

# Poverty and Inequality

Special Blog Series: The War on Poverty, 50 Years Later

**APA Office on Socioeconomic Status**



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# Poverty and Inequality

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## Special Blog Series: The War on Poverty, 50 Years Later

The APA Office on Socioeconomic Status has collected Psychological research has much to offer in discussing the 50th Anniversary of the War on Poverty and informing debates about poverty alleviation more generally. A vast body of psychological research documents poverty's detrimental effects on life chances, health, and well-being across the lifespan.

Additionally, social psychological research provides insight into class-based stigma, stereotyping, and discrimination. Perhaps, most importantly, psychological research makes clear that access to safe housing, adequate nutrition, affordable health care, quality education, and financial security can help alleviate health and educational disparities in low-income communities.

APA has long been active in advocating for research that examines the causes and impact of poverty, economic disparity and related issues such as socioeconomic status, classism, ageism, unintended stereotypes and stigma to name a few.

This new [blog series](#) on poverty, will evolve and continue offer commentary, anecdotes, and the science of psychology. As our nation reflects on its progress in fighting poverty over the last 50 years, this blog series will highlight how psychology continues to contribute to the discussion and promotes discourse across the field.

If you are interested in contributing in the future, please contact Ieshia Haynie at 202.216.7601.

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# IT TAKES A VILLAGE TO SUPPORT THE AMERICAN DREAM

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Erin Currier, The Pew Charitable Trust  
Sarah Sattlemeyer, The Pew Charitable Trust

We live in an academically siloed world where cross-pollination between researchers is rare. But the study of poverty and access to opportunity does not fit neatly into one discipline. When President Lyndon B. Johnson declared the *War on Poverty* five decades ago, he called on experts to work across disciplines to address poverty and disadvantage and to achieve a common goal: **a country in which opportunity is within reach of everyone.**

In this spirit, The Pew Charitable Trusts published research that identifies factors across a number of fields that affect Americans' ability to move up the economic ladder, over a lifetime and across generations. And this research opens up avenues for other disciplines, including psychology, to examine poverty in the United States and explore strategies to expand opportunity.

First, this research finds that **continued access to education**, especially postsecondary education, remains [an important driver of American mobility](#). Adult children with a college degree are more likely to exceed their parents' income and wealth across all levels of the economic ladder. But despite [evidence](#) that children raised at the bottom of the economic ladder reap especially large benefits from completing college—9 in 10 are able to move up from the bottom as adults—[poor children continue to lag behind their higher-income peers](#) on college completion. This remains true even when both groups have similar levels of college preparation and readiness.

Second, **neighborhood poverty** during childhood [strongly affects access to opportunity](#) and contributes especially to the mobility divide between blacks and whites. Children who are raised in a high-poverty neighborhood, which is much more often a reality for black children than white, have significantly higher chances of moving down the economic ladder over their lifetimes. In fact, neighborhood poverty contributes more to the racial gap in downward mobility than parental education, parental employment status, and family structure combined.

Finally, **economic mobility** and **economic security** [go hand in hand](#). Kids raised at the bottom of the economic ladder who move out of the bottom as adults are also more financially secure than their childhood peers who remain stuck there. They tend to have bigger cushions of savings and wealth to fall back on during hard times and to invest in their future security and mobility.

Pew's staff of social scientists and policy analysts will continue to examine barriers to educational attainment, characteristics of high-poverty neighborhoods, and perceptions about saving and wealth building. But these topics also fall squarely within the realm of psychology. For example, psychology-based research could augment antipoverty efforts when researchers seek to answer questions such as:

- How does the U.S. education system develop the cognitive capabilities of our children?
- Does the stress of living in a poor neighborhood affect childhood outcomes?
- Can behavioral economics approaches (e.g., cash prizes linked to savings accounts) overcome barriers to saving?

Experts still disagree on the success of the policies and programs put forth by President Johnson 50 years ago. However, there is widespread agreement that we have not yet achieved his vision of a nation of equal opportunity. Access to opportunity is not and should not be the responsibility of one academic department, government agency, think tank, or nonprofit organization. We welcome all disciplines and researchers, including those in the field of psychology, to join us as we strive to understand and overcome the barriers to achieving the American Dream.

### Biographies:

**Sarah Sattelmeyer** ([@sellensatt](#)) is a senior associate for and **Erin Currier** ([@CurrierErin](#)) is director of family financial security and mobility at [The Pew Charitable Trusts](#). The project conducts original research to assess differences in family balance sheets across diverse U.S. households and the degree to which Americans' short-term economic security relates to their longer-term economic mobility. In their roles, Sattelmeyer and Currier explore the health and status of family finances, work with experts in the field and the financial security and mobility team on its comprehensive research agenda, and ensure that reports and publications are understandable to a variety of audiences, including policymakers and the public. Currier previously oversaw and Sattelmeyer was a senior associate for Pew's economic mobility project, working to build broad and nonpartisan agreement on the facts and figures related to mobility and to encourage an active debate on how best to improve opportunity in America.

Before coming to Pew, Sattelmeyer was a research fellow in the Office of Planning, Research, and Evaluation in the Administration for Children and Families, U.S. Department of Health and Human Services. She holds master's degrees in public policy and public health from the University of California, Berkeley. Prior to Pew, Currier served as the acting CEO at Women Work! The National Network for Women's Employment. Currier has a master's degree in public policy and women's studies from George Washington University.

# WHAT CAN BEHAVIORAL ECONOMICS TELL US ABOUT DEPLETION AND DECISION MAKING?

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Ramani Durvasula, PhD

The 2013 HBO film [\*Paycheck to Paycheck\*](#) features the story of Katrina Gilbert, a single mother of three children and nursing assistant who is chronically one paycheck away from disaster. The competing demands of a low paying job, children, health problems, rent, food, bills, and life create a taut story. It's not unlike watching someone traverse a tightrope, and waiting for them to fall. The scene that had the most power forced me, and likely many others, to grapple with how we view decision making about resource allocation. In a strategic sequence of scenes, after a tough day at work, childcare issues, and relationship issues, we see Ms. Gilbert decide not to purchase some prescription medications (for \$75) for chronic health conditions because of their cost. But then, we cut to a scene in a hair salon where she spends \$87 on hair color and styling.

Like it or not, the faces of the people in the room where we screened this film betrayed some level of judgment, and even I found myself questioning her choice in that moment. But then I paused – and wondered: *How many times can a person say no – before it takes a toll?*

Princeton University researchers Eldar Shafir and Sendhil Mullainathan take this issue on headlong – noting that **scarcity of anything (love, food, money) makes us less mentally efficient**. They refer to a concept called “mental bandwidth” – and simply put – scarcity depletes this bandwidth. With less bandwidth we lose the cognitive stuff that helps to manage our day-to-day affairs, planning, and solving problems big and small. Chronic deprivation can keep shaving away at bandwidth so we can't engage in these essential daily tasks, and thus we witness decision-making that looks downright self-defeating. The same “mistakes” get made day after day.

**Poverty strips away margin for error.** In the presence of resources – not only is there more bandwidth, the consequences of errors are less severe. Poverty makes it less likely that a person can “recover” from a mistake. A vicious cycle sets in whereby more scarcity begets fewer cognitive resources (less bandwidth) – and less ability to attend to all aspects of life – children, work, self-care.

**Our culture tends to blame the poor** – we were weaned on the belief that this is the land of opportunity, meritocracy and the ethos that hard work will ensure you will be able to house, feed, and care for you and yours. When people miss that mark, and can't pay the rent or keep food on the table – the knee jerk presumption is that of dysfunction. We wag our fingers and ask – “*What is wrong with you?*”

Shafir and Mullainathan's work – while it is firmly grounded in cognitive and behavioral economics – is in fact about compassion. The steely reductionism of looking at this in terms of

“bandwidth” – can actually turn the phenomenon of scarcity into a place of empathy. We all have those days – flat tire, leaky pipe, sick child – and have directly experienced the loss of bandwidth, and the numerous cognitive errors and loss of efficiency that follow. Many of us have the luxury of going to sleep after these “bandwidth-depleting” days, clearing our heads, and starting anew the next day, armed with resources (and bandwidth).

Poverty robs a person of being able to catch up – the mental energy devoted to dealing with scarcity, means a chronic loss of bandwidth. An endless lifetime of broken down cars, buses that never come, medical bills that can’t get paid, jobs lost because of competing caregiving responsibilities. **Intersectionalities such as poverty, race, and gender only magnify these bandwidth depletions.**

It is easy to pathologize the poor, and all of us – educators, researchers, and clinicians, must take a mindful moment to pay attention to why we think those living in poverty are living in poverty. Instead of making it about bad luck or bad values – maybe it is actually common ground – cognitive depletion. And this depletion is more pronounced for those who simply do not have enough. This is something we have all experienced, so we can all understand it. We must take this understanding into therapy rooms and classrooms and remain vigilant as to how we work with lower income students, clients and communities. We must pay attention to our own biases, our own assumptions.

**Armed with this knowledge – we can work with our clients and students on building resilience and directly addressing scarcity rather than fomenting helplessness and futility.** We as psychologists, must work with policymakers to devise programs that are less about punishment and more about mitigating these burdens (e.g., better childcare access for low income working mothers). The same call to arms can be issued to teachers, health care workers, and both public and private sector employers and employees.

This kind of cutting edge work on scarcity within our discipline can take behavioral economics from a place of science, and inform our clinical, educational, policy, and scholarly work on poverty from a place of empathy.

### **Reference:**

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### **Biography:**

Ramani Durvasula, PhD, is Professor of Psychology at California State University, Los Angeles, and a licensed clinical psychologist in private practice in Los Angeles. She is presently Principal Investigator of the NIMH funded Health Adherence Research Project. She is also a widely featured television commentator on mental health issues on all major national television networks. Learn more at: [www.doctor-ramani.com](http://www.doctor-ramani.com).



# A WAR ON CHILDREN: THE CONSEQUENCES OF POVERTY ON CHILD DEVELOPMENT

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Roseanne Flores, PhD

In 2012, over [16 million children](#) – 22% of all children – lived in families with incomes that fall below the federal poverty level. According to the [National Center for Children in Poverty](#) and the [Children’s Defense Fund](#), Black, Hispanic, and American Indian children comprise the majority of children who are poor. Additionally, children of immigrant parents are at risk for being poor.

Poor children are at **greater risk for physical and mental health problems** than their wealthier peers, and growing up in poverty is associated with poor educational outcomes. So one might ask “*if being raised in poverty leads to such deleterious consequences why are so many children living in the richest nation in the world living in poverty?*” The answer lies within our policies. Over the last several years, children and their families have been casualties of a war waged on many safety net programs.

## The Current Status of “The War on Poverty” and Child Development

In April, the Children Defense Fund’s Marian Wright Edelman [gave testimony](#) on the status of the *War on Poverty* before the House Budget Committee. Mrs. Edelman remarked that great strides have been made during the last 50 years, however, much remains to be done, particularly during these unstable economic times when many parents continue to be without jobs, and most often those jobs receive minimum wage and are barely able to make ends meet. She reminded the Committee of the role that safety net programs like Supplemental Nutrition Assistance Program (SNAP), Medicaid, Aid to Families with Dependent Children (currently known as Temporary Assistance for Needy Families), Head Start and Early Head Start, the Children’s Health Insurance Program (CHIP), and others have played in keeping children and families from falling through the cracks.

She cited research that demonstrates that when the basic needs of poor children are met they experience better health and educational outcomes. Furthermore, she emphasized that scientific evidence demonstrates that investment in quality early childhood education has a positive effect not only on successful child development, but also on the health of the economy. At the end of her testimony she reminded the Committee that **there is no reason for children to be poor in the richest country in the world** and that a failure to invest in our children now will be the detriment of the prosperity and security of our nation in the future.

## Ensuring the Health and Well-Being of Our Children

Since the inception of the War on Poverty in 1964, psychologists and other health professionals have always been at the table to ensure that the policies and programs created to address the

educational and health needs of children, were based on sound scientific evidence. Today this is no less true.

The science of early childhood development has demonstrated that early experiences affect the developing brain with positive experiences leading to better developmental outcomes for children. Moreover, for children in low-income families, access to quality early childhood education programs leads to better cognitive and social emotional outcomes. In addition, parents living in poverty with access to income supplements see [better academic outcomes in their children](#).

Going forward, psychologists must continue to advocate for policies that are based on sound theoretical and scientific evidence that will **ensure the social, physical, material and spiritual needs of our most vulnerable children and families are addressed**. As Marian Wright Edelman so eloquently stated:

*“We should have no poor children in the richest nation on Earth. It’s a shame. It is a moral blight, and it’s an economic—huge economic threat that we have 16.1 million poor children and over 7 million are living in extreme poverty in the richest nation on Earth. We don’t have a money problem. We have a profound values and priorities problem.”*

Psychologists are not newcomers to the *War on Poverty*, and therefore we must continue to raise our voices and use our influence to address the inequalities that continue to plague our nation. We must help to end this war against our children.

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### **Biography:**

Roseanne L. Flores is an Associate Professor in the Department of Psychology at Hunter College of the City University of New York. She received her PhD from the Graduate Center of the City University of New York. She is a Developmental Psychologist by training and was a National Head Start Fellow in the Office of Head Start in Washington, DC in 2009-2010. In addition to her work at the Office of Head Start Roseanne also worked at the Institute of Education Science in the National Center for Education Research creating a template for the dissemination of assessments instruments developed from research in the field. Prior to coming to the Office of Head Start, Dr. Flores was a Visiting Scholar at the Educational Testing Service in Princeton, NJ during the summer of 2009 where she worked in the areas of assessment, research and policy. More recently she served as a reviewer for the Race to the Top — Early Learning Challenge grant.

Dr. Flores has expertise in both quantitative and qualitative research methods, statistics, testing and measurement, and linguistic, cognitive and social development of children across various ages and cultural groups. Some of her current research examines the relationship between environmental risk factors, such as community violence, SES, obesity and food insecurity on the health and educational outcomes of minority children.

# HOW THE MENTAL DRAIN OF POVERTY UNDERMINES ECONOMIC OPPORTUNITY

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Lisa A. Gennetian, PhD

Why people in the U.S. remain poor is hotly debated. One view is that individuals have choices and they either “pick themselves up by their bootstraps” or engage in behaviors that increase the risk of becoming or staying poor. Other views point to low human capital (with income gaps starting as early as age two), structural barriers such as inadequate transportation or services, and personal impediments such as domestic and drug abuse.

However, some of the most innovative research in poverty suggests a different view; one that turns these prior views on their heads. Whereas choices, education, and personal circumstances, may each or in combination explain why Americans fall into poverty, this alternative view proposes that *the context of poverty alone, whether born into it or not, creates a psychological trap*.

The argument follows that if you are poor, you are constantly juggling time and money. Small financial mishaps quickly transform into a long term abyss, and this financial tightrope contributes to a mental tightrope. The attention you have to pay to bills, to showing up to a job on time and performing on task, being a responsive parent, reading to your children, remembering and then following through with taking your medicine easily, often unintentionally gets cast aside to focus on the immediate crisis at hand. These decisions and actions, doing them deliberately and consistently, are a challenge for any human being; who wants to spend the day sorting through and paying bills?

It is not only harder for the poor to do these things because money is tight but also because having the mental room to proactively think, act and follow through is even tighter. As colleagues Sendhil Mullainathan and Eldar Shafir describe in [Scarcity](#), attention and self-control are limited resources, and the context of poverty drains them further. How else could one explain that IQ—most commonly characterized as a hereditary trait—shifts when primed to consider financial dilemmas depending on whether you are rich or poor as shown in a [recent set of clever lab and field experiments](#)?

Now consider that people living in poverty are not only living on very low incomes, but the income they rely upon is often erratic, and almost always unpredictable. The slow growing global economy implies [more part-time shift work](#) with unpredictable schedules. Monthly, predictable public assistance payments are under political and budgetary pressure or contingent on work which is hard to come by these days.

As my colleagues and I show [in our recent research](#), it turns out that overall income instability is highest among both the poorest families and the highest income families. However, the stakes are markedly different. First, the experience of income instability has increased more dramatically over time for the poor as compared to the rich, with the gaps increasing nearly fourfold since the

1980s. Further, whereas earnings are the source of income instability for the poor, interest and property income is the source of instability for the highest income families. For the poor, the consequences of such income instability may mean skipping a meal *and* forgetting to submit the form for their children's free or reduced lunch or not turning in a slip required to receive a benefit. For the rich, it may mean delaying the purchase of an aspirational second home.

The great irony is that even though money and mental bandwidth is tighter for the poor, we ask more from them. Information pamphlets are dense with words and numbers, social services are often physically not co-located, and determining eligibility almost always requires multiple types of formal documentation. This not only has implications for direct investments in children, such as universal early education, but also for today's political and policy emphasis on economic opportunity and mobility. To assume that parents struggling with poverty can deliver their children to school on time every morning, show up to parent-teacher meetings, read a handbook, and say at least 100 words a day out loud to their infant (as many well intended early childhood interventions are designed to do) is unrealistic.

As we learn more about how the poor fall or slip into financial traps and that the experience of poverty itself creates cognitive traps, we would do well to understand that following through on the actions needed to climb out of poverty are even more difficult. They may need assistance with prompts, structuring decisions so that the default weighs in favor of the outcome, feeling positive as compared to victimized, or making these tasks fluidly fit into the day-to-day realities of their lives.

We do not have a very good understanding as to why parents and their children who can benefit the most from anti-poverty programs, often do not experience the full dose that they were designed to offer. Even when we pay parents to show up, or [tie dollars to behavior like school attendance as they tested in NYC](#), follow through is mixed, as are impacts on outcomes. Prevailing theories oriented around choices, education and barriers help chip away at some of the dilemmas of less than full engagement, but only get us part of the way there.

As I argue with colleague Eldar Shafir, [a perspective on poverty that recognizes the psychological context of being poor and of experiencing income instability](#) starts to shed light on ways to redesign promising programs to help them achieve their intended effects. Whether called a behavioral view or a behavioral economics view, this type of interdisciplinary blending of psychology and economics offers a new framework to tease apart the decisions and interactions between poor individuals and the programs designed to help them.

Solutions arising from behavioral economics have shown surprisingly remarkable success on financial behavior, nutrition, exercise, and smoking, to name a few. Efforts to do so, including [a project funded by the Administration for Children and Families](#) and a recent collaboration in [the School Reform and Beyond Project](#), are steps in the right direction. It is time to start building the evidence needed about the potential power of bringing both the best [principles of psychology and of economics into the domain of American poverty](#).

## Biography:

Dr. Gennetian is an Associate Research Scientist at New York University's Institute for Human Development and Social Change, and Senior Researcher at National Bureau of Economic Research. Dr. Gennetian also currently serves as an Associate Editor for the journal *Child Development* and priority area investigator for the federally funded National Center for Research on Hispanic Families and Children. Her current work focuses on the impact of income instability on the lives of poor families and their children, and implications for the design of social policies and programs. She has served as Principal Investigator on several large multi-year federal and state funded initiatives including most recently the National Study of Early Care and Education; the Moving to Opportunity study examining the long-term effects of housing vouchers and neighborhood poverty on adult and youth well-being; and, the Behavioral Interventions to Advance Self-Sufficiency project applying and piloting behavioral economic informed design in social programs. Dr. Gennetian's early research on the causal effects of income, employment, and child care on the development of children and youth, as a Senior Associate at the social policy research organization MDRC, set the foundation for MDRC's current division of Family and Child Well-Being. Her research is published in leading peer-reviewed journals in developmental psychology, economics, public policy and social work, and her research has directly informed state and federal policymaking through a variety of legislative and congressional testimonies. Gennetian previously held positions as Managing Director, Poverty and Economic Mobility at ideas42, an applied behavioral economics social impact laboratory; Senior Research Director, Economic Studies, The Brookings Institution; and Senior Research Associate, MDRC. She holds a PhD in Economics from Cornell University.

# RACISM AND CLASSISM WITHIN THE MENTAL HEALTH CARE SYSTEM

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Eric Greene, PhD

I would like to address the inherent racism, classism and oppressive dynamics which fill our mental health care system. I would like to highlight three problems and proceed to illustrate these problems by way of a case study.

1. Psychiatrists, psychologists and other mental health workers are complicit in further oppressing disenfranchised populations by making patients think their illness is a result of a biological or genetic dysfunction (i.e., the medical model). This turns their patients' attention away from their oppressive environment and creates stigma.
2. Medication can be used as an oppressive tool which can lead to iatrogenic (i.e. illnesses created from the treatment) illnesses.
3. Structural racism is embedded in psychological diagnosis, testing and treatment.

These critiques are illustrated in the following case study, a boy with whom I worked. His name and identifying information have been changed to protect the rights of the patient.

*Case Study Disclaimer: The names and any recognizable information have been changed to protect the privacy and confidentiality of those involved.*

John was an eight year old, African American boy. He had steady eye contact, spoke well, and had normal thoughts. He was dressed appropriately, had normal gait and had above average IQ.

He was referred for treatment by his school for aggression, being unable to focus, for declining grades and impulsivity. This was the second school he had attended in the past two years; he was expelled from the first.

His family life was very difficult. Approximately one year earlier, His father had been sentenced to prison for 10 years for selling drugs, and his mother worked several jobs to keep him and his sister supported. John's maternal grandmother also provided support.

At my treatment facility, John was first sent to the psychiatrist and was prescribed Adderall for his diagnosed Attention Deficit Hyperactivity Disorder (ADHD), and Aripiprazole (Abilify) for his Oppositional Defiant Disorder (ODD). The treating psychiatrist told John's mother and grandmother that John suffered from a chemical imbalance, and the medication would correct it. It would help to calm him down, make him less aggressive, and improve his grades. Abilify is an atypical antipsychotic used, originally, to treat schizophrenia. Among the side-effects are headaches, anxiety, insomnia and weight gain—all of which John developed over the course of his treatment. Because he had trouble sleeping (which was not a presenting problem) he was treated with a sleeping aid called Trazadone at a low dose.

He was sent to me to begin individual therapy which he attended regularly two times per week for eight months. The treatment was very difficult. He was an animated (and angry), young boy who was in a lot of pain, desperate for more attention and to have a regular adult figure in his life. His mother was too busy working and struggling with her own illness (i.e., depression) to give her son the attention he needed. His grandmother, while providing support, could not be the primary adult in his life. He was skeptical of getting too close to me, for fear, rightly so, that I would not be there in the long run in his life.

Our work together consisted of talk therapy, play therapy and art therapy. It was evident very quickly that John desperately missed his father, who he loved very much, and that for John, his father's incarceration was very traumatic. Many of his symptoms resembled PTSD and depression more than ADHD or ODD. As the months passed and the medication became effective, John became more quiet and subdued, and he gained weight. However, he was acting out less in school and at home. His grades remained relatively the same, but he was able to sit still.

John's mother revealed that she had beaten him physically. She reported feeling stressed out and having a very short fuse when it came to John's difficulties at school and talking back. She felt very guilty about it, and said that she did not know what came over her sometimes; life seemed too difficult, and she often felt hopeless. On one occasion, she strapped him up in a closet and beat him with a belt, yelling racial slurs at him. It seemed, that the intergenerational transfer of trauma, and the inner city neighborhood in which they lived, created an internalized situation of the slavery their ancestors had experienced.<sup>[1]</sup> The demonstrated behavior suggests an intergenerational transmission of violence which extends back multiple generations.

During my meetings with the psychiatrist, we would discuss John's case. Often he would describe John's situation as hopeless, and the only help that John could get was the miracle of medicine. Further, racist and classist statements flew around the room, the worst of which was from one white, male psychiatrist: "We should just drop a bomb on this whole community and end their suffering. They are evil and broken, they can't help themselves, all they do is act like wild animals, and there is no way to help them."

Protesting such racist statements was not effective. No matter how I approached the staff or the administration regarding many of the racist and classist statements and attitudes, nothing changed.

A sense of hopelessness set in me. It was a very dark period in my training as a psychologist. I realized that structural racism has led to a mental health care system that has both given up on and antagonized the poor and the marginalized.

Stories like Johnny's are all too common within marginalized and disenfranchised populations. However, the origin of one's illness is not always a biological or intrapsychic one; it is oftentimes a social or environmental one (Arrendondo, Tovar-Blank & Parham, 2008). The longstanding tradition of over-medicating and turning patients' attention inward to focus on the biological or psychological origins of their suffering, runs the risk of oppressing patients further by denying the effects of their social context.



Structural racism and classism require structural change. Focusing on the multiculturalism, empathy, understanding the ‘other’, identifying microaggressions, and empowerment are all helpful to create greater awareness and consciousness of the problems we face. However, ideological changes are more likely to happen by means of a radical confrontation with a racist and classist system. For example, many mental health workers are joining forces with public policy initiatives to help create structural change.

### Biography:

Eric Greene, PhD, is a clinical psychologist in Los Angeles, CA. He has been working in the mental health field for 10 years in various organizations. He has worked in a hospice center, a juvenile detention center, a private practice, an intensive outpatient psychiatric clinic and others. He wrote his dissertation on the social sources of psychopathology.

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[1] For a detailed analysis of the intergenerational transfer of trauma within the African American community, see Mullan-Gonzalez (2012); Leary (2005); and Reid, Mims, & Higginbottom (2004).

# HOW TO END THE CRIMINALIZATION OF POVERTY

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Dionne Jones, PhD

A New York Times article once [stated](#), “It’s too bad so many people are falling into poverty at a time when it’s almost illegal to be poor.” There seems to be a nationwide trend among states and cities that target the poor as documented by the [National Law Center on Homelessness and Poverty](#). For example, there are laws in an increasing number of cities and states that prohibit activities such as sitting on the sidewalks or aggressive panhandling ([Landen, 2014](#); [Villas, 2014](#)).

In addition to homelessness, **socioeconomic status is a major social determinant of health – with poorer health outcomes for those of low SES** ([Quon & McGrath, 2014](#)). The community or neighborhood where people live is strongly linked to their development, behavior and health. Residential segregation by race and class exacerbates these conditions and is associated with disproportionate health problems in minority and poor communities, such as diabetes, obesity, hypertension, and asthma. Predominantly minority and poor neighborhoods have an overrepresentation of fast food establishments and liquor stores, and an underrepresentation of healthy options available such as farmers’ markets, and recreational open spaces within the neighborhood. These structural conditions have been associated with overweight and obesity in minority communities ([Duncan et al., 2012](#)).

**Residential segregation also affects education and employment opportunities.** A study conducted in an urban area in a southern city in the U.S. found race-based discrimination in housing and work (Sjoquist, 2000). This leads to poor people being concentrated in densely poor areas and not in close proximity to their jobs. Among racial groups, African Americans have been reported to be most physically segregated from jobs ([Stoll & Raphael, 2002](#)). There seems to be increased law enforcement presence in these communities with the activities of the poor being more intensely scrutinized and criminalized than in other areas. It appears that poverty, race and socioeconomic status have an influence on incarceration practices.

**Minorities, particularly Black men, are disproportionately represented in the criminal justice system in the US** ([Braithwaite & Arriola, 2003](#)). Minorities are overrepresented at every stage of the criminal justice pipeline, from arrest to penalties imposed and time served.

- In 2010, minorities represented 30% of the US population, but made up 65% of the prison population, 49% of the probation population, and 59% of the parole population ([Glaze & Bonczar, 2011](#)).

- The 2010 Bureau of Justice Statistics data indicated that Black men were imprisoned at a rate that was 7 times that of white men and Black women are imprisoned at 3 times the rate of white women ([Guerino, Harrison, & Sabol, 2011](#)).
- Rates of incarceration of young men are even more distressing. One out of every 59 white men between the ages 25 and 29 years are incarcerated (1.7%) compared to 1 out of 26 Hispanic men (3.8%), and 1 out of every 9 Black men (11.1%) ([Guerino, et al., 2011](#)).

### Armed with this knowledge, what can psychologists do?

Psychologists can work with policymakers, law enforcement officials, health care providers, and community members and to address the criminalization of individuals living in poverty. We must be mindful of how larger structural issues such as segregation and racial profiling can contribute to socioeconomic disparities, and how these disparities can then lead to differences in health outcomes and incarceration rates. Potential areas for advocacy, practice, and research include:

- **Supporting programs and policies that can aid in curtailing poverty**, including funding for schools, public transportation, and public housing
- **Advocating for the provision** of open spaces for physical activity and healthy food establishments, such as grocery stores and farmer's markets, in socioeconomically and racially segregated communities
- **Being mindful of the proximity of psychological services**, and whether their location places an undue burden on clients to access mental health care
- **Increasing our sensitivity** to the discrimination our clients may face, and being mindful of our own biases and assumptions when working with individuals living in poverty
- **Working with law enforcement officials** on how stereotypes can affect policing decisions

These efforts can help move us away from a culture that punishes the poor, and move us toward reason and compassion. By working alongside individuals from various disciplines, we can help address policies that unfairly criminalize individuals living in poverty and move toward improving social conditions, health, and wellbeing.

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### **Biography:**

Dionne J. Jones, PhD, is currently Acting Chief of the Services Research Branch in the Division of Epidemiology, Services and Prevention Research at the National Institute on Drug Abuse, NIH. Among other tasks, her responsibilities include identifying gaps and opportunities to promote and conduct health disparities research and to help develop the pipeline of new investigators. Before joining NIDA, Dr. Jones served in a number of administrative and research capacities at nonprofit and for profit organizations. She is also an adjunct professor at the University of Maryland University College, and is a member of APA's Committee of Socioeconomic Status. She has published journal articles, book chapters and a monograph in a number of public health-related areas

Dr. Jones received her PhD in Educational Psychology and Master of Social Work degrees from Howard University in Washington, DC.

# OUR INVISIBLE YOUTH: ADDRESSING DISPARITIES IN THE SCHOOL-TO-PRISON PIPELINE

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Dawn X. Henderson, PhD

From Washington, DC and across the nation, numerous politicians, policymakers, and researchers have led a movement to address disparities in out-of-school suspension practices. U.S. Secretary of Education Arne Duncan and Attorney General Eric Holder, Jr. have recently engaged in national discussions and federal legislation to address school discipline practices and their implications for economically disadvantaged ethnic minority youth.

## The “invisible” youth

Ralph Ellison (1952) wrote “*I am invisible; understand, simply because people refuse to see me.*” Ellison’s allegorical tale of a man navigating his environment runs parallel to the lives of numerous economically disadvantaged ethnic minority youth who transition into the public school system. These youth are often criminalized due to discriminatory practices in schools and failing foster care and mental health systems ([Southern Poverty Law Center](#)).

The criminalization of these youth is a testament of how poverty and being a minority, specifically African American, Hispanic, and Native American, is shaped by individual perceptions of social deviance. For example, African American youth are more often referred to the principal’s office than white youth for low-level violations (e.g., disrespect and excessive noise; [Losen, 2011](#)).

As such, they feel invisible when their cultural and community strengths are devalued and perceived as deficits. Moreover, they feel invisible when they are pushed out of the school system and *discarded* into the criminal justice system.

## “People refuse to see me”

President [Lyndon B. Johnson](#) discussed social inequalities in his 1964 speech and [Jonathan Kozol](#) wrote about inequalities across the U.S. educational system in the 1990s; today economically disadvantaged ethnic minority youth are still disproportionately funneled out of the school system and into the criminal justice system.

“*People refuse to see me*” denotes the country’s inability to move on policies and practices that address disparities between them and their white counterparts. These disparities did not happen overnight; they are systemic, institutional, and continue to ignore the cries of economically disadvantaged ethnic minority youth across the United States.

In the United States, those who are economically disadvantaged—[the poor](#)—are rendered invisible by a lack of policies designed to increase the capacity of multiple systems (e.g., family). As a consequence for this lack of action, youth growing up in poor communities are:

- Unable to access quality health care and facilities to promote healthy development, especially among undocumented immigrant youth ([The Youth Project](#)).
- [Food insecure](#) and families often have to make choices between “healthy” versus “affordable” options. Some youth who grow up in economically disadvantaged households may often come to school not only to learn but to receive a meal.
- More likely to eat processed foods ([Centers for Disease Control and Prevention](#)) that impacts their physiological and biological processes and has implications on emotional regulation and behavior management.
- More likely to be born from mothers who were unable to access proper neonatal health care and nutrition while pregnant. This lack of neonatal care has implications for a child’s health and development, including cognitive capabilities.
- More likely to encounter teachers who are not certified, have higher attrition rates in the public school system, and often perceive them as “oppositional.” These teachers are more likely to form judgments based on their biases and perpetuate the exclusion of youth from the educational process.
- Receive more punitive consequences when misbehaving in school and harsher sentences.

Economically disadvantaged ethnic minority youth are further disengaged from school by the lack of cultural representation in textbooks and the devaluation of their culture and experiences. The distress and stress found in their neighborhoods and family associated with generations of poverty are ignored. And, these youth, as Ellison wrote “*ache with the need to convince yourself that you do exist in the real world.*” How do they do that? For some youth, their ache is their aggression and evident in the defiance they demonstrate against teachers and school systems.

### **How psychologists can bring visibility to economically disadvantaged and ethnic minority youth**

In 1964, President Johnson stated “investing in salvaging an unemployable youth today can return \$40,000 or more in his lifetime.” His speech embodied a prevention focus and, without necessarily acknowledging it, Johnson framed the capacity of individuals within multiple systems (e.g., education, housing, health care, etc.).

Psychologists need to bridge disciplines and fields in designing multi-systems prevention (e.g., that includes strengthening families, schools, and communities). We must understand that disparities in suspension are not ascribed to “deviant behavior” of poor ethnic minorities, but rather reflect structural inequalities that influence relationships between youth, their families, and communities.

We must understand the value of psychological theories in influencing research and action to address disparities and pathologies. Several psychologists and divisions within the American Psychological Association have taken up the reigns to do this. For example:

- Advances in neuroscience are shaping the design of school-based prevention programs aimed to promote social-emotional competence among younger children (Berg, Coman, & Schensul, 2009; Greenberg, 2006).
- Psychologists are working in interdisciplinary teams to use prevention science to inform practices and policies that reduce pathological outcomes and empower individuals and their communities ([National Prevention Science Coalition](#)).
- Researchers from the [Society for Community Research and Action](#) (Division 27) and [Society for the Psychological Study of Social Issues](#) (Division 9) use empowerment and participatory practices to engage youth, community members and agencies across multiple systems in advocacy and policy change.

At the end of *Invisible Man*, Ellison wrote:

*“Because in spite of myself I’ve learned some things. Without the possibility of action, all knowledge comes to one labeled ‘file and forget,’ and I can neither file nor forget.”*

We cannot forget our youth, our efforts should be designed to address disparities and work with youth and their communities in building systems that embrace prevention science. Only collective efforts can reduce disparities in school suspension practices and the number of economically disadvantaged ethnic minority youth funneled into the school-to-prison pipeline.

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### **Biography:**

Dawn X. Henderson, PhD is an Assistant Professor in the Department of Psychological Sciences at Winston-Salem State University and a member of Division 27 (Society for Community Research and Action) of the American Psychological Association. Her research focuses on community and school-based alternative-to-suspension programs for high-risk youth. Any comments or feedback can be sent to [dawnxhen@gmail.com](mailto:dawnxhen@gmail.com).



# IT'S NOT JUST US: WE CAN'T POVERTY WITHOUT COLLABORATION

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Samantha Melvin, PhD

Great research starts with a spark: a lunge for pen and paper to draw a pathway or outline a study, a midnight dash for statistics software to analyze something conceived in a dream, a great idea. Academics live for these moments – the all-consuming focus on thinking through a tricky question and the excitement over the impact its answer might have.

The story with research prompted by the War on Poverty is no different. We can only wonder whether those early researchers imagined that their work would inspire hundreds of additional studies, and even after 50 years of seeking answers to their questions, we still have work to do.

## **Fifty years of “war”: A brief history of research on poverty and child development**

Building on several decades of educator experience and a growing body of research, developmental psychologists Betty Hart and Todd Risley published some [astonishing findings](#) in the mid-'90s. Their longitudinal research showed that by age 3, children from higher-income families had larger vocabularies and heard [millions more words](#) than children raised in poverty, and these disparities in language exposure predicted subsequent cognitive development and academic achievement. This was an important time for research about the [effects of economic injustice](#) on our children.

Economists soon joined the conversation, applying their [cost-benefit framework](#) to early childhood [investment programs](#) like Perry Preschool, and arguing that investments in early life had the potential to boost the life chances of poor children in ways that would pay social dividends for years to come.

In the last decade or so, [neuroscientists](#) have thrown their hats into the ring, looking at the ways in which our brains are shaped by our earliest experiences. They are seeking to understand the [neurobiological bases](#) of unequal development for children raised in poverty.

More recently, developmental psychologists have recognized that, despite a historical tendency toward research involving socioeconomically advantaged samples, they must reach across racial and socioeconomic lines to find ways to study how all kids develop and learn, [not just how white kids from upper middle class families do.](#)

Yet few academics from these different disciplines talk with one another and share their knowledge in ways that might make a bigger difference in fighting inequality. What would happen if they did? What if all these brilliant minds got together and discussed not just that there are enormous differences in how America's children develop and what might be causing those differences, but what can be done about it?

## Blame it on causality

Those familiar with this literature have often encountered the phrase "though we can't prove causality..." This issue is vital but difficult to address. How can we use scientific findings to intervene on something as big-picture as poverty? Specifically, how can we do so in a way that both provides causal evidence on the effects of poverty and represents a step toward eradicating economic inequality? Sure, we've tried a hundred different tactics to target the disparities that pervade our society, but most interventions are still relatively small-scale. Even [nationwide policy efforts](#), initiated from across the political spectrum, serve as cautionary tales of how [well-intended programs](#) can [perpetuate](#) the very systems of educational inequality that they seek to abolish.

Try as we might, it is not easy to challenge the deeper systemic inequality of today's American landscape. Thus far, many of our attempts to address socioeconomic disparities in development and education work within existing institutionalized structures—from [dividing students by SES](#) through school districting, tracking, and privatization; to promoting standards that are difficult for neighborhoods, schools, or individuals to meet. This makes it nearly impossible to foster change at a foundational level.

### **So how can we eliminate the effects of poverty? Just give people money and hope for the best?**

It's actually not quite as crazy as it sounds. [Several quasi-experimental studies](#) show consistent associations between increased income and child development. What we need is a randomized experiment that will definitively study the causal effects of unconditional cash payments on child development. Such a study could also tell us what it is about poverty that leads to developmental disparities, because we know it's not just about the money.

Is it financial need that makes it difficult for parents to buy developmentally appropriate material resources? Does working extra jobs or longer hours to make ends meet mean less time spent talking to children? Or does increased parental stress about finances affect the quality of parent-child interactions? We need to take a closer look at each of these pathways in order to identify the most promising steps for intervention.

### **Poverty Reduction and the Developing Child**

This is exactly what a cross-pollinating group of [economists](#), [neuroscientists](#), and [developmental psychologists](#) are trying to do in the [Poverty Reduction and the Developing Child](#) project. Currently working on a pilot in New York City, this team hopes to explore the causal effects of increased income on early development by intervening during the first three years of life.

In the [full-scale randomized control trial](#), families living below the poverty line will receive monthly payments totaling \$4,000 per year for the first three years of their child's life. Control participants will receive \$20 per month, funds similar to what participants in basic, long-term research receive. Throughout this time, researchers will conduct rigorous assessments of home environments, parent and child stress, parent-child interactions, and child brain and cognitive development.

The goal of this ambitious undertaking, which aims to take place at four sites nationwide, is to collect enough data to examine both causality and the proximal pathways that may mediate the effects of income on cognitive development and subsequent achievement.

Collaborative, groundbreaking projects like this are desperately needed across the social sciences in order to effect high-impact, research-based change in the socioeconomic inequality that continues to plague our society.

### **Biography**

Samantha A. Melvin is currently the manager of the Neurocognition, Early Experience, and Development (NEED) Lab at Columbia University, where she works with Dr. Kimberly Noble to examine the intersection of developmental psychology, neuroscience, and education in socioeconomic disparities research. She graduated from Wesleyan University in 2013 with a BA in cognitive psychology and a passion for social justice. She ultimately hopes to bridge the gap between research and practice by pursuing a PhD and by conducting policy-relevant research on language development, learning and education, and the environmental factors that influence these systems.