

Same as It Ever Was, Only Worse: Negative Life Events and Poverty Among New Orleans Katrina Survivors

Robert L. Hawkins

ABSTRACT

This study is a qualitative grounded theory examination of the pre- and post-Katrina life of hurricane survivors. Forty heads of households with school-age children who lived in New Orleans during Hurricane Katrina were interviewed 6 to 8 months apart. Findings suggest that low-income study participants had experienced multiple negative life events linked to their poverty status prior to Hurricane Katrina. Participants described negative life events that included social isolation, physical and mental health problems, high debt or financial insecurity, dangerous neighborhoods, witnessing early deaths, experience with or witnessing violence and child abuse, experience with or witnessing incarceration, and teen pregnancy. Implications for practice and policy include a call for more comprehensive approaches to providing services to low-income families.

When reporters, news crews, and researchers interviewed families following Hurricane Katrina, a common sentiment was “we lost everything.” Indeed, entire family histories were destroyed among the flood waters and devastating winds. Thousands were displaced and thousands more spent several nights in the Louisiana Superdome, reporting incidents of unhealthy conditions, hunger, death, violence, and rape (Brinkley, 2006; Dyson, 2006; Nasser & Overberg, 2005). Approximately 1.3 million people were evacuated to shelters, homes, and private residences in all 50 U.S. states (Nasser & Overberg, 2005).

The evacuation of New Orleans left behind thousands of low-income, primarily African American residents (Dyson, 2006). Nearly 30% of the people who lived in the areas most damaged by Hurricane Katrina were African American. These same families were more likely to live in concentrated poverty than Whites, less likely to own a car, and more likely than even low-income Whites to suffer in large numbers as a result of the hurricane (Berube & Katz, 2005; Dyson, 2006).

This study is a qualitative grounded theory examination of the pre- and post-Katrina life of hurricane survivors. The grounded theory approach in this study suggests that not only were outcomes different for survivors based on socioeconomic position and race, individual life experiences and social conditions also shaped these different outcomes and may play a part in the recovery process for these individuals and families. This study suggests that for some, Hurricane Katrina appears to be only a part of a larger, and perhaps lifelong, accumulation of traumatic or negative life events.

Hurricane Katrina: An Overview

The stress and strain of Hurricane Katrina were the result of two catastrophic events. The first was comprised of the landfall of the hurricane on August 29, 2005, the subsequent flooding of 80% of New Orleans,

and the destruction of property, injuries, illnesses, and deaths that resulted. The second catastrophic event, widely perceived to be a man-made catastrophe, included the failure of the levees and the resultant flooding that created the chaos and social disorder that descended upon New Orleans (Bourque, Siegel, & Wood, 2006; Galea et al., 2007; King & Steinmann, 2007; Weems et al., 2007).

According to Bourque, Siegel, and Wood (2006), it was during this second catastrophe that “a population seemingly predisposed to a high level of psychological distress” experienced a wider range of traumatic and dangerous events. Survivors reported that following the flood they were stranded in alarming conditions, in flooded homes or shelters, without basic necessities. Survivors also experienced disorganized evacuation, displacement of family and friends, and the dramatic unraveling of the social fabric of New Orleans (Bourque, Siegel, & Wood, 2006; Galea et al., 2007; Rodriguez, Trainor, & Quarantelli, 2006; Weems et al., 2007). Despite the sequence of events, the reality of the situation was that most New Orleans residents suffered financially, physically, and psychologically from Hurricane Katrina and its aftermath. This study suggests that the suffering for some residents was complex, multifaceted, and lifelong even before the hurricane struck.

New Orleans: A Population on the Margins

While Louisiana and New Orleans have long, rich, cultural histories, there is also a long history of poverty and the social ills that accompany it. According to U.S. Census data (2006), Louisiana has one of the highest poverty rates in the nation, with nearly 20% of its population living below the poverty line. Likewise, 26% of Louisiana’s children live in poverty. The effects of poverty play out in households and families in Louisiana. Ten percent of babies have low birth weights, only 79% of the state’s families have a high school graduate, and only 20% of the population have a bachelor’s degree (U.S. Census Bureau, 2006).

The poverty profile of the city of New Orleans is no better. Despite the

apparent affluence of the Garden District, the French Quarter, and other tourist sections of the city, New Orleans has a poverty rate of 23.2%, almost twice the national average of 12.7%. Children make up 38% of those in poverty, compared to 13% nationwide. African American families make up the highest percentages of the poor, with 35% living in poverty compared to 11.5% for White residents. The city's poverty is reflected in educational attainment as well: more of the adult population has less than a ninth-grade education than there are residents attending graduate school (U.S. Census Bureau, 2006). While New Orleans is not the poorest city in the United States, prior to Hurricane Katrina it was behind only Fresno, California, in concentrated poverty, defined by areas in which the poverty rate is more than 40%. The concentrated poverty rate in New Orleans was 38%, the highest of any city in the South; Fresno's rate was 43%. Other cities, such as Miami, Atlanta, and Louisville, Kentucky, have high rates of concentrated poverty as well, suggesting that the problems in New Orleans may also be present in other urban areas (U.S. Census Bureau, 2006; Berube, & Katz, 2005).

The Consequences of Poverty

The considerable history of poverty for so many New Orleans residents prior to Hurricane Katrina should be a significant focal point for human service professionals and policy makers. Based on a large body of literature, from prenatal to post-mortem, poverty is a risk factor for nearly every social ill. Poverty means more than simply having little money; it is a significant lack of resources. Poverty hampers the opportunities and self-determination that affect life chances, choices, and even health (Bush, 2004; Iceland, 2006; Rank, 2005).

The long-term effects of poverty start at an early age. Over the last several years, much attention has been paid to brain development in infants. This research consistently finds that poverty and other forms of economic hardship negatively affect neurocognitive development, IQ, mental health, and school achievement (Aber, Jones, & Cohen, 2005; Brooks-Gunn, Brown, Duncan, & Moore, 1995; Brooks-Gunn, Duncan, & Maritato, 1997; Farah et al., 2006). Many of the details of this body of research are available from the Committee on Integrating the Science of Early Childhood Development in *From Neurons to Neighborhoods: The Science of Early Childhood Development* (Shonkoff & Phillips, 2000). This volume outlines the reality of early life experiences on long-term outcomes, including the effects of environment, resources, and biology. Shonkoff and his colleagues conclude that economic disadvantages have a long-term effect on the development of children, which in turn has an effect on those children's life chances.

The effects of poverty can be seen in the brains of young children, and as these children age without intervention, these effects play out in the environment throughout childhood (Shonkoff, 2003). Low-income families are faced with more structural barriers without the interior and exterior resources to overcome what is holding them back. Indeed, low-income children attend worse schools and show more behavioral problems than their middle-class counterparts (Brooks-Gunn, Duncan, & Maritato, 1997; McLeod & Nonnemaker, 2000). They live in poorer and more dangerous neighborhoods than the general population, with fewer resources; this can affect them throughout their lives (Friis, Wittchen, Pfister & Lieb, 2002). They experience school failure more often than their middle-class counterparts (Hauser & Sweeney, 1997; Lee & Burkam, 2002; McLoyd, 1998). Low-income children are more likely to drop out of school, be incarcerated or charged with a crime, lose a job, or be in high debt (Katz & Stern, 2006; Lui, Robles, Leondar-Wright, Brewer, & Adamson, 2006; Reiman, 2007). They also have a greater occurrence of mental health problems, such as high stress and

depression (Moore & Keyes, 2003; Seeman & Crimmins, 2001; Turner, Wheaton & Lloyd, 1995).

One of the most telling examples of the long-term effects of social position is health. Since the original Whitehall studies (Marmot et al., 1991; Marmot, Rose, Shipley, & Hamilton, 1978), researchers have seen the link between social position—an aspect of socioeconomic status—and health. Health operates on a social gradient, where the very rich are healthier than the upper-middle class, who are healthier than the middle class, who are healthier than the near poor and the poor (Adler et al., 1994; Adler & Rehkopf, 2008; Blane, 2006; Marmot, Kogevinas, & Elston, 1987). In other words, the higher your social position, the better your health; the lower your social position, the poorer your health and the greater your chances of early death.

The reasons for these differences vary, but there are several correlates that work together in a complex web, of which stress is a major factor. And there are numerous stressors in the lives of the poor and near poor: childhood poverty, chronic unemployment or underemployment, high-stress employment, lack of self-determination, life in unsafe and resource-poor neighborhoods, inadequate healthcare, and poor mental health services, among others (Adler & Rehkopf, 2008; Lantz, House, Mero, & Williams, 2005; Stafford & McCarthy, 2006).

Racism also appears to be a major source of stress for low-income households. While it is true that income is a large predictor of health outcomes, race and racism continue to be confounding factors. Even when controlling for income, minorities still have far worse health outcomes (more diseases, chronic conditions, and early death) than nonminorities. This is especially true if those minorities are African American (Lantz et al., 2005; Williams, 2005). Public health researchers have identified racism and discrimination as leading sources of these negative outcomes. And when racism and poverty mix, they can be a deadly combination. For example, African Americans, when controlling for income, are more likely to have one of the top three fatal conditions, and die at an earlier age than Whites. These differences have been directly linked to racism and discrimination (Din-Dzietham, Nembhard, Collins, & Davis, 2004; Lantz et al., 2005; Williams, 2005; Williams, Neighbors, & Jackson, 2003).

Jackson and colleagues (1996), using data from the National Survey of Black Americans (1979 to 1992), found a strong association between experiences and perceptions of racism and physical health, psychological distress, subjective well-being, and mental health. Williams and Williams-Morris (2000) review the research literature on the adverse effects of the multiple dimensions of racism on mental health, describing a circular chain of events in which societal institutions perpetuate socioeconomic stagnation, separation from resources, and poor living conditions. According to their review, the experiences of discrimination, including internalized oppression and negative self-stereotypes, elevate levels of psychological distress for minorities. This research is supported by a large body of similar literature that finds linkages between discrimination and racism and a wide range of negative mental health outcomes including minor mental distress, major depression, anxiety disorders, psychosis, substance abuse, and anger in daily life (Brown et al., 2000; Din-Dzietham et al., 2004; Karlsen & Nazroo, 2002; Kessler, Mickelson, & Williams, 1999; Whitbeck, Hoyt, McMorris, Chen, & Stubben, 2001; Williams, Neighbors, & Jackson, 2003; Williams, Yu, & Jackson, 1997).

The picture of post-Katrina trauma emerging from the demographic data may be more complex than a simple correlation between disaster and stress. Initial data suggests that low-income survivors of Katrina, those most commonly represented among the evacuee population, may

have been predisposed to psychological distress following the storm due to chronic trauma and ongoing postdisaster stress exposure (Bourque, Siegel, & Wood, 2006; Galea et al., 2007; Ruscher, 2006). Despite government policies and popular rhetoric that oversimplifies poverty and its effects, research tells us that poverty brings with it a lifetime of potential problems, obstacles, and issues (Hawkins, 2005; Hulme & Shepherd, 2003; Rank, Yoon, & Hirschl, 2003).

Methods

This study uses a longitudinal methodology approach with a qualitative, grounded study design and ethnographic elements (Charmaz, 2006; Creswell, 1994; Tubbs, Roy & Burton, 2005). The methodology used a lifecourse perspective involving semi-structured questions with both a grounded study approach and directed interviews (Padgett, 1998) to better understand families' experiences with Hurricane Katrina and life in and outside of New Orleans.

Sampling and Recruitment

Participants for this study were drawn from a snowball sample, as well as from Federal Emergency Management Agency (FEMA) and American Red Cross databases and telephone records of evacuees. Participants included 40 heads of household in families with school-age children. All families had been affected by Hurricane Katrina in New Orleans. Those who chose to participate gave informed consent and received \$40 for the original interview and \$30 for the follow-up. Interviews were conducted by the study PI, a professional masters-level social worker, and two trained graduate-level qualitative interviewers.

The demographic breakdown of the heads of household interviewed included 76% African American, 18% White, and 2% other (Asian and American Indian). The age range was 18 to 63 (mean age 41). Of the participants, 34 were female and 6 were male. The number of children per family ranged from 1 to 5, with the mean number being 2.1. The participants included 19 who self-identified as low-income, 10 as working class or lower middle class, 8 as middle class, and 1 as upper middle class. Three of the eight middle class participants said they grew up poor, as did the upper middle class participant.

Procedures

The study included two life history interviews, including experiences leading up to and following Hurricane Katrina. The first set of interviews occurred approximately 10 months following the storm. The interviews were approximately 6 to 8 months apart and each lasted about 2 hours. Each interview was conducted at a setting chosen by the participant—their own residence, their workplace, a FEMA-provided mobile home, or a suitable public space. In addition to using traditional grounded theory methodology for qualitative data collection (Charmaz, 2006; Creswell, 1994; Padgett, 1998), interviewers used ethnographic techniques, serving as participant observers, and between interviews they volunteered to assist with the clean-up efforts in New Orleans. Interviewers also spent time with some participants at community events, participant workplaces, or places of worship (Hammersley & Atkinson, 2007).

The second interview was individually tailored for each respondent, following a process suggested by Padgett et al. (2006) and Padgett (2007). The interview was designed to learn about changes in the participants' lives since the first interview, fill in gaps, verify events, clarify uncertainties, and follow up in detail the experiences related to Hurricane Katrina. Using the field methods and debriefing techniques suggested by Padgett (1998) and Hammersley & Atkinson (2007) for ethnographic

research, interviews were tape recorded and transcribed verbatim. Field notes were compared and analyzed. Researchers participated in written and oral debriefings following each interview. As proposed by Lincoln and Guba (1985), we relied on a range of established criteria to enhance credibility and dependability of the data, including prolonged engagement in the field, repeat coding techniques, member checks with participants, and triangulation through multiple data sources and multiple methods of data collection.

Multiple coders read transcripts and developed a systematic coding scheme for the data. Separately, each analyzed the transcripts for preliminary themes using open coding, and developed a list of categories and concepts (Strauss & Corbin, 1998). They arrived at consensus on a list of codes and then developed primary and secondary codes through axial coding. Later, several themes and patterns were identified through selective coding. NVivo® software was used to support the coding, annotating, analyzing, and integrating of interview and observational data.

Results

The devastation of Hurricane Katrina and the aftermath of the flooding uncovered concentrated poverty in New Orleans; the results of this study show that embedded in this poverty was a range of issues related to a lifetime of difficult situations for individuals and families. For low-income minority participants, Katrina appeared to be part of a lifelong accumulation of traumatic events and loss. The participants discussed a multilayered set of negative life situations that resulted in chronic loss from childhood to adulthood. These losses seemed to affect or involve their children as well as their adult family members. Still, while the experience of Hurricane Katrina was a catastrophe for most, for some it appeared to be an opportunity or even a blessing. For the most disenfranchised in the population, the storm and the subsequent floods may have brought with them services that some individuals and families would not have otherwise received.

Some study participants had received a mix of services prior to Hurricane Katrina, primarily in the form of welfare cash payments, food stamps, and public housing. Only 8 of the 40 participants said that they or their children had received mental health or disability services prior to Hurricane Katrina, despite many descriptions of chronic and exceptionally stressful life experiences.

Several participants, particularly those with low incomes, discussed multiple negative life events prior to Hurricane Katrina: experiences with extreme poverty, having someone close to them die at a young age, health problems, incarcerations, or sexual assaults. While some participants described one or two isolated negative events, others described a pattern in which these events were linked or overlapped. For example, James, a 50-year-old barber, father, and grandfather of three, who lost one of his granddaughters in the flood, said, "Katrina ain't even the first time I have lost everything. Katrina's not even the worst thing that ever happened to me." This sentiment was reflected by a number of participants directly or indirectly, who said that they had already experienced loss or difficult life experiences. Corey, a 31-year-old father of three who was still sleeping in his car 8 months after being forced from his home following the storm, discussed feeling accustomed to being "pushed" by society:

I have been on my own since 15 years old....All the stuff I been through....I am trying to pick up the pieces from [Katrina]....I'm still trying to pick up other pieces....I had a hip replacement because the doctors tore my hip up. I was 12 years old. They tore it up. The pain was always there. It is unbelievable that I am walking....

since then I had to find my own way....People around here are all so hopeless. Before the storm they livin' in single parent homes. No mama, no daddy.

Several participants like Jamie, a 27-year-old single teen mom, escaped an abusive relationship by marrying another man. She has since divorced because he was not financially supportive of her and her son. Likewise, Alberta, a diabetic 46-year-old grandmother, lost her daughter to a drug overdose. Both women had also been single teenage mothers.

Another study participant, known as Miss Kay in her community, lived across from the levees in the Ninth Ward in Section 8 housing. Although only 48 years old, Miss Kay appears prematurely aged by her experiences and struggles. Miss Kay cares for her grandchildren and her mentally ill daughter. She described a series of struggles with mental illness in her grandchildren and her own substance abuse prior to the storm, as well as her oldest grandchild having been "molested in the mouth by his stepfather." Miss Kay had lived in dangerous neighborhoods since childhood. In April 2005, she was sexually assaulted by an acquaintance. During her attack, her foot was injured when she tried to run away. When she sought medical care, the doctors in the hospital failed to treat her right away; later her toes had to be amputated. She was still in physical rehabilitation when Hurricane Katrina struck New Orleans.

Although Miss Kay's story is particularly difficult, other study participants described similar situations. Joyce, another grandmother caring for her grandchildren, described several negative life situations within her family. In addition to caring for her sister and dealing with a heart problem, Joyce cares for her own seven grandchildren. Then, when her oldest daughter died, she started to care for two additional grandchildren.

It's hard to take on a whole 'nother family. And my sister is bedridden, so there's a lot of things we have to take care of; she can't do anything for herself. So I have to bathe her, fix her food, and everything. So me working two jobs plus doing everything that I do...and I had a heart attack right a few months before the storm hit. So it took its toll on me and it's starting to take its toll on me again. Because I don't know when I first spoke with you, but I think I've been in the hospital since.

Many study participants discussed their past negative life experiences. Bertha was clear about what had happened in her earlier life. Only 33 years old at the time of the first interview, she had been a victim of domestic violence, one cousin had been shot and killed, another committed suicide, and Bertha herself struggled with substance abuse for years prior to Hurricane Katrina.

Well, me, I lost my momma and my daddy. My cousin got killed before Katrina. My Aunt Tee lost her son...lost her sister and her son....took a whole bottle of pills. Got that crack and now they got something else out there too, I don't know what they callin' it. Seen it all my life. Living in the projects, thangs just never was too right.

Serenity is a 40-year-old single mother who before the storm worked at a party store. She is the primary caregiver to her children, including twin daughters, and her grandchild who lives with her. Serenity's own mother died of colon cancer 2 years prior to Hurricane Katrina during which time she had been dealing with her own multiple illnesses and the breakup of her relationship with her daughters' father. She was also a teen mother at age 14 and has a 26-year-old son with another man.

My momma died young....I want my girls to know somethin' about me. It's bad growin' up...kids don't know anything about you, you don't know anything about your kids...didn't know my momma...I broke her heart, I guess. Called myself grown 'cause I could have a baby. I love my child, but I sho' broke my momma's heart back then. I know how it is now when you gotta take care of everybody and you all by yourself....

Many participants were able to recognize their own strength and resilience in their situations. Mariel, a 42-year-old African American woman who works in a beauty salon in the uptown area of New Orleans, said, "Oh, we know hard times. We Black women. W'ain't afraid of hard times." Vera, a 37-year-old African American mother, said, "We are Black people from the South. Black people from the South just deal with things differently. We deal with things with humor. We deal with things however we can."

While many study participants were accustomed to hard times, this does not mean that lower-income families were not emotionally or psychologically affected by the floods. Indeed, nearly every person interviewed expressed some level of stress or depression related to the storms, the floods, or the long-term relocation. Janet, a mother in Houston, described her depression in this way:

This here has really taken a toll on me because I'm so deeply depressed. I might not look like it to you, but I'm a very, very deeply depressed woman. And it's like that once my mother died, I thought I could never feel a worsen pain than that. And I don't mean to say that about my mother's death, but I thought I could never feel like a lost child. I felt loss when my mother died and I feel pain, but in this situation here, I feel lost, like I had nowhere to go.

Even some of the middle class study participants said that their earlier lives had been difficult. Tiffany, an African American 32-year-old married mother of two, described her household income as upper middle class. She sells luxury cars and lives in Jefferson Parish outside of New Orleans. Tiffany describes her childhood as "hard"; it included abuse, drug addiction, and neighborhood violence. She said, "When I was only 8, I would pray to God and ask, 'Why, God, does my life have to be like this?'. I was prostituting myself. Fifteen years old...I was on the streets on drugs."

In her early 20s Tiffany was able to kick her substance abuse habit, marry, and find her way out of poverty and into a financially secure life. Her sister did not fare as well. Tiffany's older sister Clara died shortly after Katrina in an Indiana hospital where she was admitted for substance abuse. Clara previously had a miscarriage and later lost custody of her other children, a son and a daughter, due to her ongoing substance abuse. After Hurricane Katrina, Clara went into rehab and lived with a family in Indiana as she attempted to recover from both the miscarriage and the substance abuse. Tiffany said that the family "put her [Clara] out" because she continued to abuse substances. Clara subsequently moved in with a convicted felon she met on the street and later died of a drug overdose. Tiffany now has custody of her sister's two children:

We all together now. We did have hard times. The children had hard times. We adjustin' to everything...God put me in the position to help them. Hopefully, I can give them a better life....They talkin' to a social worker.... They still need time....They askin' "what happened to my mama? Why she get sick? Why she die?" But you can see they just like regular kids....They can get a better life now....With God's help we all will survive.

Throughout the interviews, many lower income participants explained that their current situation was better than it had been before Katrina. Miss Kay stressed that she and her grandson were now receiving mental and physical health care attention. Several participants were single mothers struggling to raise their children in public housing prior to the storm. Because of the storm and floods, these families were now receiving housing outside of the inner city. Often, the new housing situation was better than the public housing where they formerly resided. One exception, however, were the small FEMA-provided trailers where some participants lived. While the health concerns about the FEMA trailers did not become public until later (Skiipp, 2008), participants were concerned about the “funny smell” in the homes and about the small size, with one family of four sleeping in cramped conditions.

In contrast to tearing some lives apart, the aftermath of Katrina brought some families together. Because of Hurricane Katrina, some estranged parents and partners became more involved with their children's lives. Fred, a 29-year-old father, said that he now spends time with his daughter and her mother:

They could have been gone so easy. I could have been gone....I never had nothing in my life, workin', always workin' and getting nothing. But I know that little girl in there is something I do got, and I got to take care of her.

Another positive outcome of Hurricane Katrina was the opportunity for some participants to see another side of America. People who had never been outside of New Orleans were exposed to different parts of the country, different lifestyles. One participant, Rolesha, noted that when her son brought home homework from his fourth grade class in Houston, she realized that the New Orleans school he had attended was “teaching him nothing.” Some families spent time on farms, went to new schools, or saw a different economic side of America. Angie, a 27-year-old mother, and her daughters met a couple who owned a hotel and spent time living in their hotel.

They owned the hotel. They were trying to get money or something, but the Red Cross couldn't be accepted. I don't know what it was, but they couldn't accept something from them. She said they were trying to find something that they could do out there on their own. So they took me and my kids, and another couple, and their kids....The hotel wound up being the Bel Air, it was the most beautiful hotel....We stayed on Sunset Boulevard.

Corey, a barber in the uptown area of New Orleans, observed that because of these patterns of pre-Katrina problems, Katrina itself could be seen as an opportunity:

These people, they were hopeless. They were already hopeless before the storm. They were living in situations to make them hopeless. You know what I mean? Single parent homes. No mothers, no fathers. They basically raising themselves. They already hopeless. Looking for daddy; all lookin' in the streets. So they courting and dating all early. Making kids. So they already hopeless. Now here you get the storm in here and these same people get the opportunity to see somewhere they never been....Cause I talked to a brother yesterday and he told me if it wasn't for Katrina, the East [New Orleans] was all he ever knew. All he ever knowed. His whole life and he 25 years old. His whole life he never been anywhere.

Taken together, study participants described a complex set of issues in their lives, making it difficult to draw out just one or two overriding factors. These did not seem to be just one or two isolated negative events, but a pattern of, in some cases, overlapping negative events. Study participants describe at least eight significant negative life patterns prior to Hurricane Katrina:

1. Social isolation that limited their opportunities for human capital, professional, or educational growth.
2. Physical and mental health problems that they themselves or a family member experienced.
3. High debt or financial insecurity, including low-paying jobs and long periods of unemployment.
4. Dangerous or low-resourced neighborhoods.
5. Witness to early deaths among friends or family members.
6. Experience with or witness to violence, including child abuse.
7. Experience with incarceration or having had a family member or close friend incarcerated.
8. Teen pregnancy.

The patterns of prior negative life events that emerged suggested that the participants had accumulated risk factors, but had also developed resilience. This resilience should not suggest that the participants took their experiences lightly. They still spoke of their Katrina experiences as “hard” or they expressed doubts about survival: “I didn't know how we were going to make it.” Still others expressed faith-based messages: “We had Jesus to get us through. He got us through the other hard times.”

Study Limitations

This study is limited by our snowball sampling method and the small size of our sample. Findings cannot be generalized to the larger New Orleans population. The intention of a qualitative grounded theory study is to raise new questions and generate theories, not to produce a representative sample (Feagin, Orum, & Sjoberg, 1991; Strauss & Corbin, 1998). Further, while this paper addresses negative life events, the original study design did not focus on this topic; some important details may have been omitted or overlooked by interviewers or study participants. One omitted factor was a prolonged discussion of racial discrimination on either the individual or structural level. Elements of such a narrative exist in some of the interviews, but an in-depth examination is missing. Finally, when these experiences occurred, participants might have been under heavy stress—so much so that their memories may be fallible or their perceptions skewed. While these are concerns, the importance of these findings lies in the meaning that participants view their experiences rather than the actual facts of a particular event.

Implications for Policy and Practice

While the U.S. federal government was soundly criticized for its slow response to Hurricane Katrina, especially in New Orleans, little attention was paid to the larger issues that lie beneath the disrupted lives of the Hurricane Katrina survivors. The reality is that many of New Orleans' low-income residents already struggled with multiple crises and had been doing so for years, if not decades or generations. The federal government's assistance, when it came, provided immediate relief in the form of rescue, food, water, and, eventually, shelter and financial assistance (Brinkley, 2006). Yet very little was in place to address the factors that contributed to pre- and post-Katrina struggles.

It is apparent from the findings of this study, together with the demographic data and recent literature, that other types of social, psychological, and environmental interventions were needed within this population long before Hurricane Katrina touched ground. The stress and strain that poverty produces play out over a lifetime and in virtually every area of life. Few social service interventions or preventative efforts are in place to address the lifetime accumulation of risk factors. For public and private aid organizations, focusing on comprehensive intervention and prevention efforts may have the best impact. Hawkins (2005) calls for the promotion of personal and family sustainability within human services policy and practice. Hawkins defines personal and family sustainability as, "maximizing full human potential to establish long-term economic, physical, psychological, and social well-being for individuals and their families," (2005, pp. 85–86).

Focusing on a multifaceted personal and family sustainability approach necessitates examining various causes of poverty and applying multiple remedies. We know from the literature that there is a strong link between poverty and education; employment, social, family, and environmental factors; mental and physical health; and wealth and assets (Farah et al., 2006; Handler & Hasenfeld, 2007; Hawkins, 2005; Iceland, 2006; Lantz et al., 2005; Rank, 2005). For some families, poverty begins as a temporary economic struggle that soon builds to include health, housing, and educational barriers to financial stability. For others, mental health issues, lack of transportation, or family dysfunction may lead to a lifetime on the economic margins. In either case, we see a picture much more complex than the typical culture versus structure debate. Rather, there appears to be a social–ecological system at work, one in which negative events can build upon and reinforce each other in the same manner as positive events.

It may be useful to consider the role of internal and external stressors as they relate to negative life events in low-income groups, especially minority populations (Williams, Neighbors, & Jackson, 2003; Wheaton, 1999, 1997). Practitioners can tap into the ecological complexity of poverty through the distinctive types of stressors that are common for everyone, but especially for marginalized people: daily hassles, traumas, ecological stressors, and nonevents (Wheaton, 1997; Williams, Neighbors, & Jackson, 2003). Daily hassles are frustrating and irritating events that can cause distress (Wheaton, 1997). Traumas are acute and specific events that are serious, overwhelming, and are considered to be outside of the ordinary experience. Ecological stressors are systems-related and may be current or historical: an economic recession or a stressor at a social–contextual level (i.e., neighborhood, school, social network, etc.), such as a dangerous neighborhood or the legacy of slavery. Nonevents are experiences that are anticipated and desired, yet do not occur. For the general population this could be a promotion or pregnancy. For low-income people it could mean the opportunities for school, jobs, or upward mobility (Wheaton, 1997, 1999; Williams, Neighbors, & Jackson, 2003).

Practitioners and policymakers can use these different types of stressors to provide better, more specific services that address the cumulative nature of life events, negative or positive. For example, policymakers' current focus on moving families off welfare regardless of potential for personal and family sustainability ignores the relationship between the past and the present, missing opportunities to create positive life chances for low-income people. Physical, social, and emotional needs should be specifically linked and addressed. Future social policy and practice in New Orleans and elsewhere must be more interconnected and comprehensive.

This study also finds that despite years of negative life events, many participants showed considerable resilience. Human service providers

and social work practitioners can tap into the abundant inner resources possessed by survivors and help them take advantage of their existing protective factors in order to gain access to resources at the neighborhood, city, state, and federal levels.

Clearly, more research is needed in order to help family professionals and policymakers move beyond traditional understandings of poverty and trauma in the United States and New Orleans. Looking at the multifaceted systems that create poverty will allow for a more nuanced assessment of its consequences. In turn, an integrative approach will compel the development of comprehensive intervention and preventative measures at both the policy and practice levels to achieve sustainable positive change.

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Robert L. Hawkins, PhD, MA, MPA, is McSilver Assistant Professor in Poverty Studies, Silver School of Social Work, New York University. Correspondence regarding this article can be sent to the author at RLH6@nyu.edu or 1 Washington Square North, New York, NY 10003.

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