Family Relations

RESEARCH OPEN ACCESS

Trust as a Foundational Family Need in Contexts of Trauma: A South African Qualitative Study

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Received: 31 October 2025 | **Revised:** 24 June 2026 | **Accepted:** 3 July 2026

Keywords: family need | family well-being | human-centred design | qualitative research | relational trauma | South Africa | trust

ABSTRACT

Objective: This study examined trust as a foundational family need and explored how relational trauma erodes trust and how families attempt to restore it.

Background: Trust is central to family life, yet it remains underexamined as a distinct family need in family scholarship. It supports safety, belonging, emotional continuity, and relational connection. When families experience relational trauma through abuse, neglect, bereavement, or betrayal, trust is often disrupted, with consequences for family functioning and well-being.

Method: A qualitative design used Human-Centred Design focus group workshops incorporating photo and object-elicitation. Participants were 53 individuals from two municipal areas in the Western Cape, South Africa: 27 adult caregivers, 14 adolescents, and 12 practitioners. Practitioners included social workers, child and youth care workers, and community-based workers. Participants were recruited through purposive, convenience, and snowball sampling. Data were analysed inductively using Braun and Clarke's six-phase thematic analysis.

Results: Seven interrelated themes were identified. Trust emerged as a casualty of trauma and betrayal, a feature of chosen family, a prerequisite for support and disclosure, a force shaping intergenerational consequences, a resource transferred to God, a value embodied in community vigilance, and a capacity rebuilt through ongoing relational labour within families and across support networks.

Conclusion: Trust should be recognised as a core dimension of family well-being in trauma-affected contexts. Interventions, services, and policy responses should engage trust explicitly by supporting relational safety, repair, and community-based care.

1 | Introduction

Families are the primary spaces of human connection, protection, and care—the settings in which individuals first experience belonging and in which emotional, physical, and relational needs find their earliest expression (Allen et al. 2022; Scales et al. 2023). Among the many things that families provide, trust is perhaps the most fundamental and the most invisible. It is typically assumed to exist by virtue of kinship, shared history, or co-residence, and its absence is noticed only in the rupture it creates. Yet, as qualitative family research consistently demonstrates, trust is not a background condition of family life but its architecture—the invisible relational infrastructure through which communication, caregiving, protection, and belonging all flow (Lewis 2018; Bogdan 2023). When that infrastructure is intact, families have the capacity to offer safety even in adversity. When it is damaged, even the most

well-resourced families struggle to function in ways that conventional indicators rarely capture.

Trust, understood broadly as the expectation of reliability, safety, and care built through consistent and emotionally responsive interaction (Mikulincer and Shaver 2023), is not simply an emotional by-product of family closeness. It is the relational precondition that makes everything else possible including help-seeking, disclosure, and recovery from harm. This has particular urgency in contexts of relational trauma, defined here as trauma arising within or directly implicating close relationships through neglect, abuse, addiction, bereavement, or abandonment (Herman and van der Kolk 2020). In such contexts, the very space in which trust should be cultivated becomes the site of its destruction. Co-operation falters, emotional support withdraws, and the home that should be a refuge becomes a site of risk (Sandua 2024; Van der Kolk 2014). The practical consequences extend well beyond the individual: a family unable to trust cannot disclose its pain, cannot access available support, and cannot utilise the resources that services extend to it (Garcia 2024; Ferraro 2025).

Despite the centrality of trust to family functioning, it has received surprisingly little attention as a distinct and measurable family need. Family scholarship has tended to foreground cohesion, resilience, and adaptability as the primary markers of family health (Patterson 2002; Walsh 2016; Morais et al. 2024), leaving trust in the background implied by the presence of cohesion rather than recognised as the relational condition that makes cohesion possible in the first place. Where trust does appear in family research, it is generally treated as a dimension of relationship quality rather than as a primary need in its own right (Sandua 2024; Roman et al. 2025). This conceptual subordination has meant that interventions designed to strengthen families often attend to symptoms of conflict, disengagement, and poor communication while leaving the underlying relational deficit unaddressed.

There is a further contextual dimension that the international literature has largely overlooked. South Africa's layered history of structural and relational trauma from colonial dispossession and apartheid-era family disruption to contemporary community violence, gang activity, and socioeconomic precarity creates a particularly complex environment for understanding how families experience, lose, and attempt to rebuild trust. In communities shaped by historical injustice, trust is not only a psychological phenomenon located within the home; it is also a deeply political reality, shaped by generations of systemic betrayal and institutional failure (Skweyiya 2018). Families in these communities do not encounter trust as a private emotional matter: they navigate it in the shadow of structures that have historically made families unsafe and in conditions of material precarity that strain even the most committed relational bonds (Levkovich 2025; Brik et al. 2024).

This paper responds directly to these theoretical and contextual gaps. It presents findings from a qualitative, Human-Centred Design study conducted in three communities within the Western Cape province of South Africa, involving 53 participants: families, adolescents, and practitioners engaged through multi-day focus group workshops. The study explores trust as a primary family need, examining how relational trauma erodes it and how families work to rebuild it through intentional relational repair. By positioning trust as a collective family resource rather than an individual trait, the study offers a perspective that builds on and complements Attachment Theory, Betrayal Trauma Theory, and Erikson's Psychosocial Theory, bringing these frameworks into dialogue with family-level data in ways that enrich their application beyond the individual. The paper is organised as follows: Section 2 reviews the relevant literature on family needs, conceptualising trust, and the dynamics of relational trauma; Section 3 presents the theoretical framework; Section 4 describes the methods; Section 5 reports the seven themes arising from the data; Sections 6–8 address the discussion, implications for policy and practice, scope and limitations, and conclusions.

2 | Literature Review

2.1 | Understanding Family Needs

Families are relational systems rather than fixed structures, constituted by everyday practices of caring, sharing resources, and sustaining belonging across time and space (Kim and Feyissa 2021). In contemporary contexts, they include nuclear, extended, single-parent, blended, skip-generation, and kinship-care formations, as well as 'chosen families' that emerge through commitment and care rather than blood or law (Jackson Levin et al. 2019; Reid et al. 2025; Thomas and Smith-Morris 2020). What distinguishes a family is less its form than its functions: protection, socialisation, care, identity-making, and the transmission of values across generations (Walsh 2016; Roman et al. 2025).

Family needs are both tangible and intangible, and the two are mutually reinforcing (Huybrechts et al. 2011). Tangible needs encompass the material foundations of family life: adequate income, stable housing, food security, and access to education and healthcare. Intangible needs encompass the affective and relational conditions that enable members to feel safe, valued, and connected: belonging, recognition, dignity, love, respect, fairness, open communication, and a sense of continuity over time (Reid et al. 2025; Roman et al. 2025; Henderson et al. 2024). Material stability without reliable, caring relationships leaves members feeling unsafe and unseen; warm relationships without adequate resources erode caregiving capacity and strain well-being (Anderson 2021; Brik et al. 2024). Among these intangible conditions, trust stands out as uniquely foundational: it is the invisible thread that binds material and emotional resources into a coherent and functional whole. Without it, a family may possess food, shelter, and expressions of care, yet members may still feel profoundly unsafe and disconnected.

2.2 | Conceptualising Trust in the Family

Trust within families is more than a psychological disposition. It is a foundational relational need that ensures emotional security, fosters open communication, and enables members to depend on one another in moments of vulnerability (Sandua 2024; Roman et al. 2025). It is the bedrock upon which emotional safety, stability, and belonging rest—the relational space in which individuals first learn to manage vulnerability, depend on others, and build intimacy (Briggs 2024). Trust is cultivated

over time through consistent, reliable, and emotionally responsive interactions, particularly between caregivers and children (Bowlby 1988; Mikulincer and Shaver 2007), and it is uniquely fragile: easier to break than to build, and harder to repair once broken than it was to establish initially.

Despite its centrality, trust has largely been treated in the family literature as a secondary element within broader frameworks such as cohesion or resilience (Walsh 2016; Morais et al. 2024). Few studies have explicitly positioned trust as a family need in its own right. This paper argues that trust is not simply an outcome of family well-being but its constitutive precondition: the relational condition without which all other dimensions of family functioning become precarious.

2.3 | Relational Trauma and the Erosion of Family Trust

This study is primarily concerned with relational trauma, trauma arising within or directly implicating close relationships through neglect, abuse, addiction, bereavement, or abandonment (Herman and van der Kolk 2020). It is important to note that participants also described trauma arising from accidents and community crises, suggesting the boundary between relational and non-relational trauma is permeable in practice. Both forms reverberate through family systems.

Relational trauma frequently undermines the perception of safety within families. When it arises from within the family system itself, the very setting where trust should be nurtured becomes its site of rupture. Survivors often experience withdrawal, hypervigilance, or ambivalence in subsequent relationships, struggling to risk vulnerability again (Freyd 1996; Luyten et al. 2020). Research on adverse childhood experiences confirms the long-term impact of trauma on the capacity to trust: children who endure neglect, loss, or abuse are more likely to struggle with intimacy and secure attachment as adults (Grummitt et al. 2022). Substance misuse compounds this dynamic, both emerging from trauma and perpetuating the erosion of trust, destabilising family systems and diminishing relational safety (Bell et al. 2019; Mousa 2025).

The intergenerational dimension is equally significant. When parents or caregivers carry unresolved trauma, their emotional unavailability can prevent children from internalising trust as a relational norm (Hunter 2025). This intergenerational pattern is particularly acute in South Africa, where the structural legacy of apartheid produced generational patterns of displacement, family separation, and systemic mistrust that continue to shape intimate relational dynamics today (Skweyiya 2018). Families in the communities studied did not encounter trust as a purely private matter: they navigated it in the shadow of structural conditions that have historically made families unsafe.

2.4 | Pathways to Rebuilding Trust

The literature nonetheless identifies meaningful possibilities for trust to be rebuilt. Trauma-informed approaches, including family systems therapy, Trauma-Focused Cognitive Behavioural Therapy, and relational interventions have shown that with consistent safety, empathy, and care, families can begin to restore trust (Allen 2021; Kpeno et al. 2024). Forgiveness, faith, and communal support emerge as important mediators in this process (Hendricks et al. 2023; Tronto 1998). In communities where formal services are mistrusted or inaccessible, faith communities and neighbourhood networks frequently function as primary sites of trust-building, constituting what this study terms 'horizontal trust infrastructure' (Thomas and Smith-Morris 2020; Kim and Feyissa 2021). Where biological family bonds have been severed by trauma, chosen families and community networks serve as alternative sites of trust, belonging, and care, evidence that the human drive for trustworthy connection, though frequently thwarted, does not disappear.

3 | Theoretical Framework

Three theoretical perspectives frame this study's understanding of trust as a family need that is threatened but not wholly defined by relational trauma: Attachment Theory, Betrayal Trauma Theory, and Erikson's Psychosocial Theory. Together, they establish trust as both a developmental and relational need, not a moral virtue or emotional preference, but a requirement for healthy family functioning. These theories are well-established in the literature; the contribution of this study is to offer a perspective that builds on and complements these frameworks, engaging with them at the level of the family system as a collective unit rather than only the individual.

3.1 | Attachment Theory

Bowlby's Attachment Theory establishes the centrality of early caregiving relationships in shaping a child's developmental trajectory (Bowlby 1988). Children develop an attachment behavioural system that drives them to seek proximity to a caregiver who functions as a source of safety. When caregiving is consistent and emotionally responsive, the child internalises a working model of themselves as worthy of care and others as trustworthy. Conversely, when caregivers are unresponsive or harmful, children may develop working models of themselves as unworthy and others as unreliable models that shape relational expectations across the lifespan. At the family level, the accumulated attachment histories of all members collectively determine the relational climate within which trust either grows or is repeatedly foreclosed. This collective dimension of attachment, which standard accounts tend to overlook, is precisely what this study seeks to illuminate.

3.2 | Betrayal Trauma Theory

Freyd's (1996) Betrayal Trauma Theory (BTT) deepens this analysis by focusing specifically on trauma that originates within trusted relationships. BTT highlights how trust is uniquely and severely damaged when trauma is inflicted by caregivers or close relatives' people on whom the child or family member depends for survival. Victims may resort to 'betrayal blindness', a motivated unawareness that preserves the attachment bond but impairs the capacity to accurately assess

others' trustworthiness, elevating the risk of revictimisation (Gobin and Freyd 2014). At the family level, BTT explains how a single act of betrayal can destabilise the shared relational foundation on which all family members depend. When the perpetrator is also the primary source of safety and care, the family member faces an impossible bind: acknowledging the betrayal risks losing the very relationship on which survival depends. This generates complex patterns of dissociation, minimisation, and ambivalence that can persist across generations a dynamic that found vivid expression in participants' accounts in this study.

3.3 | Erikson's Psychosocial Theory

Erikson (1950) identifies trust versus mistrust as the foundational developmental conflict of early life. Consistent, sensitive caregiving produces a sense of safety and predictability, a psychological anchor supporting exploration, autonomy, and relational engagement throughout life (McLeod 2025). Importantly, Erikson (1982) emphasised that psychosocial development is not fixed: unresolved crises remain open to reworking across the lifespan. Trust broken in early childhood can therefore be repaired through new relational experiences that offer safety, consistency, and care—an insight with direct implications for therapeutic and community-based intervention. This reworking is not automatic or passive; as the findings of this study illustrate, it requires conscious, effortful, and courageous relational labour.

Together, these three frameworks establish trust as both a developmental and relational need that operates at individual, dyadic, and family-system levels. They inform the study's overarching research question: How is trust eroded by relational trauma in families, and how do families work to rebuild it through relational repair? The intended theoretical contribution is to provide empirical grounding for trust-centred family intervention and policy in under-resourced South African communities and to demonstrate how engaging these frameworks at the collective family level can offer additional analytical purchase that complements their established individual-level applications.

4 | Methods

4.1 | Study Design

This study adopted a qualitative, participatory design informed by a Human-Centred Design (HCD) approach. HCD places people's lived experiences, needs, and contextual realities at the centre of the research process and is particularly useful when exploring sensitive relational issues that require empathy, reflection, and active participant engagement (Giacomin 2014). In this study, HCD informed the use of multi-day focus group workshops that incorporated photo- and object-elicitation alongside guided discussion and reflection.

It is important to distinguish these focus group workshops from conventional focus groups. Standard focus groups are often conducted as single-session, facilitator-led discussions lasting 1–2 h. In contrast, the workshop format used here extended engagement across multiple days and included structured participatory activities, such as photo- and object-elicitation, guided reflection, and collaborative meaning-making. This format allowed participants to build rapport with facilitators and peers, revisit and deepen their contributions across sessions, and engage more comfortably with emotionally sensitive material. It was therefore well suited to a study on trust, where rich accounts were more likely to emerge within a relational space that supported reflection, familiarity, and participant voice.

4.2 | Study Setting

Data collection was conducted in two municipal areas within the Western Cape province of South Africa. The West Coast site was located in Vredenburg, a semi-rural town in the Saldanha Bay Municipal area, approximately 120 km north of Cape Town. Vredenburg is predominantly working class, characterised by high unemployment, limited social services, and a significant proportion of families in informal housing or experiencing housing insecurity. The Cape Town sites included Mitchells Plain and Fisantekraal. Mitchells Plain is a large township on the Cape Flats, approximately 30 km south-east of central Cape Town, and is one of the most densely populated areas in the Western Cape, marked by high levels of poverty, gang violence, substance abuse, and family fragmentation. Fisantekraal is a peri-urban settlement north-east of Cape Town characterised by rapid informal urbanisation, limited service delivery, and high rates of social vulnerability. All three sites represent areas of persistent disadvantage identified as priority concerns by their respective municipal governments. Mfesane, a community-based organisation with extensive experience in supporting young people and families, facilitated recruitment and helped manage participant concerns, including addressing community mistrust of external researchers.

4.3 | Participants and Sampling

Purposive, convenience, and snowball sampling were combined to recruit participants across three groups: practitioners, adult caregivers, and adolescents. Purposive sampling ensured participants met specific inclusion criteria relevant to the study's focus; convenience sampling facilitated access through the partner organisation; and snowball sampling enabled additional recruitment through existing participants' networks, particularly important in communities where trust of outsiders was limited. This combination was deliberate: no single method would have reached the breadth and depth of participants required to explore trust across family and professional roles in these specific community contexts.

The inclusion criteria for practitioners required that participants hold one of the following roles: social worker, child and youth care worker, or community-based worker. Twelve practitioners participated, four from the West Coast site and eight from Cape Town. The inclusion criteria for adult caregivers encompassed

TABLE 1 | Participant demographics by site, category, and gender.

Site	Participant category	*n*	Male	Female	Coloured	Black African	Total per site
West Coast (Saldanha Bay)	Practitioners	4	0	4	1	3	
	Adult Caregivers	12	2	10	12	0	21
	Adolescents	5	3	2	5	0	
Cape Town (Mitchells Plain & Fisantekraal)	Practitioners	8	1	7	8	0	
	Adult Caregivers	15	4	11	15	0	32
	Adolescents	9	8	1	9	0	
Total	All groups	53	18	35	50	3	53

Note: The sample was predominantly coloured and female, reflecting the gendered nature of caregiving and community work in these settings.

any adult in a caregiving role within a family living in circumstances of socioeconomic adversity. Twenty-seven adult caregivers participated, 12 from the West Coast and 15 from Cape Town. Adolescent participants were defined as young people between the ages of 13 and 19 years who were living within or closely connected to the participating families. Fourteen adolescents participated, five from the West Coast and nine from Cape Town. Where adolescent participants were minors (under the age of 18), parental or guardian consent was obtained in addition to each participant's own assent. In total, 53 participants engaged with the study: 21 from the West Coast region and 32 from the Cape Town region.

Participants were predominantly Coloured and female, reflecting the gendered nature of caregiving and community work in these settings. Households were largely multigenerational, with adults sharing caregiving responsibilities for children in their care while simultaneously managing economic precarity, insecure employment, unemployment, and exposure to community violence. These socio-demographic characteristics are not incidental to the findings; they are the conditions within which the study's accounts of trust, trauma, and repair were produced. Table 1 presents the demographic breakdown of participants.

4.4 | Data Collection

Data collection was conducted in August 2024, with each site hosting a three-day workshop. Using the HCD framework, the research team followed four stages: observe, reflect, plan, and act (Melles et al. 2021; Reñosa et al. 2024). The present study draws on the observe and reflect stages. After providing informed consent, participants engaged in both photo and object elicitation (Padgett et al. 2013). For photo elicitation, participants were asked to bring a photograph resonant with their family life (Hile and Santos 2022). For object elicitation, participants brought everyday items of symbolic meaning (Kahlke et al. 2025). For instance, one child brought a hairbrush representing her mother brushing her grandmother's hair an act she described as embodying love and intergenerational care. Open-ended prompts included: 'Why did you choose this?' and 'What does this represent to you and your family?' Workshops were conducted in familiar community-based venues. Audio recordings were made with participants' consent, and detailed field notes were maintained throughout.

4.5 | Data Analysis

Transcription was conducted by trained research assistants who were fluent in the languages used during the workshops: English, Afrikaans, and isiXhosa. All data were transcribed verbatim. Where participants spoke in Afrikaans or isiXhosa, transcripts were translated into English by bilingual members of the research team. Particular care was taken to preserve the meaning of idioms and culturally embedded expressions during translation; interpretive decisions were documented in a translation log and reviewed by the primary investigators to minimise the loss of meaning or cultural nuance. Transcripts were uploaded into Atlas.ti V8 for analysis. Inductive thematic analysis was employed following Clarke and Braun's (2017) six-phase process: familiarisation, systematic coding, identifying patterns across codes, and developing overarching themes. Three researchers independently coded the data; themes were then compared and validated through a consensus-building process involving three research assistants and two primary investigators. All participant names used in this paper are pseudonyms, assigned to protect confidentiality.

4.6 | Rigour and Trustworthiness

Trustworthiness was ensured in line with Ahmed's (2024) four criteria. Credibility was supported through member checking during elicitation discussions, with facilitators pausing to confirm, clarify, or invite correction of emerging interpretations. Transferability was supported through the collection of data across two distinct communities and the provision of detailed contextual descriptions. Dependability was maintained through a systematic audit trail of raw materials, session notes, coding records, and analytic reflections. Confirmability was ensured through a reflexive journal and peer debriefing sessions after each workshop to keep findings grounded in participants' accounts rather than researcher assumptions.

4.7 | Ethical Considerations

Ethics approval was granted by the relevant institutional ethics review board. All participants provided written informed consent before engaging in any data collection activities. For adolescent participants who were minors, written parental or guardian consent was obtained in addition to each participant's own signed assent. All participants were informed of their right to withdraw at any time, without consequence or explanation. Given the sensitivity of the topics discussed including personal experiences of abuse, bereavement, addiction, abandonment, and relational betrayal, all facilitators received training in trauma-informed facilitation practice prior to the study. A qualified social worker was present at each workshop to provide immediate psychosocial support to any participant who became distressed. Participant confidentiality was protected through the use of pseudonyms throughout the research process, and all data were stored securely in accordance with the institution's data management and protection requirements.

5 | Results

The analysis generated seven interrelated themes, each addressing a distinct dimension of trust within family life in the context of trauma. Taken together, the findings show that trust was not a peripheral aspect of family life, but a central condition for emotional safety, openness, support, and belonging. Participants' accounts revealed that when trust was disrupted through betrayal, abandonment, emotional neglect, and repeated disappointment, the effects extended beyond individual pain to shape family relationships, help-seeking, community ties, and efforts at repair. At the same time, the findings show that trust was not only broken; it was also redefined, relocated, and, in some cases, slowly rebuilt through chosen relationships, faith, neighbourhood networks, and deliberate relational labour. Table 2 presents the thematic structure guiding the analysis. All participant names are pseudonyms.

5.1 | Trust as a Casualty of Trauma and Betrayal

Participants consistently described trust as one of the most significant relational losses in the aftermath of trauma. Betrayal, abandonment, and repeated disappointment were not experienced simply as painful events; they unsettled participants' sense of safety in close relationships and made future vulnerability feel risky. In many narratives, trust was not shattered by one dramatic incident alone but gradually eroded through repeated hurt inflicted by people who were expected to care and protect.

One participant captured this cumulative erosion of trust with striking honesty:

> But to be honest, I have trust issues... Because I have a lot of disappointments in my life, since young, right through. So, for me to trust again is gonna be impossible. (File 1, P2)

This account reflects not a temporary injury, but an enduring reorientation to relationships. Another participant similarly

TABLE 2 | Thematic structure of the findings on **t**rust as a foundational family need in a context of trauma.

Theme	Sub-theme(s)	Meaning
Trust as a Foundational Family Need in a Context of Trauma	Trust as a casualty of trauma and betrayal	Trust emerged as one of the earliest and deepest losses following betrayal, abuse, abandonment, and repeated disappointment in family life.
	Trust as the defining feature of chosen family	When biological family relationships were experienced as unreliable or unsafe, participants redefined family around trustworthiness, dependability, and care.
	Trust as a prerequisite for support and confiding	Participants' willingness to disclose pain and seek support depended on whether a relationship felt safe, respectful, and trustworthy.
	Intergenerational and relational consequences of broken trust	Broken trust affected family relationships across time, shaping parenting, emotional bonds, intimacy, and future expectations of closeness.
	Trust transferred to God as an ultimate source	When trust in human relationships had been exhausted, many participants placed their deepest trust in God as a source of strength, refuge, and endurance.
	Trust embodied in community and neighbourhood vigilance	Trust was also expressed through neighbourhood networks, shared vigilance, and community-based care that extended the protective functions of family.
	The active and vulnerable labour of rebuilding trust	Rebuilding trust was described as gradual and demanding work requiring forgiveness, communication, patience, and sustained effort.

Note: All participant names used in this paper are pseudonyms assigned to protect confidentiality.

described the pain of being disappointed by someone deeply known and trusted:

> If you have that person and you know that person for 27 years. And that person give you a disappointment. Hurts like really hurts... Because you confide in that person. And if that person disappoints you, it breaks... it's not easy to trust again. That's why trust is always a problem in any relation. (File 1, P8)

Here, broken trust was described as something that extended beyond one relationship and began to shape expectations of all others. Participants also spoke about the emotional void left behind by betrayal. Rather than remaining empty, that void often drove efforts to fill it in other ways:

> It also leaves a void so we try to fill that with small things like maybe smoking whatever. Or somebody, a relationship. Whatever it can be. Just to fill that void. (File 1, P4)

This suggests that trust-related injury had emotional, relational, and behavioural consequences. Childhood abandonment was especially significant in this regard. For some participants, the absence of dependable care early in life shaped later relationships well into adulthood. Overall, these accounts show that trust was deeply valued within family life, yet profoundly vulnerable to disruption.

5.2 | Trust as the Defining Feature of Chosen Family

When trust was damaged within biological family relationships, participants often redefined family itself around trustworthiness rather than kinship. In these accounts, family was not limited to blood ties or formal roles. Instead, people who were emotionally present, reliable, and consistent in care were often recognised as family even when no biological connection existed.

One participant expressed this clearly:

> Maybe you have more trust in your friend as your own sister. Or maybe your friend give you more attention or understand you more than your own sister. (File 1, P10)

Another participant described how trust could transform a non-relative into a sibling-like figure:

> I might have a relationship or that bond with a male... if I grew up with him, and I trust him, and I can rely on him, and I can depend on him, then he's going to be my brother. (File 1, P3)

These accounts suggest that participants were not merely supplementing family relationships with friendships. Rather, they were actively reconstructing the meaning of family around dependable forms of care. Trust became the criterion through which belonging was judged.

This redefinition of family was also reflected in the symbolic objects participants brought to the workshops. A lipstick given by a close friend was described as meaningful because it represented being remembered and valued: 'somebody thought of me that's close to me... it has sentimental value' (File 3, P1). Another participant brought a heart-shaped object received from someone she referred to as 'my sister', explaining, 'we share a unique bond with each other' (File 3, P5). These objects carried significance because they represented trusted relationships experienced as deeply familial.

Similarly, one participant described her neighbour in strongly relational terms: 'She who helps me... my neighbour... because I don't want us to live away from each other' (File 15, P3). Here, everyday support and mutual care created a bond that was experienced as family-like. These accounts show that when trust could no longer be sustained within biological family ties, participants often relocated it into chosen relationships that offered greater emotional security.

5.3 | Trust as a Prerequisite for Support and Confiding

Participants' narratives also showed that trust shaped whether support could be sought or received. Disclosure was rarely presented as a simple matter of willingness. Rather, it depended on the existence of a relationship that felt safe, respectful, and non-exploitative. When such trust was missing, silence became more likely.

Practitioners were especially clear on this point. One participant explained:

> You see, young people are not always open. Because if they see they can't trust you, they don't want to open up to you. (File 1, P4)

This observation highlights the relational conditions that make disclosure possible. Participants repeatedly suggested that trust had to exist before people could speak honestly about pain, grief, or distress. Another participant described the consequences of lacking trusted support:

> If you don't have the support of friends and someone you can call a mom or a dad around you, it unfortunately does delve you into a direction that is unpleasant without you knowing... it can derail you and make you feel isolated. (File 1, P7)

In this account, the absence of trusted support was associated not only with loneliness, but also with emotional disorientation and withdrawal. Trust therefore functioned as more than comfort; it shaped whether guidance and care could be accessed at all.

A practitioner's example from a church setting further illustrates this dynamic. A young man's behaviour was initially interpreted as disruptive, but when the practitioner chose to keep him in the class rather than exclude him, the deeper issue came to light:

> I then actually kept him in the class. And then at the end of the day, I found out that his father had passed away... If we had to push him out of the church, what will happen to him. (File 1, P4)

This account shows that trust created the relational space in which grief could be disclosed. Without such space, the young man's pain might have remained hidden and misunderstood. Across the narratives, trust emerged as the condition that made support and confiding possible.

5.4 | Intergenerational and Relational Consequences of Broken Trust

Participants' accounts showed that broken trust rarely remained confined to the original relationship in which it occurred. Instead, its effects often spread across the wider family system, shaping parent–child relationships, marital intimacy, and later expectations of emotional closeness. Broken trust was therefore experienced not only as an individual injury but as a pattern that could endure across generations.

One mother reflected on the difficulty of reconnecting with children from whom she had been separated:

> But the thing is, they were raised in another environment. Not easy for me to deal with them... They have no emotions and I wasn't there for them as a mother... And I regret that. I can't make up for the 5 years, but I can try to make things better. But they don't give me a chance also. (File 3, P2)

Her account suggests that absence produces emotional distance, and that such distance can make repair difficult even when there is willingness to reconnect. Another participant described the consequences of paternal absence in similarly concise but revealing terms:

> They [children] don't have a bond so they just have a relationship with me. (File 13, P13)

This distinction between having 'a relationship' and having 'a bond' is important. It points to the difference between formal or functional connection and deeper emotional trust. Participants recognised that family ties could continue in name while lacking intimacy and security.

At the same time, some participants described deliberate efforts to interrupt inherited cycles of relational harm. A participant expressed this in direct terms:

> I broke the chain because my father and mother, they grew up very poorly, and they made poor decisions. (File 12, P8)

This language of 'breaking the chain' indicates that participants were not only aware of intergenerational patterns, but in some cases were actively trying to disrupt them. The effects of broken trust were also visible in marital relationships. One woman described her husband's emotional withdrawal as linked to trauma involving his father:

> He was not someone who talks... he was very traumatised by his father, it took him a very long time to talk to me. (File 16, P3)

Within the same family, the daughter's reluctance to marry was understood as shaped by what she had witnessed between her parents. Taken together, these accounts suggest that broken trust travelled across relationships and time, influencing not only present family dynamics, but also future orientations to intimacy and commitment.

5.5 | Trust Transferred to God as an Ultimate Source

When trust in human relationships had been deeply strained, many participants described placing their deepest trust in God. This was not framed simply as a matter of religious belief, but as a relational response to repeated disappointment, abandonment, and emotional injury. In participants' accounts, trust in God provided a source of stability where human relationships had become uncertain or unsafe.

Some expressed this very directly:

> If no one was there, I will close my door and I will crumble to God. He's the only one. (File 1, P2)

> Only God I can trust. (File 1, P4)

These statements suggest that trust in God functioned as an alternative relational anchor when trust in others had been exhausted. Participants did not present this as the absence of trust, but as its redirection toward a source experienced as dependable and unchanging.

This spiritual trust also shaped caregiving and endurance in everyday life. One practitioner explained that her work with others' trauma depended on seeking divine guidance:

> If I didn't ask God every day for guidance and strength, I would never be able to get through my day and also working in the ministry. (File 1, P15)

For some, trust in God also informed their sense of responsibility within the family. One participant described herself as spiritually accountable for the wellbeing of her children and grandchildren:

> I am the protection of the Lord for my family... I need to be on my knees for my family, for the challenges for my children and my grandchildren outside. (File 15, P1)

These accounts show that trust in God was closely tied to family care, perseverance, and emotional survival. Rather than withdrawing from trust altogether, participants often relocated it into a spiritual relationship that sustained them when human ties had become unreliable.

5.6 | Trust Embodied in Community and Neighbourhood Vigilance

Participants also described trust as extending beyond the household into neighbourhood and community life. When trust within the family became strained, the need for safety, reliability, and mutual care did not disappear. Instead, it often found expression through local networks of vigilance, shared responsibility, and everyday support.

One participant described how neighbours created their own collective safety structures:

> What we did as neighbours we made our own neighbourhood watch, we made our own WhatsApp group for our street and anything that happens there we will know about it... We are at all times vigilant for our street. (File 2, P3)

This account shows trust as something enacted through communication, responsiveness, and collective action. It was not only a feeling of confidence, but a practical arrangement through which people looked out for one another.

Another participant articulated a broader ethic of communal care:

> Your child is my child and my child is your child that's how I see it because I believe in that, I'm a strong believer of that. (File 2, P1)

This statement reflects a form of trust in which care extends across households and the boundaries of family become more socially shared. Community trust, in this sense, operated as an extension of family protection rather than as something separate from it.

This was particularly evident in the account of a former gang member who spoke about the importance of collective support:

> I was heavy in gangsterism... For me, we as a community need to come together. I don't want to see you struggle alone. (File 2, P13)

His narrative suggests that trust could also be reconstructed in community life, even after experiences of violence and fragmentation. Overall, these accounts show that trust was not confined to intimate family relationships. When it weakened in one sphere, participants often built or relied on it in another.

5.7 | The Active and Vulnerable Labour of Rebuilding Trust

Although participants spoke extensively about betrayal and mistrust, the findings also show that trust could, in some cases, be rebuilt. However, this process was not described as automatic or easy. Participants presented trust repair as demanding relational work that required patience, courage, forgiveness, communication, and repeated effort.

Forgiveness was often mentioned as one dimension of this process, but not as a single event or a complete erasure of harm. One participant described it as an ongoing practice:

> Forgiveness is not always easy. But I believe one must strive and strive to be... it's a practice. That's a continuous practice to hold and acknowledge the fact that it was wrong. (File 6, P6)

This account indicates that rebuilding trust did not mean forgetting the injury. Rather, it involved acknowledging harm while remaining open to some form of continued relationship. One participant described how she had forgiven the husband who left her and later married other women:

> Thank God, we can still talk to one another. (File 16, P1)

What had been restored here was not necessarily the original relationship in its previous form, but a more workable connection marked by communication and reduced hostility. Another participant described a gradual shift in her relationship with a father-in-law who had once disapproved of her:

> But now he depends on me a lot. (File 16, P3)

Although brief, this statement suggests that everyday care and dependability could slowly alter strained relationships. Communication was also repeatedly presented as central to this labour of repair. Trust was not described as something fully restored once and for all, but as something that needed to be enacted and sustained over time.

Taken together, these accounts show that rebuilding trust was possible, but fragile. It depended on people choosing, again and again, to remain open to relational repair despite the risk of disappointment. In this sense, trust repair emerged as active and vulnerable labour.

6 | Discussion

This study explored trust as a foundational family need in contexts marked by relational trauma. The findings suggest that trust is not simply one desirable aspect of family life, but a basic relational condition through which family members are able

to feel safe, disclose pain, seek support, and sustain emotional connection. When trust was disrupted through betrayal, abandonment, emotional neglect, and repeated disappointment, the effects extended beyond individual distress to shape family relationships, caregiving, help-seeking, and the possibility of repair. At the same time, the findings also showed that trust was not only broken. In many cases, it was redefined, relocated, and gradually rebuilt through chosen relationships, faith, neighbourhood networks, and sustained relational effort.

The discussion develops four main arguments. First, the study positions trust as a collective family resource rather than only an individual trait or outcome. Second, it shows that trauma and trust exist in a mutually shaping relationship: trauma weakens trust, yet trust is also essential for recovery. Third, the findings indicate that broken trust can undermine help-seeking by making disclosure feel unsafe. Finally, the study highlights how participants continued to seek, create, and restore trust through chosen family, spiritual life, community care, and the labour of relational repair.

6.1 | Trust as a Collective Family Resource

One of the central contributions of this study is to show that trust is best understood not only as an individual psychological disposition, but also as a shared family resource. Participants did not describe trust as something secondary to family life. Rather, they spoke about it as a condition their relationships depended on. Where trust was present, family members were more able to communicate, confide, cooperate, and remain emotionally available to one another. Where it was damaged, the effects were rarely confined to one relationship; instead, they tended to spread across the wider family system.

This interpretation adds an important family-process dimension to existing work on trust. Trust is often treated as an outcome of secure relationships or as a trait located within the individual. The present findings suggest something broader. Trust appears to function as one of the conditions that makes family life workable in the first place. In this sense, the study aligns with work that understands trust as a binding relational force, while extending that insight by showing how its presence or absence shapes the family field more generally rather than only isolated dyads.

This reading also speaks to family resilience scholarship. Walsh's (2016) framework identifies communication, shared belief systems, and organisational flexibility as key processes through which families adapt under stress. The present findings suggest that these processes are difficult to sustain where trust has been severely weakened. Similarly, Morais et al.'s (2024) work on family resilience highlights communication and meaning-making as important, but the current study suggests that these processes often depend on an underlying sense of trust. Trust, therefore, may be understood not simply as part of resilience, but as one of the relational conditions that makes resilience possible.

The findings also resonate with Sen's (1999) capabilities perspective by drawing attention to the importance of relational conditions in family well-being. Families need more than material resources in order to function. They also require conditions that make it possible for members to speak openly, rely on one another, care, and feel protected. In this study, trust emerged as one such condition. This has practical significance. Interventions that focus only on individual symptoms may fail to address the wider relational environment in which those symptoms are embedded. Where trust within the family system has been damaged, that damage needs to be addressed directly rather than assumed to sit in the background.

6.2 | Trauma and Trust in a Mutually Shaping Relationship

A second important insight from this study is that trauma and trust are closely intertwined. Participants' accounts showed that trauma often damages trust, yet trust is also necessary for healing from trauma. This creates a difficult relational dilemma: the very thing families need in order to recover may be the thing trauma has most effectively weakened. From this perspective, mistrust is not only an outcome of trauma. It can also become one of the mechanisms through which trauma continues to shape family life.

This dynamic was especially visible in the findings on betrayal, abandonment, and repeated disappointment. Participants described how painful experiences within close relationships made future vulnerability feel unsafe. Once trust had been damaged, disclosure became more difficult, emotional distance increased, and the possibility of repair became more fragile. These effects did not remain at the level of individual distress. As the findings showed, mistrust often travelled across the family system, affecting parent–child bonds, intimacy between partners, and later expectations of closeness.

In this regard, the study supports scholarship on the intergenerational dimensions of trauma. Sikandar and Sonia (2024) describe trauma transmission as a process through which unresolved injury shapes later relational life across generations. The present findings give that idea concrete expression within family settings. Participants described emotional distance between parents and children, difficulty trusting intimate partners, reluctance toward marriage, and conscious attempts to 'break the chain' of inherited relational harm. Broken trust therefore appeared not only as a memory of past injury but as an ongoing relational pattern influencing present and future family life.

The findings also suggest that mistrust should be understood within broader conditions of adversity. Although this study was not designed primarily as a structural analysis, participants' accounts indicate that intimate mistrust does not emerge in isolation from the wider pressures families face. Chronic insecurity, poverty, community violence, and prolonged instability may all intensify the fragility of trust within close relationships. In this sense, trust is both personal and socially situated. This matter for theory and practice because it suggests that family trauma cannot be understood only as a private matter. It unfolds within wider environments that may either deepen mistrust or create conditions more supportive of repair.

6.3 | Broken Trust and the Foreclosure of Help-Seeking

One of the clearest practical findings of this study is that broken trust can undermine help-seeking by making disclosure feel unsafe. Participants repeatedly suggested that support is not accessed simply because it is available. It becomes possible only when a relationship feels trustworthy enough to hold pain without judgement, betrayal, or further harm. Where such trust was absent, silence often became the safer response.

This finding is important because it helps explain why some families most affected by trauma may appear difficult to reach. The issue is not necessarily unwillingness to engage. Rather, mistrust may make engagement itself feel risky. Garcia's (2024) qualitative work similarly shows that families with histories of relational harm may be cautious with service providers, not because they do not need support, but because previous experiences have made trust difficult. The present study strengthens this argument by showing how the problem is rooted not only in formal support systems but also in damaged trust within family relationships themselves. When trust is weakened at home, individuals may also struggle to trust those outside it.

The findings further suggest that the effects of broken trust on help-seeking are cumulative. When people cannot speak openly, pain may remain unaddressed. When pain remains unaddressed, it may be expressed in other ways, including withdrawal, emotional shutdown, aggression, or coping behaviours that increase vulnerability. In this sense, broken trust does not simply damage existing relationships; it also narrows the pathways through which healing might otherwise occur. This is consistent with Ferraro's (2025) argument that childhood trauma can shape later engagement with support systems through long-lasting disruptions in trust.

For family practice, the implications are direct. Trust-building should not be treated as a minor preliminary step before intervention begins. In many cases, it is part of the intervention itself. Practitioners working with families affected by trauma may need to spend time establishing relational safety before expecting disclosure, cooperation, or sustained engagement. This is especially important for children and adolescents, whose willingness to speak may depend heavily on whether they experience adults as trustworthy. The findings therefore position trust not only as a family issue, but also as a central concern in the design of family support services.

6.4 | Chosen Family, Faith, Community Care, and the Work of Repair

Although much of the study documents the damage caused by broken trust, the findings also reveal the many ways in which participants continued to seek, create, and sustain trust under difficult conditions. This is one of the study's most constructive contributions. Trust was not only something that had been lost. It was also something participants actively pursued through chosen family relationships, spiritual life, neighbourhood care, and the gradual work of rebuilding damaged bonds. These patterns suggest that even after serious relational injury, the search for trustworthy connection remains central to family life.

The theme of chosen family is especially important in this regard. Participants did not define family solely through blood ties or formal roles. Instead, they often described family in relational terms, identifying as 'family' those who were dependable, emotionally present, and trustworthy. This finding is important for family scholarship because it shows that trust can reorganise family boundaries. Where biological ties had become unsafe or emotionally unreliable, participants did not abandon the need for connection. Rather, they reconstituted family around relationships that offered care, continuity, and dependability. The human need for trusted belonging, therefore, did not disappear when biological family relationships failed; it was redirected into other relational forms.

Faith represented another important pathway through which trust was sustained. Participants who spoke about trusting God were not simply expressing general religiosity. They were describing a relational response to the limits of human trustworthiness. Trust in God appeared to offer refuge, strength, and continuity when human relationships had become uncertain or painful. Importantly, this spiritual trust was closely tied to family life. Participants linked it to caregiving, perseverance, and ongoing responsibility for children and grandchildren. In this sense, faith functioned not as withdrawal from family relationships, but as a sustaining resource that helped participants remain emotionally and morally engaged within them. This extends Counted et al.'s (2025) work by suggesting that spiritual trust may operate not only as a coping resource but also as a stabilising force within families affected by trauma.

Community and neighbourhood care formed a further site through which trust was extended beyond the household. Participants described neighbourhood watch structures, WhatsApp groups, shared vigilance, and a collective ethic of care in which 'your child is my child'. These accounts are significant because they show that when trust within the family becomes strained, the need for safety and belonging may be redistributed into wider social relationships. Community trust, in this sense, did not replace family care; it often extended, supported, or supplemented it. The findings therefore resonate with work on resilience and collective coping (Bogdan 2023; Marceau et al. 2023), while adding a more family-centred insight: communities may sometimes serve as relational buffers when trust within intimate family ties has been weakened.

The findings also highlight the active and vulnerable work involved in rebuilding trust. Participants described forgiveness, communication, patience, and care not as single acts, but as repeated practices through which damaged relationships might slowly become more liveable. This is where the findings speak clearly to Tronto's (1998) ethics of care. Repair was not portrayed as automatic reconciliation or as a simple return to what had been lost. Rather, it involved ongoing attentiveness, responsibility, responsiveness, and effort. Trust, in this sense, was not simply recovered; it had to be enacted repeatedly through everyday relational labour.

Taken together, these findings challenge deficit-oriented views of families living under adversity. Participants were not passive recipients of harm. Even when trust had been seriously damaged, they continued to make relational choices: to redefine family, to draw on faith, to rely on neighbours, and to work toward repair. These efforts were often fragile and incomplete, but they point to important forms of agency that both family scholarship and family practice should take seriously.

7 | Implications for Policy and Practice

The findings of this study have important implications for both policy and practice. At the broadest level, they suggest that trust should be treated not as a secondary outcome of family well-being, but as one of its core relational conditions. This has consequences for how family support is conceptualised, assessed, and delivered.

At the practice level, the most immediate implication is that interventions aimed at strengthening families should place trust more explicitly at the centre of their design. Many trauma-informed programmes focus on symptom management, crisis response, or general resilience-building. While these are important, the present findings suggest that such efforts may have limited impact if they do not also attend to the relational conditions through which support becomes usable. When trust has been damaged, families may struggle to communicate openly, accept help, or believe that support will be safe and sustained. For this reason, trust-building should be seen as part of the intervention itself rather than as a background condition professionals assume is already in place.

In practice, this means creating structured opportunities for safe communication, acknowledging intergenerational mistrust within family work, and supporting gradual processes of relational repair rather than expecting immediate openness or reconciliation. Practitioners may need to work more slowly and relationally, especially where families have long histories of betrayal, abandonment, or emotional silence. Therapeutic and community-based interventions should therefore take seriously the labour of rebuilding trust, including the role of patience, consistency, forgiveness, and dependable presence.

The findings also suggest that family support approaches may benefit from moving beyond narrow household definitions of family. Participants often relied on chosen family, neighbours, and faith-based relationships as important sources of care and trust. Policies and services that recognise only biological or co-residential family structures may therefore overlook the very networks through which support is actually sustained. A more flexible and context-sensitive understanding of family would better reflect how people live and survive in conditions of adversity.

At the systems level, policymakers and social service organisations should incorporate trust-building mechanisms into family and community welfare frameworks. This may include training professionals in relationally grounded, trauma-informed care; supporting peer-based and community-based networks of care; and developing assessment tools that capture trust within family relationships rather than focusing only on service uptake or material outcomes. Schools, faith communities, social services, and community organisations may all have a role to play in creating predictable, safe environments in which people feel able to disclose pain and receive care.

The findings also indicate that material support alone is insufficient. Poverty, housing insecurity, unemployment, and related forms of hardship matter greatly, but recovery within families is not only economic. It is also relational. If trust is damaged, then material resources may not be easily converted into genuine well-being. Policies that seek to strengthen families should therefore attend to both structural conditions and relational repair.

Faith communities appear especially relevant in this regard. As the findings show, they may function as spaces of both vertical trust, through spiritual belief, and horizontal trust, through social connection and community care. In settings where formal services are mistrusted, inaccessible, or overstretched, faith-based institutions may offer an important entry point for trust-building and support. Their role should not be romanticised, but neither should it be overlooked.

Critically, one of the most policy-relevant contributions of this study is the finding that participants who experienced limited or broken trust within their families did not cease their search for trust. Instead, they actively relocated it into chosen family relationships, faith communities, and neighbourhood networks. This is not a peripheral observation but a central finding that carries direct implications for the design of family support services. It suggests that when trust within the biological family is damaged, the human impulse toward trusted connection does not disappear; it is redirected. Participants described seeking out relationships in which they felt seen, valued, and significant experiences that resonate with the broader concept of mattering, that is, the sense of being of genuine consequence to those around oneself. The practical implication is significant: services and practitioners should not assume that damaged family trust forecloses the possibility of support. Rather, they should ask where trust is currently located for a given family or individual, and how services can connect with, reinforce, and complement those existing networks. Recognising chosen family, faith communities, and neighbourhood relationships as legitimate, primary sites of trust rather than as supplementary to or lesser than biological family represents a meaningful and necessary shift in how family support is conceptualised and delivered in South African contexts of adversity.

Finally, the study has implications for family research itself. It points to the need for more trust-sensitive frameworks, instruments, and assessment tools that can capture the relational condition of trust within family systems. Existing measures often focus on cohesion, communication, or resilience without fully isolating trust as a distinct relational construct. Developing more explicit trust-centred approaches may strengthen both scholarship and intervention design.

8 | Scope and Limitations of the Study

Several limitations of this study should be acknowledged. First, the research was conducted in three communities in the

Western Cape province of South Africa: Vredenburg, Mitchells Plain, and Fisantekraal. Although these sites provided rich and contextually grounded insight into trust within family life, they do not reflect the full diversity of South African families. The findings should therefore be interpreted as context-specific rather than broadly representative across all cultural, social, or economic settings. At the same time, the inclusion of three different communities strengthened the study by allowing patterns to be explored across more than one locality, thereby adding comparative depth within the qualitative scope of the research.

Second, the prominence of relational trauma in participants' accounts is likely shaped by the difficult social and material realities within these communities. The findings may therefore be especially relevant to families living under persistent conditions of insecurity, disadvantage, or instability, and may not apply in the same way to more economically secure or socially stable settings. However, this contextual focus was also one of the study's strengths, as it enabled close attention to environments in which trust was especially fragile and its significance particularly visible. Rather than seeking broad generalisation, the study prioritised contextual depth, using detailed description to support interpretation and to allow readers to assess the transferability of the findings to other contexts.

Third, the study relied on participants who were willing and able to participate in multi-day workshops. It is therefore possible that families in the most acute states of crisis, including those whose experiences of mistrust or relational breakdown made group participation difficult, were not adequately represented. As a result, the study may reflect the views of participants who had attained at least some degree of relational stability, even where significant pain and mistrust remained. To reduce this limitation, the workshops were intentionally designed to be participatory and supportive, using extended engagement, photo- and object-elicitation, and facilitated reflection to create a more accessible and emotionally contained environment for discussing sensitive issues. These strategies likely supported deeper participation than would have been possible in a single-session or more formal data collection setting. Nonetheless, the experiences of those facing the most severe forms of relational rupture may still remain insufficiently captured.

Fourth, the study was cross-sectional and therefore relied on retrospective accounts of trust rupture, transfer, and repair rather than observing these processes as they unfolded over time. Longitudinal research would be better suited to examining how trust is rebuilt, whether repair is sustained, and how trust shifts across family and community relationships over the longer term. Even so, the use of multi-day workshops rather than one-off sessions allowed participants to revisit, clarify, and deepen their reflections across several encounters. While this does not substitute for longitudinal evidence, it did provide a degree of temporal and reflective depth that strengthened the overall quality of the data.

A further limitation concerns the use of group-based methods to explore emotionally sensitive family experiences. In workshop settings, some participants may feel constrained in how much they are willing to disclose in the presence of others, particularly when discussing betrayal, trauma, or conflict within the family. To address this, the study incorporated elicitation methods, guided reflection, and a workshop structure that prioritised rapport-building and participant comfort over time. These features created multiple avenues for expression and allowed participants to engage with difficult experiences in less direct and potentially less exposing ways. Even so, it remains possible that some experiences, particularly those shaped by shame, fear, or unresolved conflict, were only partially articulated.

A related and important reflexive limitation concerns the conceptual lens through which the study was conducted. Because the research was explicitly framed around trust as a foundational family need from the outset, it is possible that this framing shaped both how participants engaged with the research and how the research team interpreted the resulting data. Participants may have foregrounded trust-related experiences partly because the research context invited them to do so, and the analytic process may have been more alert to confirming the centrality of trust than to identifying patterns that complicated or challenged it. The strong internal coherence of the findings is a scholarly strength, but it also reflects a degree of confirmatory alignment between the data and the initial conceptual framing. Future research adopting a more inductively open or theoretically pluralistic approach—one in which trust is not assumed from the outset to be the organising construct—may surface additional or contrasting dimensions of family experience in these contexts.

Despite these limitations, the study makes an important contribution by offering qualitative evidence that positions trust as a distinct and foundational family need in a context that remains underrepresented in international family scholarship. Future research could build on this work by examining trust across a broader socioeconomic range, exploring how trust operates in different family forms, and using longitudinal, mixed-method, or participatory approaches to deepen understanding of how trust is damaged, sustained, and rebuilt over time.

9 | Conclusion

This study began from a simple but important premise: trust is not merely a by-product of healthy family life, but one of its foundations. The findings support that claim. Across participants' accounts, trust emerged as central to how family relationships were lived, fractured, and, in some cases, repaired. When trust was broken through betrayal, abandonment, neglect, and repeated disappointment, the consequences were profound. They shaped how participants related to parents, children, partners, neighbours, professionals, and, in many cases, to God.

At the same time, the study also showed that trust was not only a site of loss. Participants described many ways of pursuing trust even after deep relational harm. Some redefined family around dependable non-relatives. Others drew on faith as a source of strength and continuity. In some cases, trust extended into neighbourhood networks and shared forms of care. In others, it was approached through the slow and demanding labour of forgiveness, communication, and repair. These responses suggest

that trust is not static. It can be broken, displaced, redistributed, and at times rebuilt.

Taken together, the findings offer a perspective that builds on and complements Attachment Theory, Betrayal Trauma Theory, and Erikson's psychosocial perspective by showing that trust should be understood not only as an individual developmental issue but also as a collective family concern. Trust emerged here as a relational condition that shapes whether family members can speak, depend on one another, seek support, and imagine repair. Framing trust in this way offers a useful contribution to family scholarship, particularly in contexts of trauma and adversity.

The study also carries practical significance. If trust is foundational to family functioning, then it must be made more visible in family policy, practice, and research. It should be named, assessed, protected, and, where necessary, deliberately rebuilt. Doing so may help shift family support away from approaches that address only symptoms and toward approaches that take the relational conditions of healing more seriously.

Ultimately, the families in this study did not only describe what happens when trust is broken. They also showed what it means to continue reaching for trust under difficult conditions. That insight is both analytically important and practically valuable. It reminds us that the work of family support is not only about addressing harm, but also about recognising and strengthening the relational conditions that make healing possible.

Author Contributions

Nicolette V. Roman: conceptualisation (lead), investigation (equal), methodology (supporting), writing – original draft (introduction), writing – review and editing (results, discussion, conclusion) (lead), supervision (lead), project administration (lead), funding acquisition (lead). **Moses Mutua Mutiso:** conceptualisation (supporting), investigation (equal), data curation (lead), formal analysis (lead), methodology (supporting), writing – original draft (introduction, methodology, results, discussion, conclusion) (equal), writing – review and editing (equal). **Friday Alaji:** investigation (equal), writing – original draft (literature review, results) (equal), writing – review and editing (introduction, methodology, discussion) (supporting). **Chanté Johannes:** investigation (equal), methodology (supporting), writing – original draft (introduction, methodology) (supporting), writing – review and editing (discussion) (supporting). **Katerina Demetriou:** investigation (equal), writing – original draft (literature review, scope and limitations) (supporting), writing – review and editing (supporting). **Avukonke Nginase:** investigation (equal), writing – original draft (literature review, scope and limitations) (supporting), writing – review and editing (supporting). **Olaniyi J. Olabiyi:** investigation (equal), writing – original draft (literature review) (supporting), writing – review and editing (supporting).

Acknowledgments

Thank you to all the families that participated in this study. And to all other bodies such as Mfesane and churches, we say thank you.

Funding

This work was supported by Department of Science and Technology and the National Research Foundation in South Africa, SARCI170802258816/UID: 11560.

Ethics Statement

Ethics approval was granted by the University of the Western Cape (reference number: HS24/3/28). All participants provided their signed consent, with additional assent obtained from the parents or guardians of the adolescents. Before the session commenced, participants were reminded that their engagement in the study was voluntary and that they could withdraw at any time, for any reason, without adverse consequences. To ensure confidentiality and anonymity, the participants' names were removed and replaced with pseudonyms.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

References

Ahmed, S. K. 2024. "The Pillars of Trustworthiness in Qualitative Research." *Journal of Medicine, Surgery, and Public Health* 2: 100051. https://doi.org/10.1016/j.glmedi.2024.100051.

Allen, K. A., E. Berger, T. Campbell, M. U'Ren, and M. L. Andrews. 2022. "Finding a Sense of Belonging in the Absence of Family." In *Youth Without Family to Lean on*, 41–58. Routledge.

Allen, S. E. 2021. *Disaster Trauma Assessments*. Norton.

Anderson, M. V. 2021. *Understanding the Essential Elements of Caregiving and the Factors Associated With Establishing Working Relationships Between Caregivers and Care Recipients*. Central Michigan University.

Bell, J., A. Lau, and G. Horner. 2019. "The Relationship Between Substance Misuse and Family Trust: A Review." *Journal of Family Studies* 25, no. 4: 448–462.

Bogdan, R. 2023. "Holding Together After Disaster: The Role of Social Skills in Strengthening Family Cohesion and Resilience." *Family Relations* 72, no. 3: 835–852. https://doi.org/10.1111/fare.12791.

Bowlby, J. 1988. *A Secure Base: Parent-Child Attachment and Healthy Human Development*. Basic Books.

Briggs, J. E. 2024. *The Resilient Relationship: Healing Trauma, Trust, and Emotional Safety in Modern Love*. Owubooks.

Brik, M., E. S. Kluwer, and B. R. Karney. 2024. "Stressor Pileup, Family and Couple Relational Well-Being, and Parent Stress During the COVID-19 Pandemic." *Family Relations* 73, no. 1: 1–18. https://doi.org/10.1111/fare.12982.

Clarke, V., and V. Braun. 2017. "Thematic Analysis." *Journal of Positive Psychology* 12, no. 3: 297–298. https://doi.org/10.1080/17439760.2016.1262613.

Counted, V., D. Weziak-Bialowolska, R. G. Cowden, B. R. Johnson, and T. J. VanderWeele. 2025. "Childhood Antecedents of Adult Place Satisfaction in 22 Countries." *Scientific Reports* 15, no. 1: 24831.

Erikson, E. H. 1950. *Childhood and Society*. Norton.

Erikson, E. H. 1982. *The Life Cycle Completed: A Review*. Norton.

Ferraro, A. J. 2025. "Long-Reaching Impacts of Childhood Trauma: A Person-Centred Approach to Understanding Parents Participating in Divorce Education." *Family Relations* 74, no. 1: 1–18. https://doi.org/10.1111/fare.70016.

Freyd, J. J. 1996. *Betrayal Trauma: The Logic of Forgetting Childhood Abuse*. Harvard University Press.

Garcia, J. A. 2024. "'They Don't Trust Me': Service Providers' Reflections of Father-Centric Treatment and Engagement." *Family Relations* 73, no. 2: 1–18. https://doi.org/10.1111/fare.13038.

Giacomin, J. 2014. "What Is Human Centred Design?" *Design Journal* 17, no. 4: 606–623. https://doi.org/10.2752/175630614X14056185480186.

Gobin, R. L., and J. J. Freyd. 2014. "The Impact of Betrayal Trauma on the Tendency to Trust." *Psychological Trauma Theory Research Practice and Policy* 6, no. 5: 505–511. https://doi.org/10.1037/a0032452.

Grummitt, L., E. Barrett, E. Kelly, and N. Newton. 2022. "An Umbrella Review of the Links Between Adverse Childhood Experiences and Substance Misuse." *Substance Abuse and Rehabilitation* 13: 83–100.

Henderson, T. L., M. H. Gagné, and K. L. Henderson. 2024. "The Science of Families: Nurturing Hope, Happiness, and Health." *Family Relations* 73, no. 1: 1–20. https://doi.org/10.1111/fare.12987.

Hendricks, L., S. Bore, D. Aslinia, and G. Morriss. 2023. "The Effects of Anger on the Brain and Body." *National Forum Journal of Counseling and Addiction* 2, no. 1: 1–12.

Herman, J. L., and B. A. van der Kolk. 2020. *Treating Complex Traumatic Stress Disorders in Adults*. Guilford Publications.

Hile, K. A., and R. M. Santos. 2022. "'Would You Like to Hear a Story?': Collaborating With Families Using Photo-Elicitation." *Journal of Early Intervention* 44, no. 1: 40–57. https://doi.org/10.1177/10538151211009310.

Hunter, M. E. 2025. "A Qualitative Descriptive Study of the Experience of Parents of Children in the Paediatric Intensive Care Unit." Doctoral dissertation, University of Kansas.

Huybrechts, J., W. Voordeckers, N. Lybaert, and S. Vandemaele. 2011. "The Distinctiveness of Family-Firm Intangibles: A Review and Suggestions for Future Research." *Journal of Management & Organization* 17, no. 2: 268–287.

Jackson Levin, N., S. K. Kattari, E. K. Piellusch, and E. Watson. 2019. "'We Just Take Care of Each Other': Navigating 'Chosen Family' in the Context of Health, Illness, and the Mutual Provision of Care Amongst Queer and Transgender Young Adults." *International Journal of Environmental Research and Public Health* 17, no. 19: 7346. https://doi.org/10.3390/ijerph17197346.

Kahlke, R., L. A. Maggio, M. C. Lee, et al. 2025. "When Words Fail Us: An Integrative Review of Innovative Elicitation Techniques for Qualitative Interviews." *Medical Education* 59, no. 4: 382–394. https://doi.org/10.1111/medu.15555.

Kim, S., and I. F. Feyissa. 2021. "Motives, Means, and Belonging in a Strange Land: Female International Students Navigating a Racially and Ethnically Homogeneous Korean Society." *Sustainability* 14, no. 4: 2027.

Kpeno, A., P. K. Sahu, and E. Bagson. 2024. "The Role of Family in Trauma Recovery: A Review of the Literature." *Anatolian Journal of Mental Health* 1, no. 1: 10–28.

Levkovich, I. 2025. "'When Home Is Gone': Challenges Faced by Families Evacuated From War Zones—A Qualitative Study." *Family Relations* 74, no. 1: 1–18. https://doi.org/10.1111/fare.70134.

Lewis, J. 2018. "Families, Family Life and Public Intervention." In *The Oxford Handbook of the Sociology of the Welfare State*. Oxford University Press.

Luyten, P., C. Campbell, and P. Fonagy. 2020. "Borderline Personality Disorder, Complex Trauma, and Problems With Self and Identity: A Social-Communicative Approach." *Journal of Personality* 88, no. 1: 88–105.

Marceau, K., M. L. Purcell, C. M. Elias, T. S. Redick, E. A. Richards, and E. Schlesinger-Devlin. 2023. "Families Together: Supporting Family Resilience During the COVID-19 Pandemic." *Family Relations* 72, no. 2: 1–18. https://doi.org/10.1111/fare.12781.

McLeod, C. 2025. "Trust and Belonging." *Critical Review of International Social and Political Philosophy* 28: 1–18.

Melles, M., A. Albayrak, and R. Goossens. 2021. "Innovating Health Care: Key Characteristics of Human-Centred Design." *International Journal for Quality in Health Care* 33, no. Supplement_1: 37–44. https://doi.org/10.1093/intqhc/mzaa127.

Mikulincer, M., and P. R. Shaver. 2007. *Attachment in Adulthood: Structure, Dynamics, and Change*. Guilford Press.

Mikulincer, M., and P. R. Shaver. 2023. *Attachment Theory Applied: Fostering Personal Growth Through Healthy Relationships*. Guilford Publications.

Morais, C., A. P. Relvas, and I. Narciso. 2024. "The Walsh Family Resilience Questionnaire: Validity Evidence From Portugal." *Family Relations* 73, no. 4: 1–22. https://doi.org/10.1111/fare.13078.

Mousa, S. M. 2025. "The Psychospiritual Dynamics of Trauma. [Publisher Details Pending Verification]".

Padgett, D. K., B. T. Smith, K. S. Derejko, B. F. Henwood, and E. Tiderington. 2013. "A Picture Is Worth...? Photo Elicitation Interviewing With Formerly Homeless Adults." *Qualitative Health Research* 23, no. 11: 1435–1444. https://doi.org/10.1177/1049732313507752.

Patterson, J. M. 2002. "Integrating Family Resilience and Family Stress Theory." *Journal of Marriage and Family* 64, no. 2: 349–360.

Reid, J., C. Johannes, S. Wareley, C. M. Ngadhi, A. Nginase, and N. V. Roman. 2025. "A Conceptual Model for Strengthening Family Capabilities Through a Process of Care." *International Journal of Environmental Research and Public Health* 22, no. 7: 1150.

Reñosa, M. D. C., K. Bärnighausen, J. Wachinger, et al. 2024. "Messy but Worth It: Human-Centred Design as Applied Within a Successful Vaccine-Promotive Campaign." *BMJ Global Health* 9, no. 7: e014870. https://doi.org/10.1136/bmjgh-2023-014870.

Roman, N. V., J. Reid, and C. Johannes. 2025. "Trust as a Family Need: Toward a Relational Framework for Family Well-Being". [Journal Details As Per Original Submission].

Sandua, D. 2024. *Rebuilding Trust: Overcoming Betrayal and Strengthening Relationships*. David Sandua.

Scales, P. C., A. K. Syvertsen, E. C. Roehlkepartain, and T. K. Sullivan. 2023. "Effects of Developmental Relationships on the Well-Being of Youth in High-Stress Families." *Family Relations* 72, no. 1: 1–22. https://doi.org/10.1111/fare.12822.

Sen, A. 1999. *Development as Freedom*. Oxford University Press.

Sikandar, A., and A. B. Sonia. 2024. "Intergenerational Trauma: Understanding Its Effects on Family Dynamics and Community Well-Being." *Journal of Applied Linguistics and TESOL* 7, no. 4: 1461–1469.

Skweyiya, Z. 2018. "The Legacy of Apartheid: Family Disruption and Mistrust in Contemporary South Africa." *African Journal of Social Work* 8, no. 1: 1–14.

Thomas, E. B., and C. Smith-Morris. 2020. "Family and Family-Like Relations for Transnational Migrants: Ideals of Care Informed by Kin, Non-Family, and Religion." *Hispanic Journal of Behavioral Sciences* 42, no. 3: 344–362.

Tronto, J. C. 1998. "An Ethic of Care." *Generations: Journal of the American Society on Aging* 22, no. 3: 15–20.

Van der Kolk, B. 2014. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Viking.

Walsh, F. 2016. "Family Resilience: A Developmental Systems Framework." *European Journal of Developmental Psychology* 13, no. 3: 313–324.