


Communities Healing and Transforming Trauma (CHATT)
To End Gang Violence

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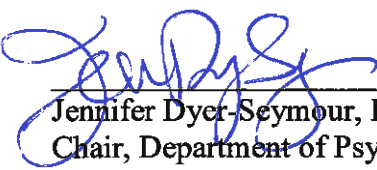
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Abstract

Trauma is inherent in the lives of individuals involved in, and affected by, gang violence. However, little research has examined the link between gang membership, violent victimization, and mental health. Not surprisingly, given the nature of “gang life,” the limited research indicates that gang members are exposed to inordinately high levels of trauma compared to the general population. Further, gang members inflict significant trauma on their communities, further perpetuating the cycle of violence. The level and nature of trauma among gang members suggests the need for trauma-informed services that can intervene in the cycle of violence. A recently developed intervention program, Communities Healing and Transforming Trauma (CHATT), was designed to impact violence at the individual and community level by providing victims of crime with support to advocate for violence prevention by increasing community awareness about the impact of violence and trauma-informed services. CHATT may provide former gang members an opportunity to advocate for social change within their communities, and has the potential to alleviate trauma. The goals of this project are to assess trauma exposure and psychiatric morbidity, evaluate use of mental health services and barriers to treatment, and identify key messages to share with communities affected by violence among former gang members. Ultimately, these goals will inform the development of an adapted version of CHATT for gang violence.

Project Description

Gang Violence: Extent of the Problem

Trauma is a defining characteristic of gang membership, where fluctuations in gang activity correspond to changes in violence and victimization (Egley, Howell, & Major, 2004; Lynch, 2002). A gang is defined as an association of three or more individuals who collectively identify themselves by adopting a group identity, which they use to create an atmosphere of fear or intimidation (Department of Justice, 2015). Furthermore, their purpose in part is to engage in criminal activity to enhance or preserve the association's power, reputation, or economic resources; and they use violence or intimidation to further their criminal objectives (Department of Justice, 2015). Gangs facilitate violence and trauma both directly, via gang functions (e.g., property crimes, drug related offenses, sexual crimes, physical assaults, homicides), and indirectly, by facilitating members' access to risky situations. Gang violence poses significant threat to public safety and substantially contributes to the infliction of trauma.

Recruitment into a gang usually starts in middle schools, with one study reporting the median age of joining to be 14 (Huff, 1998). Thus, adolescent gang members account for a significant percentage of criminal and violent offenders, and most gang violence is committed against adolescents aged 12 to 19 (Department of Justice, 2005). In fact, youth, overall suffer higher rates of exposure to violence and crime than do adults (Finkelhor, Turner, Shattuck, & Hamby, 2013). One study found that approximately one-fourth of all victims of violent crimes are adolescents between the ages of 12 to 17 (Crimes against Children Research Center, 2002). Even more, homicide is the second leading cause of death for young people ages 15 to 19 years old (Centers for Disease Control [CDC], 2010). In 2010, 4,828 youth ages 10 to 24 were victims of homicide—an average of 13 youth each day (CDC, 2010). Unfortunately, gang-related homicides have escalated in recent years; from 2011 to 2012, the number of gang-related homicides increased by 28% in large cities (National Gang Center, 2016).

These statistics highlight the issue that youth gang violence is a significant public health problem in our society, and the potentially traumatic effects on our youth and communities is considerable. Unfortunately, despite decades of research into gangs and violence, the epidemic has only expanded. The National Youth Gang Survey has estimated that there are 850,000 active gang members that comprise 30,000 active gangs in the United States as of 2012, a 15% increase from 2006 and the highest annual estimate since 1996 (National Gang Center, 2016).

Gang Violence: Effects on Violent Victimization

Gang violence has received substantial scholarly and public attention, with most of the extant research on youth gangs focusing on their offending behaviors. Little research attention has been paid to examining the link between gang membership, violent victimization, and mental health. Early qualitative research reveals that both violent offending and victimization are often normative features of gang life (Decker & Van Winkle, 1996). For example, prospective members may be required to participate in violent initiation rituals when entering or exiting a gang. In one study, the majority of gang members reported being "beat in" as part of their initiation process where they were expected to fight against several current gang members (Decker & Van Winkle, 1996). Gang members may also be subjected to harsh discipline from members of their own gangs for violating gang rules (Padilla, 1995). Additionally, gang

members are involved in other types of activities that increase their vulnerability to predatory victimization by others. For example, gang members may be targets of retaliation from rival gangs (Sanders, 1994), and their involvement in criminal activity (e.g., drug sales) make them appealing targets for robbery because they are often in possession of desired goods.

A cross-sectional study conducted in 1995 among 5,935 eighth graders in 11 cities across the United States found that gang members reported more extensive victimization experiences than non-gang youths for measures of robbery (25% versus 7%) and aggravated assault (43% versus 25%; Peterson, Taylor, & Esbensen, 2004). In a five-year longitudinal study of the original sample, gang members were victims of violence at a higher rate than were youths who were never gang affiliated in each of the years preceding and in the year(s) following gang membership, and they experienced the most victimization in the year of membership (Peterson et al., 2004). Interestingly, while victimization decreased after youths left the gang, their levels of victimization remained significantly higher than those of non-gang youths (Peterson et al., 2004). Although approximately half of all gang members reported joining their gangs for protection against violence, joining for protection did not reduce subsequent violent victimization (Peterson et al., 2004). It is important to note that gang membership was associated with violent victimization above and beyond youths' involvement in violent delinquent behavior (Peterson et al., 2004), as the extant literature has established violent delinquency to be associated with violent victimization (for both non-gang and gang youths) (e.g., Greenwald, 2002).

Gang Violence: Effects on Mental Health

Unfortunately, there are serious consequences to individual health and well-being, and society, from childhood exposure to violence and trauma. Exposure to violence has been shown to be connected to developmental difficulties, problem behavior, and physical and mental health difficulties extending throughout the life span (Finkelhor, 2007). Through their acts of criminal activity and violence, gang members both experience and witness significantly high levels of traumatic victimization and expose their communities to high rates of violence that potentially increase risk for psychiatric morbidity.

In a review of 17 studies, Kelly (2010) found that adolescent's exposure to gang violence increases risk for developing externalizing behaviors and internalizing symptoms. Adolescents' exposure to gang violence was associated with intent to use violence/aggression; witnessing violence in the community or being victimized was the strongest predictor of adolescents' use of violence (Kelly, 2010). Past exposure to community violence predicted adolescents' intent to engage in violence, and intent to engage in violence was related to the use of violence (Kelly, 2010). In addition, the combination of exposure to community violence and past victimization influenced adolescents' desire to participate in gang violence (Kelly, 2010). Thus, the spread of gang violence resembles an epidemiological "core infection" model (Laumann & Youm, 1999) through a process of social contagion (Fagan, Wilkinson, & Davies, 2007) in which individuals evaluate and respond to violent actions, retaliate, and attempt to achieve dominance through violent retribution. In regard to internalizing symptoms, the most common reactions were anxiety, fear, hopelessness, and depression (Kelly, 2010).

In addition to perpetuating trauma in communities and among peers, gang violence can result in high levels of psychiatric morbidity among individual gang members. One recent cross-

sectional study of 4,664 men 18-34 years of age in Great Britain examined psychopathology (anxiety, depression, psychosis, substance abuse, antisocial personality disorder) and service use among nonviolent men, violent men, and gang members (Coid et al., 2013). Results revealed a marked gradient in level of psychopathology across the three groups; psychiatric morbidity and service use were infrequent among non-violent men but increased progressively from violent non-members to gang members (Coid et al., 2013). Rates of violent victimization and fear of violent victimization were significantly higher among violent men and greater still among gang members. In fact, the high levels of consultations with psychiatrists or psychologists among violent men and gang members were accounted for by their fear of, and actual experiences of, violent victimization. These variables, together with violent rumination, explained their high rates of admission to psychiatric hospitals. Thus, results suggest that gang members show inordinately high levels of psychiatric morbidity, placing a heavy burden on mental health services, underscoring the need for trauma-informed care for this specialized population.

Gang Violence: Prevention and Intervention

Overall, these studies highlight the importance of attending to violent traumatization in intervention efforts for gang members and their communities. Hundreds of youth violence prevention and intervention programs are being used in schools, communities, hospitals, and the justice system (for a list of primary, secondary, and tertiary prevention/intervention efforts see Office of the Surgeon General, 2001). Unfortunately, nearly half of the most thoroughly evaluated strategies for preventing youth violence are ineffective (e.g. gun buyback programs), and a few are even harmful (Office of the Surgeon General, 2001). Even so, no known intervention or prevention programs for gang violence have been developed to ameliorate the mental health effects of exposure to violent victimization among gang members and prevent ongoing trauma perpetrated by gang members in their communities.

Failed interventions are elevated among those who return to gang activities (Di Placido, Simon, Witte, Gu, & Wong, 2006), and gang members should be helped to understand the risks of gang violence to their mental health and to their communities. Prevention efforts are necessary to lessen youths' experiences as victims (and as perpetrators) of violence; general prevention programs may heighten adolescent's awareness of the increased victimization risks and psychological consequences they face as a result of gang violence. Further, given the elevated rates of victimization among youths who join gangs compared to those who do not, programs are needed to intervene promptly with youths who have been victimized to provide alternatives to gang violence.

A recently developed violence intervention program, Communities Healing and Transforming Trauma (CHATT; Fields et al., 2015), may have the potential to impact gang violence at the individual and community level. CHATT is a Speaker's Bureau that organically developed at the University of California, San Francisco Trauma Recovery Center to provide victims of crime with support to advocate for violence prevention and trauma-sensitive services (Fields et al., 2015 b). CHATT speakers are trauma survivors who wish to advocate for social change and justice in their communities.

Through their involvement in CHATT, trauma survivors initially attend two three-hour training sessions with other new speakers and facilitating mental health clinicians to begin

preparing their personal stories, detailing the impact of trauma on their lives. The initial training is trauma-informed, and includes skill-building exercises (relaxation, grounding) so as not to re-trigger survivors during trauma story-building and speaking. Speakers additionally participate in monthly Speaking Support Group meetings to talk and reflect with fellow speakers on their experience of telling their story and gain support from each other and group facilitators of this process, as well as schedule upcoming speaking venues. At speaking venues, speakers educate specific audiences (e.g., high school and university students, sexual assault nurses, disability evaluation staff) about the impact of violence, facts about community violence, the recovery process, and trauma-sensitive services.

Through these powerful experiences that speakers share with their communities, trauma survivors in CHATT have found it meaningful to advocate for social change and justice (Fields et al., 2015a). A recent pilot study with the first three cohorts of CHATT ($N=29$) found that speakers' self-efficacy and posttraumatic growth, indices of mental health, increased over a year (Fields et al., 2015a). Additionally, an assessment of 13 speaking venues, found that audience members were positively receptive to speeches, and survey responses indicated that hearing the CHATT Speaker Bureau talks enlightened audience members about violence and mental health consequences (Valdez et al., 2015). Thus, CHATT, adapted specifically for gang violence, has the potential to alleviate the deleterious effects of trauma by increasing community awareness about the impact of youth violence and stigma surrounding victimization, about eradicating the cycle of violence, and about how to access and benefit from trauma-informed services.

Study Goals

This study will recruit a sample of former youth gang members in the San Francisco and surrounding area to determine the need for trauma-informed services in this specialized population, which will inform the development of an adapted version of CHATT for use with former gang members and communities affected by violence.

Aim 1: Assess trauma exposure and psychiatric morbidity. Participants will complete comprehensive assessments of general trauma exposure, community violence, and mental health.

Aim 2: Evaluate use of mental health services and barriers to treatment. Qualitative interviews will be conducted with participants to evaluate the need for and use of mental health services as a result of violence and other factors relevant to gang involvement, as well as potential barriers to treatment.

Aim 3: Identify key messages to share with communities affected by violence. Qualitative interviews will be conducted with participants to identify the effects of trauma and violence as a result of gang involvement on their individual lives and their communities, as well as messages they believe may deter prospective and/or current gang members from perpetuating the cycle of violence.

Student Involvement

Three student research assistants (RAs) will be hired to work on this project and their role will be integral to the logistics of the study, data collection and analysis, and dissemination of results. Specifically, the RAs will recruit participants, conduct participant telephone interviews, code qualitative data, and analyze mixed-methods results. The RAs will also collaborate with Dr. Valdez on writing up a conference submission and co-author a manuscript based on this study.

References

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101. doi: 10.1191/1478088706qp063oa
- Cann, A., Calhoun, L. G., Tedeschi, R. G., Taku, K., Vishnevsky, T., Triplett, K. N., & Danhauer, S. C. (2010). A short form of the Posttraumatic Growth Inventory. *Anxiety, Stress, & Coping, 23*, 127-137. doi: 10.1080/10615800903094273
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2010) Webbased Injury Statistics Query and Reporting System (WISQARS). Retrieved December 20, 2016 from www.cdc.gov/injury
- Coid, J. W., Ullrich, S., Keers, R., Bebbington, P., DeStavola, B. L., Kallis, C.,... Donnelly, P. (2013). Gang membership, violence, and psychiatric morbidity. *American Journal of Psychiatry, 170*, 985-993.
- Crimes against Children Research Center. (2002). *Overall crime victimization of juveniles, 2002*. Retrieved December 15, 2016 from www.uhn.edu/ccrc/factsheet/factsheets.htm
- Davis, R. G., Ressler, K. J., Schwartz, A. C., Stephens, K. J., & Bradley, R. G. (2008). Treatment barriers for low-income, urban African Americans with undiagnosed posttraumatic stress disorder. *Journal of Traumatic Stress, 21*, 218-222. doi: 10.1002/jts.20313
- Decker, S. H., & Van Winkle, B. (1996). *Life in the gang: Family, friends, and violence*. Cambridge: Cambridge University Press.
- Department of Justice, Criminal Division. (2015). *About violent gangs*. Retrieved December 20, 2016, from the <https://www.justice.gov/criminal-ocgs/about-violent-gangs>
- Department of Justice, Office of Justice Programs. (2005). *Juvenile victimization and offending 1993-2000*. Retrieved December 20, 2016 from the Bureau of Justice Statistics <https://www.ojp.usdoj.gov/bjs>
- Di Placido, C. Simon, T. L., Witte, T. D., Gu, D., & Wong, S. C. P. (2006). Treatment of gang members can reduce recidivism and institutional misconduct. *Law and Human Behavior, 30*, 93-114. doi: 10.1007/s10979-006-9003-6
- Egley, A., Howell, J., Major, A. K. (2004). Recent patterns of gang problems in the United States: results from the 1996-2002 National Youth Gang Survey, in *American Youth Gangs at the Millennium*. Edited by Esbensen F-A, Tibbets SA, Gaines L. Prospect Heights, Ill, Waveland Press, pp 90-108.
- Fagan, J., Wilkinson, D. L., & Davies, G. (2007). Social contagion of violence, in *The Cambridge Handbook of Violent Behavior and Aggression*. Edited by D.J. Flannery, A. Vazsonyi, & I.D. Waldman. New York, Cambridge University Press, pp 688-723.

- Fields, L., Valdez, C. E., Boccellari, A., Richmond, C., Murphy, M., & Shumway, M. (2015). *Posttraumatic growth, self-efficacy, and stigma reduction: How does participation in a speakers' bureau for trauma survivors impact speaker beliefs and recovery?* Poster presented at the International Society for Traumatic Stress Studies (ISTSS) 31st Annual Meeting, New Orleans, LA.
- Fields, L., Valdez, C. E., Shumway, M., Murphy, M., Richmond, C., & Boccellari, A. (2015). *Communities Healing and Transforming Trauma (CHATT): Development and evaluation of a speakers' bureau for victims of violence.* Panel presented at the International Society for Traumatic Stress Studies 31st Annual Meeting, New Orleans, LA.
- Finkelhor, D. (2007). Developmental victimology: The comprehensive study of childhood victimizations. In R. C. Davis, A. J. Lurigio, & S. Herman (Eds.), *Victims of crime* (3rd ed.) (pp. 9-34). Thousand Oaks, CA: Sage Publications.
- Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2013). Violence, crime and abuse exposure in a national sample of children and youth: An update. *Journal of American Medical Association Pediatrics*, *167*, 614-621. doi:10.1001/jamapediatrics.2013.42
- Greenwald, R. (2002). The role of trauma in conduct disorder. In: *Trauma and Juvenile Delinquency: Theory, Research and Interventions*, Greenwald R, ed. Binghamton, NY: Haworth Press, pp 5-24
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation variability. *Field Methods*, *18*, 59-82. doi: 10.1177/1525822X05279903
- Huff, C. R. (1998). Comparing the criminal behavior of youth gangs and at-risk youths. National Institute of Justice Research in Brief. Washington, DC: U.S. Department of Justice, National Institute of Justice. Jacobs
- Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National estimates of exposure to traumatic events and PTSD prevalence using *DSM-IV* and *DSM-5* criteria. *Journal of Traumatic Stress*, *26*, 537-547. doi:10.1002/jts.21848
- Kroenke, K., & Spitzer, R. L. (2002) The PHQ-9: A new depression diagnostic and severity measure. *Psychiatry Annals*, *32*, 606-613.
- Laumann E. O., & Youm, Y. (1999). Racial/ethnic group differences in the prevalence of sexually transmitted diseases in the United States: A network explanation. *Sex Transmission Disease*, *26*, 250-261.
- Lynch, J. P. (2002). Trends in Juvenile Violence Offending: An Analysis of Victim Survey Data (Office of Juvenile Justice and Delinquency Bulletin). Washington, DC, US Department of Justice, Office of Justice Programs.
- Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. Forum: *Qualitative Social Socialforschung*, *Forum: Qualitative Research*, *11*, Article 8.

- National Gang Center. *National Youth Gang Survey Analysis*. Retrieved December 21, 2016 from www.nationalgangcenter.gov/Survey-Analysis
- Office of the Surgeon General. (2001). Prevention and intervention. In *Youth violence: A report of the Surgeon General*. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK44295/>
- Padilla, F. (1995). The working gang. In M. W. Klein, C. L. Maxson, & J. Miller (Eds.), *The modern gang reader* (pp. 53-61). Los Angeles: Roxbury.
- Peterson, D., Taylor, T. J., & Esbensen, F. (2004). Gang membership and violent victimization. *Justice Quarterly*, 21, 793-815.
- Richters, J. E., & Saltzman, W. (1990). Survey of exposure to community violence: Self-report version. Retrieved from <http://vinst.umdj.edu/VAID/TestReport.asp>
- Sanders, W. B. (1994). *Gangbans and drive-bys: Grounded culture and juvenile gang violence*. New York: Aldine de Gruyter.
- Saunders, J. B., Aasland, O. G., Babor, T. F., de la Fuente, J. R., & Grant, M. (1993). Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption. *Addiction*, 88, 791-804.
- Skevington, S. M., Lofty, M., & O'Connell, K. A. (2004). The World Health Organization's WHOQOL-BREF quality of life assessment: Psychometric properties and results of the international field trial. A report from the WHOQOL group. *Quality of Life Research*, 13, 299-310.
- Skinner, H. A. (1982). The Drug Abuse Screening Test. *Addictive Behavior*, 7, 363-371.
- Snyder H. N., Sickmund, M., Poe-Yamagata, E. (1996). *Juvenile Offenders and Victims: 1996 Update on Violence*. Washington, DC: US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Programs
- Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Lowe, B. (2006) A brief measure for assessing generalized anxiety disorder. *Archives of Internal Medicine*, 166, 1092-1097.
- 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). Scale available from the National Center for PTSD at www.ptsd.va.gov.
- Valdez, C. E., Fields, L., Boccellari, A., Murphy, M., Richmond, C., & Shumway, M. (2015). *Decreasing violence and stigma, increasing awareness of the value of trauma treatment: How does a speakers' bureau of trauma survivors impact audience beliefs?* Poster presented at the International Society for Traumatic Stress Studies (ISTSS) 31st Annual Meeting, New Orleans, LA.

Activity Plan/Methods/Project Design

Method

Target Population and Procedure

Former gang members age 18 and older who joined as a youth will be recruited from program members of the National Network of Hospital-Based Violence Intervention Programs in the San Francisco Bay Area and surrounding areas (San Francisco Wraparound Project, Oakland Caught in the Crossfire, Richmond Beyond Violence, Sacramento Violence Intervention Program, Salinas CHOICE, San Jose Trauma to Triumph) through case managers of program clients. These programs promptly intervene when a young person is admitted to the hospital with a violence-related injury to help the injured patient, family, and friends cope with the injury and initiate a discussion about alternatives to retaliation. Following hospital discharge, case managers continue to provide support and mentoring.

Thirty participants will be recruited to ensure saturation for qualitative analyses. Previous research has found an average of 30 sources used in qualitative research (Mason, 2010), though studies have achieved saturation in about half of this sample size (e.g., Guest et al., 2006); however, 30 participants will balance the need for a greater number in qualitative inquiry.

Participants will consent and complete self-report questionnaires online. After, they will be scheduled to complete an audio-recorded semi-structured phone interview on their experiences with trauma, mental health, service use, and messages they want to share with their communities. Recordings will be transcribed by RAs. Participants will be reimbursed with a gift card voucher (eGifter Choice Card to redeem \$50 in gift cards of their choice) sent to a self-identified email address.

Measures

Depression. The Patient Health Questionnaire-9 (Kroenke & Spitzer, 2002) is a 9-item measure used for diagnosing depression.

Generalized anxiety. The Generalized Anxiety Disorder 7-Item (Spitzer, Kroenke, Williams, & Lowe) is a 7-item assessment used for diagnosing Generalized Anxiety Disorder.

Alcohol use. The Alcohol Use Disorders Identification Test-10 (Saunders, Aasland, Babor, de la Fuente, & Grant, 1993) is a 10-item screening tool to assess alcohol consumption and related problems.

Drug use. The Drug Abuse Screening Test-10 (Skinner, 1982) is a 10-item screening tool to assess drug use and drug-related problems.

Posttraumatic stress symptoms. The PTSD Checklist-Civilian Version (Weathers et al., 2013) is a 20-item assessment of posttraumatic stress symptoms based on *DSM-5* criteria.

Posttraumatic growth. The Posttraumatic Growth Inventory-Short Form (Cann et al., 2010) is a 10-item measure of an individual's perception of positive change following a traumatic life experience.

Quality of life. The WHO Quality of Life-5 (Skevington, Lofty, & O'Connell, 2004) uses 5 items to assess physical health, psychological health, social relationships, and environment.

Trauma exposure. The Traumatic Life Events Questionnaire (Kubany et al., 2000) is a 23-item broad-spectrum measure of trauma exposure. Items ask respondents to identify how many times they have experienced a particular event from *never* to *more than 5 times*.

Community violence. The Survey of Exposure to Community Violence-Short Form (Ritchers & Saltzman, 1990) is a 24-item measure of the frequency of an individual's exposure

(victimization and witnessing) to community violence, including gang violence, selling drugs, police arrests, and assaults.

Anticipated Outcomes

Aim 1: It is anticipated that former gang members will report more exposure to trauma, including violent victimization and community violence compared to national estimates (e.g., Kilpatrick et al., 2013). Additionally, former gang members will report higher rates of psychiatric morbidity compared to general population estimates (e.g., Kessler et al., 2005). It is hypothesized that cumulative effects of violent victimization will be associated with greater psychiatric morbidity and symptom severity. Further assessments will explore levels of posttraumatic growth and quality of life as areas for personal growth and development in a CHATT program.

Aim 2: Based on limited prior research (e.g., Coid et al., 2013), it is anticipated that the majority of participants will have been referred for mental health services with limited engagement. A potential barrier to treatment may be limited awareness about trauma-informed care (e.g., Davis, Ressler, Schwartz, Stephens, & Bradley, 2008).

Aim 3: Prior research has neither examined the psychological and societal effects of trauma and violence as a result of gang involvement from the individual perspective of former gang members nor attempted to identify themes for individual messages formulated by former gang members to intervene in the cycle of violence. This innovation will inform the development of an adapted version of CHATT to aid in creating a clinical training manual that can be disseminated to community organizations that want to implement this violence intervention program and/or researchers to study the effects of this violence prevention program in communities affected by violence.

Evaluation

The PI and RAs will code participant narratives using thematic analysis based on procedures outlined by Braun and Clarke (2006). Thematic analysis identifies patterns in the coded data through a deductive process that starts with a holistic approach and examines the coded data for increasingly specific and succinct patterns that, in this case, will lead to an understanding of the effects of gang violence, barriers to treatment, and key messages to share with communities. In combination with quantitative assessments of trauma exposure and mental health symptoms, qualitative data will help formulate the goals for an adapted version of CHATT with former gang members for use in underserved communities affected by violence to alleviate trauma and intervene in the cycle of violence.

Dissemination Plans and Deliverables

Conference presentation: An abstract based on study results will be submitted December 2017 to Division 56 (Trauma Psychology) for potential presentation at the American Psychological Association (APA) Convention in August 2018, held in San Francisco, California.

Manuscript: A manuscript based on results will be submitted to an appropriate trauma journal (e.g., *Psychological Trauma: Theory, Research, Practice, & Policy*) by April 2018.

Research grant 1: An American Psychological Foundation (APF) Visionary Grant proposal will be submitted March 2018 (due date April 1). The grant application, informed by this study, will request funds to develop a training protocol, training materials, and train a set of mental health professionals in delivering the adapted CHATT intervention.

Research grant 2: A National Institute of Health (NIH) R03 grant proposal will be submitted May 2018 for Cycle II Review (due date June 15) to the National Institute of Child Health and Human Development. The grant application, which will be heavily informed by this study, will propose a Feasibility Study for implementing CHATT with former gang members in communities affected by gang violence.

Timeline

TASKS	Spring 2017	Summer 2017	Fall 2017	Spring 2018	Summer 2018
IRB Application	X				
Study Training	X				
Participant Recruitment		X	X		
Data Analysis		X	X		
Dissemination Activities				X	X
Evaluation/Reporting				X	

- **April 2017-** Submit protocol for Human Subjects Review.
- **April 2017-** Train RAs in the study procedures and semi-structured interviews.
- **May 2017-** Initiate participant recruitment and begin data collection.
- **September 2017-** Complete data collection.
- **October-** Train RAs in qualitative data analysis and analyze results.
- **December-** PI and RAs will submit proposal for potential presentation at the 2018 APA Convention in San Francisco, California.
- **March 2018-** Submit APF Visionary Grant proposal for Training Development Project.
 - <http://www.apa.org/apf/funding/visionary.aspx?tab=1> (offered annually)
- **March 2018-** Submit final report to SPO that details outcomes of activities funded.
- **April 2018-** Submit manuscript based on study results to appropriate trauma journal.
- **May 2018-** Submit NIH R03 proposal for Feasibility Study based on project results.
 - <https://grants.nih.gov/grants/guide/pa-files/PA-13-369.html> (encouraged to apply under parent funding opportunity announcement)

Likelihood of External Funding

The results of this study will be integral to developing two different proposals for two grant opportunities that will ultimately help inform and develop the violence intervention program, "*CHATT to End Gang Violence*" to disseminate for clinical and research purposes.

Grant Opportunity 1: The APF Visionary Grant is a grant mechanism to seed innovation through supporting research, education, and intervention projects and programs that use psychology to solve social problems. One of the four priority areas includes "understanding and preventing violence to create a safer, more human world." Several one year grants are available annually in amounts of up to \$20,000. Dr. Valdez meets the eligibility criteria, being an early career researcher (no more than 10 years postdoctoral) and being affiliated with an educational institution. The deadline for proposals is April 1st every year.

Dr. Valdez will write a proposal, based on FIG study results, for a Training Development Project. Funds will be used for faculty time to develop a training protocol for both clinicians delivering the training and former gang members participating in the training, and subsequent Speaker's Bureau. Additionally, funds will be requested to train a set of mental health professionals to deliver the violence intervention to former gang members and facilitate speaking panels in the community. See <http://www.apa.org/apf/funding/visionary.aspx?tab=1> for RFP.

Grant Opportunity 2: That National Institute of Health currently has an expired (expired 1/8/17) Funding Opportunity Announcement entitled, "Research on the Health Determinants and Consequences of Violence and its Prevention, Particularly Firearm Violence," which is particularly suited for the proposed violence intervention program. A participating organization, the National Institute of Child Health and Human Development (NICHD), is funding "research on prevention and intervention programs and services for children exposed to violence" that fits the goals of the proposed violence intervention program.

Dr. Valdez contacted the NICHD Program Officer to enquire about the possibility of re-issuing the Funding Opportunity Announcement (email correspondence available upon request) and received an encouraging response to apply under the parent Funding Opportunity Announcement for the research mechanism of choice (R03, R21, R01). Thus, Dr. Valdez will submit a proposal under the R03 grant mechanism to the Cycle II Review (due date June 15 annually), which provides up to \$50,000 annually for two years.

Dr. Valdez will write a proposal, heavily informed by the FIG study, for a Feasibility Study to implement CHATT with former gang members in their communities. Funds will be used for recruiting one cohort of former gang members into the Speaker's Bureau, "CHATT to End Gang Violence;" training a cohort of former gang members on developing and delivering their trauma narrative using a trauma-informed approach, holding monthly cohort meetings (to practice storytelling, schedule upcoming speaking venues, track mental health progress via self-report questionnaires, track drop-out, and problem solve around issues that may arise), holding monthly speaking venues in the community, and assessing audience response to speaking venues. This Feasibility Study will help refine the intervention program for future cohorts and aim to implement the program more successfully with the study population.

Abbreviated Bio Sketch

Education

University of California San Francisco (UCSF): Pre-doctoral internship (2015) and postdoctoral fellowship (2016)
Northern Illinois University (NIU): M.A. (2012) and Ph.D. (2015), Clinical Psychology
California State University, East Bay (CSUEB): B.A. (2008), Psychology; Statistics, Human Development minors

Undergraduate Courses Taught

Psychopathology/Abnormal Psychology, Clinical Research Lab, Introduction to Psychology

Publications

- Valdez, C. E., & Lilly, M. M.** (in press). Posttraumatic Rumination: Content, Correlates, and Processes. *Journal of Clinical Psychology*.
- Sandberg, D. A., Valdez, C. E., Heaton, J. E., & Menghrajani, E.** (in press). Attachment as a risk factor for experiencing intimate partner violence: A 6-month prospective study among college women. *Journal of Interpersonal Violence*.
- Valdez, C. E., Sherrill, A. M., & Lilly, M. M.** (in press). Present moment contact and nonjudgmental observation: Pilot data on dismantling mindful awareness in trauma-related symptomatology. *Journal of Psychopathology and Behavioral Assessment*.
- Valdez, C. E., & Lilly, M.M.** (2016). Self-compassion and trauma processing outcomes among victims of violence. *Mindfulness, 7*, 329-339.
- Lim, B., Valdez, C. E., & Lilly, M. M.** (2015). Making meaning out of interpersonal victimization: The narratives of IPV survivors. *Violence Against Women, 21*, 1065-1086.
- Valdez, C. E., & Lilly, M. M.** (2015). Posttraumatic growth in survivors of intimate partner violence: An assumptive world process. *Journal of Interpersonal Violence, 30*, 215-231.
- Valdez, C. E., Lim, B., & Parker, C.** (2015). Positive change following adversity and psychological adjustment over time in abused foster youth. *Child Abuse and Neglect, 48*, 80-91.
- Valdez, C. E., & Lilly, M. M.** (2014). Biological sex, gender role, and Criterion A2: Rethinking the "gender" gap in PTSD. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*, 34-40.
- Valdez, C. E., Remington-Bailey, B. E., Santuzzi, A. M., & Lilly, M. M.** (2014). Trajectories of depressive symptoms in foster youth transitioning into adulthood: The roles of emotion dysregulation and PTSD. *Child Maltreatment, 19*, 209-218.
- Valdez, C. E., Lim, B., & Lilly, M. M.** (2013). "It's going to make the whole tower crooked": Trajectories of victimization in IPV. *Journal of Family Violence, 28*, 131-140.
- Valdez, C. E., & Lilly, M. M.** (2012). Thought control: Is it ability, strategies, or both that predicts posttraumatic symptomatology in victims of interpersonal trauma? *Journal of Psychopathology and Behavioral Assessment, 34*, 531-541.
- Lilly, M. M., & Valdez, C. E.** (2012). Interpersonal trauma and PTSD: The roles of gender and a lifespan perspective in predicting risk. *Psychological Trauma: Theory, Research, Practice, and Policy, 4*, 140-144.
- Lilly, M. M., & Valdez, C. E.** (2012). The unique relationship of emotion regulation and alexithymia in predicting somatization versus PTSD symptoms. *Journal of Aggression, Maltreatment and Trauma, 21*, 609-625.
- Valdez, C. E., & Lilly, M. M.** (2012). Emotional constriction and risk for posttraumatic stress: The roles of trauma history and gender. *Journal of Aggression, Maltreatment and Trauma, 21*, 77-94.
- Valdez, C. E., Lilly, M. M., & Sandberg, D. A.** (2012). Gender differences in attitudinal acceptance of intimate partner violence perpetration under attachment relevant contexts. *Violence and Victims, 27*, 229-245.
- Lilly, M. M., Valdez, C. E., & Graham-Bermann, S. A.** (2011). The mediating effect of world assumptions on the relationship between trauma exposure and depression. *Journal of Interpersonal Violence, 26*, 2499-2516.

Selected Conference Presentations

- Fields, L., Valdez, C. E., Boccillari, A., Richmond, C., Murphy, M., & Shumway, M.** (2015, November). *Posttraumatic growth, self-efficacy, and stigma reduction: How does participation in a speakers' bureau for trauma survivors impact speaker beliefs and recovery?* Poster presented at the International Society for Traumatic Stress Studies (ISTSS) 31st Annual Meeting, New Orleans, LA.

Fields, L., **Valdez, C. E.**, Shumway, M., Murphy, M., Richmond, C., & Boccellari, A. (2015, November). *Training trauma survivors to speak out safely: A speakers' bureau training curriculum for victims of violence*. Poster presented at the International Society for Traumatic Stress Studies (ISTSS) 31st Annual Meeting, New Orleans, LA.

Valdez, C. E., Fields, L., Boccellari, A., Murphy, M., Richmond, C., & Shumway, M. (2015, November). *Decreasing violence and stigma, increasing awareness of the value of trauma treatment: How does a speakers' bureau of trauma survivors impact audience beliefs?* Poster presented at the International Society for Traumatic Stress Studies (ISTSS) 31st Annual Meeting, New Orleans, LA.

Valdez, C. E., Fields, L., Shumway, M., Richmond, C., Murphy, M., & Boccellari, A. (2015, November). *Development of a structured speaking support group for trauma survivors in a speakers' bureau: Identifying needed structures, processes, and challenges*. Poster presented at the International Society for Traumatic Stress Studies (ISTSS) 31st Annual Meeting, New Orleans, LA.

Funding Awarded

Co-Principal Investigator, *Psychology Service Learners Teaching and Learning within the Community*.

Scholarship of Teaching and Learning Grant (2016-2017), \$4500 (proposed). Funded by APA Division 2.

Principal Investigator, *Psychophysiological Functioning in Psychopathology: Engaging Students in Experiential Research Opportunities*, Faculty Support Grant for the Engagement of Students in Coursework Related Research (2016-2017), \$5,800 funded by the CSU Research, Scholarship and Creative Activity fund.

Principal Investigator, *Spanish Translation and Adaptation of the Posttraumatic Information Processing Scales: Validation in Monolingual Spanish Speaking Latinos Across the Adult Lifespan*, UCSF Center for Aging in Diverse Communities Pilot Study Grant (2015-2016), \$19,807 funded by the National Institute on Aging (P30A120275). UCSF Older American Independence Center/VA Pepper Center Pilot and Exploratory Projects Core, \$5000 supplement funded by the National Institute on Aging (P30AG044281).

Co-Principal Investigator, *Teaching Trauma Psychology*. Scholar Development Mini-Grant (2014-2015), \$1000. Funded by the CSU Chancellor's Doctoral Incentive Program.

Principal Investigator, *Ruminative Resolution of Trauma Cognitions: Modes of Processing in an Analogue Study*, Dissertation Grant (2013-2014), \$1500. Funded by NIU's Center for the Study of Family Violence and Sexual Assault.

Principal Investigator, *Longitudinal Study of Trauma Reactions*, Research Fellowship Grant (2011-2012), \$2000. Funded by NIU's Center for the Study of Family Violence and Sexual Assault.

Clinical Experience

UCSF: Clinical Supervisor; postdoctoral fellowship rotations in outpatient adult trauma and clinical research; pre-doctoral internship rotations in inpatient and forensic units, psychiatric emergency services, outpatient adult trauma, and clinical research.

NIU: Clinical Peer Supervisor (2013); Extern at Trauma Services Program with Edward Hines VA Hospital (2012-2013); Extern at OCD and Anxiety Disorders Program with Alexian Brothers Behavioral Health Hospital (2012); Clinical Practicum Student at Psychological Services Center at NIU (2010-2008).

University and Professional Service

CSUMB: Student Award Committee, UROC Research Mentor; Advisory Editor for Book Reviews of *Trauma Psychology News*; Early Career Professional Representative for APA Division 56;

UCSF: Diversity Committee member- Psychology Trainee Rep; Student Rep for APA Division 56

NIU: Panelist for Diversifying Psychology Open House; Cohort Representative for graduate program; Group Facilitator for *Resilience and Suicide Prevention* with the IL Army National Guard

CSUEB: Panelist for McNair Scholar Program; Research Award Reviewer for RiSE-UP Research Award and Student Research Award with Association for Psychological Science (APS) Student Caucus; Campus Representative for APS Student Caucus; Secretary for Psi Chi

Professional Affiliations

American Psychological Association (APA); Division 2- Teaching of Psychology, Division 56- Trauma Psychology Anxiety and Depression Association of America (ADAA)

International Society for Traumatic Stress Studies

Western Psychological Association

Other Pertinent Information

Area of Compliance Required for the Project: The proposed project, “*CHATT to End Gang Violence*,” will require CSUMB Institutional Review Board approval, as data are being collected on human subjects. Dr. Valdez will apply for CSUMB’s Committee for Protection of Human Subjects review and draft an application consistent with Human Subjects Research Protocol immediately upon notification of award status, which is expected by the End of April 2017. This will ensure that participant recruitment, if the proposed FIG is selected for funding, can commence early summer 2017, and the project will be on target for the timeline proposed.

Faculty Support Grant Recipient Detail: Dr. Valdez is a recipient of the most recent Faculty Support Grant for her project entitled, “*Psychophysiological Functioning in Psychopathology: Engaging Students in Experiential Research Opportunities*.” Dr. Valdez’s FSG project is focused on enhancing student understanding of the physiological fight-flight-freeze response on abnormal human behavior by creating within-course research opportunities in PSY 320 (Psychopathology). Efforts for this grant involve purchasing human physiological software and hardware, a laptop for in-class psychophysiology demonstrations and activities; creating physiological training modules for students, refining the PSY 320 syllabus and crafting assignment instructions, and collecting psychophysiology data from students enrolled in psychology classes with the assistance of two RAs for use in PSY 320 to conduct secondary data analysis among different student research groups. Thus, the FSG project is vastly different from the proposed FIG, “*CHATT to End Gang Violence*,” that is focused on recruiting and conducting phone interviews with former gang members to inform the development of a violence intervention program.

Appendix A: Letter of Support from Dr. Martha Shumway.

Appendix B: Letter of Support from Dr. Laurie Fields.