No Ordinary Life: Complex Narratives of Trauma and Resilience in Under-Resourced Communities

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ABSTRACT
This investigation examines the occurrence and impact of chronic adversity for young adults who grew up amidst poverty and community violence. Young adults in such contexts, particularly those who have been involved with the courts, are not commonly conceptualized through the developmental lens of complex trauma but rather described by maladaptive behaviors and risk to society. This grounded theory analysis explored how participants perceive and make meaning of their experiences. Interview data revealed consistent narratives of childhood neglect and psychological maltreatment, chronic loss, intergenerational trauma exposure, and the resulting survival-based adaptation. We identified 3 primary themes across the participant narratives: (a) lack of need fulfillment; paradoxical experience of self, others, and the world; and persistent sense of purpose and meaning. Findings illuminated the complexity of ongoing struggle, adaptation, and resilience in adult survivors. The need for an increased focus in trauma-informed treatment of adults in underresourced communities is discussed.

It wasn’t no ordinary life ... like a regular child should have.
—Participant 20

Youth in urban, impoverished settings are frequently exposed to chronic traumatic stressors (Breslau, Wilcox, Storr, Lucia, & Anthony, 2004), and for many, trauma exposure can lead to an array of adverse emotional, behavioral, social, and physiological symptoms and life challenges (Burke, Hellman, Scott, Weems, & Carrión, 2011; Min, Minnes, Kim, & Singer, 2013; Stolbach et al., 2013). There are compelling data to suggest that risk factors related to recurring trauma and loss accumulate over time and increase in their causal effects over the course of development (Layne, Briggs, & Courtois, 2014). Individuals are particularly vulnerable to the developmental impact of traumatic exposure within the context of an impaired caregiving system (Blaustein & Kinniburgh, 2007; Kiser, 2007). In their review of the long-term effects of adverse childhood experiences, Shonkoff et al. (2012) described stress as being significantly damaging to child
development when intense, frequent, or prolonged activation of the body’s stress response system occurs “in the absence of the buffering protection of a supportive, adult relationship” (p. e246, italics added). Further, traumatic stress is delineated from a tolerable stress response based on the extent to which protective caregivers are available to facilitate the child’s coping abilities and assist in the process of deescalation of physiological and psychological arousal (Shonkoff et al., 2012). The critical importance of protective caregivers for optimal development and the profound risk associated with neglect and emotional deprivation has been recognized across developmental psychology and traumatology literature (Cicchetti & Valentino, 2006), with potential negative impact on affective and behavioral regulation, relational capacities, and academic skills (Manly, Lynch, Oshri, Herzog, & Wortel, 2013; Spinazzola et al., 2014). Simultaneously, developmental literature has highlighted the vulnerability of caregivers striving to raise children in underresourced environments, with chronic poverty and unsafe neighborhood environments negatively affecting caregiver ability to provide nurturance and emotional support (Ceballo & McLoyd, 2002).

The developmental impact of poverty and community violence exposure

There is a higher incidence of neglect in economically disadvantaged families and neighborhoods, as compared to other forms of child maltreatment (Hussey, Chang, & Kotch, 2006), and the combined impact of childhood neglect, family poverty, and neighborhood poverty has been found to contribute to poor outcomes in adulthood, including posttraumatic stress disorder (PTSD), increased risk for involvement in criminal activities, and reduced academic achievement (Nikulina, Widom, & Czaja, 2011). Poverty has been connected to elevated chronic stress, which can increase the vulnerability of a child’s developing self-regulatory capacities (Evans & Kim, 2013). Further, exposure to community violence has been linked to increases in aggressive behavior and depression regardless of prior experiences or symptoms (Ford, Chapman, Connor, & Cruise, 2012), and youth who have grown up in contexts of chronic poverty and community violence often yield overall higher scores on measures of trauma symptomatology (Burke et al., 2011; Corbin et al., 2013; Goldmann et al., 2011). Moreover, there is evidence to suggest that child maltreatment in combination with community violence exposure increases overall risk for a variety of emotional and behavioral difficulties (Buka, Stichick, Birdthistle, & Earls, 2001). Specifically, court-involved youth have been disproportionately exposed to violence in the home, community, or both, with as many as 90% of those in juvenile detention having been exposed to at least one traumatic event (Abram et al., 2004).
Neglected adulthood: when trauma-exposed children grow up

Despite the proliferation of literature regarding trauma exposure for youth in underresourced communities, there remains a paucity of corresponding literature related to trauma-affected adults. Rather than being conceptualized as potential trauma survivors who have not had the opportunity for intervention, these marginalized young adults have historically been maligned, without recognition of the survival-based nature of their life trajectories. However, research specifically using the Adverse Childhood Experiences (ACE) study findings (Felitti et al., 1998) has affirmed the prevalence of past adverse childhood experiences reported by adults in urban communities, with a detrimental impact on adult physical health and health risk behaviors (Corbin et al., 2013; Mín et al., 2013). In one study, Rich and Grey (2005) found the chronic impact of traumatic stress to be one of the three predominant themes among a group of gang-involved African American young men. According to Corbin and colleagues (2013), “Research suggests that these (PTSD) symptoms might lead many victims of urban violence to feel unsafe and engage in behaviors, such as substance use and carrying a weapon, to restore feelings of safety—thereby increasing risk for re-injury, retaliation, and poor health outcomes” (p. 1022). Early exposure to community violence is particularly associated with the development of desensitization, emotional numbing, and withdrawal of empathy, leaving youth at increased risk for later interpersonal or behavioral difficulties (Kerig, Bennett, Thompson, & Becker, 2012). In other words, aggression, substance use, and other symptoms targeted as problematic behaviors by the legal system are often coping strategies to increase safety and security in individuals with histories of trauma. Despite the deleterious consequences of neglect and emotional maltreatment in childhood (Cicchetti & Valentino, 2006; Spinazzola et al., 2014), such trauma exposure is rarely considered when conceptualizing the behavior of court- or gang-involved young adults. Kerig and colleagues (2013) recently urged the field toward a research agenda that considers these young men and women through the developmentally informed lens of complex trauma (Cook et al., 2005), which recognizes the adaptive nature of survival-based coping, along with recognition of the protective factors that might “mitigate against post-traumatic psychopathology” (p. 787).

Considering resilience in complex trauma survivors

The construct of resilience has evolved considerably over recent years (Masten, 2007), with a diversity of opinion in the literature as to what constitutes resilience (Brown, Kallivayalil, Mendelsohn, & Harvey, 2012). Conceptualizing resilience in adult complex trauma survivors, whose coping behaviors often appear maladaptive to those who are observing from a
distance, is particularly complicated (Brown et al., 2012; Harvey, 2007; Tummala-Narra, 2007). For many complexly traumatized individuals, coping strategies viewed as pathological (e.g., substance use, chronic self-harm) have often served to protect survival (Cicchetti & Rogosch, 2009). An ecological perspective of trauma (Harvey, 2007; Tummala-Narra, 2007; Ungar, 2013) focuses on not only individual adaptation, but the capacity of the individual's social and community resources to facilitate optimal development in the midst of adversity. Further, ecologically informed resilience literature posits that positive psychological functioning can cooccur alongside persisting trauma-related symptoms (Harvey, 2007; Tummala-Narra, 2007). Brown and colleagues (2012) challenged the field of trauma research to further explore the coping behaviors that are simultaneously adaptive (for survival purposes) and potentially maladaptive in the long term. They further discussed this phenomenon uniquely as viewing aspects of an individual's distress and resiliency as "intertwined with one another," calling on therapists to work the "double edge" of trauma survivors' adaptive processes (p. 103).

This investigation

There is currently minimal research considering vulnerable adults through the developmentally informed lens of complex trauma (Kerig et al., 2013). Further, qualitative research giving voice to the unique experiences of such individuals and communities has been sparse. This investigation provides a grounded theory analysis of 20 in-depth interviews with young adults who have grown up in the midst of chronic poverty and community violence and seeks to illuminate how these participants perceive and understand their experiences. The broad questions guiding this exploration are, when asked to describe their childhood and adolescent experiences, (a) are there common themes related to complex trauma exposure in the narratives of young adults who grew up in the midst of poverty and community violence; and (b) are there common themes related to how chronic trauma exposure has affected development, adult functioning, and meaning making?

Researcher perspective

As in any analytic process, the backgrounds and perspectives of the authors inevitably shape the findings. As such, both researchers attempted to remain aware of the ways in which their own social location and professional biases interacted with interpretation of the data. As White, female professionals working in the context of a psychology graduate education program at the time of data collection (the first author as an associate professor and the second author as a doctoral student), both authors are aware of the privilege
associated with their own experiences and the resulting limits of their ability to thoroughly understand the experiences of participants. Therefore, with the goal of reducing undue influence of personal and professional predispositions, the researchers maintained a practice of reflexive memoing and discussing their responses to the data in light of their values and social positions. Additionally, the researchers engaged in rigor-enhancing strategies to minimize the impact of researcher bias on findings.

**Method**

**Participants**

This study was conducted in collaboration with a nonprofit social service agency, which provides legal advocacy, after-school programming, and vocational training for young men and women (age 14+) who have been involved with the courts. Included in this study were 20 adult participants, 15 male and 5 female. Eighteen of the participants identified as African American, and two identified as biracial. The age of participants ranged from 19 to 31, with a mean age of 21. Educational levels included less than high school diploma \((n = 4)\), general education diploma (GED) completion \((n = 3)\), high school diploma \((n = 7)\), and completion of some college course work \((n = 6)\). The intention of our purposeful sampling strategy was to connect with a group of young adults who grew up in a particular urban neighborhood that is both currently and historically identified as underresourced. The participant sample included adult clients (18+) who were currently connected to the services of the agency, and this subset of the sample included 16 of the 20 participants. Snowball sampling yielded 4 of the 20 participants, beginning when early participants spontaneously offered to connect the researchers with peers or family members within the same community.

**Measures**

Participants completed two objective questionnaires and a demographic information survey in addition to the qualitative interview. The PTSD Checklist–Civilian Version (PCL–C; Weathers, Huska, & Keane, 1991) was given to screen for symptoms of PTSD. Additionally, the ACE (Felitti et al., 1998) self-report measure was given to assess for 10 categories of potential childhood exposure to traumatic experiences. These screening measures are both widely used and well-researched (Burke et al., 2011; Centers for Disease Control, n.d.; Corbin et al., 2013; Goldmann et al., 2011) and were used to obtain an objective measure of trauma exposure and current symptomology.
A semistructured qualitative interview was the key focus of this study, to understand the nuanced experiences of the participants in their own words. The Multidimensional Trauma Recovery and Resiliency Interview (MTRR–I) was developed by clinicians and researchers working in an underserved community and informed by an ecological perspective of traumatic stress based in both community psychology and trauma theory (Harvey et al., 1994). The interview protocol was developed to assess the overall history and complexity of trauma impact, coping, and resilience (Liang, Tummala-Narra, Bradley, & Harvey, 2007), as well as the participant’s understanding of his or her own trauma history and adaptation (Harvey et al., 1994). The MTRR–I has been found suitable for use with diverse populations at varying levels of recovery and prerecovery (Bradley & Davino, 2007). Given the prevalence of past court involvement among the participant pool, the researchers added an interview prompt, with the permission of the MTRR–I developers, related to the potential impact of past legal involvement.

**Procedure**

Data collection was conducted onsite at the social service agency between July 2013 and June 2014. The principal investigator of the study (the first author) conducted the majority of the interviews \((n = 14)\), with three additional members of the doctoral research lab group conducting the remainder of the interviews \((n = 6)\). Interviews were an average of 91.5 min in length and were audio-recorded with the participants’ consent. All interview transcripts were transcribed word-for-word by members of the research lab. Each interview was assigned a number (1–20), and quotes included in the thematic content that follows are tagged with the participant number to provide transparency related to participant representation.

**Analysis**

Analysis of interview transcripts was conducted using a grounded theory approach (Strauss & Corbin, 1998), with the goal of elucidating consistent themes identified across the participant narratives. Our interpretive process was informed by constructivist grounded theory, an integrative approach that assumes that knowledge is generated through the interpretation of new data with existing theoretical knowledge (Charmaz, 2014). We used open coding of the transcripts through multiple readings of the text. Coding was completed using the constant comparison technique, a process by which each additional transcript was coded reflecting previously identified codes, while also generating distinct additional codes when they emerged from the data. The authors independently double-coded the transcripts as a rigor-enhancing strategy, using a list of collaboratively identified codes. NVivo 10 software
was used for the organization and thematic analysis of qualitative data and the creation of the code list. This code list was regularly reviewed and consolidated by the authors, with higher order categories created from original codes that conceptually appeared to reflect similar conceptual phenomena. Finally, during the late stages of data analysis, thematic results were presented to staff in the community agency from which the majority of the participants were recruited, which further confirmed the resonance of the results with community stakeholders.

**Results**

Participant responses on the ACE self-report questionnaire suggest significant childhood exposure to trauma in the home environment. All of the participants reported at least one ACE category, with a mean ACE score of 4.5 across participants. Sixty-five percent of the participants endorsed four or more ACEs, with 35% indicating six or more ACEs in their histories. Table 1 summarizes the percentage of the participants that endorsed each of the 10 individual items.

On the PTSD Checklist (PCL–C), used as a screening tool for posttraumatic stress symptoms, 65% of the participant responses exceeded the score of 30, which would be significant in the general population. Further, 35% of the responses met or exceeded the mental health clinic cutoff score of 45, indicating a noteworthy level of current trauma-related symptomatology. In addition to PCL–C findings, MTRR–I interview data commonly included examples reflecting the various domains associated with complex trauma impact from the research literature (Cook et al., 2005; Stolbach et al., 2013), with an emphasis on periods of past and present mood dysregulation \((n = 12)\), a history of fighting and aggression during childhood and adolescent years \((n = 11)\), and ongoing hypervigilance \((n = 16)\).

Consistent with previous findings with court-involved youth (Abram et al., 2004), 90% of the participants \((n = 18)\) described a context of chronic trauma

<table>
<thead>
<tr>
<th>ACE categories</th>
<th>Percentage of participants who endorsed ACE</th>
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</thead>
<tbody>
<tr>
<td>Verbal/emotional abuse</td>
<td>60%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>45%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>15%</td>
</tr>
<tr>
<td>Emotional neglect</td>
<td>50%</td>
</tr>
<tr>
<td>Physical neglect</td>
<td>35%</td>
</tr>
<tr>
<td>Parental separation/divorce/abandonment</td>
<td>70%</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>20%</td>
</tr>
<tr>
<td>Household drug/alcohol abuse</td>
<td>65%</td>
</tr>
<tr>
<td>Household mental illness</td>
<td>20%</td>
</tr>
<tr>
<td>Household member incarcerated</td>
<td>55%</td>
</tr>
</tbody>
</table>
exposure in their communities, including frequent witnessing of community violence throughout their childhood and adolescent development \( (n = 14) \), witnessing the death of a loved one \( (n = 7) \), witnessing the death of a stranger \( (n = 8) \), and being the direct victim of community violence \( (n = 11) \). Childhood exposure to the drug industry in the school and community context was also ubiquitous in the stories of these participants. Fourteen of the participant narratives included experiences connected to past legal involvement, incarceration, or both.

Interview data from the MTRR–I revealed consistent themes of childhood neglect and psychological maltreatment, chronic loss and isolation, and the resulting survival-based adaptation reflected in the participants’ experiences and perceptions of self, others, and the future. We identified three primary themes (see Table 2) across the participant narratives: (a) lack of need fulfillment; (b) paradoxical experience of self, others, and the world; and (c) persistent sense of purpose and meaning. Participant quotes are included as thick descriptions within each domain and theme to illustrate thematic content in the voice of the participants.

**Domain 1: Lack of Need Fulfillment: Attachment Disruption in the Midst of Chronic Stress**

The term *lack of need fulfillment* originated in the work of Blaustein and Kinniburgh (2007) within the context of the development of an attachment-

<table>
<thead>
<tr>
<th>Domain</th>
<th>Key themes</th>
<th>Description</th>
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<tbody>
<tr>
<td>Lack of need fulfillment: Attachment disruption in the midst of chronic stress</td>
<td>Alone in the world: The cumulative losses of relational support</td>
<td>Emotional or relational support deficits during youth, such as unavailable or inattentive caregivers. Narratives reflect periods when participants had to meet basic needs of self or family members.</td>
</tr>
<tr>
<td></td>
<td>Necessary self-reliance: Surviving poverty in the midst of child development</td>
<td></td>
</tr>
<tr>
<td>Paradoxical experience of self, others, and future</td>
<td>Trust no one &amp; investing in connection</td>
<td>Narratives reflect a sense that trust is pervasively difficult, accompanied by ongoing pursuit of relational connection. Narratives reflect a sense that previous (or current) behaviors are not an accurate representation of identity.</td>
</tr>
<tr>
<td></td>
<td>Identity &amp; misidentity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anticipation of harm and strong sense of future orientation</td>
<td>Narratives reflect hypervigilance and persistent anticipation of danger, while simultaneously expressing optimistic future goals.</td>
</tr>
<tr>
<td>Persistent sense of purpose &amp; meaning</td>
<td></td>
<td>Narratives include specific statements describing meaning- making processes in which life is identified as meaningful related to specific purpose.</td>
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</table>
focused child trauma intervention model. This construct emerged as an important framework for interpreting the results of this study, given the consistent themes of attachment disruption, loss of significant relationships, the experience of aloneness throughout vulnerable developmental periods, and challenges associated with navigating adversity in the absence of consistent guidance and care. Blaustein and Kinniburgh discussed complex trauma survivors as having to adapt to either a lack of basic need fulfillment or an excess of danger, or often both, with the resulting developmental deficits and behavioral adaptations adopted in the service of basic need fulfillment and safety seeking. These themes were strikingly evident in the narratives outlined here.

**Alone in the world: The cumulative losses of relational support**

Participants consistently discussed the lack or early loss of relational support in their childhood, with 18 of the 20 participants identifying experiences of neglect, attachment disruption, or both in their families of origin. For many participants, these experiences led to making their primary relational attachments in the streets. One participant stated, “Growing up … by 12 years old, so much that I felt was neglect from my family … when I went to the streets, I was accepted. So I made my home in the street, and I ain’t lived with my parents since I was 12” (Participant 10 [P10]). This often solitary source of relational connection made it difficult for some participants to imagine life any other way. One recalled an adolescent conversation with a peer: “She asked me have I ever thought of getting off the streets … but I used to tell her ‘ain’t no other way out’ … I really wanted to … but I felt nobody was gonna take care of me. I wanted to be took care of” (P11).

A majority of participant narratives specifically used the language of isolation and “feeling alone” (n = 12) in the midst of navigating normative developmental challenges as well as stressful experiences of adversity. One participant stated, “I don’t got no momma; I ain’t got no daddy, so I’m out here in the world by myself … I was 13 making my own decisions … nobody would tell me what to do” (P14). Another participant explained, “I wasn’t really close to neither one of my parents … I’m more like a lone wolf … you know when a lion probably like a month old he leave his parents … that’s how I was” (P7). Participant 12 (age 22), who described poetry as a primary means of coping as a child, spontaneously recited a poem written at age 11, which he titled, “Alone.” An abbreviated segment of the poem is shown here:

I woke up in a cold sweat, all alone, my body is cold, I can’t feel my bones, as the day goes on I start to grow strong, but when I go outside I’m all alone … What did I do that was so wrong? Please take me out of this world where I’m alone … then I went back to sleep, thought the dream would be gone, but when I woke up, I was still alone. (P12)
Participants also described impaired caregivers struggling with their own trauma histories or substance use. One participant explained, “Something emotionally hard was watching my mom get abused . . . knowing that I wasn’t able to help her, which I wanted to do. And also her being on drugs” (P20). In the context of a story about his mother going to prison, and he and his brothers’ subsequent progression toward street life, another participant stated, “We felt we had no choice, because we didn’t have people that loved us early in life . . . we didn’t have people that told us ‘Go to school,’ you know . . . I wish we could always just been normal kids” (P6).

Whereas many participants described the lack of relational support from the beginning of life, others detailed the loss of caregivers, siblings, and peers who had previously served as supportive relationships. A young woman spoke tearfully about the absence of her mother in her life, who died from an accidental drug overdose when she was an infant: “I often wonder to God, why did you have to take my mom from me . . . at such an early age . . . why not at least when I got older and wiser and could stand up for myself?” (P14). Often the loss of a caregiving grandparent marked a significant increase in vulnerability. In describing the sudden death of his grandfather when he was in eighth grade, one participant explained, “I used to be around my grand-daddy a lot. He had a garden and I used to be in the garden with him. After he died, I didn’t care about nothing no more . . . I started selling drugs . . . stopped going to school” (P11).

**Necessary self-reliance: Surviving poverty in the midst of child development**

Chronic poverty served as a backdrop for all participants and was reflected in stories of families overwhelmed with physical survival \((n = 15)\. Many participants described feeling compelled to turn to “the streets” to meet their own and their siblings’ basic physical needs. The narratives tell a collective story of financial necessities of survival, and woven into these stories is the sense of having no one else on whom to rely for sustenance. As stated by a participant at the beginning of the interview, “I guess the earliest childhood memory . . . wasn’t much of a childhood . . . I actually felt like I was already more of an adult” (P20). After her family was evicted from their home at age 15, another participant explained:

> My mom couldn’t pay the bills no more, she had lost her job, and I moved into a big old house full of teenagers. We would throw parties to raise money . . . to pay the rent and to have food . . . when you not living with your parent . . . it makes you grow up pretty fast. (P17)

Several participants described feeling the need to care for younger siblings as a child. Participant 6 described, “I started from pumping gas . . . I was an innocent kid. But then I just got to selling drugs . . . when my mom went to jail . . . I became a man so early . . . I’ve been taking care of my little brothers since then—they were 8 years old and I was 10.”
**Domain 2: Paradoxical experience of self, others, and the world**

As noted earlier in this article, trauma survivors often adopt particular coping strategies or *ways of being in the world* in the service of survival. Throughout the narratives, paradoxical themes related to the participants’ internal working model—the cognitive framework through which we view ourselves, others, and the world (Bowlby, 1969)—emerged as salient. In many ways, the conflicted perceptions of self, others, and systems of meaning reflected in the narratives are consistent with the complex trauma literature related to adaptive coping and the paradox of the “double edge” of resilience in complex trauma survivors (Brown et al., 2012, p. 103).

*“Love all, trust none:” Interwoven narratives of mistrust, betrayal, and connection*

“Love all, Trust none” and “Trust No One” were tattoos that two participants spontaneously displayed while discussing difficulties with trust and painful lessons learned by past betrayal. Participant 12 embraced “trust no one” as both a life motto and a tattoo “on my arm to remember that people will let you down.” When asked about relationships, narratives reflect statements of profound mistrust of others in 90% of the participants (*n* = 18), supported by stories of childhoods lacking stable attachment experiences. As participants elaborated on this strong sense of mistrust, repeated betrayal emerged. As one participant stated, “My life just taught me not to trust ... not even my own family members” (P20). Another participant further explained, “Once your trust has been shot you try not to refuel that same kind of pain ... you’ve got to guard your heart” (P2). Furthermore, some participants reflected on the level of risk connected to trusting others, as exemplified in the following statement: “I do love people ... but it’s just that I wouldn’t show it. I feel like love will get you killed. Show no love” (P14).

At the same time, participant narratives consistently demonstrated persistence in the desire to develop meaningful relationships. A significant majority of the participants reported supportive relationships with peers, family members, or mentors that have developed in adulthood (*n* = 16) as well as resolve to demonstrate love to the next generation of children. As one participant reflected: “I need to show (my kids) what I didn’t have. Show them how love is supposed to feel.” Additionally, several described growing, albeit ambivalent, relationships with caregivers who were previously impaired or absent from their lives (*n* = 11).

*“This is not who I am:” Identity and misidentity*

Another significant theme was related to the incongruence between identity and the perceptions of larger society. When engaged in describing earlier life
experiences in general, participants openly discussed past behaviors that often led to negative consequences, such as substance use, physical aggression, gang involvement, selling drugs, and the resulting time spent in juvenile detention, prison, or both. Without exception, the tone of these stories was self-reflective and open, not attempting to excuse or downplay the realities of choices made in the midst of earlier points in life. At the same time, the majority \( (n = 15) \) of participants described a felt sense of being misunderstood when asked questions about identity, particularly in light of gang affiliation or past legal involvement. Various participant statements reflected a general sense of “this is not who I am,” referring to past behaviors and societal assumptions about their identities as young, African American adults in an urban neighborhood.

Participants offered positive self-statements throughout their narratives, contradicting the misperceptions they have experienced related to general personality characteristics, academic or athletic skills, and past potential. Participant 7 reflected on his past gang affiliation, which began in response to his desire to help buy school supplies for his sister, and the incongruence between his earned rank in the gang and his internal experience. He explained, “I earned my spot … but I actually don’t even like fighting people. I’m kind of a pacifist … it made me sad … I am sensitive.” Participant 11 is in his early 20s and spent 6 years incarcerated between juvenile detention and adult prison. However, when describing himself in the midst of a story about his relationship with peers, he stated, “I am shy and kind-hearted.” The interviewer (the first author) was struck with the congruence of his self-description with his actual shy and kind demeanor, and yet was simultaneously reflective of the unlikelihood that he would be typically perceived in this way by society. In the midst of coping with the aftermath of sexual abuse, community violence exposure, and multiple home transitions due to poverty, another participant stated, “What made me stay in school is, I didn’t want to be like everybody else. I always felt different … people underestimate me” (P17). In these statements dispersed throughout the majority of participant narratives, there was a pervasive sense of grief connected to feeling misunderstood or underestimated, yet consistently accompanied by a tenacious commitment to prove oneself contrary to misidentity.

“Something always ‘bout to happen in the ’hood”: Anticipation of harm, yet strong future orientation

Statements suggesting hypervigilance were typical throughout participant narratives \( (n = 16) \), with several articulating a specific sense of perceived threat and ongoing expectation of danger most of the time \( (n = 8) \). As stated by Participant 3, “Sometimes I have a feeling something bad gonna happen … cause nine out of ten times it do.” Another participant described daily trembling and pain in his abdomen when he hears sirens: “That’s my bad alert system … ‘Get out of there’ … I feel like that’s what my body is trying to tell me” (P7). Participant 14 illuminated her sense of foreboding by
summarizing, “And I think (with sirens in the background during this segment of interview) … in the hood you gonna always have a bad experience … everyday it’s something bound to happen. That’s why I always stay strapped” (P14).

Simultaneously, however, the vast majority of participants ($n = 18$) expressed a hopeful sense of future orientation, with specific goal statements focused predominantly on vocational and educational goals ($n = 16$), parenting aspirations ($n = 9$), and goals related to seeking justice in the community ($n = 6$). In discussing her process of recently securing a new job, one participant articulated, “I’m hopeful … cause I know the future gonna hold something so good for me and my kids … we struggle, but they ain’t gonna have to struggle no more once I fixing to do what I gotta do” (P14). Similarly, another participant said, “Basically the story of my new life is just beginning … I see myself getting a good job and being a father … I want to know that I put something back into the world that was of use. And for my kids to have something to fall back on when I’m gone” (P10). Helping others through one’s vocation was a strongly expressed goal and value. One participant who was about to begin his nursing training stated, “I’m excited to start college and finally do what I’m passionate about … changing my future … what could have ultimately been tragic” (P19).

**Domain 3: Persistent sense of purpose and meaning**

The majority of the participants in this study were still struggling significantly in particular aspects of life, including court probation or other repercussions of past legal involvement, chronic poverty and unemployment, relational difficulties, and ongoing struggles with mood dysregulation, anxiety, and posttraumatic stress symptoms. Nevertheless, they identified ways in which they have adaptively coped and found hope and meaning in life. When responding to specific interview questions exploring meaning making, most participants ($n = 18$) unequivocally described their lives with a sense of meaning and purpose. Although it varied across participants, there was a strong undercurrent of meaning making through the ability to serve and give back to their own community ($n = 10$) or give their own children the care they longed for as children ($n = 10$). Participant 12 spoke tearfully about how his own children have given his life meaning, describing how watching them sleep at night makes him feel “overwhelmed … so good, like I feel complete … being a daddy and knowing that they love me and love each other.” This same participant is working in a youth program in the community, in which he states, “There’s a lot of (kids) not getting any love from family … or from the streets … I know how to help them type of people.” Additionally, a significant amount of participants articulated that life is meaningful because “I’m still alive” ($n = 11$) and that meaning and insight can be gleaned from past life
lessons ($n = 14$). One participant who expounded on this theme hoped that his voice would help others: “I found my purpose helping people . . . being a voice to the people . . . being able to tell my story and hear other people share with me is meaningful . . . to be a helping hand instead of a (violent) hand” (P19).

**Discussion**

The results of this study offer the diverse voices and unique experiences of pretreatment adults whose experiences of chronic poverty and community violence overlapped with relational trauma and cumulative loss. The consistency with which participants articulated stories of profound attachment disruption and emotional deprivation was remarkable. Psychological maltreatment is comprised of both neglect and emotional abuse and signifies a significant disruption in the attachment relationship between child and caregiver (Spinazzola et al., 2014), characterized by caregiver behaviors that are “harmful because they are insensitive to the child’s developmental level” and involve “persistent or extreme thwarting of the child’s basic emotional needs” (Barnett, Manly, & Cicchetti, 1993, p. 67). Indeed, psychological maltreatment defined in this manner is reflected in this study. Interview data reflected adult impairment consistent with the literature on the risks associated with childhood exposure to psychological maltreatment, including internalizing symptoms, increased risk for substance abuse, and long-term deficits in relational capacities, emotional regulation, and identity (Spinazzola et al., 2014; Trickett, Kim, & Prindle, 2011).

Simultaneously, the narratives of this study illuminate the complexity of intergenerational trauma and poverty when considering caregiving. The narratives around caregivers echoed Lyons-Ruth and Block’s (1996) research and the complexities of childhood relational development in light of impaired caregiving. Many of the young adults in the study spoke in a nuanced manner about caregivers who were struggling with the impact of substance abuse, depression, anxiety, or financial distress, with lives overwhelmed by evictions, loss, and incarceration. Several of the participants as young parents themselves seemed able to reflect on the struggle of “making it” in their communities. Although they spoke fervently about the intention to give their own children a different life from what they experienced, there was a palpable sense of empathic understanding for caregivers who themselves were often living on the edge of survival. The overall themes related to disrupted attachment and impaired caregiving reinforce the ongoing need for preventative services that provide support for vulnerable caregivers of young children.

Our findings also further acknowledge the complexity of resilience (Brown et al., 2012; Tummula-Narra, 2007), elucidated through the voices of a population who is rarely in direct dialogue with the professional research community. Participant themes of meaning making reflecting hope and purpose in life were
robust, particularly in light of the significance of historical trauma and present life struggles. Ongoing difficulties with employment, legal issues, housing instability, interpersonal relationships, and psychological distress coexist with strengths, including commitment to caretaking of children and elderly parents and vocational aspirations, a phenomenon that Wright and colleagues referred to as “ontogenic instability” (Wright, Fopma-Loy, & Fischer, 2005, p. 1185). The majority of the participants noted the significant role that recent mentoring and relational support has played in their adult lives, highlighting past findings on the dynamic nature of adult attachment in light of new life experiences (McLewin & Muller, 2006). This finding also highlights the power of community relationships and support services, as the participants for this study were recruited through their relationship with a legal center for youth and young adults (age 14+), which is connected to various interrelated youth programs under a larger nonprofit. Such prevention and intervention programs continue to warrant further research to support funding for critical community-based programs that can build on the strengths and enhance the resilience of youth such as those highlighted in this study.

Limitations of this study and implications for future research and practice

One of the primary strengths of this study was our ability to engage with a community population; however, most participants were recruited due to a relationship with a social service agency that is currently offering or has historically provided support through mentoring, legal aid, after-school programming, or vocational support. Therefore, it is possible that the participants in this sample might have experienced a higher level of recent social support, contributing to a positive sense of future orientation and meaning in life compared to their peers. Additionally, there are limitations in the sole use of qualitative methodology in our study. For example, it would be valuable to have additional quantitative data related to symptoms, such as current mood and anxiety symptoms, beyond the PTSD symptom data.

As researchers we acknowledge that although there is a rich diversity of voices represented in this exploratory study, our investigation cannot capture the vast expanse of experiences in this or other urban communities. It is our desire that this window into the experience of these participants will inspire further research exploring intervention and policy relevant to vulnerable individuals and communities, through the lens of complex trauma impact. Trauma-informed services for vulnerable adults are severely lacking in both inpatient and outpatient settings (Corbin, Bloom, Wilson, Rich, & Rich, 2010), and ongoing research and increased understanding of the needs of such individuals and communities is critical. Additionally, it is important to address and mediate the predisposing vulnerabilities (e.g., poverty, community violence, etc.) that increase the likelihood of traumatization of future generations.
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References


