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Gang Membership and Subsequent Engagement into a Drug Free Therapeutic Community

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ABSTRACT. The purpose of the present study was to assess the relationship of history of gang involvement to engagement in Therapeutic Community (TC) treatment. Residents (N = 222) at two Daytop facilities completed a survey assessing sociodemographic characteristics, prior gang involvement and multiple aspects of TC functioning. Residents with prior gang involvement (21%) were younger and less educated than those without prior gang involvement. Although gang involved residents were more likely to achieve a high work role status in the program they scored lower on multiple indicators of engagement in treatment including acceptance of Daytop philosophy and TC clinical progress. doi:10.1300/J465v28n02_05 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Gang membership, therapeutic community engagement

INTRODUCTION

The purpose of the present study was to assess aspects of program engagement including work role status and clinical progress among members of a residential Therapeutic Community (TC) in relation to history of gang membership, sociodemographic characteristics, and criminal justice system involvement. Facilitating patient engagement in a group based treatment modality such as a TC can pose special challenges in clinical management for staff when the program includes members with a history of gang involvement. It is estimated that two-thirds of DTAP (Drug Treatment as an Alternative to Prison) enrollees in residential TC

treatment in Daytop Village and Samaritan Village were gang members (1).

A gang has been defined as "a group of three or more individuals who engage in criminal activity and identify themselves with a common name or sign" (2). In a nationwide survey of police agencies, 53% of respondents indicated that serious gangs were present in their community and 43% reported that gangs in their city had expanded into other jurisdictions, including "suburban communities" (3). Different types of gangs have been described from street youth gangs to gangs operating within the prison system. Fagan (4) interviewed 151 street gang members in three inner-city "high crime" neighborhoods and found that the prevalence of drug

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use within a gang was related to collective gang crime. Gangs operating within the prison system may have originated in the prison or are street gangs imported into the prison system (5). The findings from a survey of inmates in adult state correctional institutions conducted by the National Gang Crime Research Center indicated that the prevalence of gang membership increased from 9.4% to 24.7% among men and 3.5% to 7.5% among women from 1991 to 1999 (6). Rival gang members within the same program may threaten the safety and security of the TC similar to what has been documented in the correctional system.

In a recent national survey of prison gangs conducted with prison officials, the majority of respondents believed that inmates were joining or being recruited into a gang while incarcerated and that the prison experience served to increase affiliative ties to the gang (5). According to the TC model, social affiliation with the drug-free peer community is the basis for members initiating therapeutic change in behavior, attitudes, and beliefs (7). It is important to assess how gang involvement may influence adaptation to treatment because gang members' primary allegiance may be to the gang resulting in their having greater difficulty affiliating with drug-free peers and in adhering to the group norms within the TC.

MATERIALS AND METHODS

Institutional approval to conduct this study was obtained from Daytop and residents at two Daytop facilities in upstate New York were approached. The residential TC facilities are located in upstate New York and are set on large tracts of land in country-like settings. All residents who were at each facility at the time the survey was administered agreed to complete the questionnaire (i.e., 113 residents at the Swan Lake Facility and 109 residents at the Parksville facility). All 222 participants were involved in TC treatment as part of a treatment program for alcohol or illicit substance abuse or dependency related disorders. A one-time, cross-sectional survey was administered in a group setting at each site, and participants were asked to complete an anonymous questionnaire in September of 2004. Residents were in-

formed by one of their peer leaders and by one of the authors (GB) that the information would be collected anonymously and that the overall purpose of the study was to assess those aspects of the TC which might be improved. Residents were informed by both the Medical Director of the TC and a peer leader that their responses would have no bearing upon the course of their treatment.

The 150-item questionnaire assessed socio-demographics, criminal justice system involvement, gang membership, attitudes towards treatment and multiple aspects of TC functioning. The major focus of the present study is to assess the relationship between gang involvement and TC functioning. The questionnaire contained items assessing relevant background characteristics including age, gender, religion, highest level of education attained, marital status, ethnicity, history of criminal convictions and incarceration, legal status (i.e., mandated to Daytop vs. not), and primary substance of abuse/dependence. Regarding prior gang involvement, residents were asked to indicate if they had ever been a gang member and underwent a gang initiation with respect to each of the following gangs: "Bloods," "Crips," "Latin Kings," "Netas," "MS13s" (also known as Mara Salvatruchas) and "other" gangs. Two other items assessed perceptions concerning gang related violence by asking residents whether they themselves and their family members/friends had ever been the victims of gang-related violence.

Major aspects of TC functioning included psychological adjustment, acceptance of Daytop principles, TC client progress, and work role status. Psychological adjustment was assessed in terms of three dimensions of emotional distress: anxiety, depression, and hostility. The depression (6 items) and anxiety (6 items) subscales from the Brief Symptom Inventory (BSI) were included in the questionnaire (8). In addition, a 24-item version adapted from the original Buss-Durkee Hostility Inventory (9) was administered which yielded a global measure of hostility. The anxiety (Cronbach's $\alpha = 0.78$), depression (Cronbach's $\alpha = 0.87$), and hostility (Cronbach's $\alpha = 0.73$) measures had adequate internal consistency.

Acceptance of Daytop principles was assessed by a five item measure developed in our

previous research (10). Sample items include "Daytop offers a program for drug addiction that is just right for me," "If I am having trouble being helped by Daytop, it is because I am not applying myself," and "If I could apply the Daytop method more effectively, I would handle life better." Residents rate each of the items on a 5-point Likert-type scale with 1 indicating "not at all" and 5 indicating "very much." Items are summed such that the highest possible score is 25 and higher scores reflect greater acceptance of Daytop principles. The internal consistency for the measure of acceptance of TC principles in the present Daytop sample (Cronbach's $\alpha = .78$) is comparable to that reported in our previous research (10).

Therapeutic Community client progress was assessed by the Client Assessment Survey—(11), an instrument containing 14 items tapping potential areas of change relating to lifestyle, psychological functioning, and program engagement consistent with the TC view of developmental recovery. Items are rated on a 5-point Likert scale from 1 = "strongly disagree" to 5 = "strongly agree." Sample items included "I still have the attitude and behaviors associated with the drug/criminal lifestyle," "I am able to identify my feelings and express them in an appropriate way" and "I feel an investment, attachment, and stake in the program." Items are summed such that the highest possible score is 70 and higher scores reflect greater TC client progress. Cronbach's α for this scale was found to be 0.88.

Another aspect of TC functioning relates to the resident's work role assignment. Within the TC, the work assignment not only represents the work needed to maintain the program's daily operations but also serves as a therapeutic tool to promote development of skills, adoption of values consistent with a positive work ethic, and personal stake in the community (7). The range of work roles varies from general workers to ramrods who perform duties within a particular crew such as kitchen, dining, or carpentry service to those roles associated with some degree of informal authority including expeditor, coordinator, and department head. Expeditors are typically residents who have demonstrated a good understanding of the program structure and expectations and are responsible for monitoring residents' adherence to program

rules. The role of coordinator is the highest ranking management position. Coordinators directly supervise expeditors and assist treatment staff in managing the community. Department heads represent the highest ranking resident job function within a specific area of work and are responsible for effectively solving the problems that come up for their crews during skill and task training. A suspension of work role position referred to as shot down may occur if the resident commits a rule infraction. Advancement in the TC work hierarchy depends on the resident being able to take responsibility, to demonstrate initiative, to cooperate with residents and staff and to manage problems effectively.

DATA ANALYSIS

A series of bivariate analyses were conducted to assess the relationship of gang membership to four sets of variables: (1) sociodemographics (i.e., age, gender, religion, education, marital status, ethnicity, substance of abuse/dependence), (2) criminal justice system involvement (i.e., prior criminal convictions, history of incarceration, legally mandated to treatment at Daytop), (3) perceptions of gang related victimization (i.e., personal and family members/friends) and (4) TC functioning (i.e., emotional distress dimensions of anxiety, depression, and hostility, duration of treatment, acceptance of Daytop principles, TC client progress, and work role status). Chi-square/Fishers Exact Tests were conducted for categorical variables and ANOVA tests were performed for continuous variables. Data were analyzed using the Statistical Package for the Social Sciences (SPSS), Version 13 (SPSS, Inc. Chicago, IL).

RESULTS

Sociodemographic/Background Characteristics

The number of subjects for whom data were available varied from 209 to 222 based on the pattern of missing data and is indicated within parentheses. The sample of TC residents was predominantly male (88%, 193/219), single

(71%, 155/218) with a mean age of 34.9 (SD = 9.3, $n = 210$). The race/ethnicity distribution was 45% (94/209) African American, 32% (66/209) Latino/other, and 23% (49/209) white. With respect to highest level of education completed, 40% (85/215) had not completed high school (HS), 33% (70/215) had completed HS or obtained a GED, and 27% (60/215) had completed some college/graduate school. Religious affiliation was as follows: 45% (95/214) Catholic, 30% (65/214) Protestant, 15% (32/214) Muslim/other and 10% (22/214) none. The majority of residents had been incarcerated (81%, 180/222) and were mandated to TC treatment at Daytop (69%, 152/222). Prior criminal convictions included drug possession/sales (65%, 144/222), violent offenses, i.e., robbery, assault, homicide/manslaughter (37%, 82/222), theft (27%, 60/222) and weapons possession (14%, 32/222). The most frequently cited drug of use was cocaine/crack (39%, 86/220) followed by heroin/illicit opiates (21%, 46/220), marijuana/other (16%, 36/220), and other (24%, 52/220) consisting of alcohol (15%, 32/220), or other substances such as inhalants/combination of heroin and cocaine (9%, 20/220).

TC Functioning

The mean length of time in the TC program was 6.28 months (SD = 9.23, median = 5.0, $n = 220$). Because the distribution was extremely skewed, the number of months in treatment was collapsed into 4 categories: 1. < 1-3 months (22%, 49/220), 2. > 3-6 months (32%, 70/220), 3. > 6-11 months (37%, 82/220) and 4) > 11 months (9%, 19/220). Data on current work role status were as follows: 1. entry level position representing newcomers to the program (6%, 13/217), 2. shot down representing a suspension of work function secondary to a rule infraction (9%, 19/217) 3. ram rod/general worker (30%, 66/217), 4. expediter (11%, 24/217), 5. coordinator or department head (23%, 49/217) and 6. other (21%, 46/217). For purposes of further statistical analysis work role status was dichotomized as follows: expediter/coordinator/department head representing higher level status (34%, 73/217) versus all others (66%, 144/217).

Correlates of Gang Membership

Over one-fifth (21%, 48/222) of the sample indicated that they had been a member of a gang and/or underwent a gang initiation. Specific gang membership was as follows: Crips/Latin Kings/Netas (6%, 14/222), Bloods (5%, 13/222), and other gangs (10%, 21/222). Specific gang membership varied as a function of ethnicity with Crips/Latin Kings/Netas (64%, 9/14) more likely to be Hispanic and Bloods (77%, 10/13) more likely to be African-American ($\chi^2 = 10.84$, $p = .028$). Ethnicity was unrelated to any area of TC functioning (i.e., psychological adjustment, acceptance of Daytop principles, TC client progress, work role status). Particular gang involvement was unrelated to any area of TC functioning therefore the data was combined across particular gang membership in subsequent statistical analyses.

Gang members compared with non-gang members were more likely to report having been themselves victims of gang related violence (49% vs. 10%, $\chi^2 = 36.25$, $p = 0.0001$) and to have had family members/friends who were victimized (49% vs. 16%, $p = 0.0001$). Gang members were more likely to be younger (Mean = 30.7 years old vs. Mean = 36.1 years old, $t = 3.58$, $p = 0.001$), to not have completed high school (53% vs. 36%, $\chi^2 = 6.50$, $p = 0.039$) and to differ in terms of their drug of abuse/dependence (see Table 1). Residents with previous gang involvement were more likely to report marijuana as their substance of abuse (34% vs. 12%) whereas those with no gang involvement were more likely to report crack/cocaine (45% vs. 17%, $\chi^2 = 19.28$, $p = 0.001$). With regard to criminal justice system related characteristics, gang members were more likely to have been convicted of weapons possession (27% vs. 11%, $\chi^2 = 7.73$, $p = 0.005$) but were comparable in terms of other criminal convictions, history of incarceration, and mandated treatment status. Finally, residents with a history of gang involvement differed from non-gang members with respect to multiple aspects of TC functioning. Those with a history of gang involvement compared with those without prior gang involvement were more likely to hold an upper level position in the TC work hierarchy (48% vs. 30%, $\chi^2 = 5.26$, $p = 0.022$), to

TABLE 1. Relationship of Selected Subject Characteristics to Gang Membership

	Gang Member (N = 46-48) N (%)	Non Gang Member (N = 161-172) N (%)	Statistic (df)	
Background Characteristics				
Age*	30.70 (8.91)	36.12 (9.10)	t(208) = 3.58	p = 0.001
Gender			Fishers Exact Test	p = 0.301
Male	43 (91)	150 (87)		
Female	4 (9)	22 (13)		
Religion			χ^2 (3) = 2.07	p = 0.557
Catholic	18 (39)	77 (46)		
Protestant	13 (28)	52 (31)		
Muslim/Other	8 (18)	24 (14)		
None	7 (15)	15 (9)		
Education			χ^2 (2) = 6.50	p = 0.039
< High School	25 (53)	60 (36)		
High School/GED	15 (32)	55 (33)		
College/Grad School	7 (15)	53 (31)		
Marital Status			χ^2 (2) = 0.46	p = 0.796
Single	33 (72)	122 (71)		
Married/Living with Someone	7 (15)	32 (19)		
Separated/Divorced/Widowed	6 (13)	18 (10)		
Ethnicity			χ^2 (2) = 4.57	p = 0.102
Black	23 (48)	71 (44)		
Hispanic/Other	19 (40)	47 (29)		
White	6 (12)	43 (27)		
Substance of Abuse/Dependence			χ^2 (3) = 19.28	p = 0.001
Crack/Cocaine	8 (17)	78 (45)		
Heroin/Illicit Opiates	10 (21)	36 (21)		
Marijuana	16 (34)	20 (12)		
Alcohol/Other	13 (28)	39 (23)		
Drug Possession/Sales	31 (65)	113 (65)	χ^2 (1) = 0.01	p = 0.963
Violent Offenses	22 (46)	60 (34)	χ^2 (1) = 2.08	p = 0.149
Weapons Possession	13 (27)	19 (11)	χ^2 (1) = 7.73	p = 0.005
Theft	16 (33)	44 (25)	χ^2 (1) = 0.93	p = 0.334
History of Incarceration	41 (85)	139 (80)	χ^2 (1) = 0.39	p = 0.386
Mandated to TC Treatment	37 (77)	115 (66)	χ^2 (1) = 1.84	p = 0.175
TC Functioning				
TC Work Role Status			χ^2 (1) = 5.26	p = 0.022
Coordinator/Expediter/Dept:head	22 (48)	51 (30)		
BSI-Anxiety*	0.66 ((0.83)	0.77 (0.74)	t(190) = 0.80	p = 0.423
BSI-Depression*	1.07 (0.94)	0.87 (0.78)	t(193) = 1.45	p = 0.149
Buss-Durkee Hostility*	63.26 (12.32)	59.34 (10.31)	t(180) = 2.01	p = 0.046
Acceptance of TC Principles*	14.00 (6.28)	16.79 (4.86)	t(62) = 2.82	p = 0.006
TC Clinical Progress*	51.22 (11.02)	54.58 (8.77)	t(191) = 2.04	p = 0.043
No of Months in TC			χ^2 (3) = 3.50	p = 0.321
< 1-3 Months	10 (21)	39 (23)		
> 3-5 Months	12 (26)	58 (33)		
> 5-11 Months	18 (38)	64 (37)		
11+ Months	7 (15)	12 (7)		

* Mean (SD)

exhibit a greater level of hostility ($t = 2.01, p = 0.046$) and lower levels of acceptance of Daytop principles ($t = 2.82, p = 0.006$) and TC clinical progress ($t = 2.04, p = 0.043$).

DISCUSSION

Approximately one-fifth (21.6%) of the TC sample in our study had prior gang involvement. The prevalence of gang membership among men (i.e., 22.2%) was similar to the rate of 24.7% reported in a national sample of male inmates in adult state correctional institutions (6). Although the survey in Knox's (6) study was conducted in correctional institutions and not TCs it provides a useful comparison because most (81%) of our TC residents had been incarcerated prior to admission to Daytop. The results of the present study indicate that residents with a history of gang involvement differed from non-gang members on a number of background variables and key indicators of engagement in treatment. Residents with prior gang involvement were younger and less educated than those residents with no prior gang involvement. Similar age and educational differences between gang and non-gang members were reported in a national survey of inmates incarcerated in correctional facilities (12).

Residents with a history of gang involvement were more likely to report that they themselves and their family members/friends had been victims of gang related violence. These findings are consistent with those reported by Savitz et al. (13), who reported that gang membership was associated with a greater chance of victimization. Due to the correlational nature of the data in the present study it could not be determined whether the victimization predated gang membership or vice versa. The gang initiation itself may have involved violence which would account for the increased reporting of violence in these subjects.

Prevalence of weapons possession convictions were found to be greater among gang-involved residents. Prior gang research suggests that weapons ownership among gang members is a major concern. Results from the Rochester Youth Development study indicated that gang members were significantly more likely to own guns than non-gang members and that gangs

appear more likely to recruit from juveniles who already own guns for protection (14). Additionally, the National Alliance of Gang Investigators, in their 2005 survey of local law enforcement officers, examined national gang trends (15). The results of the survey indicated that firearms possession was rated "high" in terms of level of gang involvement by 23.5% of law enforcement.

Gang members were more likely to use marijuana, whereas crack was more often the primary drug among non-gang members. This finding is consistent with those reported by MacKenzie et al. (16) indicating that marijuana was the most widely used drug among gang members.

Findings from the national survey conducted by Knox et al. (12) indicated that a greater percentage of gang members (66%) sold crack cocaine than non-gang members (38%). Gang members may be more likely to sell crack cocaine but not use it themselves due to a stigma attached to its use (17). The most striking set of findings in the present study was the relationship of gang involvement to aspects of TC functioning. Residents with a history of gang involvement appeared to do more poorly in terms of greater hostility and lower levels of acceptance of Daytop principles, and TC clinical progress. They may be more resistive to accepting the TC ideology and affiliating with TC peers because such behaviors would conflict with their identity as former/current gang members. Our survey assessed history of gang involvement and it is unknown to what extent residents who indicated gang involvement are still involved in gangs as some gangs, notably prison gangs advocate a lifetime commitment with absolute loyalty. One might expect from these results that gang-involved residents would have achieved less status in the formal structure of the TC as they appear to be less engaged in treatment. The TC model of treatment includes the "assignment of resident responsibility for house chores" and "the reward of corresponding status as the resident progresses in treatment and job functions . . ." (1). However with regard to TC work role, gang involved residents tended to have a higher status (i.e., expediter and coordinator/dept head) which is achieved by adherence to program rules and regulations. In our sample, it seems that those

less engaged seem to have been "rewarded" with higher status in the work role structure.

Although it is unknown what specific rules a gang employs to move a member up the gang hierarchy certain behavioral skills acquired by persons while in the gang may enable them to advance in the TC work hierarchy. For example, some gangs operate by having a member serve as a "look out" who monitors and reports activities that may threaten gang members control of their turf. A similar function can be identified in the role of the TC expediter who serves as the "eyes and ears" of the program monitoring resident activity and reporting back to superiors (7). Gang leaders oversee the activities of gang members and mete out punishment. In the TC, coordinators occupy the highest management position and are responsible for functions that are similar to gang leaders such as overseeing disciplinary action. Exhibiting these behavioral skills in the TC that may have been acquired while involved in the gang does not necessarily mean the person is truly engaged in TC treatment.

One prominent gang researcher asserts that gang reform programs may inadvertently increase gang cohesiveness and gang-related crime, and require knowledge of gang structure, process, and group dynamics (18). Although Daytop is not specifically a gang reform program, a substantial segment of its residents have a history of gang involvement, an issue that should be addressed as part of treatment. Our results suggest that gang involved residents may appear to be invested in treatment based on work role whereas in reality they are less engaged in treatment.

A number of limitations are apparent in the present study. The study was conducted at residential TC facilities located in upstate New York therefore the findings may not be generalizable to TC programs in other settings. With regard to the survey questionnaire used in this study, it is possible that gang involved respondents may have been reluctant to identify themselves as having a history of gang involvement even though anonymity was assured. We did not ask specific questions regarding the nature of "other" gangs therefore informal, loosely organized groups may have been represented in the gang involved cohort. It was beyond the scope of this study to obtain corroborating support for gang involvement from other sources (e.g., TC staff, prison officials, family members). In addition, the data are limited to history of gang involvement therefore no other relevant information was available such as *duration of gang involvement*, where and how residents initiated gang involvement, time since last contact with gang members, commitment or lack thereof related to resuming gang activities, and how gang involvement may have facilitated or impeded their substance use. Stable gang involvement has been found to be associated with increased delinquent behavior (19) and may explain why gang members were younger and less educated. Duration of gang involvement would be an important variable to assess in relation to the subjects' willingness and ability to change while in treatment.

This study represents a first step toward gaining a better empirical understanding of gang involvement and subsequent engagement in a TC and raises a number of questions for future research on TCs especially those programs designed for prison settings. How does the presence of gang-involved clients be they former or current gang members effect those without a history of gang involvement? How can we better engage the gang-involved segment in TC treatment? Further assessment of gang involved residents and their adaptation to TC treatment is important in terms of developing interventions aimed at improving overall engagement and progress in the TC.

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