

Contextual risks and psychosocial outcomes among rural African American emerging adults

Trenette Clark Goings, Tianyi Yu, & Gene H. Brody

Background

A growing body of scholarship agrees that African American emerging adults (aged 18-25 years) face unique contextual risks that increase risk for a host of negative psychosocial outcomes. To date, however, the majority of these studies have focused on urban areas, and comparatively little is known about the major contextual risks faced by rural African American emerging adults or how these risks are associated with different psychosocial outcomes. To fill this research gap, our study sought to identify profiles of contextual risk among rural African American emerging adults and determine how these risk profiles related to psychosocial outcomes.

Study Design and Methods

Drawing on our data from the Strong African American Families Health Adult Project, we assessed longitudinal data on public school youth (M age = 11.2 years) from nine rural counties – with some of the nation’s highest poverty rates – in Georgia. Using data from follow-up assessments ($n = 516$) at ages 19, 20, and 21 years, we examined levels of six key indicators of contextual risk: perceived stress, daily stress, racial discrimination, community disadvantage, parent-child conflict, and childhood trauma (e.g., child abuse, child neglect). With data from the final follow-up assessment ($n = 406$; age 25 years), we measured five psychosocial outcomes: substance use, academic performance, goal/future orientation, depressive symptoms, and externalizing problems. We then performed a latent profile analysis on these data, using sex, intervention status, and family socioeconomic disadvantage as covariates.

Key Findings

Latent profile analysis revealed three contextual risk profiles of rural African American emerging adults: those with low contextual risk (38.3%), high contextual risk (49.5%), and high contextual risk with childhood trauma (12.2%).

The three contextual risk profile groups had statistically significant overall differences across all contextual risk indicators. Individuals in the childhood trauma group reported the highest levels across all six indicators of contextual risk; those in the low contextual risk group reported the lowest levels across all six indicators of contextual risk.

Differences in psychosocial outcomes between the three groups largely mirrored the differences in contextual risk indicators. Except for marijuana use, individuals in the childhood trauma group were significantly more likely to report all five categories of negative psychosocial outcomes compared to individuals in the high contextual risk and low contextual risk groups. Individuals in the low contextual risk group had the lowest likelihood of reporting all five categories of negative psychosocial outcomes.

Implications

Discrete contextual risk profiles exist for rural African American emerging adults, and these profiles are significantly related to several psychosocial outcomes (e.g., cigarette use, excessive drinking, depression) in emerging adulthood. The prevalence of these risk profiles is troubling: nearly 1 in 2 African American emerging adults in our sample were exposed to high contextual risks, and 1 in 8 experienced high contextual risks along with childhood trauma, which seems to carry especially high risk for negative outcomes. The patterned distribution of contextual risks (i.e., highest frequency of all contextual risks in the childhood trauma group) suggests that the effects of contextual risks are not only cumulative, but that contextual risks co-occur.

Childhood trauma does more than produce new contextual risks in the emerging adulthood developmental phase: it also appears to influence a range of psychosocial outcomes to a greater degree than other contextual risks. Worse, many of these psychosocial outcomes can produce long-term physical and mental health consequences, leading to other risk factors and worse outcomes overall. Rural African American emerging adults with experiences of childhood trauma should be a high-priority target for future intervention designs. For several contextual risk variables (e.g., daily stress, community disadvantage, perceived discrimination, parent-child conflict), these individuals with experiences of childhood trauma reported scores approximately double (or more) than those reported by the low contextual risk group.