Impact of Trauma on the Lives of Black Men With Multiple Arrests: "I Feel Like That the Violence Needs to Stop Now"

Tony Faseeh Salaam
Christina Bruhn

Abstract: A mixed-methods study was carried out to better characterize the life course experiences, with a focus on trauma, of men who had perpetrated gun violence and other violent crime, and who had multiple arrests and incarcerations. A small sample of 13 men with a history of a minimum of 12 arrests each as well as histories of gun violence, other violent crime, and incarceration was drawn from a social program providing cognitive therapy and job skills training in a major urban center. Participants completed the Adverse Childhood Experiences Questionnaire and Post Traumatic Stress Disorder Checklist for DSM-5 and completed an in-depth interview. Results demonstrated that the participants had extraordinarily significant levels of trauma exposure but that they had minimal avowed trauma symptoms. The exception is that every participant demonstrated a clinically relevant score on the Arousal subscale (Criterion E). Participants in interviews discussed a number of characteristics of their developmental years. They described near constant exposure to traumatic events, in some cases starting from very young ages. Most participants described a personal experience of numbing or desensitization to their experiences. They described the impact of gangs on both protecting them from trauma and exposing them to trauma, and they described their subsequent experiences of incarceration. They offered recommendations for strategies to minimize violent crime in communities.

Keywords: Gun violence, gangs, trauma, Black men, ACEs, incarceration

Crime statistics demonstrate that, while violent crime has decreased since the 1990s, crime remains profoundly concerning and has been a key voting issue. Moreover, while violent crime has declined overall, the number of gun deaths in 2021, at 20,958, was the highest on record (Gramlich, 2023). The rate of gun murders, at 6.7 per 100,000, was the highest rate recorded since 1974 (Gramlich, 2023). More child and teen deaths occurred in 2020 and 2021 due to guns than to any other source (McGrough et al., 2023). Data representing numbers and rates of gun injuries are less readily available, but the Government Accountability Office estimates that there may be 30,000 hospital stays and 50,000 emergency room visits related to gun injury each year, costing over $1 billion (Government Accountability Office, 2021). Gun-related murders and injuries are a subset of gun-involved crime; for instance, firearms are implicated in 36.4% of robberies and 27.6% of assaults (Federal Bureau of Investigation, 2019). Gun-involved crimes are a subset of violent crimes. Gun-involved crimes and other violent crime have profound impacts on the victims and their families, the perpetrators and their families, communities, and society. Developing an increasingly nuanced understanding of the factors that underlie such crimes is an important public health priority and yet one that has yet to be substantially achieved.

Tony Faseeh Salaam, DSW, LCSW, Private Practitioner. Christina M. Bruhn, PhD, LCSW, Professor, School of Social Work, Aurora University, Aurora, IL

Given these considerations, the authors sought to represent and resonate the lived experiences of men who have participated in gun violence and other violent crimes. The perspectives of these men must be identified and shared in order to inform the public discourse concerning the drivers of gun violence and violent crime, the contexts within which crime takes place, and ways to effectively prevent and respond to gun violence and violent crime. Fundamentally, those who have committed crimes are the only ones who can describe their experience of the circumstances under which those crimes occurred and what they believe to have been the drivers of those crimes. This study represents a mixed-methods reflection of the trauma experiences of a small sample of Black men who have perpetrated gun violence and other violent crimes and have experienced multiple arrests and at least one period of incarceration. The study explores their trauma histories from both quantitative and qualitative perspectives and examines the contexts surrounding the crimes for which they were incarcerated as well as their perspectives regarding public response to crime. The lived experiences of these participants can be shared to inform and educate those with a vested interest in planning social policy and programs intended to prevent and respond to gun violence and other violent crime. The study partially replicates and expands upon the work done by Valdez (2021) regarding posttraumatic distress and treatment barriers among former gang members.

Review of Literature

While crime is clearly multi-determined, exposure to trauma has significant potential association with crime. Trauma is a potential predictor that operates at micro, mezzo, and macro levels. This brief review of literature will present discussion concerning the complicated relationship between trauma and violence, specifically gun violence. In addition, the review will consider the degree to which the voices of those most affected by gun violence and other violent crimes - those who are perpetrators and close affiliates of those who have been killed - are represented in the study of gun violence and other forms of violence and responses to violence.

One form of trauma that appears to be particularly operative with regard to crime is exposure to violence, whether through witnessing or experiencing violence. Ross and Arsenault (2017) explored the link between experiencing or witnessing a traumatic event before the age of 12 and being involved with violence in adolescence and young adulthood. The researchers found that there is a significant correlation between trauma exposure in youth and early violence initiation; the researchers found that this was true of children who had either witnessed or had been direct victims of trauma. Aebi et al. (2016) also documented the relationship between exposure to trauma and violence in youth and found the relationship to be partially mediated by Post-Traumatic Stress Disorder (PTSD) symptoms in boys, specifically by anxious and dysphoric arousal symptoms. Exposure to violence has also been examined specifically as it pertains to gun violence. Wamswer-Nanney and colleagues (2019) demonstrated an association between exposure to domestic violence and increased later likelihood of violent arrests and gun arrests.

Exposure to violence may be associated with risk of gang involvement, which may lead to further exposure to violence. Frequent exposure to neighborhood violence and to

familial or personal trauma can lead youth to normalize violence. Youth with this type of exposure to violence may seek gang membership as a means of personal protection and social support (Quinn et al., 2017). However, the feeling of safety sought may be elusive, and gang membership may lead instead to further exposure to violence. Leverso and O'Neill's (2021) study of youth gang members' exposure to violence found that youth gang members were 22% more likely to experience simple assault victimhood and 31% more likely to experience aggravated assault victimhood than youth who were not affiliated with gangs. Pyrooz and Sweeten (2015) indicated that over 1 million youth between the ages of 5 and 17 are members of street gangs. Such membership in adolescence has been found to be predictive of poorer outcome across a range of areas of adult functioning (Gilman et al., 2014).

Engagement in violence also has the potential to engender symptoms of trauma. Gray et al. (2003) studied the incidence of post-traumatic stress disorder in individuals who had committed serious sexual or violent offences. The researchers found very high rates of PTSD prevalence in the offender population studied, with roughly one third of the participants meeting diagnostic criteria for PTSD. Ternes and colleagues (2020) sought to determine predictors of PTSD symptoms in male violent offenders. The researchers found that participants who had committed violent offenses against someone they had a close personal relationship with were at greater risk for developing PTSD symptoms than individuals who had committed a violent act against an acquaintance or stranger. Similarly, Kerig et al. (2016) modeled posttraumatic stress among gang members and found that, when controlling for a range of relevant characteristics (age, gender, race/ethnicity, trauma exposure), perpetration trauma acts as a significant predictor of posttraumatic stress.

The incarceration that may result from participation in gun violence or other violence also has the potential to impact exposure to traumatic events that may or may not drive trauma symptoms. In prison, the assault rate for male inmates was found to be over 18 times higher than that of the non-incarcerated population, and the assault rate for female inmates was found to be over 27 times higher than that of the non-incarcerated female population (Wolff et al., 2007). This may contribute to a general feeling of fear, anxiety, and unsafety in the prison population, contributing to trauma symptoms. Hochstelter et al. (2004) studied the prevalence of trauma exposure and post-traumatic stress disorder symptoms through data collected from men who recently finished their carceral sentences and found a statistically significant relationship between victimization in prison and post-traumatic stress symptoms.

While the literature concerning exposure to traumatic events, the emergence of trauma symptoms, and relationship to risk for gun violence and other forms of violence is emerging, one element of the study of these associations that remains relatively unexplored is the voice of those affected by these phenomena. Several initiatives have been undertaken: Quinn et al. (2017), as related, conducted qualitative interviews with gang members and found that gang initiation in the participants often occurred due to the drive for self-preservation. Many participants indicated that, in the areas they lived in, gang-related violence was virtually unavoidable. Richardson and associates (2013) conducted qualitative research with young offenders to understand pathways to violence. They utilized Anderson's (1999) *Code of the Street* to theoretically frame their questions, and

they found the answers youth gave resonated with Anderson's findings. This was particularly true in that youth spoke of the drive for respect as a principal determinant of decision-making. They documented fear and mistrust as perceived factors associated with risk of violent encounters. However in total, the voice of Black men who have participated in and who have been affected by violence is not well-represented within the professional literature, and thus additional attention to adequately representing their experiences and perspectives is necessary.

Methods

Research Questions

The study was guided by several over-arching research questions which supported the development of the semi-structured interview schedule utilized for collection of qualitative data as well as of the selection of the two quantitative instruments.

1) How do the participants characterize their exposure to trauma?
2) How do participants reflect their understandings of the factors that have led to gun violence and other violent crime?
3) What are the primary recommendations of participants concerning public responses to gun violence and other violent crime?

Operational Definitions

Because the primary purpose of the paper was to represent the lived experiences of those who have perpetrated gun violence and other violent crime as viewed through the lens of their trauma histories, few formal operational definitions were utilized. Rather than impose pre-determined definitions upon the narratives of the participants, they were encouraged to represent these constructs according to their understanding. Exposure to trauma was operationalized as the score on the Adverse Childhood Experiences Questionnaire (ACE-Q). Trauma symptoms were operationalized as the score on the Post Traumatic Stress Disorder Checklist for DSM-5 (PCL-5).

Research Design

The study used a mixed methods design. A total of two quantitative instruments were used: the ACEs Questionnaire (Felitti et al., 1998) and the PTSD Checklist for DSM-5 (Weathers et al., 2013). The qualitative data for the study were derived from a project-developed interview schedule. All data were collected during the course of a single, extended interview with each subject. The analyses of the qualitative data were undertaken utilizing grounded theory methods (Charmaz, 2014), and the interpretation of the findings was informed by consideration of the quantitative data.

Instruments

Quantitative Instruments

The Adverse Childhood Experiences Questionnaire (ACE-Q) was developed by Felitti et al. (1998) in support of the ACE Study. The psychometric properties of the ACE-Q have been assessed utilizing many approaches. For instance, Dong et al. (2004) determined that the items on the scale demonstrate a high degree of interrelatedness, and internal consistency reliability was confirmed by Bruskas (2013). A wide variety of studies, including the original Felitti et al. study, have confirmed the criterion-related validity of the instrument.

The Post Traumatic Stress Disorder (PTSD) Checklist for DSM-5 (PCL-5) was utilized to assess symptom expression. This instrument has been assessed for internal consistency reliability ($\alpha = 0.94$), test-retest validity, and convergent and discriminant validity and has been the subject of Confirmatory Factor Analysis, establishing this as a psychometrically sound instrument. The PCL-5 includes 20 items, aligned with Criteria A through E on the PTSD diagnosis as represented in the DSM-5 (Criterion A is Exposure, B is intrusion symptoms [Intrusions], C is avoidance of stimuli [Avoidance], D is Negative Alterations in Cognitions and Mood, and E is marked alterations in arousal and reactivity [Arousal]). Total scale scores range from 0 to 80. Scores of 2 or higher on 1 item from Criterion A, 1 item from Criterion B, both items from Criterion C, 2 items from Criterion D, and 2 items from Criterion E are suggestive of diagnosis of PTSD; alternatively, a cutoff score of 31 to 33 is indicative of likely diagnosis of PTSD (U.S. Department of Veteran's Affairs, n.d.).

Qualitative Semi-Structured Interview Schedule

The qualitative interview schedule was developed based upon review of the literature, personal and professional experience of the first author of this manuscript, consultation with the dissertation committee, and testing. The instrument was tested at two different points with respondents who resembled those included in the sample but who were not included in the study. In both cases, the respondents indicated that the questions as written were appropriate to elicit the desired information and that no additional changes were needed. The questions related to experience with violent crimes and trauma, experience with gangs, circumstances relevant to the most recent incarceration for violent crime, personal experiences that influenced the occurrence of the crime, experiences with police during the most recent arrest, experiences with incarceration, and recommendations for reducing violent crime in the community.

Sample

The sample was selected as a purposive sample. The individuals were selected because they were part of a group of people considered to be particularly knowledgeable about or experienced with the phenomenon under investigation (Cresswell & Plano, 2011). The sampling frame included men who were receiving services at a violence prevention program offering cognitive behavioral interventions and paid transitional jobs, and anyone from within that setting was invited to participate. The sampling structure therefore

represents a "homogenous sampling" structure (Etikan et al., 2015) with no effort to specifically recruit extreme or critical cases.

Information about the study was conveyed to potential participants by an employee of the organization (who was not a researcher) using a brief, verbal explanation of the study, its aims, and participation criteria. Interested participants were given a brief, screening questionnaire and invited to reach out and contact the researcher, if they wished to arrange time for an interview. The screening questionnaire only verified the potential participant was an adult Black male, had perpetrated violent crime and experienced incarceration, and was willing to participate in the interview and thus met the eligibility criteria.

All of the subjects who participated are Black men. This was due to the fact that this is the primary service demographic of the program from which participants were invited to participate. The participants were all previously convicted of a violent crime, including but not limited to: domestic violence, aggravated violence, assault, attempted murder, or murder. All participants had engaged in gun violence. All participants have served time in the correctional system. All participants had a minimum of 12 arrests on various different charges. These characteristics are consistent with those of other participants served by the program from which participants were invited to participate. The crimes for which the respondents reported most recently having been arrested included murder (15.4%), robbery (46.2%), and aggravated assault (53.8%). The age range was 19 to 35. A total of 13 participants completed the interview.

Data Collection

The primary author of the manuscript conducted all interviews. Interviews were recorded with subject permission using Audacity.com. Data for the quantitative instruments was also collected verbally using question-and-answer during the interview process. Interviews took place using either face-to-face at the program location or via Zoom, based on preference of the interviewee.

Analysis of Data

Quantitative Analysis

Quantitative data were analyzed using univariate methods. Scale scores were computed for the ACE-Q and the PCL-5, and these scores were examined relative to published norms for general and specific populations.

Qualitative Analysis

Qualitative data were examined using grounded theory methods. Qualitative methods, in general, and grounded theory methods, in particular, are appropriate when little is known about a phenomenon. The methods utilized were aligned with the traditions of grounded theory (Glaser & Strauss, 1967) in that theory was built from the data inductively.

Data were auto-transcribed using NVivo, and transcripts were corrected based on the re-examination of audio recordings. Then, the primary researcher, who is the first author of this manuscript, read over the data, building a robust personal understanding of the participants' experiences and perspectives while paying close attention to common threads throughout the interviews. From these observations, the researcher identified a rudimentary set of repeated patterns through initial coding utilizing line-by-line coding methods. Coding proceeded utilizing the constant comparative method. Memoing was used within NVIVO to track the decision-making process. Intermediate, or focused coding (Charmaz, 2014) was then used to refine the initial coding structure and elevate the codes that best served to organize and represent the data. Charmaz (2014) describes this process as drawing out coding structures that "had more theoretical reach, direction, and centrality and treating them as the core" (p. 141). In the advanced, or theoretical coding phase, the researcher identified themes emerging from the data and the coding structure. The emergent themes represented the ultimate takeaways from the interview data. The themes were examined for their interrelationships, particularly as they related to the shared perceptions of similar events within the lives of the participants and their wider narrativization within their life-courses. The second author of this manuscript acted as a second coder, and the same thematic structure was elicited in the secondary coding process.

Researcher Positionality

The primary researcher is a Black male who is a former gang member who was formerly incarcerated for a period of 10 years. He has since completed two master's degrees and a doctoral degree and has served formerly incarcerated Black men participating in a program delivering job skills readiness, cognitive behavioral therapy, and social services to promote post-release community integration and to reduce risk of recidivism. This author designed the study and carried out the interviews and the initial coding of all data. The primary researcher engaged in several techniques to support "bracketing," or epoche, in order to reduce the influence of personal experience on the interpretation of the narratives of participants. The second researcher is a white woman experienced in qualitative research methods, and her role was to act as a second coder and to contribute to presentation of findings.

Human Subjects Protections

The study was reviewed by the University IRB. Subjects participated voluntarily and provided informed consent. The IRB granted a waiver of documentation of informed consent. Copies of consent forms were provided to potential participants at the time when the study was introduced to them, and the consent form was read to participants at the beginning of each recorded interview, and subjects verbally consented at that time.

Results

The results are presented in several parts. First, the findings emerging from descriptive analysis of the two quantitative instruments (the ACE-Q and the PCL-5) are presented.

These findings are interpreted relative to normative data. Qualitative data are presented as organized by theme. A total of five themes emerged, and each of these is described and substantiated with exemplar statements offered by participants.

Quantitative Data

Table 1 reflects the number and percentage of respondents endorsing each ACE item.

Table 1. *Frequency of Endorsement of ACE Items*

Item	Yes [n (%)]
Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you OR Act in a way that made you afraid you might be physically hurt?	12 (92.3%)
Did a parent or other adult in the household often push, grab, slap, or throw something at you OR Ever hit you so hard you had marks or were injured?	13 (100%)
Did an adult or person at least 5 years older than you touch or fondle you or have you touch their body in a sexual way OR Try to actually have oral, anal, or vaginal sex with you?	8 (61.5%)
Did you often feel that no one loved you or thought you were important or special OR Your family didn't look out for each other, feel close to each other, or support each other?	12 (92.3%)
Did you often feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect you OR Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	12 (92.3%)
Were your parents ever separated or divorced?	6 (46.2%)
Was your mother or stepmother Often pushed, grabbed, slapped, or had something thrown at her OR Sometimes or Often kicked, bitten, hit with a fist, or hit with something hard OR Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	13 (100%)
Did you live with someone who was a problem drinker or alcoholic or who used street drugs?	13 (100%)
Was a household member depressed or mentally ill or did a household member attempt suicide?	10 (76.9%)
Did a household member go to prison?	10 (76.9%)

Table 1 represents extraordinarily high levels of ACE scores. The total number of ACEs ranged from 7 to 10 with an average of 8.38 and standard deviation of 1.3. Yao et al. (2022) utilized the ADD Health data to examine ACEs by region. Yao et al. indicated that, overall, only 3.8% of people had four or more ACEs.

The PCL-5 scores ranged from 9 to 18 with a mean of 14.5 and standard deviation of 2.4. This mean is exactly the same as that reported by Valdez (2021), although she noted a higher degree of variation and more participants scoring positively for PTSD. Most items were either not endorsed or endorsed as "a little bit." The strong exception was the item, "Being 'superalert' or watchful or on guard." All respondents endorsed this item at either "Moderately" or "Quite a bit." Other stand-out items included "Irritable behavior, angry outbursts, or acting aggressively" with 46.2% of respondents endorsing the item at "Moderately." An identical pattern occurred for the item, "Taking too many risks or doing

things that could cause you harm." In addition, 38.5% of respondents indicated they were having either "Moderate" difficulty or "Quite a bit" of difficulty concentrating. Given a suggested cut-point range of 31 to 33, none of the respondents indicated symptomatology severe enough to suggest PTSD. One person scored positively to the Intrusions subscale. No one scored positively for the Avoidance subscale. One person scored positively for Negative Alterations in Cognitions and Mood. However, every single respondent scored positively on the Arousal subscale (two items scored at "Moderately" or higher for Criterion E). Thus, while the range of symptoms necessary for a PTSD diagnosis was not demonstrated, a prominent pattern of arousal was noted among respondents.

Qualitative Data

A total of five themes were identified through the close engagement with the qualitative data. The themes include Exposure to Trauma (which includes two sub-themes: Early Exposure and Ongoing Exposure); Numbing; Role of Gangs; Experiences in Jail; and Recommendations. These themes were, to a degree, consistent with the broad topics that formed the basis for the semi-structured interview questions, and yet they departed from those topics in some ways as well. In order to protect the identity of our respondents, we intentionally do not provide demographic attributes with their comments—this was an important feature of building rapport and trust with participants as well as adhering to our IRB requirements.

Exposure to Trauma

Despite the fact that all respondents endorsed items pertaining to child physical abuse and witnessing domestic violence, for the most part, respondents recalled their childhood homes fondly. Exceptions did occur, as with one respondent who indicated, "I want to say like a three-bedroom apartment…we had like fifteen people in there you know how we doing…it was all cousins, aunties, and uncles and them. All that."

> *My mama passed when I was seven so then I moved in with my grandma…they already took care of their kids they ain't really have time for us like that you know what I'm saying so.. we fell off into the madness me and my brothers and all of us…we was barely living you know I'm saying…there really wasn't no love.*

However, while several respondents indicated they were not aware of their neighborhood characteristics when they were very young, every single respondent characterized their neighborhood growing up as rough. For instance, one respondent described the neighborhoods as, "Shit, trenches. Well, to put it better ghetto. People running the streets, crackheads in front of the store type stuff." Another indicated, "…grew up in (neighborhood name), (neighborhood name), around there it was tough. We've got gangs, drugs, violence every way you look– up, down the street. It was– it was, it was home though." "I grew up in a project-ass neighborhood – abandoned, drug infested…project was rough you know, you used to – you got to survive, you know what I'm saying, we had to…steal to survive." "…five, six years old…they was on their gang shit real hard, so they

was teaching us that…so that was the culture…that…played a big role, you know what I'm saying in my upbringing."

Participants also indicated that, as they became older, they became aware of and drawn to gang activities.

> *I turned ten, eleven, twelve years old…I wanted to start doing…what I think the older guys and neighborhood doing you know? I started paying attention to it...I ended up hanging with the older cats, you know doing errands…holding this and holding that…like – it started off something small…like when it trickled off toward guns and like stealing cars, I think I was twelve, thirteen at the time. I was twelve when I...I like, got my first gun.*

Within the trauma theme, exclusive of neighborhood descriptions, two sub-themes emerged. One related to early trauma. These were events related by respondents that seem to serve as seminal events that created strong emotional reactions and memories and that had significant developmental impact. In most cases, individuals related witnessing violence, although rarely they also related experiencing violence directly.

> *My older cousin– you might know my older cousin he got killed, he got killed on (location). He used to be– he used to always be hanging in the projects…well he got killed, he got killed. He got killed on (location). Well, they shot him on (location). And he ran to the house. They shot him off and then he ran to the house. And…like, man, that was messed up. Because he was bleeding like a motherfucker, man. And he made it though. He made it to the house though. That's– before he died he made it. I was, I was hurt man. I was hurt man. That was my motherfucker– I looked up to him...He was rough but he wasn't like that not for no motherfucker to kill him. He wasn't like that. And they killed him.*

> *I had an uncle – at that time I was like six years old…I was in the car with him…his girl gets up out the car…she went in the house to go do something…he was like man go help her do something I went in with her…we heard all type of gunshots so and she told me to go get into the tub…you just heard like [imitates car screech]..so when we ran out, you know my uncle's car was like right up the street and like somebody pulled up on the side of him and just shot him but he tried to get up out of there and he kept hitting cars and he just – he died like right there in the street. I felt like – I felt like – I feel hurt, like, I didn't feel like I can…I can't trust nobody now.*

Participants also discussed personal experience of violence later in life, in part due to association with gangs or due to interaction with police. Witnessed violence during that time was also discussed. Trauma related to being incarcerated was also related and will be covered in that theme.

> *I've been shot before, that traumatized me. When I…hear like, "pop" or anything, I'd be aware of it and over alert. I took, I started doing xans around that time…like the drugs helped me with my problems…I got, I got a bad addiction…*

I got hit (shot) 10 times but one bullet hit me twice because it went in my shoulder came out the top and hit me in my neck and stayed in my neck like 18 months…What woke me up was an incident I had at (name of project)…like, I could have lost my life in them buildings and I'm here to tell the story why so many men ain't make it out them buildings.

Numbing

When asked how their experiences with trauma had affected them, a number of respondents indicated that they felt nothing. This was in some cases because they thought the violence was justified, and in other cases it was because they had become inured to it. In a minority of cases, participants indicated they were drawn to the violence.

Yeah, I seen it. I seen a lot of shit. I want to forget it, what I've seen. Yeah, yeah…I was like man after a while after seeing it so long, I became numb to it…a lot of times you could give me like, a shot like a gunshot…I'd jump, shit…but now I got better with that I don't do that no more because I'm used to it.

When you living this life like that it's best to keep that – it's best to leave that shit out because you've got to realize you're dealing with drugs, gangs, and all this other stuff so it's best to leave that shit out unless they catch you for it, if they don't catch you for it, fuck it, it's on to the next one. When they catch you for it, then you go, "Ah, damn, they got me."

I ain't gonna – I really ain't had no feeling at that time. It was like, I was numb to it because by this time I knew death, you feel me?

…this was what I was trained on the streets to do, how to go about things…to be able to experience things like that it's like, man fuck I'm gonna go get high, I'm gonna go get with my girl, I'm gonna go out to eat, or I'm gonna go get me some new shoes. I ain't thinking about that.

I mean, it was normal…like the crime I committed to me, was normal. Like I had no remorse and none of that…I used to always tell myself if I can go back and change what I did would I do it? And I told myself nope.

I have to fight even more every day…I ran at first because it kind of got to me, but it's like, every time I fought it's like sharks to blood. I wanted more...first I would…run…hoping that don't anybody bother me or chase me. Then it got to the point I wished they would.

Impact of Gang Involvement

Participants were asked about their involvement in gangs and their response to the fact that some people say gangs are like families. All participants indicated they had been involved in gangs, and they agreed with the idea that gangs were like families. Several of the participants indicated that the gangs had provided for them when they were in need. Several indicated that gangs, at one time, had positive influences upon neighborhoods by

creating expectations for prosocial behavior such as going to school and caring for the elderly. Several also indicated that the nature of the structure and activity of gangs has changed, that younger members are now exerting influence over gang structure and behavior and that, since this change, the gangs have become more unrestrained. The respondents expressed misgivings about these changes ("…and the gang ain't the same no more because what they doing now is like totally crazy…")

> *I went to the gangs because I had no father figure in my life you feel me, like a father figure. So I went to the gang for that purpose, you know, a brotherhood, you know, somebody to look up to but you know, as you get into it, and you learn more about it…it be what it be.*

> *It do become a family, it become like that, like it's an organization but we as one…this generation right here, I don't like this generation of gangbanging. I like the old generation…all y'all go to school all y'all can't be out during these hours…right now it's like, there's no remorse. Nobody, don't nobody care.*

Impact of Incarceration

When asked about their experiences of incarceration, participants related narratives that diverged. Some participants remained affiliated with gangs in carceral settings, and some did not. Some described having been engaged in fighting, sometimes being placed in seclusion, and others did not. Some related significant exposure to violence in jail or prison, and others did not. Many related material hardship and deprivation, including the consequences of withdraw from substance use. Many discussed the negative impacts of incarceration on their lives, particularly on their relationships with their children. The majority of the respondents indicated that their incarceration was justified or earned – "I mean, shit I reap what I sow. I know what I did. I know what I put myself into." One surprising finding was that several of the respondents felt that their incarceration produced positive consequences for them in terms of allowing the opportunity to consider how their life course had resulted in incarceration and what they wanted for themselves after release.

> *…when I first went there was violence, n…s fucking n…s all type of shit, you know what I'm saying. When I was in (location), n…s was hanging themselves, they had n…s throwing shit on the officers, they'd go in there, fuck them up, they'd come with the hoses, spray them with the hoses and all that shit. Yea, I've seen all that (the participant indicated things had improved since that time).*

> *I have been on a lot of – not a few – I've been on like, I can count on two hands I've been…in different joints or whatnot…I done got stabbed three times…it's so I always felt like hey man, I don't ever have good luck. And I always felt like man, by the time the end of my bid come, I ain't gonna make it – something's gonna happen and I ain't never gonna see the outside of this world again.*

> *My kids, me and my daughter got disconnected so bad for me being locked up and stuff…then like, with my other kids I love them in depth, but it's hard for me to bond because I never get a chance to bond with my other kids…you know what I'm saying because man it's rough. It's really rough.*

It messed me up but I can say it was like a gift and a curse, because I went to jail and…and I got to reading and I found (religious faith) in jail…I developed a conscience you know something I didn't have and it made me want to do stuff different.

…it made me distanced from a lot of people…but the good thing it taught me, when I get out of here man, I'm gonna make something of myself. So I won't be in this position again, and make better choices and make better decisions…and the positive things I'm learning about jail is to like, actually care about someone…I actually understand.

Participant Recommendations

Participants appeared surprised to have been asked for their recommendations to end violence in the community, and initially they sometimes seemed not to understand the question. Once they understood the question, they still sometimes initially hesitated. Answers offered presented a range of potential programmatic responses. Several of the responses pertained to developmental opportunities and structure for youth. One area of emphasis in these responses had to do with the concept of early intervention – this represented the idea that social responses needed to focus on experiences of children and youth. Additional areas of emphasis included jobs and counseling. A few responses had to do with outreach to the gangs themselves and pertained to community organizing. One participant advocated for gun control ("Take all the guns away and let's see who could fight with these motherfuckers, take away all the guns and let's see who can fight").

…more programs like (program name), you now, more programs to open our minds and see things for the bigger picture…and teenagers…. instill the morals into them…as far as the generation up under 10, the children who was soaking up everything like a sponge…building their personalities before they reach (those) teenage (years) – I feel like we should reach them – make that a priority because if we don't reach them the cycle will continue, you know?

…young people have too much time on their hands…my grandma used to say that TV is the devil's eyeball so now there's social media…And, you know…they have no order, and when you have no order, it breeds chaos…so I believe at some point in time that if you don't get a hold on it, it's just gonna spread like wildfire…Open up centers again for the youth…with people who actually care we can catch the kids while they young before they grow up and let all this other stuff influence them.

Giving up more jobs, more opportunities, get more people off the streets, get more kids, more like, places to be like more programs for children so they can be off the streets, better schooling, basketball, more careers, more job opportunities…I feel like that the violence needs to stop now.

More, more jobs…like decent paying jobs too. Because…don't you know, it's a brother already was…at a certain level in his life…he's not gonna want to do that. Why would a person you know, step down, you feel – you understand what I'm

saying? (meaning, jobs created would have to offer compensation competitive with what people are already earning in order to incentivize people to change)

You know what I'm saying, I believe a lot of people need…therapy, honestly…because the shit that people go through in the hood is so much that you can't do nothing but just push it out. Because people who live with it every day become drunks, they become drug addicts, do all that. I mean, shit, people don't got no money right now, you know what I'm saying, people need shit…it's the young people who really going through the most of it…I mean…they don't know how to deal with all the shit that they doing. I mean shooting, jacking, all that shit.

I think they need to bring the people…committing the crime in the community, I think they need to bring these guys together…somehow find a way to bring these guys together, and to…let (them) understand, no, like, man, there's a lot of stuff going on. And…there's…nothing positive coming out of what you're doing. You know what I'm saying, y'all got kids…killing kids…I just saying I think you need to get the gangs…involved though. Get them involved in, in trying to change the community – if they get involved in trying to change the community, they'll feel more better…you know what I'm saying…there's too many innocent kids getting killed and they ain't even a target.

Discussion

Review of Findings

The findings suggest that the participants have been exposed to high rates of trauma. The average ACE score was 8.38. Over 76% of Americans have only one ACE. The prevalence of certain types of trauma, including childhood physical abuse, witnessing domestic violence, and living with someone with a drug or alcohol problem was 100%. Participants described their neighborhoods as profoundly affected by gun violence, other forms of violence, gang presence, drugs, and poverty. Participants described in detail having witnessed violent injuries and deaths at very young ages. Participants indicated they had felt gang pressures as early as the ages of five or six and that they had participated in drug trade activities, stealing cars, and holding guns as early as age twelve.

Nearly all participants described cognitive strategies for distancing themselves from the impact of their experiences. They described justifying their actions as necessary to secure justice for deaths of family members and or gang affiliates, whom they also described as familial. They also described desensitization to violence, indicating that what had unnerved them at one time had become commonplace. They described learning how to block undesired thoughts in order to control anxiety. Several indicated that they stopped trusting others. A few mentioned controlling their reactions with drugs. In many respects, these strategies appear to have been successful. No participant identified symptoms rising to the level of PTSD. None of the participants demonstrated a clinical level of symptoms on the Intrusions, Avoidance, or Negative Alterations in Cognitions and Mood criteria. However, 100% of participants endorsed items on the Arousal subscale in a manner that

arose to clinical significance. Moreover, only one respondent described having no problems with sleep.

Participants described a number of dynamics leading to gang involvement, the most common of which was absence of a father figure. Participants also described noticing gang involvement in their communities and becoming intrigued and wanting to become like the older boys and men in their communities. While they described gangs as families, they also in several instances conveyed that they had felt resigned to the inevitability of gang involvement and that they sometimes felt betrayed or abandoned by their fellow gang members. Their imprisonment brought about a wide variety of losses including financial losses, loss of home, and loss of connections to families, particularly children. Surprisingly, some participants found the period of their incarceration to be an opportunity for self-examination and commitment to change.

Research Questions

Participants were quite clear with regard to the impact of trauma on their lives. They were aware of their sources of trauma and characterized these primarily as community violence and interpersonal violence experienced in gang-related encounters. They also discussed their exposure to violence in carceral settings. Participants were also very clear about the impact that this exposure to trauma had on them and were aware that they were consciously avoiding processing their trauma experiences. What was not as prominent as expected in their answers was an awareness of a causal relationship between exposure to trauma and the gun violence and other violent crimes that led to the participants' incarceration. The participants did discuss in detail the circumstances leading up to their arrests, but they tended to characterize their arrests as the result of happenstance. No clear, common threads were associated with the narrativization of these events, and the trauma histories that participants so clearly conveyed did not figure in to their attributions concerning arrest. Specifically, the participants did not attribute their crimes or arrests to their trauma histories or appraise trauma as a factor predictive of crime. The participants were at first somewhat tentative in their responses to questions about what should be done to prevent crime; the sense was that they may not have been asked this question in the past. However, all participants contributed to this dialogue, offering a range of proposals with a predominant theme of early intervention.

Implications for Social Work Policy, Programs, Practice

The results of this study are significant in several regards. The population represented here is one that may not adequately be represented within existing literature. To win the trust of men who have experienced trauma, sometimes at the hands of authorities, and to enable them to share their personal experiences openly is not easily done. Engaging with this population creates a means for sharing the authentic voices of those who have been most affected by gun violence and other forms of violent crime as well as those who have been primary perpetrators of such crimes. Seeking their perspectives is necessary in order to instruct and inform public discourse concerning gun violence and violent crime in America. Finally, creating a clearer understanding of the life experiences of those who

experience multiple arrests, convictions, and incarcerations can help promote informed thinking about the developmental experiences that underlie gun violence and other violent crime and can create a more contextualized basis for decision-making concerning policy and programs to address these concerns.

Participants expressed a range of concerns about their communities when discussing their own early histories, and they discussed the need for community-based and youth-focused interventions when asked about how to deter future, violent crime. Their concerns are borne out by other forms of evidence. James et al. (2020) utilized data from the Gun Violence Archive and the Fragile Families and Child Wellbeing study to demonstrate that 21% of adolescents overall live or go to school within 500 meters of a prior-year deadly gun violence incident. The rate of exposure differs markedly by race and ethnicity and poverty with nearly 50% of poor, Black children and only 2% of middle-to-high income white children exposed to gun violence in this manner (James et al., 2020).

The strategies that participants offered as remedies for the violence they had seen and had perpetrated did not diverge from the types of social remedies often proposed for community violence. For instance, a qualitative study by Parsons et al. (2023) also found that recommendations of community members to deter gun violence included community based mental health services and youth activities. Participants indicated that a range of types of programs would be necessary to address the complex and multiply-determined problems faced by communities. They identified needs for jobs and for adequate income in order to allow parents to work less and to be available to adequately supervise their children. They identified needs for better educational opportunities. They identified needs for community-based programming, or centers, where children and youth could go and where they would be constructively engaged. They specifically identified a need for intervention that would take place with young children. They indicated that gang members themselves should be enjoined to engage in community organizing. Finally, several participants cited counseling as a critical need in their communities.

This study, while representative of only a limited sample, can serve as a call to social work to continue to engage, or to re-engage, with communities with known needs. Research suggests social workers are eager to engage in gun violence prevention efforts (Sperlich et al., 2022). Failure to engage in evidence-informed investment in these communities has resulted in substantial cost in the quality of the lives of individuals and families as well as substantial public health costs. Several individuals described observations that the problems are getting worse, not better. In the words of one participant, "…the violence needs to stop now."

Limitations

This study is subject to several limitations. First, the sample size is small, and the sampling frame was very specific. All of the participants were participants in a program offering cognitive therapy and jobs skills development opportunities. Thus, while the participants had participated in gangs, had multiple arrests, had perpetrated gun violence as well as other forms violent crime, and had been incarcerated, they were all men who had decided to make a change in their lives. They may or may not represent others who are

similarly situated. Reports are, however, that these programs are not able to serve all those who would like to participate and that many community members are eager for the kinds of opportunities that the programs may offer. Thus, the sample might bear more similarity to the community at large than initial review would suggest.

An additional limitation is found in the fact that the analysis of the qualitative data was an inherently subjective experience. Because the first author of this manuscript has personal experiences that are similar to those of the participants, imparting some risk for misperception of subjects' meanings, specific attention to bracketing, or epoche, was needed. The second author also examined and analyzed all of the data, and the remainder of the committee also offered supervision and guidance.

Implications for Future Research

One intriguing finding from the research relates to the fact that, while none of the respondents scored positively for PTSD, they all scored positively for arousal symptoms. Possibly, avoidance is simply infeasible in the settings in which participants live, and the cognitive strategies they have described for managing their experiences prevent intrusion symptoms or alterations of cognition and mood. Nevertheless, consequences of consistently suppressing thoughts of and emotional responses to traumatic events are likely to be present, if unrecognized. Further exploration could elucidate these mechanisms. Similarly, several participants cited cognitive therapy as a valued resource and one they recommended for their communities. Examination of the right form of therapy for addressing the symptoms of people with lifelong, intense exposure to trauma through a wide variety of vectors is an important clinical priority for social work. Finally, participants discussed the need for additional community-based programs to prevent crime by proactively engaging youth and by providing adults with access to jobs. Additional needs assessment and research concerning program delivery and outcomes is necessary to inform decision-making concerning program development and implementation in order to address the needs of community members.

References

Aebi, M., Bielas, H., Barra, S., Skrivanek, C., Steinhausen, H. C., Bessler, C., & Plattner, B. (2016). The associations of cumulative adverse childhood experiences and irritability with mental disorders in detained male adolescent offenders. *Child and Adolescent Psychiatry and Mental Health*, *10*(1), 1-10.

Anderson, E. (1999). *Code of the street: Decency, violence and the moral life of the inner city*. W. W. Norton.

Bruskas, D. (2013). Adverse childhood experiences and psychosocial well-being of women who were in foster care as children. *The Permanente Journal, 17*(3), e131-e141.

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Sage.

Chicago Police Department. (2021). *Chicago Police Department 2020 Annual Report*.

Cresswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed method research.* Sage.

Dong, M., Anda, R. F., Felitti, V. J., Dube, S. R., Williamson, D. F., Thompson, T. J., Loo, C. M., & Giles, W. H. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect*, *28*(7), 771-784.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1-4.

Federal Bureau of Investigation. (2019). *Crime in the U.S. 2019*. United States Federal Bureau of Investigation. Author.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V. E., Koss., M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine, 14*(4), 245-258.

Gilman, A. B., Hill, K. G., & Hawkins, J. D. (2014). Long term consequences of adolescent gang membership for adult functioning. *American Journal of Public Health, 104*(5), 938-945.

Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine.

Government Accountability Office. (2021). Firearm injuries: Healthcare service needs and costs. Author.

Gramlich, J. (2023, April 26). *What the data says about gun deaths in the U.S.* Pew Research Center.

Gray, M. J., Pumphrey, J. E., & Lombardo, T. W. (2003). The relationship between dispositional pessimistic attributional style versus trauma-specific attributions and PTSD symptoms. *Journal of Anxiety Disorders*, *17*(3), 289-303.

Hochstetler, A., Murphy, D. S., & Simons, R. L. (2004). Damaged goods: Exploring predictors of distress in prison inmates. *Crime & Delinquency*, *50*(3), 436-457.

James, S., Gold, S., Rouhani, S., McLanahan, S., & Brooks-Gunn, J. (2020). Adolescent exposure to deadly gun violence within 500 meters of home or school: Ethnoracial and income disparities. *Health Affairs, 40*(6), 961-969.

Kerig, P. K., Chaplo, S. D., Bennett, D. C., & Modrowski, C. A. (2016). "Harm as harm" gang membership, perpetration trauma, and posttraumatic stress symptoms among youth in the juvenile justice system. *Criminal Justice and Behavior*, *43*(5), 635-652.

Leverso, J., & O Neill, K. K. (2021). Youth gangs and victimization: An investigation of the impact of gang dynamics on experiences of victimization. *Deviant Behavior, 1*(1) 1-17.

McGrough, M., Amin, K., Panchal, N., & Cox, C. (July 18, 2023). Child and teen firearm mortality in the U.S. and peer countries. KFF.

Parsons, A., Harvey, T. D., Andrade, S. D., Horton, N., Brinkley-Rubenstein, L., Wood, G., Holaday, L. W., Riley, C., Spell, V. T., Papachristos, A. V., Wang, E. A., & Roy, B. (2023). "We know what's going on in our community": A qualitative analysis

identifying community assets that deter gun violence. *SSM – Qualitative Research in Health, 3*, 1-7.

Pyrooz, D. C., & Sweeten, G. (2015). Gang membership between ages of 5 and 17 years in the United States. *Journal of Adolescent Health, 56*(4), 414-419.

Quinn, K., Pacella, M. L., Dickson-Gomez, J., & Nydegger, L. A. (2017). Childhood adversity and the continued exposure to trauma and violence among adolescent gang members. *American Journal of Community Psychology,* 59(1-2), 36-49.

Richardson Jr, J. B., Brown, J., & Van Brakle, M. (2013). Pathways to early violent death: The voices of serious violent youth offenders. *American Journal of Public Health*, *103*(7), e5-e16.

Ross, L., & Arsenault, S. (2017). Problem analysis in community violence assessment: revealing early childhood trauma as a driver of youth and gang violence. *International Journal of Offender Therapy and Comparative Criminology, 62*(9), 2726-2741.

Sperlich, M., Logan-Greene, P., & Finucane, A. (2022). "If not us, then who?": Frontline social workers' perspectives on gun violence. *Journal of Evidence-based Social Work, 19*(1), 77-97.

Ternes, M., Cooper, B. S., & Griesel, D. (2020). The perpetration of violence and the experience of trauma: Exploring predictors of PTSD symptoms in male violent offenders. *International Journal of Forensic Mental Health*, *19*(1), 68-83.

U.S. Department of Veteran's Affairs. (n.d.). PTSD checklist for DSM-5. PTSD: National Center for PTSD.

Valdez, C. (2021). Posttraumatic distress and treatment barriers among former gang members: Implications for improving access to traumatic stress resources in marginalized populations. *International Society for Traumatic Stress Studies, 34*(1), 309-321.

Wamser-Nanney, R., Nanney, J. T., Conrad, E., & Constant, J. I. (2019). Child trauma exposure and gun violence risk factors among victims of gun violence. *Psychological Trauma: Theory, Research, Practice, and Policy 11* (1), 99-106,

Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). *The PTSD Checklist for DSM-5 (PCL-5) – Standard* [Measurement instrument]. U.S. Department of Veteran's Affairs.

Wolff, N., Blitz, C. L., Shi, J., Siegel, J., & Bachman, R. (2007). Physical violence inside prisons: Rates of victimization. *Criminal Justice and Behavior, 34*(5), 588-599.

Yau, M. Y., Ge S., Moss, H. B., Cooper, T., Osei, A., Ijeaku, I., & Deas, D. (2022). Regional prevalence of adverse childhood experiences in the United States using a nationally representative school-based sample. *SSM Population Health, 19*, 1-7.

Author note: Address correspondence to Christina Bruhn, School of Social Work, Aurora University, Aurora, IL 60506. Email: cbruhn@aurora.edu