

In Their Own Words: How Black Teens Define Trauma

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Abstract Trauma is a subjective phenomenon. However, when examining trauma among low-income, Black teens, it is common to use established clinical criteria as the metric for identifying and evaluating its presence and impact. Little attention has been devoted to exploring how Black youth characterize trauma in their own terms. This qualitative study explored the concept of trauma from the perspectives of 12 low-income, Black teens. Participants' descriptions included death and loss; violence exposure; police harassment, racism, and discrimination; poverty; being stuck in the hood; and being bullied. While some of their descriptions were compatible with traumatic stressors outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM), participants also highlighted factors that are not explicitly enumerated in the DSM. Findings present important implications for the development of more culturally and developmentally inclusive discussions of trauma and for clinical practice with low-income, Black youth who are impacted by trauma and adversity.

Keywords Trauma exposure · Youth perceptions · Black adolescents · Dimensional analysis

Trauma is a subjective phenomenon; in order for something to be identified as a trauma, it must be experienced as harmful, threatening, or overwhelming to those who have been exposed to it (Substance Abuse and Mental Health Services Administration [SAMHSA] 2012). Perception, thus, plays a critical role in distinguishing a traumatic experience and its

impact. Smith (2010) explained, “what is dangerous is not universal among humans...In this way, threatening acts and behaviors are not the determinant of what is traumatic but it is the [individual's] perception of danger that determines what is traumatic” (p. 1). However, when examining and discussing trauma in child and adolescent populations, it is common to use established clinical criteria as the metric for identifying and evaluating its presence and influence. It is less likely to encounter research that specifically explores children and adolescents' conceptualizations of trauma. This study aims to address this gap by: (a) examining how low-income Black youth conceptualize trauma and (b) identifying the types of events, experiences, and conditions they classify as traumatic stressors.

Conceptualizing Trauma

Since the 1950s, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) has played a significant role in offering a conceptual framework for trauma. This clinical text presents a list of events, circumstances, and symptoms that can suggest the presence of trauma, and has significantly influenced how scholars identify, define, evaluate, measure, and discuss trauma in their work. For example, when exploring trauma among child and adolescent populations, many have focused on events highlighted in different versions of the DSM, including: violence witnessing and victimization, maltreatment, physical injury or accident, rape, sexual assault, death and loss, and vicarious trauma (Breslau et al. 2004; Costello et al. 2002; Doyle 2012; Ickovics et al. 2006). Low-income, Black and African American youth often emerge in these discussions as being among those for whom these types of traumatic events occur at rates significantly higher than other racial and ethnic groups (Adams 2010;

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American Psychological Association [APA] 2008; Chen 2010; National Survey of Children's Health [NSCH] 2011).

Black Teens and Trauma Exposure

Alim et al. (2006), for example, specified that “violent traumas such as homicide, physical assault, and rape are perpetuated more frequently against African Americans” (p. 803). Hunt et al. (2011) reported a high incidence of exposure to interpersonal trauma, particularly for African American youth from urban environments. Empirical data based on the National Survey of Adolescents reported Black teens as indicating greater incidence of past year death of a family member (48.3%) and of a close friend (26.7%) than national averages (36.1% and 20.3%, respectively) (Rheingold et al. 2004). Data from the second wave of the National Epidemiologic Survey on Alcohol and Related Conditions identified Blacks and Hispanics as having significantly higher exposure to child maltreatment compared with Whites, due primarily to higher reported rates of witnessing domestic violence (Roberts et al. 2011). Assessments of physical dating violence (PDV) in teens from this same cohort showed that the prevalence of reported PDV victimization was greater among blacks (13.9%) than whites (7.0%) and Hispanics (9.3%) (Roberts et al. 2011). Some reports have also indicated that low-income, African American youth are predisposed to poly-victimization, enduring multiple forms of psychological trauma at rates significantly higher than non-Hispanic white youth and youth from higher socioeconomic statuses (Ickovics et al. 2006; NSCH 2011). While these studies and other empirical data support propositions about Black and African-American teens' high or disproportionate rates of trauma exposure, the assertion that trauma is subjective advises that it is still important to consider how these teens construct meaning of trauma as a critical component of this conversation.

Black Teens' Perceptions of Health-Related Phenomenon

Adolescents' attitudes, beliefs, and perspectives are often informed by a number of factors, including: personal disposition, socialization, their stage of development, their life experiences, and other demographic, cultural, and contextual influences (Doyle 2012; Hyatt-Burkhart and Levers 2012; Meyerson et al. 2011). With respect to trauma and stressor-related disorders, the fourth and fifth versions of the DSM acknowledge that culture can offer behavioral and cognitive templates for recognizing and responding to traumatic events (American Psychiatric Association 2013; American Psychiatric Association, and Task Force on DSM-IV 1994). Levers (2012) explained, “culture profoundly shapes people's experiences of trauma, along with rituals of grief and suffering

that enable the expression of trauma...Culture [also informs] the ways in which people make meaning of trauma...and the manner in which people are able to heal” (p. 12). From this perspective, cultural beliefs and values may affect Black teen's conceptualization and experience of trauma.

However, a major general concern about the DSM is that there is little research to support its transcultural utility (Stamm and Friedman 2000). While recent changes to the DSM present some insight on the intersections of culture, context, and epidemiologically defined need, the underlying assumptions of the DSM implicitly endorse a Western worldview, causing skepticism about its applicability to people representing non-Western cultures (Stamm and Friedman 2000). The DSM's coverage of cultural and contextual factors has been charged with being inconsistent and fragmented, and investigations of how individuals and groups across diverse settings and backgrounds experience and identify mental health concerns is described as limited (Cauce et al. 2002). Specific to Black teens, the DSM-5 does not offer any specific insight about how members of this group view or experience traumatic events. Much of what is known or explained about psychological trauma and its effects on human functioning is grounded in research on the experiences of Holocaust survivors, abused women and children, victims of sexual assault, and servicemen and veterans (Corbin et al. 2010; Herman 1997).

Empirical evidence has shown that Black teens and their caregivers' subjective assessments of life events and related distress symptoms are sometimes incompatible with clinical assessments as determined by Western standards (Watson et al. 2009). Others have documented that cultural and contextual factors influence differences in how some Black people recognize, identify, and address mental health concerns (Barksdale and Molock 2009; Cauce et al. 2002; Molock et al. 2007). With respect to child and adolescent trauma, Geffner and Tishelman (2011) urged that attending to the nuanced differences in how youth experience trauma may have significant implications for how we develop more meaningful trauma models and effective interventions. Although literature has grown in the area of examining and discussing cultural and ecological implications of trauma, there is limited work specifically examining how adolescents from different racial, ethnic, and socioeconomic backgrounds define trauma or label and characterize traumatic events. The present study aimed to address this gap by exploring the construct of trauma from the perspectives of low-income, Black teens.

Method

Participants

A purposive sample of 12 Black teenagers (50% male) was gathered from teens enrolled in a community center

in Washington, DC. Participants were youth whose low-income household status rendered them eligible for free or reduced-cost membership at the community center. Their ages ranged between 15 ($n = 3$), 16 ($n = 8$), and 17 ($n = 1$) years old, and they resided in three of the four quadrants in the District of Columbia. All teens were high school students from five schools within the District. Most of the participants ($n = 6$) were in the 11th grade; four were 10th graders, one was a 9th grader, and one was in the 12th grade. Table 1 presents participants’ demographic information based on data collected on a short questionnaire.

Procedures

Research procedures were approved by the Institutional Review Board at Howard University. Prior to data collection, consent and assent forms were collected from the teens and their caregivers. Face-to-face, semi-structured interviews were conducted with all study participants in a private room at the community center where they were members. Interviews were audio-recorded and lasted between 15 and 45 min in length. Participants received a \$10 gift card to a local restaurant in appreciation for their time.

For descriptive information, participants responded to questions from a demographic survey that gathered data about their age, gender, school enrollment status and grade, district/ward, and length of time living in their community. Participants were then asked questions to explore their conceptualizations of trauma.

Table 1 Sample characteristics of demographic variables

Variables	<i>n</i>	Percent (%)
Gender		
Female	6	50%
Male	6	50%
Age		
15	3	25%
16	8	66.7%
17	1	8.3%
School Status		
Enrolled	12	100%
Grade		
9th	1	8.3%
10th	4	33.3%
11th	6	50%
12th	1	8.3%

Results

Data Analysis

Verbatim transcripts of the audio recorded interviews, reflective notes, and theoretical memos were analyzed using NVivo 10 (QSR International 2014) software. Data was analyzed and coded using Schatzman’s (1990) dimensional analysis protocol, as outlined by Kools et al. (1996). Dimensional analysis is an approach informed by grounded theory that constructs a conceptual understanding of a phenomenon by breaking it down into its dimensions and properties (Bowers and Schatzman 2009).

With the reading of each interview transcript, the investigator employed the grounded theory technique of constant comparison. In the context of dimensional analysis, constant comparative analysis involves comparing the identified collection of dimensions across each participant. This helped the researcher develop a robust understanding of each of the dimensions and offered insights on the relationships between different dimensions (Ward 2005). Dimensionalizing continued in this fashion until saturation was reached. According to Kools et al. (1996), saturation exists when the analyst has determined that a critical mass of dimensions has been achieved and new data does not offer new concepts or properties; at this point the scope of the phenomenon is captured. In the present study, saturation was reached by the interview with the twelfth participant. Presented here are results from the first stage of this analytic process, which identified the dimensions or characteristics of trauma based on participants’ discussion of this topic.

Defining Trauma

Participants were asked about their knowledge of the word trauma to assess their familiarity with this clinical term and to evaluate the influence of this clinical definition on their discussion of trauma as experienced by Black teenagers from their communities. When asked to describe what came to mind when they heard the word *trauma*, only six of the 12 participants reported familiarity with the term. Of these six participants, only four were able to offer a definition. Participants’ definitions of trauma fell into three major categories: (a) defining trauma in terms of physical injury; (b) defining trauma as a bad, negative, horrible, unexpected event; and (c) defining trauma as an indicator of mental wellbeing.

Defining Trauma as a Physical Injury Three participants described trauma as physical harm to some part of the body. Examples of this were a traumatic brain injury or injury from involvement in a car accident. These participants offered the following illustrations:

It was like they had to do something, or somebody had hurt themselves, and don't you know like how like [in the video I saw] they repeated how they hurt themselves and they said trauma to the head or something like that. Um, I heard of the word trauma, like there's like head traumas. Like, I don't know what it means exactly like the definition but I know in a sense...Like, when people get hurt, there's like head trauma, like she got a trauma.

Youth describing trauma in terms of a physical injury reported to have learned about the term in school; one participant specified that her knowledge of trauma as a physical injury came from a lesson in her forensics science class.

Defining Trauma as a Negative Event Participants who defined trauma as a bad or horrific event used examples including: death; something bad suddenly happening to a friend (i.e. getting locked up, stabbed, or hospitalized); getting beat up; friends or family members dying; getting raped as a child, and witnessing someone get shot. In this context, they expressed that direct and indirect experience of these types of negative events was reflective of trauma. For example, a participant presented the following explanation, with some uncertainty: "Trauma is like, I'm thinking it's like, okay, you could see your friend one day and that's like, and then the next day you hear something bad about them happen. Is that trauma?"

Other teens confidently offered the following elaborate definitions:

Trauma? Um, like a painful event that's like, it leaves a mark in your mind. Like, it basically shatters everything that you thought that wasn't going to happen, but it basically did so you're basically like, you're in another state of mind. Your conscious mind is flowing with that part of the brain, and everything else is like in that trauma, basically, it's stuck.

Trauma is something bad that happens and it's still in your head, and you can't get over it.

Like, like a loss in the family or like witnessing something at a young age that has scarred you for life...probably like if somebody got shot or something in front of them or like died in front of them.

These descriptions explain trauma as a negative event and as the impact of the event on the mind. Trauma is also qualified here as being something unexpected or unanticipated and difficult to overcome. Youth offering these definitions specifically identified examples of trauma to include rape and witnessing a significant other get killed.

Defining Trauma as an Indicator of Mental Functioning

One participant talked about trauma as a state of mental

functioning. This youth emphatically explained that trauma meant "crazy, or mentally like your mind is not really in the right place." This definition offered some suggestion of a perceived correlation between trauma and mental illness; here it was presented as if the two concepts were interchangeable.

No Knowledge of the Concept of Trauma Four participants reported that they did not really know what trauma was and could not offer a definition. Two of these participants did, however, acknowledge having heard some mention of the word before. These teens described hearing the term in a popular rap song called "Traumatized" by artist Little Durk. Some lyrics to this song include the following:

Headshot, headshot, you in the morgue boy
Brought a whole lot guns, you ain't gon' blow it boy
Run up on you by the corner store
Then I leave you by that corner store
Mama crying, police flying
Red tape, homicide
Stay in, don't come outside, 'cuz its war time
Less peace and more dying yeah, less peace and more dying
Bottle party, teddy bears, lit candles...(Lyric Myrical 2013)

The song goes on to describe execution style homicides and includes a chorus where the artist self-proclaims to be traumatized, yet invincible or unscathed by all of the violence and police activity that he causes. After the interviewer presented a definition of trauma to participants who indicated having heard this song, they were asked to identify the aspects of trauma that they thought were present in Little Durk's lyrics. These youth identified violence in the song as an example of what they now understood trauma to represent. One participant explained: "He was talking bout what he do in his life in Chicago, cuz that's a hard city...Cuz too much is going on [there]...way more shooting and stuff [than in DC]." This reflection on Lil Durk's song also suggested that trauma had varying degrees of intensity. From his perspective, Black teens from Chicago appeared to have it worse than teens from Washington, DC because of their exposure to more violence.

Other participants who reported having no knowledge of, or familiarity with, the word *trauma* were provided the following definition by the interviewer:

Trauma is an event(s) that severely hurts people and that people have a really hard time getting over. It can be something that actually happened to them or that they are afraid will happen to them. Trauma usually makes people feel overwhelmed, like they don't have what it takes to deal with it.

Based on their own definition, or the definition provided by the investigator, each participant was asked to identify any form of trauma that they believed Black teens from their community experienced. Additionally, with the understanding that participants’ conceptualizations of trauma can exist independent of their knowledge of this formal term, participants were also asked about the horrific, overwhelming, and extremely difficult events, experiences, or conditions endured by Black teens from their communities. The experience and expression of fear, helplessness, and horror in the presence of traumatic stress are considered to be universal dimensions of trauma; thus, this question was designed to ask participants about the types of events that they felt induced these outcomes in adolescents from their community (Stamm and Friedman 2000). Analysis of these responses is presented below.

Describing Trauma as Experienced by Black Teens from their Communities

Participants’ descriptions of traumatic stressors produced 10 major dimensions of trauma (Table 2), including: experiencing and anticipating death and loss; experiencing violence; dealing with police harassment, racism, and discrimination; being stuck in the hood; dealing with parental unavailability; experiencing family conflict; facing financial hardships; navigating peer pressure; and being bullied.

Experiencing and Anticipating Death and Loss Dealing with death and loss emerged as the most prominent dimension associated with trauma. All 12 participants described that Black teens from their neighborhoods commonly lose parents, siblings, and friends to violence and incarceration or lose other family members to health challenges, including cancer. While acknowledging that death was a part of life, participants talked about death and loss as a hardship for Black youth in their communities because of the frequency with which it happens and because of the negative impact that it has on teens to repeatedly deal with mourning the loss of loved ones.

For example, participants described that Black youth from their communities deal with trauma in the form of

unexpectedly having their peers taken away via incarceration, death, or being victims of gun violence and stabbings.

Like some, one of your friends could go to jail, one of your friends could pass away...

You can be coming from a party and there could just be problems for no reason...yeah like they get killed or something like that.

Well when my friend died the other day I just broke down. It felt sad. Cuz he was at a party and they just start shooting.

Five of the teens described that their schools and families were mourning the recent losses of adolescents from their community due to shootings and other forms of violence.

Yeah, my mother just came from a funeral... he was only 17...knew him since—I knew him since third grade my sister knew him since second.

Yeah, we lost somebody that go to [our school], but I didn’t know him...They was shooting at his candle light.

Here, participants shared compounded and complex loss experiences. Not only was violence responsible for peer deaths, but violence also infiltrated their ability to grieve the loss of their friends. As described above, during ceremonial mourning rituals, Black teens from their communities are forced to be wary of their own risk for being shot and killed. As described in the following section, the tendency for retaliatory violence in their community also meant that in the midst of their grief experience from one loss, they are anticipating and bracing for a number of other losses, including more violent deaths and/or the incarceration of their peers.

Experiencing Violence All study participants also identified violence as one of the major, overwhelming stressors experienced by Black teens from their communities. Many described community exposure to violence to include “hood beefs” (i.e., gang activity or conflict among rival neighborhood groups), shootings, stabbings, and fighting that often resulted in death or incarceration of their peers, family members, and other members of their communities.

For example, one youth described that around the age of 14, his exposure to violence drastically increased: “You start hearing a lot of gunshots that you normally don’t hear at a young age. You know, somebody getting killed right in front of you...Like, being in DC you sees it all. You see it all.”

Several other participants supported this perspective:

Um, that’s the fighting and the killing and all the, like, um-like off the wall nonsense...like stabbing and stuff, like

Table 2 Dimensions of trauma (themes)

Experiencing and Anticipating Death and Loss
Experiencing Violence
Dealing with Police Harassment, Racism, and Discrimination
Being Stuck in the Hood
Navigating Peer Pressure
Dealing with Parental Absence
Experiencing Family Conflict
Facing Financial Hardships
Being Bullied

those are like [going on in our] neighborhood....mainly violence is the biggest issue.

I done been there when drive-bys done happened, somebody got jumped, like it's always, DC is always like a revenging city. If something happen to one, something gotta happen to somebody else. Like say if a uptown hood is beefing with [another] hood...and somebody from uptown get killed, uptown is going back to [the other hood] and get whoever is in that line of fire. Basically, I don't care, [they will retaliate against anybody,] mother, father, grandmother.

As suggested here, teens described being constantly bombarded with varying degrees of violence in their neighborhoods. Group and community rivalries were perceived as particularly causing their environment to be unsafe and causing Black youth to be vulnerable to witnessing, being a victim of, or being impacted by a traumatic event.

Dealing with Police Harassment, Racism, and Discrimination

Several participants identified negative interactions with the police among the major sources of trauma or hardship for Black teens in their communities. One youth described that police commonly approach Black youth and force them to disperse from areas where they gather to socialize. Others indicated that police frequently question youth from their communities and treat them as if they are guilty, without probable cause.

It's too much drama around here. Too much police harassments.

Like nowadays, you know a lot of things be happening in [our city], so like, if police see four, five, or six, like a group of people on the corner or something they gonna automatically suspect something. So they be like, you be like, "Oh man, here come [the police]"...So they'll probably stop on the corner talking bout "Oh y'all got to move." You don't want to go nowhere else. You right there where people can see you...So, you be like, I'm not gonna move, you know. That's where I've been living for a couple of years or whatever the case may be. This is where I first started doing whatever I've been doing. This is where I first learned how to play basketball, football, you know what I'm saying. So, I'm not gonna move. You're gonna have to move me. Basically.

As described in the latter quote, police harassment made this teen feel like he was being displaced and denied access to his own community.

Teens also described police harassment as being a form of hardship associated with racism and discrimination. One participant expressed that being stereotyped by others influenced their unfair treatment within the criminal justice system. In

particular, participants felt that White teens were not criminalized or treated the same way by police officers as Black teens from their community.

Like, if you was put up against a white child and doing the same thing, they'll get off easy and we got to go to court and stuff just for going through a gate. Like what if we didn't have money to go to the train.

...because like a officer from another race will probably think that they are doing something that they're not and then accuse them wrongly from doing it and then they end up getting killed or like hurt because of the wrong accusations of the police.

For these participants, police offered leniency to White teens, but did not extend the same courtesies to Black youth. Furthermore, for Black teens, police presence in their communities was not only traumatic because of unfair treatment, but also because interaction with police made Black teens from their neighborhoods feel like they were at risk of losing their lives.

Being Stuck in the Hood

A few teens described that adolescents from their communities suffer from having limited prospects for experiencing life beyond their immediate environment. They described this as a trauma because their neighborhoods often felt stifling to their potential, and because many teens become distressed trying to find a way out. From the perspective of one teen, "being in the hood is like an addiction." To him, this meant that you grow up in these communities and you get used to seeing and doing the same things all your life. To study participants, "being stuck in the hood" represented an extremely difficult or overwhelming circumstance because they believe youth from the community want to "expand their horizons," but struggle to find a viable way out.

One participant touched on this theme in his discussion of a rapper from DC who was able to use his talent as an avenue to make it out of DC:

He made it. He making songs with famous rappers, he's going on tour, stuff like that. He came from a rough neighborhood and this neighborhood was called 37, SE, DC. Everybody know about it. It's a rough neighborhood from gun violence, from crack heads, stuff like that. Like, he made it really through gunshots, violence, police, like I don't know how you make it, but he's a rapper so basically, all he thought of was rapping, so, his success was to get out from out of DC. Cuz you know it's a lot of people that's from DC that don't make it.

From this participant's sharing, it became clearer that the concept of "being stuck in the hood" presented as a

hardship or trauma because, among other things, being stuck meant that Black youth had to deal with continuous exposure to substance abuse, violence, and police harassment. Making it out of the hood presented as a possibility for reprieve or freedom from these chronic stressors.

Navigating Peer Pressure Participants suggested that Black teens also navigate pressure from friends to do drugs and to participate in negative behaviors.

They just, I'm a call it, like, I'm a call it uh, 'hop on' like once somebody else do this and you be like come on and do this with me, and it's like you want to be with it. Like that's not good for you.

I mean your friends you know they can force you to do something that you don't want to do. Like smoke marijuana and stuff.

Cuz a lot of teens get influenced by their other friends, a lot of teens want to fit in so they do what a lot of their friends are doing.

These youth suggested that Black teens in their community fall susceptible to similar forms of peer pressure as youth in other contexts and communities. Like teens from other demographics, participants described that Black youth from their neighborhoods feel pressure to fit in and to conform to standards of peer culture. Trying to fit in can be a protective measure employed by Black teens to prevent being bullied or ostracized by peers. However, trying to fit in and navigating peer pressure also present as pathways to substance use and gang culture, behaviors which were described by the participants to contribute to and perpetuate trauma and hardships for Black teens from their environment. In this way, participants' discussions of navigating peer pressure highlighted the ways in which trauma exposure among Black teens from their communities can be complex and embedded in social dynamics that are often viewed as normative markers of adolescent development.

Dealing with Parental Absence Participants also indicated that youth deal with their biological parents being absent or unavailable due to a number of circumstances including incarceration, death, substance use, or neglect. When describing the experiences of Black teens in his community, one participant explained:

Some of them suffer because they don't have all their parents and sometimes they parents mostly deadbeats so they have to live with they grandparents.

Another youth specified parental unavailability by describing that:

[Black teens might] live in a drug house with [their] family you know things rough, your mother on welfare, stuff like that...you know it's kinda hard. It's hard.

As suggested here, even when parents are physically present, various circumstances render Black teens void of close, supportive relationships with their caregivers. Parental substance use and financial hardships were among the factors reported to strain parent-adolescent relationships and cause intense stress for Black teens in these contexts.

Experiencing Family Conflict Participants also reported that family conflict was a form of trauma experienced by Black teens from their neighborhood. Two participants explained the following:

You might have got put out just now. You might have a family member that doesn't like you. Just always nitpicking at you.

I know there probably be a lot of arguing with their family. That probably be the major [type of family issues]. Cuz I go to a lot of people houses and they always arguing. And I know at my house we argue a lot, so that's one of them.

While during other parts of the interview family was presented as a positive resource for helping Black teens deal with trauma, in the ways presented here, family relationships and dynamics were identified as a major source of stress or hardship that was often overwhelming for Black adolescents from their communities.

Facing Financial Hardships Participants also identified financial hardships as a form of trauma experienced by Black adolescents from their neighborhoods, particularly because of factors like parental unemployment. Financial hardships were reported to cause problems for Black teens because economic insecurities at the family level render many Black adolescents unable to participate in recreational activities like shopping and unable to afford trendy clothes and items that would help them fit in with their peers.

Like, they can't get the new shoes that come out. Stuff they really like, but don't—can't afford.

Uh, a lot of parents can't get jobs, so for teens it's hard to have money. And like, because we like to go shopping and stuff, so just trying to find jobs and stuff like that is hard.

Financial challenges at the family level were described by participants as a difficult circumstance that forced Black teens into parentified roles and to suppress their desire to have material things because of the financial pressures impacting their family. However, viewing financial hardships as a source of trauma was mostly emphasized in relation to discussion of economic insecurities making Black teens vulnerable to bullying, which is discussed in the section below.

Being Bullied Several teens described that youth from their schools deal with bullying. They defined bullying behaviors to include name-calling and being made fun of, particularly for some variation of being different from the norm.

Like people jones about their clothes and their different type of shoes and stuff like that. So if you don't have good shoes they'll say something about like, all, hmm, they'll be like all your shoes, they'll just start talking about you...Or if your hair not right, they'll talk about you.

Um, like, you can't really be yourself. Because like, if you're gay or like you don't dress like everybody or don't wear Jordans and stuff you can end up getting beat up and stuff or joned on and people be starting to commit suicide off that. So, it's like people not really living their lives.

That's why some people killing their self. Because of bullying.

Participants identified sexuality and various aspects of physical appearance to be catalysts for exposure to bullying among Black teens. Here, there was an opportunity to see how other themes like *facing financial hardships* and *death and loss*, intersect and present complex forms of trauma for Black teens from these neighborhoods. Among the consequences of not fitting in because of sexual orientation or inability to purchase items that are on trend is exposure to bullying. Bullying influences Black teens from their communities to commit suicide. Suicide becomes another means by which Black youth directly or indirectly experience death and loss.

Discussion

Results from this study suggest that low-income, Black teens possess varying degrees of knowledge about the term trauma and have diverse meanings of this concept. A few participants were unaware of this clinical term or unable to present a definition. No information was collected from participants in order to determine if this had to do with intellectual or academic capabilities. Participants' hesitation to present a definition may be attributed to fear of being wrong or to the idea that it is more common for individuals to use developmentally or

culturally relevant language to discuss mental health related concepts instead of clinical language or terms. Most participants talked about trauma as an event or circumstance. A few teens defined trauma in terms of its impact on the individual. Several youth referred to trauma as experiencing, witnessing, or learning of negative events, conditions, or circumstances and being impacted by these factors. Many participants were unsure if their conceptualizations of trauma were technically correct; however, all participants felt confident in their ability to describe the extremely difficult, threatening and overwhelming circumstances or hardships faced by Black teens in their communities. Their illustrations primarily involved references to death and loss experiences, direct and indirect exposure to violence, parental absence and neglect, family conflict, police harassment, and social challenges including peer pressure and bullying.

Generally, participants presented definitions and descriptions of trauma that were in synch with mental health literature (Doyle 2012; Rheingold et al. 2004; SAMHSA 2012) and that reflected compatibility with clinical discussion of trauma as outlined in the DSM-5 (American Psychiatric Association 2013). Table 3 offers a representation of these similarities.

All of the examples of trauma, hardships, or stressors presented by adolescents in this study are included among listings of traumatic stressors in the DSM-5 (American Psychiatric Association 2013), except explicit mention of peer pressure, bullying, racism, discrimination, or police harassment.

There were no major distinctions in the conceptual definitions and examples of trauma provided by participants based on any of the demographic characteristics from the study.

Table 3 Comparing participants' and clinical conceptualizations of trauma

Participants	DSM-5
"Uh, those are horrible experiences to face."	Trauma- and stressor-related disorders include disorders in which exposure to a traumatic or stressful event is listed explicitly as a diagnostic criterion.
"Trauma is like, I'm thinking it's like, okay, you could see your friend one day and that's like, and then the next day you hear something bad [i.e. 'he's locked up; or he just got stabbed, he in the hospital'] about them happen. Is that trauma?"	Learning that the traumatic event(s) occurred to a close family member or close friend.
"Trauma...Cuz I be getting-I be feeling trauma...like...if you see somebody get shot..."	Witnessing, in person, the event(s) as it occurred to others. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
"Like a injury...to your body...or your mind probably."	Exposure to...serious injury Events include violent personal assault, suicide, serious accident, and serious injury.
"Probably death, I don't know"	Exposure to actual or threatened death

However, four teens did offer gender-specific ideas on trauma. One participant reasoned that the main difference in how trauma manifests for adolescent males and females was that females are more likely to be victims of rape or sexual violence. Three of the female participants expressed that Black males experienced more trauma than Black female adolescents and associated this perspective with Black males' exposure to police harassment in their communities. The latter ideas reflect contemporary discussion on racial profiling and the violent deaths of Black males at the hands of the criminal justice system.

While participants' conceptualizations of trauma were mainly influenced by their personal experiences and their experiences in peer, family, and community contexts, they did suggest that school and media were also contexts where they learned about the clinical term. A few participants described learning formal definitions of trauma in their high school classes. Others talked about music as a mechanism by which they are exposed to graphic depictions of what trauma is and how it manifests for people in different geographic locations. Specifically, their discussion of the song "Traumatized" by artist Little Durk from Chicago demonstrated that music not only introduced a few of these youth to the term trauma, but music also served as a means by which Black teens could compare their trauma experiences to Black youth in other communities.

Practice Implications

It is a common practice within the health professions to consult clinical and diagnostic texts to help understand and diagnose challenges or problem behaviors and chart a course for treatment. While a useful strategy, in some ways, this practice might encourage health professionals to miss out on opportunities to engage their client's own voice in defining their experience. The current research demonstrates the importance of understanding how Black teens conceptualize trauma in their own terms, and might be an important model for intake, engagement, and assessment phases of clinical practice with teens from this and other demographics. Furthermore, it might prove important to develop and reinforce social work education curricula and training that focus on strengthening practitioners' skills around engaging Black teens as experts on their own life experiences and on enhancing social workers' ability to position themselves as learners in the therapeutic exchange with members of this adolescent population. Additionally, youth in the study expressed that school curriculum and media helped inform their trauma knowledge. Practitioners interested in engaging Black teens about trauma might consider collaborating with educators and using music and other media platforms as means of discussing and exploring trauma with youth from this demographic.

Implications for the DSM

Attempts to develop mainstream criteria for assessment and evaluation of mental health disorders often renders some of the nuances of cultural and contextual implications of distress lost and excluded. Findings from this study suggest that discussion of trauma and stressor related disorders in current and future versions of the DSM might include more specific attention to the ways in which traumatic stressors and symptoms of distress present during adolescence. For example, including bullying and negotiating peer pressure among the listings of potential precipitators of traumatic stress may present as more inclusive. Additionally, including racism and discriminatory behaviors as specific forms of trauma that may impact populations of color and marginalized groups in the United States may be a step in the direction of enhancing the cultural considerations section of the DSM-5 specific to trauma and stressor related disorders.

Strengths and Limitations

Overall, this study ventured into an area where there has been limited discussion or exploration. Specifically, studying low-income, Black teens' views on trauma helps build critical knowledge on subjective experiences of trauma and traumatic stressors among adolescents from this demographic. This information also offers insights that may help improve trauma-informed approaches and enhance the capacities of mental health professionals to meet the needs of this population.

While low-income, Black adolescents have been included among populations characterized as difficult to engage in research (Bonevski et al. 2014), in this qualitative study participants appeared comfortable with sharing their thoughts, knowledge, beliefs, and perspectives about this sensitive topic. The researcher intentionally used reflexive practices and engaged practice knowledge and experience with the intention of creating an environment where safety and respect for the adolescents' views and experiences were prioritized above the research goals and agenda. Future research should examine the strengths of these strategies for engaging low-income Black youth in research and in discussion of trauma.

The recruitment process for the study was facilitated by the liaison at the research site and, therefore, was vulnerable to infidelity to the recruitment protocol. Furthermore, youth at the center have been exposed to research projects like this at other times, and may have self-selected in to the study for a number of reasons beyond the control of the investigator. These factors may have impacted the overall characteristics of participants involved and limited the range of perspectives present in the study.

The researcher was limited to one interaction with each participant. In consideration of this limitation, the researcher

used the skills of reframing and follow-up questioning as techniques to verify accurate understanding of participants' views and accurate representation of the links between their ideas. Furthermore, the interviews gathered data on low-income Black teens from multiple neighborhoods within one geographic location; however, all participants were members of the community center where the study was conducted. The use of one geographic location and data collection site may have also limited the range of perspectives captured during data collection. Thus, the views and conclusions drawn from this data cannot be generalized to Black teens from other environments. However, the research approach employed, and study findings, can facilitate the development of future studies with adolescents in other contexts.

Conclusion

In his discussion of adultism, Bell (1995) suggested that those working with youth should “listen attentively to young people. Listen when they talk about their thoughts, experiences, and feelings...” and “ask what they think about everything” (p. 6). This strategy can prove extremely helpful when it comes to developing clinical knowledge on mental health issues impacting youth populations and can ensure that some of the important insights that youth have about their lived experiences are not overlooked. Thus, the current study attends to the voices of low-income, Black teens to expand how we understand trauma from their subjective viewpoints. Although there are similarities between the teens' depictions of trauma and discussion of trauma in the DSM-5, these youth identified important traumatic stressors that invoke intense fear, helplessness, and horror for low-income, Black teens that are not included in the DSM-5. Therefore, this study contributes to emerging discussion about cultural, developmental, ecological, and contextual considerations of trauma and stressor related disorders and can inform future research with other populations and treatment models that might enhance mental health promotion efforts with low-income, Black adolescents who are affected by trauma.

Compliance with Ethical Standards

Conflict of Interest The corresponding author declares that there is no conflict of interest to report.

Ethical Standards and Informed Consent All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation [institutional and national] and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent and assent was obtained from all participants and their caregivers for being included in the study.

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