

Traumatic loss in low-income communities of color

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From 2000 to 2004, five Black young men I grew up with died, all violently, in seemingly unrelated deaths. The first was my brother, Joshua, in October 2000. The second was Ronald in December 2002. The third was C. J. in January 2004. The fourth was Demond in February 2004. The last was Roger in June 2004. That's a brutal list, in its immediacy and its relentlessness, and it's a list that silences people.... I wonder why silence is the sound of our subsumed rage, our accumulated grief. I decide this is not right, that I must give voice to this story.

Jesmyn Ward, *Men We Reaped: A Memoir*

“Keith Wiggins,” a 28-year-old lifelong resident of one of San Francisco’s poorest and historically most violent neighborhoods, had experienced an inconceivable amount of loss. The loss primarily came with the early and violent deaths of people he loved and admired, but its face took many forms. First, when Keith was a boy, his young grandmother died in her sleep from a heart attack. Though he was heartbroken by her death, it would probably be the least traumatic loss he would suffer.¹ Several years later, during early adolescence, he lost three friends to gang violence; he showed me where, in the middle of a neighborhood street, a close friend was shot in the back of the head assassination-style by a rival gang member. Then at sixteen, Keith lost his sister, two years his junior and his best friend, from complications associated with cerebral palsy. He wept as he described her passing as if it had occurred 12 days, not 12 years, before. And then at age 19, Keith lost a close cousin. They were essentially raised together, and so the two boys considered each other brothers more than cousins. The cousin died in his sleep from a drug overdose; he was barely out of his teens. And then he lost his mother—or so he thought. After grieving her loss for four months, Keith discovered that she was living just a few towns south of San Francisco, having conspired with another of Keith’s sisters to fake her own death and leave her old life behind.²

The losses in Keith’s young life continued to mount. In his early 20s, he lost two close childhood friends to a car accident. No other car was involved; drugs and alcohol were found in their systems. At age 25, somewhat optimistic about the future, and gaining confidence that his troubled past was behind him, Keith married his longtime girlfriend, got a job, and prepared to grow their family—his wife entered the relationship with a very young daughter whom Keith embraced

as his own.³ Unfortunately, six months into her pregnancy with their first child, his wife, who suffered frequent and violent epileptic seizures, miscarried. This was a huge blow to the couple, but Keith remained optimistic. They were young and would be able to have kids in the near future. Within six weeks, however, his wife died in her sleep, likely the result of another massive seizure.

All told, in his 28 years Keith had lost at least 16 very close friends and family members to death (or presumed death). The majority of these deaths were violent. All were unexpected. And almost all were concentrated during the last half of his life, from early adolescence to the present. Nine deaths resulted from homicide, three from accidents, and four from illnesses. This is an estimate based on loved ones that Keith happened to speak of during our conversations; if I had taken a proper survey, it very well might have revealed even more.

Consistent with various folkways for death in such communities, which include memorial T-shirts and sidewalk shrines, especially among the young, Keith pays tribute to each of his lost family members, including his mother, with tattoos of their names blanketing his right arm. His left arm, however, he has reserved for the names of close friends who have died since early adolescence, most of whom were victims of gang-like warfare or petty neighborhood grievances. Extending the length of his left bicep, the tattoo consists of an unfurling scroll. The scroll’s heading reads *The Ghetto Heaven*. Two columns of five names each, street names all, are drawn in fancy script. At the scroll’s bottom reads “Rest In Peace.” Because he cannot imagine a life without constant loss, Keith has organized the names so that ample space remains, on the inside of both his right and left forearms, for the names of the not-yet-dead.⁴

Although Keith’s experience is probably not atypical of young men and women from low-income communities of color, especially those beset by high rates of violence and crime, to my knowledge few researchers have examined this question in-depth, and so we actually know little about the extent and nature of traumatic loss such as the sudden and violent loss of a loved one to homicide, suicide, and accidents, in such communities.⁵ The neglect of this issue is curious for two reasons.

First, in low-income black urban communities, rates of premature death are significantly higher than in other communities, as a consequence of illnesses (primarily cardiovascular and metabolic), accidents, and homicide.⁶ If the prevalence and incidence of sudden and violent deaths are higher in these communities, it stands to reason that rates of traumatic loss are higher as well. Descriptive analysis of the General Social Survey does suggest higher rates of traumatic loss

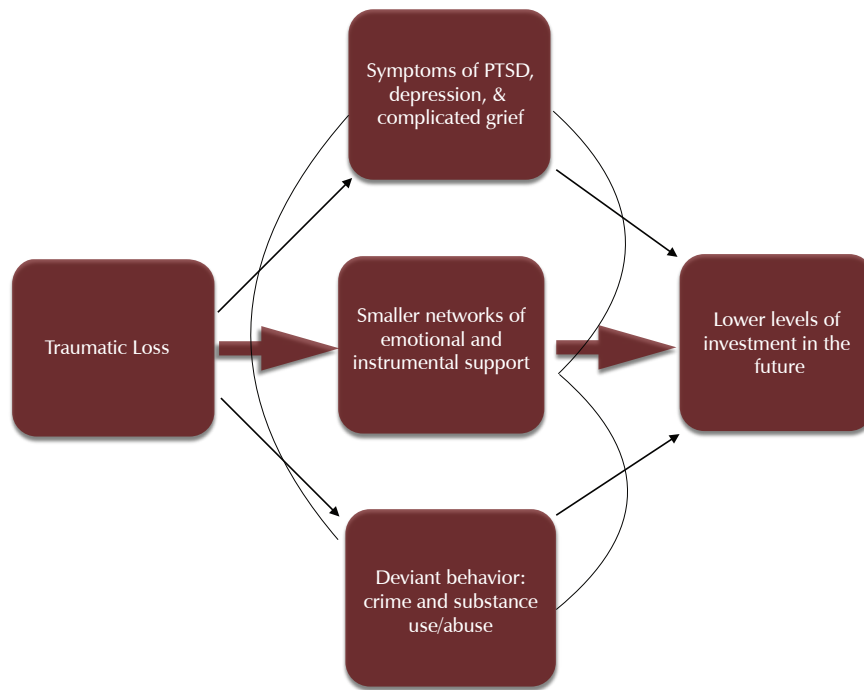


Figure 1. Model of the effect of traumatic loss.

among blacks, but especially the black poor. Between 1978 and 1994, 2.9 percent, 3.6 percent, and 3.2 percent of 18- to 30-year-old nonpoor whites, blacks, and Latinos, respectively, reported losing one relative in the last year. Relative to their nonpoor counterparts, the figures for poor whites are little different (at 3 percent), and those for Latinos are roughly 25 percent higher (at 4.2 percent). But among poor blacks, rates of loss are two-thirds higher (at 6.1 percent). Descriptive analysis of the Black Love Survey, 2010, a web-based survey to an online panel of a representative sample of African Americans, is also suggestive. It reveals that 10 percent had lost a spouse or partner, child, sibling, or parent to violence. Another 23 percent lost some other relative to violence. These findings are instructive, because they suggest higher rates of traumatic loss among blacks, and especially among low-income blacks, than among whites and Latinos. But these data fall far short of informing us about the prevalence, incidence, and nature of traumatic losses in low-income communities of color, relative to other communities, and so more research is needed to fill this significant gap in the literature.

Second, the neglect of this issue is odd because traumatic loss is also a strong and positive predictor of depression, Post-Traumatic Stress Disorder (PTSD), and complicated grief.⁷ A large and growing body of research indicates that in low-income black urban communities, rates of PTSD and depression are substantially higher than they are elsewhere, and these mental health disparities have largely been attributed to exposure to community violence.⁸ This is for good reason, because rates of exposure to violence are very high in poor communities of color, and exposure to violence is a strong and positive predictor of poor mental health outcomes.⁹

Few researchers, however, have investigated the extent to which high rates of PTSD and depression in poor black urban communities are also attributable to *traumatic loss*, despite previous research linking PTSD, depression, and complicated grief to experiences of traumatic loss, especially so when the loss is the result of a homicide. Drawing from a national sample of 1,753 young adults, for instance, Zinzow and colleagues examined the mental health consequences of losing a loved one to homicide and reported that homicide survivors were nearly twice as likely to experience PTSD symptoms, depression, and drug abuse or dependence in the past year than did those who had not experienced such loss.¹⁰ Freedy and colleagues also report that those who have lost a family member to violent death have higher PTSD prevalence rates than do those who have lost loved ones to suicide or accidents or those who have themselves been victims of direct crime.¹¹ The latter finding suggests that the effects of traumatic loss on mental health outcomes might actually be greater than the effects of exposure to violence. This circumstantial evidence implies that traumatic loss plays an important role in high rates of depression and PTSD among poor urban blacks. To date, however, we lack sufficient insight into the consequences of such losses for profoundly affected individuals, families, and communities.

Filling this gap in our knowledge is important, because traumatic loss likely has far-reaching implications not only for mental health, but also for social isolation, and orientations—expectations and aspirations, and therefore investments—toward the future. See Figure 1 where I diagram a model of the potential effects of traumatic loss. Not only has previous research established higher risks of PTSD and depression among residents of low-income black communi-

ties, but reports also indicate that they are more likely to be socially isolated, to engage in deviant behavior, and to have leveled aspirations and lower expectations about the future.¹² And these potential effects of traumatic loss may be especially salient for young adults, who are still in the process of deciding what they want their lives to look like, and who may therefore experience greater long-term impact of these adverse effects on their own psychosocial development and socioeconomic and health trajectories. ■

¹Although Keith loved his grandmother dearly, her loss, though unexpected, was somewhat less complicated. It was easier for Keith to make sense of his grandmother's passing, even if her death was sudden. He had far greater difficulty, however, accounting for the losses of the others who died far too young and often violently.

²Keith theorized that his mother's own inability to cope with the loss of her daughter and "son" led her to behave in such extreme and bizarre ways.

³The new job was actually a temporary, government-sponsored internship program. It was one of the few opportunities available to Keith, whose spotty work history and criminal record made finding a real job extremely difficult, if not close to impossible.

⁴I learned that in the fall of 2013, months after our last set of interactions, Keith lost another first cousin, this time to homicide. His cousin had been killed in a drive-by shooting.

⁵See F. Norris, "Epidemiology of Trauma: Frequency and Impact of Different Potentially Traumatic Events on Different Demographic Groups," *Journal of Consulting and Clinical Psychology* 60, No. 3 (1992): 409–418, for some work on the effect of loss by accidental death among various demographic groups.

⁶See, for example, C. Murray, D. Kulkarni, C. Michaud, N. Tomijima, M. T. Bulzacchelli, T. J. Iandiorio, and M. Ezzati, "Eight Americas: Investigat-

ing Mortality Disparities across Races, Counties, and Race-Counties in the United States," *PLoS Medicine* 3, No. 9 (2006): 1513–1524; and A. Geronimus, J. Bound, T. Waidmann, M. Hillemeier, and P. Burns, "Excess Mortality among Blacks and Whites in the United States," *The New England Journal of Medicine* 335, No. 21 (1996): 1553–1558.

⁷See, for example, A. Amick-McMullan, D. Kilpatrick, and H. Resnick, "Homicide as a Risk Factor for PTSD among Surviving Family Members," *Behavior Modification* 15, No. 4 (1991): 545–559.

⁸K. M. Fitzpatrick, "Exposure to Violence and Presence of Depression among Low-Income, African-American Youth," *Journal of Consulting and Clinical Psychology* 61, No. 3 (1993): 528–531.

⁹See, for example, E. Aisenberg, P. Trickett, F. E. Mennen, W. R. Saltzman, and L. Zayas, "Maternal Depression and Adolescent Behavior Problems: An Examination of Mediation among Immigrant Latina Mothers and Their Adolescent Children Exposed to Community Violence," *Journal of Interpersonal Violence* 22, No. 10 (2007): 1227–1249.

¹⁰H. Zinzow, A. Rheingold, A. Hawkins, B. Saunders, and D. Kilpatrick, "Losing a Loved One to Homicide: Prevalence and Mental Health Correlates in a National Sample of Young Adults," *Journal of Trauma Stress* 22, No. 1 (2009): 20–27.

¹¹J. Freedy, H. Resnick, D. Kilpatrick, B. Dansky, and R. Tidwill, "The Psychological Adjustment of Recent Crime Victims in the Criminal Justice System," *Journal of Interpersonal Violence* 9, No. 4 (1994): 450–468.

¹²See, for PTSD and depression: S. Galea, J. Ahern, and D. Vlahov, "Urban Neighborhood Poverty and the Incidence of Depression in a Population-Based Cohort Study," *Annals of Epidemiology* 17, No. 3 (2007): 171–179; for social isolation, B. Rankin and J. Quane, "Neighborhood Poverty and the Social Isolation of Inner-City African American Families," *Social Forces* 79, No. 1 (2000): 139–164; for deviant behavior, R. Sampson and W. J. Wilson, "Toward a Theory of Race, Crime, and Urban Inequality," in *Crime and Inequality*, eds. J. Hagan and R. Petersen (Stanford, CA: Stanford University Press, 1995); and for aspirations and expectations, J. MacLeod, *Ain't No Makin' It: Aspirations and Attainment in a Low-Income Neighborhood* (Boulder, CO: Westview Press, 1997).