291-304). United States: NYU Press.

- Wilcox, H. C., Storr, C. L., & Breslau, N. (2009). Posttraumatic stress disorder and suicide attempts in a community sample of urban American young adults. *Archives of general psychiatry*, 66(3), 305-311. Retrieved from <http://www.youthandfamilyservices.org/wp-content/uploads/2013/10/Wilcox-et-al-2009-PTSD-and-suicide-attempts-of-urban-ameri.pdf>.
- Wood, J. (2009). Why public opinion of the criminal justice system is important. In J. Wood, & T. Gannon (Eds.), *Public Opinion and the Criminal Justice system* (pp. 33-48). London: Willan Publishing.
- Wood, J., & Alleyne, E. (2010). Street gang theory and research: Where are we now and where do we go from here?. *Aggression and Violent Behavior*, 15(2),
- Wood, J. (2014). *Why gang members commit more crime: Group processes and social cognitive explanations*. Manuscript submitted for publication.
- Wood, J., Kallis, C., & Coid, J. W. (2014). *Gang members and affiliates: their psychiatric morbidity, violence and trauma*. Manuscript in preparation.