Understanding and Overcoming the Influences of Poverty on Children and Families

Questions and Responses

Q1. Will this presentation and webinar be made available to the participants?

A1. A link to the presentation and related resources will be sent to all registered participants.

Link:

Q2. What are the optimal standardized measures of SES to use in research?

A2. I would answer that question by saying that in fact, for me, I use large datasets and more often than not composite variables are made so that we don't just have a straight standardized variable—you're creating the variable with income, education, and the like. I would think that depending on what kind of research you're doing, sometimes if you're using large datasets those variables are made already. (Flores, Roseanne)

Q3. Is there a control for the statistic of children in poverty that do have higher levels of mental health issues, in that these children are more likely to be involved with social services which includes psychological testing, or they are involved in the criminal justice system that requires treatment, whereas children in higher income households are less likely to be involved in these services? Parents in poverty and lack of education are more likely to have behavior problems with children that lead to services that lead to diagnosis.

A3. My strongest response to that—and this is something I think is very important—it is not the case that just because someone is in social services or in the criminal justice system, that they are receiving quality mental health services or mental health assessment. That would be my general statement, that what has come out from the research on these programs, and I had done a whole presentation on assessment, which is something I mentioned here—what has come out in the research is that assessments being done

were not high quality ones. You could find many, many programs for social services and the criminal justice system where the person doing the assessment is not even a psychologist. Now that doesn't always mean that the assessments are bad, but certainly psychologists are the ones primarily seen as most trained in doing psychological evaluations. Or they were not even licensed mental health professionals. What has come out in the research when they reviewed these programs is a high level of inconsistency in social services and in the criminal justice programs of the quality of evaluation and services that are being provided. (Marston, Daniel)

I also think part of the question is something about a control and who would be part of the group and who would you be missing—if I got that right, I think that's part of the question. I think yes, when you're looking at the data, particularly the kinds of data I was talking about today, which is national level data, you're sometimes missing a group of individuals who don't access services so they wouldn't be part of the dataset. They may be being caught by private mental health providers and the like, but they might not be part of the overall system. So yes, when you're looking at data you have to think about that. (Flores, Roseanne)

Q4. Are the physiological effects thought to be because of the poverty, or actually lead to poverty? For example, the hormone levels, memory issues, smaller hippocampus?

A4. The research that I reviewed and the most prominent research—and certainly the article in the American Psychologist that came out just recently, the one I cited in the presentation—would really underscore that it is the impact of poverty that leads to these problems in part. Part of why I say that so directly is because much of the study on the neurological impact has been on child development. In fact, one of the articles I cited there on the stress level was before one year of age when it started, so this is where a lot of the studies of impact of poverty come from, and certainly studying children would suggest that its poverty impacting on them, rather than their development leading to poverty. I would say that the research strongly leads in support of stating that it is the impact of poverty that leads to these factors. Now, there's certainly a circular nature to it, that individuals—in fact, that could be seen as one of the major problems, that it can lead to being trapped in a cycle. Poverty leads to the development of, say, intellectual problems, developmental problems, attention problems, and then that might make the individual less likely to get out of poverty, to do the things that they would need to get out of poverty, and thereby leading to a circular nature to it. That would be a factor as well. (Marston, Daniel)

I would agree, and I think that's what when I was talking about those individual determinants versus the structural determinants and the interaction between them. There are things that the individual comes with, but then the environment affects that and that becomes the cycle. The poorer access to education is going to lead to poorer job skills, which is going to lead to poorer outcomes, so then it becomes a cyclical process on top of the stressful foundation. (Flores, Roseanne)

The association between poverty and harsh parenting practices—that is the association also that you see that parents who are stressed by the level of poverty, helplessness, difficulties, mental health issues, and lack of social support—they are more likely to use harsh punishment and harsher discipline with their kids, and many times you'll see physical discipline. This is one of the issues that there is extensive literature on in terms of the connection between poverty, stress in the family, and un-effective harsh parenting styles and child maltreatment leading to those outcomes. Also negligence, because neglect is a very important consequence of poverty. Families who cannot provide basic needs for their kids—this also has outcomes for the kids. I just wanted to make all these connections, that poverty is a social determinant of situations that have continuing influence and impacts on children's behavior. It's important for us to have a clear idea of what are the chain of events and associations, so we can understand the children's outcomes in very low-income, stressful, and toxic environments. (da Silva, Julia)

If you look at the resiliency component of that, which then is providing the support for families so that they can provide the support for their children. That comes at the community level of addressing community violence, which will then fix some of the neighborhood and then provide support for families, and those families will provide support for their children. We want to move away from this notion of mental illness and into looking at child and family wellbeing, and that child and family wellbeing will happen in the context of all of those areas. We can draw on that resiliency factor, of how we can help children and families in the context as we try to shift some of those other determinants. (Flores, Roseanne)

Q5. What are some resources that we can share with families about building resilience? Can you give us some examples of where we can find this?

The American Psychological Association, has a great deal of resources online for resiliency. Julia, you can also talk about the Violence Prevention Office and the resources that you have available. I will also advocate that folks look at Head Start to look at the notion of strengthening families and how we can support families and family engagement. I think that's also a big part of this as well.

[APA Violence Prevention Office]
[APA Policy Statements on Violence Prevention]
[Parents Raising Safe Kids Program]
[ACT for Incarcerated Fathers]
[Working Group Report on Child Maltreatment Prevention in Community Health Centers]

Q6. What are some of the evidence-based practices in schools, and how do we get families invested in encouraging their children to participate in these school programs?

A6. Working a lot with schools, in a lot of ways, that's the million dollar question. There are these great programs out there, but sometimes getting families involved and committed to it can be very difficult. My experience, my review of the research, would all point to: if there's a disconnect between what the people running the programs are hoping to do and what the families who are being looked to in terms of participation, if there's a disconnect, it's often that the families do not see the real practical benefit. The question of "how really is this going to help me" is something that they don't necessarily see. It's certainly a complex issue, but what I would say is that if there's an area to focus on, its figuring out how to make it practical as far as use, and being very clear and specific on what this is likely to do, and also making it—and I also mentioned this in the presentation—as convenient as possible. (Martston, Daniel)

I would also argue that the federal government, for example, has some grants such as the Promise Neighborhood grants, that would go from birth to college and you would obviously look at strengthening the neighborhoods. I go back to this notion of communities—schools are part of the larger communities in which people live, and so as you strengthen neighborhoods you provide resources, and you provide change in structures. This also benefits the children, and it's linked to the schools. SAMHSA also has some grants—Project Launch, for example—the integration and coordination of early childhood services. So things of that nature would be the ways that I think people who work within communities and schools can foster development in children and support families. (Flores, Roseanne)

Q7. In your research, have you found differences between rural and urban poverty and children and families?

A7. Yes, very often, mainly in the area of—not necessarily the actual neurobehavioral impact of poverty, but more in the benefits from services, primarily related to the whole issue of lack of access. If there's one issue that I've seen really be the distinguishing factor between rural and non-rural areas, it's the issue of access. (Marston, Daniel)

I would say that particularly, again if you're looking at children, very young children, and children and families, is there's been a tremendous amount of work on that, which basically gets at that point, that children in rural areas have limited access and fewer things available to them than children in urban areas do, and sometimes greater health disparities as well, because of that. (Flores, Roseanne)

Q8. What one thing can social services agencies do to increase resiliency in these children and families? If there had to be one thing, what would be the most important thing?

A8. From my perspective, I would argue that building supports through nourishing and fostering relationships, because those relationships are going to the foundation for not only families but for children. And I mean those relationships outside of the family, so connecting families to community supports, which then provide those supportive resources that families are sometimes lacking. That gets back to the earlier issue of harsher discipline and more violence. When you're stressed, you don't have access to those supports, so I would argue that building those supports, building those relationships, which then could help to strengthen families and children. (Flores, Roseanne)

I would say provide consistency, in whatever way you define that, as much as possible. Even if you have a small number of resources, if you can make it clear that this is going to be provided on a consistent basis and in a consistent way, that seems to be the one thing that helps the most. (Marston, Daniel)

On the back of that question, one of the things I didn't address during the presentation because there are a lot of things to do is the issue of consistency, and that was an issue that was raised before about families and children. We know that routines are important in the lives of children and families, and sometimes families living in poverty don't have those nice and stable routines because they're either juggling or balancing jobs and don't have access to proper childcare so they're scrambling around for that. Again, providing those supports can help families provide routines for their children, and we know that those routines are necessary for good development in children, such as eating practices and family meal time. (Flores, Roseanne)

Q9. Could you expand a bit more on the connection between poverty and autism?

A9. Yes, I in fact did a presentation on this specifically a while ago. The connection between autism and poverty actually has been sort of up and down as far as where the evidence points. There actually was at one point quite a bit of evidence suggesting that there might be less autism in poorer areas. It wasn't quite clear why that would be the case, and further research indicated that it was more an access to services type issue. What it really comes down to is, there does seem to be a higher rate of autism among poorer families, and autism is a neurological condition first and foremost—it's a neurobehavioral disorder. So because poverty affects those areas of the brain that are most related to autism, there would be a lot of reason to believe, a lot of support, for there being a higher level of autism in poorer communities. So my general statement to that, but also hopefully expanding is, autism is a neurological condition, the parts of the brain that are most directly related to autism are also ones directly impacted by poverty, and that would be a supporting factor for why there does seem to be a higher level of autism in poorer families. (Marston, Daniel)

Q10. What are some effective methods to improve community level resiliency?

A10. This is about partnerships. If you think about communities, part of working within communities would be getting everybody on-board—because poverty, as we know, is multi-integrated. It's not just a one prong approach to dealing with it. So that would be partnering with businesses, that would be partnering with the federal government, and that would be partnering with private institutions to build communities that would support families. Part of that is as you build the communities up, families may then be able to have access to jobs, and that access to jobs would provide the income, so that they could actually use the income to provide for their children. So I think it's about building partnerships, and that's the supports in the community. One of the other factors that wasn't raised is that this is about social and emotional, physical and spiritual health, so it's also drawing on those resources in the community—the houses of worship that are in the community, bringing those folks onboard so that maybe they can provide additional support for families. I think everybody needs to be onboard—it's sort of like getting everyone to the table and then working with that group to say, "Okay,

what can we do support children and their families that will ultimately support the community." (Flores, Roseanne)

Q11. How do we know that children in poverty are exposed to violence? I though violence was evident across SES?

A11. Well, yes it is across SES, but when you look at the statistics for neighborhoods in terms of violence, you actually see higher levels of violence in impoverished communities, and some of that might be due to limited resources and what's available, and what's not available. The data talks about that. If you think about areas that are really impoverished, where we have concentrated poverty, so then what resources are available within those communities. I sort of alluded to that in one of my slides—that's lack of access to grocery stores, that's lack of access to playgrounds. And what do you sometimes have? You have higher levels of substance use, higher levels of gangs, and the like. Those things are actually correlated to higher levels of violence. (Flores, Roseanne)

JD: This is Julia Silva with the Violence Prevention Office. The data that we have about child maltreatment and youth violence come from referrals and reports coming to Child Protective Services. Those are mostly from low-income families. If you look at the Department of Health and Human Services child maltreatment reports that they have every year, that's what we find there. Of course there are a lot of people that say, well, poor people report more, or the police or social services or the social workers or the school counselors—they have a way to know that their kids are acting out, and there is no other resource but referring them to this Child Protective Services for them to find something to do for these kids. Whereas, more affluent families, when their kids are acting out at school, they are referred to a psychologist, or to a treatment, or to medication. This is a socioeconomic issue that we deal with. To tell the truth, the data we have is collected mostly from low-income families—that's how we know. Also, because all the issues related to, and interventions that psychologists have done—if they focus on primary prevention, secondary prevention—they go to at-risk communities where we know the statistics are higher and the data we have about incidents are higher for communities at risk.
(da Silva, Julia)

I would argue again too, on the back of that, those same communities also lack resources. Those are communities that are also severely under-resourced at the financial capital and the social capital level. (Flores, Roseanne)

Q12. How can psychologists advocate for individuals living in poverty at a political level? What efforts are psychologists currently involved in?

A12. Some of things I've been working on include supporting a home visiting coalition that's a broad based group of organizations that are supporting reauthorization of the home visiting program that program that was in the Affordable Care Act. The CCDBG Reauthorization, which hopefully passes later this Congress, that's the Child Care Dependent Block Grant, and that's something that we've asked people that are in our Federal Action Network, which included psychologists and other members to contact their members of Congress. And so we've gotten involved that way. A bill that we were supporting earlier this year, HR-4980, which I don't have in front of me—Strengthening Families and Preventing Sex Trafficking Act is the approximate name of it—supports transition for foster care youth. It's actually a fantastic bill that provides some funding for tracking of these youth, to avoid having these youth fall into the trap of being sex trafficked. There's also funding for transitioning youth out of their group home and out of foster care, so they can have a social security card, driver's license, and other documentation to help them transition into a normal adult life. Some of the things that Roberta's been working on that I'm a little less familiar with is that we did have a Congressional Briefing on the stigma against long-term unemployment and its psychological effects. APA also weighed into supporting raising minimum wage and to extend unemployment benefits, and we endorsed paid sick days legislation and family medical leave legislation.

Additional Resources