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## Risky Sexual Behaviors among a Sample of Gang-identified Youth in Los Angeles

Bill Sanders<sup>1</sup>, Stephen E. Lankenau<sup>2,3</sup>, and Jennifer Jackson-Bloom<sup>3</sup>

<sup>1</sup>School of Criminal Justice and Criminalistics, California State University Los Angeles

<sup>2</sup>Department of Pediatrics, University of Southern California

<sup>3</sup>Community, Health Outcomes, and Intervention Research Program, The Saban Research Institute, Childrens Hospital Los Angeles

### Abstract

Gang youth are at an increased likelihood of participating in unsafe sexual behaviors and at an elevated risk of exposure to sexually transmitted infection (STIs), including HIV. This manuscript presents quantitative and qualitative data on sexual behaviors among a sample of predominately heterosexual, male gang youth aged 16 to 25 years interviewed in Los Angeles between 2006 and 2007 ( $n = 60$ ). In particular, sexual identity, initiation and frequency of sex, and number of sexual partners; use of condoms, children, and other pregnancies; group sex; and STIs and sex with drug users. We argue that gang youth are a particular public health concern, due to their heightened risky sexual activity, and that behavioral interventions targeting gang youth need to include a component on reducing sexual risks and promoting safe sexual health.

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Approximately three-quarters of a million people in the United States are known gang members, though more could exist due to their hidden nature (Egley Jr. & Ruiz, 2006; Valdez & Kaplan, 1999). On average across the nation, 33% of gang youth were juveniles (i.e. under 18 years old), 80% are either African American or Hispanic/Latino, and 90% are male (Egley Jr., Howell, & Major, 2006). Research indicates, though, that the number of female gang members has risen significantly in recent years (Miller, 2001; Moore & Hagedorn, 2001).

A small body of sexual behavioral research has examined associations between gang participation and an increased likelihood of reporting risky sexual behaviors and sexually transmitted infections (STIs) among African American and Latino youth. For instance, a network analysis revealed that an outbreak of STIs in Colorado Springs was directly associated with young African Americans in gangs (Morbidity and Mortality Weekly Report [MMWR], 1993). In a study among detained African-American 14–18 year old males, those with a history of gang involvement were 5.7 times more likely to ever have sex, 3.2 times more likely to report a pregnancy, 3.4 times more likely to have sex with multiple partners concurrently (i.e. group sex), 3.4 times more likely to have sex while intoxicated, and 3.3 times more likely to have sex with someone intoxicated (Voisin et al., 2004). Another study reported that, among a sample of African American adolescent females, those who had ever belonged to a gang were about 4.2 times more likely to test positive for an STI (Salazar et al., 2007; Wingood et al., 2005). Harper and Robinson (1999) found that current and former gang females were more likely to have sex at earlier ages, a larger amount of sexual partners, and a lower frequency of condom use. Other studies on African American and

Latina females aged 14–19 years have examined the association between having a gang member as a sexual partner and an increased likelihood to report a pregnancy or STI (Auerswald, Muth, Brown, Padian, & Ellen, 2006; Minnis et al., 2008).

Some studies have investigated risky sexual behavior specifically among gang youth. Cepeda and Valdez (2003), for instance, in their study of Mexican-American gang youth in San Antonio, found that adolescent female gang members reported earlier onsets of sexual behavior compared to the national average. Moreover, Cepeda and Valdez indicated that, in discussions with female gang youth, most had a sexual experience by their early teens, many had become pregnant, and nearly one in four had given birth. Other research specifically on female gang members has discussed girls having sex with several members of a gang concurrently as a process of gang initiation (Miller, 2001). Another study among gang youth in Los Angeles explored the risk of exposure to HIV (Uman, Urman, Malloy, Martinez, & DeMorst, 2006). The study revealed that gang youth reported high rates of inaccurate information about HIV, and many had engaged in behaviors that potentially exposed them to the virus. For instance, 65% reported having sex with someone they just met, 49% reported having sex while intoxicated, 90% reported inconsistent condom use, 36% reported having ‘survival sex’ (i.e., giving or receiving money or drugs in return for sex), and about 1 in 10 of the gang youth who had been in jail or prison reported having sex during incarceration.

This manuscript presents data on sexual behaviors among a small sample of gang youth drawn from findings from a National Institute on Drug Abuse-funded pilot study. Data were collected through in-depth interviews with 60 gang youth between 2006 and 2007 in various locations throughout the City of Los Angeles. The aims of the research were exploratory in nature, intending to fill critical gaps in the research literature on violence, substance use, and unsafe sexual behaviors among gang youth and the extent that such youth are exposed to negative health outcomes (Sanders & Lankenau, 2006). Here, quantitative data and qualitative data are provided on the gang youths’ sexual identity, initiation and frequency of sex, and number of sexual partners, use of condoms, children, pregnancies, group sex, STIs, and sex with drug users. The manuscript concludes with a discussion on how gang membership is an important indicator of a youth at a heightened risk of participating in risky sexual behaviors and exposure to negative health outcomes.

## Method

Non-incarcerated active gang youth are difficult to locate and interview for research purposes (Sanders, Lankenau, & Bloom, in press). In order to access gang males and females aged 16 to 25 years in Los Angeles, protocols previously employed by the research team that have been successful at recruiting hidden populations of high risk youth through qualitative methods were employed (Lankenau, Sanders, Jackson Bloom, & Hathazi, in press; Lankenau et al., 2007; Sanders, 2005; Sanders & Lankenau, 2006).

A way to overcome the difficulties of qualitatively researching gang youth is through the assistance of community members who work directly with them. In the initial stages of the research, a variety of adults from community based organizations (CBOs) who work in some capacity with youth in gangs or those at risk for joining gangs were contacted through publicly available listings. Such adults were informed of the purposes of the research and protocols of the methodology, and asked if they could assist in contacting gang youth for interview purposes. Most of these adults did not work directly with gang youth and a few refused to assist with the research due to busy schedules or requiring unaffordable compensation.

In the end, 14 adults from 11 CBOs who worked in some capacity with gang youth helped enroll the 60 youth into the study. These individuals may be considered ‘gang specialists’ because they largely worked with gang-identified youth. Six different types of CBOs helped with the study, and the youth recruited into the study either had volunteered to participate within these CBOs ( $n = 31$ ) or were court ordered to do so ( $n = 29$ ).

The CBOs that youth volunteered to attend were youth and community centers, an employment program, and an outreach intervention program. At the youth and community centers, youth came for recreational purposes (e.g., playing sports, writing music, singing/rapping). Only a small proportion of the youth at such CBOs were gang-involved. The employment program was oriented specifically for youth in gangs, but who had expressed an interest in leaving the gang. Likewise, the outreach intervention program also worked specifically with gang youth who wanted to better themselves. Outreach work often occurs ‘on the streets’ within the youths’ environments.

The CBOs that youth were court ordered to attend were a counseling center, another intervention program, and an alternative school, each of which was linked to youth probation and offered delinquency diversion programs. The programs served as a substitute to more punitive penalties (e.g., incarceration) and were only available to youth who had been arrested for non-violent offences. Also, four youth were recruited at a substance-abuse treatment center that they were court ordered to attend through California’s Proposition 36, which mandates some form of drug treatment for those arrested for non-violent drug-related charges.

Interviews were digitally recorded, and conducted with the aid of laptop computers with interview managing software. Closed-ended interview questions captured quantitative socio-demographic and epidemiologic data on risk behaviors (substance use, violence, unsafe sex), and open-ended questions provided qualitative data on youths’ perceptions (context, motivation) of their participation in risk behaviors and about life in the gang. All interviews were face to face and private, lasting between 60 and 90 minutes. All youth were informed of their rights as research participants and signed consent/assent forms, and their rights were further protected by a Federal Certificate of Confidentiality. Upon completion of the interview, all youth received \$20 in cash and a package of five condoms containing lubricant and instructions as incentives, as well an information sheet listing contact details for a variety of local and state service providers. All research protocols, questions, and documents were approved by an Institutional Review Board (IRB). The interviews did not interfere with the services the youths received, and no IRB-reportable events occurred.

Important aspects of the methodology were the attempts made to ensure the youth enrolled into the study were bona fide gang members and within the appropriate age range (16–25 years). All youth enrolled self-identified as gang members, and this identification and their age was confirmed by the gang specialists who helped to recruit them. The assistance of gang specialists allowed for the recruitment of youth from a variety of gangs throughout Los Angeles, gang youth from different ethnicities, and gang youth with unique experiences of life in the gang. Moreover, the interviews were largely conducted within in private locations within the CBOs, which helped ensure the safety of both the youth and investigator. Overall, the methodology was successful in achieving the primary research aims.

The difficulty of conducting qualitative research with gang youth in Los Angeles is best reflected by its relative scarcity. Although qualitatively methodologies are some of the oldest in the tradition of gang research (Bursik & Grasmick, 1995), this study is one of a few qualitative studies ever conducted in the Los Angeles region to provide epidemiological data on substance use, unsafe sexual behaviors, and violence among gang members (Fagan,

1989; Harris, 1983; Moore, 1978; Vigil, 1988). A limitation of the methodology is its inability to recruit youth with no connection to a CBO. Other gang research methodologies previously employed, such as interviewing incarcerated gang youth (Skolinick, 1990), *in situ* data collection over time with one gang or a group of gang youths (Brotherton & Barrios, 2004) and survey techniques (Esbensen, Deschenes, & Winfree, 1999) also have limitations. Research findings do not claim to be representative, but do provide valuable insight into the extent a sample of gang such youth in Los Angeles participate in risky sexual behaviors and are potentially exposed to STIs, including HIV.

## Results

### Sample Characteristics

Table 1 presents socio-demographic data on the sample. The sample is predominately male (90%) with a mean age of 18.1. Many in the sample reported on community, family, and school risk factors that were overlapping and cumulative. These risk factors are consistent in the research literature with those associated with youth who join gangs (Thornberry, Krohn, Lizotte, Smith, & Tobin, 2006).

African American and Latino youth are at an increased risk of joining gangs, and all youth in the study were African American, Latino, or a combination of these identities. Regarding community risk factors, all youth were recruited from specific areas within Eastern, Southern and Western Los Angeles with significant histories of gang activity, drug use, and crime (Sanders et al., in press).

In terms of family risk factors, a proportion of the youth reported issues of poverty. For instance, 26.7% reported being homeless at some point in their lives, 20% reported not being able to eat at least once because their family did not have enough money, and 25% reported that they felt 'very poor' or 'poor' growing up. Some studies have indicated that coming from a single-parent family increases the risk for joining gangs, and less than half of the sample (45%) was raised by both parents. Also, having family members in the gang and/or involved in crime are also significant risk factors for gang membership, and 68.3% of the sample have family members in a gang, 90% have family members who have been arrested, 86.7% have family members who have been to jail, and 70% have family members who have been to prison. Regarding school risk factors, 35% have been expelled from school. Many of the youth also reported involvement in criminal justice system. For instance, 83.3% have been arrested, 70% have been to jail or juvenile hall, and 28.3% have been to prison, probation operated 'camps' or to the Division of Juvenile Justice/California Youth Authority.

Other physical and mental health questions among the youth were also asked to obtain a fuller profile of their backgrounds. Regarding mental health, 36.7% said they feel 'miserable' or 'not very happy,' 53.3% have seen a mental health therapist in their lives, and 28.3% have been prescribed medication for a mental health condition. Regarding physical health, 21.7% described their current health as 'fair' or 'poor,' and 43.3% reported current physical health problems.

### Main Findings

Quantitative and qualitative data are presented below for the sample in the following areas regarding their sexual behaviors: sexual identity, first and last sex, number of sexual partners, use of condoms, number of children and pregnancies, engagement in group sex, STIs, and sex with drug users.

### Sexual Identity, First and Last Sex, and Number of Sexual Partners

Most of the youth (93.3%) were sexually active, the great majority of whom (96.7%) identified as heterosexual. Only 3.3% of the youth identified as bisexual, all of whom were females. However, 35% reported having friends and/or relatives in same sex relationships.

Youth initiated sex between nine and 21 years, with mean age of 13.5 years. Approximately a quarter (23.3%) of these youth knew their sexual partner less than a month, and the same amount reported being intoxicated on drugs and/or alcohol at sex initiation. At their most recent sex, 6.7% reported knowing their partner less than a month, and 36.4% reported being intoxicated on drugs and/or alcohol. Beer, marijuana and crystal methamphetamine were the most common substances youth ingested prior to their first and most recent sex.

Within the last 30 days, youth reported between zero and nine different sexual partners, and within the last 12 months, youth reported between zero and 15 different sexual partners. Over their lifetimes, youth reported between one and 100 different sexual partners with two youth mentioning 'too many' too count.

### Use of Condoms, Children, and Pregnancies

At sex initiation, 37.5% did not use condoms or any other form of contraception. One youth talked about using a "plastic bag" as an improvised condom the first time he had sex. At most recent sex, 36.4% did not use a condom or other contraceptive. Within the previous 30 days, youth reported between zero and 35 occasions of having unprotected sex, with three youth saying 'too many' times to count, and within the previous 12 months youth reported between zero and 50 occasions of having unprotected sex, with 13 mentioning 'too many' times to count. Over their lifetimes, youth reported between zero and 60 occasions of unprotected sex, with 18 mentioning 'too many' times to count.

When asked why they did not use condoms, the most common pre-coded replies the youth indicated were: 'Not available' (38.1%); 'I was caught up in the moment' (23.3%); 'They're not comfortable to use' (16.7%); and 'I thought my partner was clean' (13.3%). About three-fourths (76.7%) of the youth reported not having current access to condoms or other contraceptive. Some related this to stores not selling condoms to their underage friends:

Yeah, some of my friends, the store, they won't sell [condoms] to you if you are under 18.

Others mentioned the high price of condoms:

It's not because we don't want – we've wasted money on condoms – but man, they're getting pretty expensive, like five bucks for just three!

Although 18.3% reported never talking to someone about practicing safe sex practices, 66.1% of the youth did talk with their friends about the importance of using condoms, including this youth:

I care for my friends. I don't want them to, you know. My friend, he say 'I don't like how condoms feel. I'm hitting the vibe.' It aint about how you feel when you're having sex; it's about how you feel when you get that HIV. [So I] give him a little piece of reality.

About one in ten (11.7%) reported having children, and 71.4% of youth lived with them. Some, though, reported rarely seeing their children:

I haven't seen them. I don't see them at all. I haven't seen my first daughter for three or four years. My second two kids, the last time I saw them was last year at Christmas.

Outside of live births, 31.7% of the youth reported getting someone pregnant or becoming pregnant. Of these pregnancies, 52.6% resulted in termination and 26.3% resulted in miscarriage.

### Group Sex

Group sex is defined as sex involving multiple partners concurrently. In this study, group sex involved one or two females and between two and five males. About a quarter (23.3%) of the youth mentioned participating in group sex over their lifetimes. Youth had engaged in group sex between one and 10 times and two youth mentioned ‘too many’ to count. Youth were aged between 10 and 17 years with a mean age of 14.5 years when they initiated group sex. About one in five (21.4%) of these youth reported using no condoms or other contraceptives on at least one occasion during group sex, and 71.4% reported using alcohol in combination with drugs such as cocaine, PCP, marijuana, and crystal methamphetamine prior to group sex incidents. Many youth had referred to group sex as ‘the train’ or ‘training’, including this youth, who described a context similar to most:

Training them, like gang banging, like one after the other: three guys in one room with a girl naked right there. One goes, and when he is done, the next one just jumps right in.

### STIs and Sex with Drug Users

One in every six youth in the sample (16.7%) reported they believed to have been currently or previously infected with an STI, including Chlamydia and gonorrhea. More than half (60%) of those who mentioned being currently or previously infected with an STI did not report their infection to friends, family or sexual partners, and many were unclear of their type of infection.

About half (51.7%) have been tested for HIV, and 61.7% have been tested for hepatitis C (HCV). Many of the youth reported only being screened for HIV/HCV when incarcerated. As one youth said, “Every time I go to jail, they do it [test for HIV/HCV].” Few of the youth reported being screened for HIV or HCV at a local service provider. One youth, though, said being treated for Chlamydia was related to his decision to get screened for HIV:

Thank God it was Chlamydia, though, you know? That it was nothing else, and from there I had to get tested. And trust me, my boy, I have been way fuckin’ careful because I have been in front of naked fuckin’ booty, and I think about it twice, you know what I mean? It’s crazy, ‘specially now that I have my girl, you know? So I got tested and everything. I got HIV tested.

Although all youth clearly understood about being previously tested for HIV, some were unclear about whether they had been tested for HCV. For instance, several youth confused being screened for HCV with something else, as indicated in the below excerpt:

I think [I was tested for HCV] when I was like a kid or something... That’s when they put that thing [on your wrist], they give you that shot that’s supposed to turn into a bubble or something like that?

None of the youth reported being positive for HIV or HCV, although 6.7% have a friend or family member with HCV, 10% have a friend or family member with HIV, and 6.7% of the youth have a friend or family member who has died from HIV or HCV. About one in ten (8.3%) of the gang youth feel ‘very likely’ or ‘likely’ they will one day become infected with HIV.

Close to half (46.4%) of the sample reported having sex with those who had sniffed drugs, and 42.3% of these youth reported no condom use with such partners. One youth mentioned

having sex with an injection drug user (IDU), and this youth reported not using condoms during these occasions. One other youth was unsure if he had had sex with an IDU.

## Discussion

Study findings largely support previous research regarding gang youths' heightened participation in risky sexual behaviors and their increased risk of exposure to STIs, including HIV.

For instance, on average, youth in the sample initiated sex at 13.5 years - approximately three years younger than the national average, and about a year younger than that among samples of other urban minority youth (Ompad et al., 2006). Young African American and Latino males and females generally initiate sex at early ages than other youth (MMWR, 2004). Youth who initiate sex at early ages are at an elevated risk of unintentional pregnancy, of acquiring HIV or another STI, and of other negative social and psychological outcomes (O'Donnell, O'Donnell, & Stueve, 2001). Overall, even among urban minority youth at an increased risk of participating in risky sexual behavior, gang participation appears to be an indicator of a youth at a significantly higher risk of both participating in risky sexual behavior and the negative social, psychological, and health outcomes related to such behaviors.

Youth were exposed to HIV, HCV and other STIs in two ways: risky heterosexual sex and sexual contact with drug sniffers. Very few of the youth reported same sex behaviors or sex with injection drug users and their exposure to blood borne pathogens through such behaviors was limited. None reported injection drug use.

Close to half the sample reported sex with drug sniffers, and about half of these youth reported not using condoms or other contraception during such sex. The evidence regarding the sharing of drug sniffing equipment (e.g. straws), sex with drug sniffers, and the exposure to blood-borne pathogens, such as HCV and HIV, through such behaviors is unclear (Gyarmathy, Neaigus, Miller, Friedman, & Des Jarlais, 2002; Tortu, McMahon, Pouget, & Hamid, 2004; Scheinmann et al., 2007). What remains clear, however, is the increased likelihood of transmission of STIs through risky heterosexual sex. In recent years, significant increases in the transmission of STIs and HIV have occurred through heterosexual sex. For instance, between 1985 and 2005, HIV cases transmitted heterosexually rose ten-fold, from 3% to 31% (Kaiser Family Foundation, 2006).

Risky heterosexual sex among the sample was pervasive. For instance, youth mentioned up to 100 different sexual partners in their relatively young lives. Over one third reported not using a condom or other contraceptive during the first time and last time they had sex. Over a quarter were intoxicated at sex initiation and over a third were intoxicated at most recent sex. About a quarter mentioned having group sex, and some of these events involved no condoms and large amounts of drug and alcohol use. Perhaps as a consequence of such risky sexual behaviors, one in six of the youth reported a current or previous STI, including Chlamydia and gonorrhea, and close to one in three reported a pregnancy outside of live births. About one in ten of the youth have children.

In California in 2005, an estimated 1.1 million new cases of STIs occurred among young people aged 15 to 24, with a direct cost of \$1.1 billion; youth in Los Angeles County reported the highest number of STIs in comparison to other areas in California, with a direct cost of treating these infections of \$390 million (Jerman, Constantine, & Nevez, 2007). Although California youth in urban environments are more likely to report risky sexual behaviors, such participation can be further differentiated depending on their involvement in other activities or groups. For instance, arrestees are more likely to report risky sexual

behaviors in comparison to those with no criminal justice involvement (Decker & Rosenfeld, 1995; Morris et al., 1995). Even among arrestees, those with a history of gang involvement are more likely to report risky sexual behaviors and/or STIs (Salazar et al., 2007; Voisin et al., 2004; Wingood et al., 2005). This suggests that, even among ‘high risk’ youth within ‘high risk’ environments, gang involved youth appear to be more likely than their non-gang peers to report risky sexual behaviors and STIs. Study findings corroborate with previous findings. As Harper and Robinson (1999) note, “...gang membership is a potential factor involved in the major categories of risk behaviors within which adolescents participate, and that it is an important variable to consider...” (p. 397).

Findings in this pilot study do not claim to be representative, but do provide some valuable insight into the risky sexual behaviors and consequent exposure to negative social and health outcomes among a small sample of gang youth in Los Angeles. The research was largely exploratory, but does provide support for the apparent relationship between gang membership, participation in risky sexual behaviors and reportage of STIs. Programs targeting individual gang members or youth before they join gangs may benefit from the inclusion of intervention or prevention techniques aimed at reducing sexual risk behavior and promoting safe sex (Voisin et al., 2004). More research that examines the link between gang participation and risky sexual behaviors will further guide such programs or their development.

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## References

- Auerswald CL, Muth SQ, Brown B, Padian N, Ellen J. Does partner selection contribute to sex differences in sexually transmitted infection rates among African American adolescents in San Francisco? *Sexually Transmitted Diseases*. 2006; 33:480–484. [PubMed: 16645551]
- Brotherton, DC.; Barrios, L. The almighty latin king and queen nation: Street politics and the transformation of a New York City gang. New York: Columbia University Press; 2004.
- Bursik, RJ.; Grasmick, HG. The collection of data for gang research. In: Klein, MW.; Maxson, CL.; Miller, J., editors. *The modern gang reader*. Los Angeles: Roxbury; 1995. p. 154-157.
- Cepeda A, Valdez A. Risk behaviors among young Mexican American gang-associated females: Sexual relations, partying, substance use, and crime. *Journal of Adolescent Research*. 2003; 18:90–107. [PubMed: 21218177]
- Crosby R, Salazar LF, DiClemente RJ, Yarber WL, Caliendo AM, Staples-Horne M. *American Journal of Preventive Medicine*. 2004; 27:404–410. [PubMed: 15556741]
- Decker SH, Rosenfeld R. “My wife is married and so is my girlfriend”: Adaptations to the threat of AIDS in an arrestee population. *Crime and Delinquency*. 1995; 41 37-35.
- Egley, A., Jr; Ruiz, CE. Highlights of the 2004 national youth gang survey. Washington, DC: US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; 2006.
- Egley, A., Jr; Howell, JC.; Major, AK. National youth gang survey summary: 1999–2001. Washington DC: US Department of Justice, Office of Juvenile Justice and Delinquency Prevention; 2006.



- Fagan JE. The social organization of drug use and drug dealing among urban gangs. *Criminology*. 1989; 27:633–669.
- Esbensen F, Deschenes EP, Winfree LT Jr. Differences between gang girls and gang boys: Results from a multi-site survey. *Youth and Society*. 1999; 31:27–53.
- Gyarmathy VA, Neaigus A, Miller M, Friedman SR, Des Jarlais DC. Risk correlates of prevalent HIV, hepatitis B virus, and hepatitis C virus infections among non-injecting heroin users. *Journal of Acquired Immune Deficiency Syndrome*. 2002; 30:448–456.
- Harper GW, Robinson WL. Pathways to risk among inner-city African American adolescent females: The influence of gang membership. *American Journal of Community Psychology*. 1999; 27(3): 383–404. [PubMed: 10492881]
- Harris, M. Cholas, Latino girls and gangs. New York: AMS Press; 1983.
- Jerman P, Constantine NA, Nevarez CR. Sexually transmitted infections among California youth: Estimated incidence and direct medical cost, 2005. *Californian Journal of Health Promotion*. 2007; 5:80–91.
- Kaiser Family Foundation. HIV/AIDS policy fact sheet. Menlo Park, CA: Kaiser Family Foundation; 2006.
- Lankenau SE, Sanders B, Jackson Bloom J, Hathazi DS. Recruiting and retaining transient young injection drug users in Los Angeles. *Substance use and misuse*. (in press).
- Lankenau SE, Sanders B, Jackson Bloom J, Hathazi DS, Alarcon E, Tortu S, Clatts MC. Prevalence and patterns of prescription drug misuse among young ketamine injectors. *Journal of Drug Issues*. 2007; 37:717–736. [PubMed: 18612374]
- Miller, J. One of the guys: Girls, gangs, and gender. New York: Oxford University Press; 2001.
- Minnis AM, Moore JG, Doherty IA, Rodas C, Auerswald C, Shiboski S, Padian NS. Gang exposure and pregnancy incidence among female adolescents in San Francisco: Evidence for the need to intergrate reproductive health with violence prevention efforts. 2008 from <http://aje.oxfordjournals.org/cgi/content/full/kwn011v1>.
- Morbidity and Mortality Weekly Report. Gang-related outbreak of penicillinase-producing *Neisseria Gonorrhoeae* and other sexually transmitted diseases – Colorado Springs, Colorado, 1989–1991. *MMWR Surveillance Summaries*. 1993; 42:25–28.
- Morbidity and Mortality Weekly Report. Youth risk behavioral surveillance – United States, 2003. *MMWR Surveillance Summaries*. 2004; 53:1–96.
- Moore, J.; Hagedorn, J. Female gangs: A focus on research. *Bulletin*. Washington, DC: US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; 2001.
- Morris RE, Harrison EA, Knox GW, Tromanhauser E, Marquis DK, Wats LL. Health risk behavioral survey from 39 juvenile correctional facilities in the United States. *Journal of Adolescent Health*. 1995; 17:334–344. [PubMed: 8924439]
- Moore, JW. Homeboys: Gangs, drugs and prison in the barrios of Los Angeles. Philadelphia: Temple University Press; 1978.
- O'Donnell L, O'Donnell CR, Steuve A. Early sexual initiation and subsequent sex-related risks among urban minority youth: The Reach for Health Study. *Family Planning Perspectives*. 2001; 33:268–275. [PubMed: 11804436]
- Ompad DC, Strathdee SA, Celentano DD, Latkin C, Poduska JM, Kellam SG, Ialongo NS. Predictors of early initiation of vaginal and oral sex among urban young adults in Baltimore, Maryland. *Archives of Sexual Behavior*. 2006; 35:53–65. [PubMed: 16502153]
- Salazar LF, Crosby RA, DiClemente RJ, Wingood GM, Rose E, Sales JM, Caliendo AM. Personal, relational, and peer-level risk factors for laboratory confirmed STD prevalence among low-income African American adolescent families. *Sexually Transmitted Diseases*. 2007; 334:761–766. [PubMed: 17507835]
- Sanders B, Lankenau SE, Jackson Bloom J. Putting in work: Qualitative research on substance use and other risk behaviors among gang youth in Los Angeles. *Substance use and misuse*. (in press).
- Sanders B, Schneiderman J, Loken A, Lankenau SE, Jackson Bloom J. Gang youth as a vulnerable population for nursing intervention. *Public Health Nursing*. (in press).

- Sanders, B.; Lankenau, S. A public health model for studying youth gangs. In: Short, J.; Hughes, L., editors. *Studying youth gangs*. Latham, MD: Altamira Press; 2006. p. 117-128.
- Sanders, B. *Youth crime and youth culture in the inner city*. London: Routledge; 2005.
- Scheinmann R, Hagan H, Lelutiu-Weinberger C, Stern R, Des Jarlais DC, Flom PL, Strauss S. Non-injection drug use and Hepatitis C Virus: A systematic review. *Drug & Alcohol Dependence*. 2007; 89:1–12. [PubMed: 17174481]
- Skolnick JH. The social structure of street drug dealing. *American Journal of Police*. 1990; 9:1–41.
- Thornberry, TP.; Krohn, MD.; Lizotte, AJ.; Smith, CA.; Tobin, K. The antecedents of gang membership. In: Egley, A., Jr; Maxson, CL.; Miller, J.; Klein, MW., editors. *The modern gang reader*. 3rd ed.. Los Angeles: Roxbury Press; 2006. p. 30-42.
- Tortu S, McMahon JM, Pouget ER, Hamid R. Sharing of non-injection drug-use implements as a risk factor for hepatitis C. *Substance Use & Misuse*. 2004; 39:211–224. [PubMed: 15061559]
- Uman, GC.; Urman, HN.; Malloy, CL.; Martinez, B.; DeMorst, L. *Pilot study on HIV among gang members*. Los Angeles: City of Los Angeles AIDS Coordinator's Office; 2006.
- Valdez A, Kaplan CD. Reducing selection bias in the use of focus groups to investigate hidden populations: The case of Mexican-American gang members from South Texa'. *Drugs and Society*. 1999; 14:209–224.
- Vigil, JD. *Barrio gangs: Street life and identity in Southern California*. Austin, TX: University of Texas Press; 1988.
- Voisin DR, Salazar LF, Crosby R, DiClemente RJ, Yarber WL, Staples-Horne M. The association between gang involvement and sexual behaviours among detained adolescent males. *Sexually Transmitted Infections*. 2004; 80:440–442. [PubMed: 15572610]
- Wingood GM, DiClemente RJ, Crosby R, Harrington K, Davies SL, Hook EW III. Gang involvement and the health of African American female adolescents. *Pediatrics*. 2002; 110:57–61.

**Table 1**Socio-demographics ( $n = 60$ )

Male	90%	Family member ever in prison	70%
Mean age	18.1	Ever expelled from school	35%
Latino	66.7%	Ever arrested	93.3%
African American	30%	Ever in jail/juvenile hall	70%
Ever homeless	26.7%	Ever in 'camp'/DJJ/CYA/prison	28.3%
Not able to eat at some point	20%	No health insurance	31.7%
'Poor'/'very poor' growing up	25%	'Miserable'/'not very happy'	36.7%
Raised by both parents	45%	Ever seen a mental health therapist	53.3%
Family in a gang	68.3%	Prescribed mental health meds	28.3%
Family member arrested	90%	Physical health as 'fair'/'poor'	21.7%
Family member ever in jail	86.7%	Current physical health problems	43.3%