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Abstract

Poverty has long been understood to be detrimental to developing children. While is it commonly viewed solely as a risk factor for experiencing other traumas, I argue here that poverty should be seen as a traumatic factor in and of itself. To support this claim, I explore several systemic and individual aspects of living in poverty which can cause significant harm to children and adolescents. Topics addressed include housing, foster care, stress as a mediator of parenting, and chronic and toxic stress in children. I also address the effects of poverty on social workers and the practical implications of viewing poverty as a source of trauma for mental health clinicians. In addition to supporting literature I have included anecdotal evidence from my two years of social work internships in New York city within a low-income high school and a foster care agency.

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Introduction

One of the first things that I was taught about trauma and human resilience is that most people who survive a traumatic event do not go on to develop diagnosable Post-Traumatic Stress Disorder (PTSD), healing from any immediate psychological distress on their own. Yet even amidst these positive odds, we still recognize that certain experiences (a car crash, for example) should be labeled as traumatic events whether or not the person involved develops PTSD. Why, then, does that logic not extend to an experience like chronic poverty?

That poverty is detrimental to children is hardly a new idea. Scholars have been saying as much for years (Brooks-Gunn & Duncan, 1997; Chaudry & Wimer, 2016) and most people would rather raise children with money than without. But as we learn more about how chronic poverty and its related hardships actually interfere with development, perhaps it's time to reframe the way we conceptualize and talk about childhood poverty. It is more than just an indicator of risk, it is an actual cause of harm.

Although trauma and its psychological consequences have become commonly discussed topics both among lay-persons and mental health clinicians, our views of what can be officially labeled as traumatic events and responses remain somewhat narrow. Even if one is reasonably wary of using the Diagnostic and Statistical Manual of Mental Disorders (DSM) as the sole authority on mental health conceptualization, its limits affect our clients significantly by changing the way that they and their symptoms are viewed and what treatment they receive. In light of this, some clinicians have proposed a new diagnosis for survivors of childhood trauma, which I will discuss in more detail in another section. Without seeing poverty as a type of trauma well-meaning helpers may very well be missing crucial aspects of what a person actually needs, both in terms of concrete resources and for healing. If we could broaden our focus regarding

trauma and include living in poverty as a potentially traumatic event we could both better serve

people living in poverty and likely be more effective in advocating for prevention and systematic

change.

Poverty has many facets; it would be beyond the scope of one thesis to address all of

them. Instead, I will focus on a few subsections of poverty and their effects on the growth and

development of children and teens. This paper will be organized in thematic sections and each

section will include both supporting literature and anecdotal clinical evidence from my two years

as a social work intern. These internships were both located in New York City; one involved

being part of a team of counselors in a small high school in a low-income neighborhood; the

other was within the mental health department in a foster care agency. All clients' names and

other potentially identifying information has been changed.

It should be noted that the discussion in this paper refers specifically to economic class.

Although socioeconomic status (SES) is often used as a blanket term, it merges two overlapping

but distinct sets of factors (Siderea, 2016). Economic class refers specifically to income, assets

and resources. Social class, meanwhile, refers to the social hierarchy in which we live and

differences between these subcultures. Although Americans often purport to live in a classless

society, this assertion all but vanishes with the smallest scrutiny (consider the connotative

differences between a "tiny home" and a "mobile home").

Often with lower economic status comes lower class status, but this isn't always the case.

For example, people working in certain skilled trades may make a high salary, but this doesn't

necessarily translate to being viewed as anything other than working class. Likewise, being an

academic grants one a place high up on the social class ladder regardless of whether or not rent

can be paid. This paper will focus specifically on those aspects of living poor which could be changed with more money, not on the less-tangible cultural aspects of class.

Each of the topics I address, particularly those regarding larger systems and institutions, are strongly influenced by racism at least as much as they are by economic inequality. America's history of colonialism, slavery, Jim Crow laws and many other enduring inequalities are such that wealth and opportunity are not distributed equitably or even uniformly in our society. While one should take care not to conflate race and class, they are nevertheless closely linked. Unfortunately, these intersections are beyond the scope of this paper and will therefore not be explored here. I will only periodically reference racial discrimination and strongly encourage the reader to seek out other sources regarding this important and complex topic, as they exist in abundance. As just one example, the organization Race Forward has produced a short series about systemic racism including a short video and collected sources on the wealth gap, which can be found on their website. (Lazo, n.d.)

Something I struggled with while writing this paper was similar to what Annette Lareau (2001) described after writing her influential work *Unequal Childhoods* on how socioeconomic class altered child-rearing practices. In her first chapter, she wrote:

> A key problem is that most readers will be middle class or, as college students, on the road to becoming middle class, even if they had working-class or poor origins. As readers, they will have their own childhoods and their own lives as parents or future parents as a base for what they consider appropriate. This cultural and historical frame can become the basis for interpreting the discussion… In sum, the fear is that some readers will project their own cultural beliefs on the material. (p. 11)

I have also wondered and worried about what it means to write about poverty from the comfort of academia for readers mostly in the academic world. When writing about people living in situations from which we are far removed, there is a real danger in writing them as 'other' than ourselves, describing or reading about them as we would curious creatures on display rather than as fully realized people with complex lives, whether we intend to or not. It is a phenomenon I am doubly conscious of as I am writing about young people who confided in their therapist. I can relate to how Matthew Desmond felt at the end of his fieldwork in Milwaukee while writing *Evicted*, feeling guilty for "collecting these stories and hardships like so many trophies" (Desmond, 2016, p. 328). Though I hope it would be obvious, I find it necessary to make it clear that I am describing only very specific parts of what I saw in these young people and their families. They were also kind and smart and funny and ambitious; I am genuinely honored to have known them all.

Understanding Poverty

For such a commonly discussed topic, poverty is a deceptively difficult thing to measure and there is no shortage of thoughts on how to do so effectively. The US Census bureau has been using the same method of calculating the poverty rate since the 1960s (Citro & Michael, 1995) which, over the last few decades, has been criticized for being woefully incomplete (Lamy, 2012; Citro & Michael, 1995; Chaudry & Wimer, 2016). The current measure simply triples the estimated cost for food (Ehrenreich, 2001) and does not account for vastly inflated housing costs, child care, or regional differences in cost of living, among other things (Citro & Michael, 1995). But poverty isn't just having less than a certain amount of money; rather, it is the myriad of hardships related to and piled on top of a lack of money. Gershoff, Raver, Aber & Lennon (2007) make the argument that poverty should be separated into subcategories of lack of income and

material hardship. Yoshikawa, Aber and Beardslee (2012) list a number of different ways to measure poverty, from "absolute poverty," or the objective inability to obtain basic needs, to "subjective poverty," or the subjective perception that one cannot even "barely get by" (2012, p. 273).

However you measure it, the number of people living in poverty is concerning. The 2014 census found that one in five children are living below the official poverty line (Chaudry & Wimer, 2016) which is worryingly high for any nation but especially one which regularly boasts of prosperity and claims to be a "world leader." Some research suggests that a family needs an income roughly twice that of the official poverty line in order to support their basic needs (Cauthen & Fass, 2008). With this metric in mind, it should be particularly concerning that in 2016 the National Center for Children in Poverty (2018) found that 41% of American children were living below 200% of the poverty threshold. And despite what the unemployment rate may seem to indicate, poverty isn't going anywhere without some drastic changes; recent reports have found that in 2017 roughly 40% of American adults could not afford all of their basic needs (Picchi, 2018).

Poverty isn't just about the wealth or resources of an individual or family, either. Everyone lives and operates within a network of different institutions and systems, but these systems and how they function change where money is involved (or lacking). People living in poverty often contend with a different set of systems than their more affluent peers (i.e. Medicaid, SNAP, etc) and those which should theoretically the same for all people are rarely equal in practice. Programs and initiatives primarily serving low-income people are notoriously poorly funded (for example, public schools, public housing, Medicaid, etc), adding to the pile of un- or under-met needs.

Although I was not privy to their family income and cannot say with certainty whether they met official, federal definitions of poverty, the clients I worked with in my internships could broadly be called low-income. All of the students with whom I worked qualified for free school lunches (this was before New York City began offering free lunch to all kids in school), some individuals were involved in the foster care system, and some had recently been homeless or were doubled-up with another family in order to pay the rent. The clients I worked with never complained of being poor directly; rather, the issues they worked on with me surrounded poverty and were connected by the invisible threads of not having quite enough. For this reason, I will not be utilizing a strict, income-based definition of poverty and will instead focus on the clients' reported experiences.

Understanding Trauma

Trauma is an even harder thing to pin down in a simple definition. The Diagnostic and Statistical Manual of Mental Disorders (DSM), i.e. the standardized manual used by clinicians to diagnose psychological disorders, has an entire section on various trauma and stressor related disorders, including the most well-known diagnosis of Post-Traumatic Stress Disorder (PTSD). Part of the criteria for meeting a diagnosis of PTSD requires some sort of "exposure to actual or threatened death, serious injury, or sexual violence" for a person of any age. Symptoms can vary depending on the diagnosis in question and can include flashbacks, nightmares and hypervigilance for trauma-related disorders and can include various difficulties relating to others in an appropriate way for other attachment disorders.

Over twenty-five years ago clinicians were discussing the need for a more comprehensive diagnosis for survivors of prolonged or complex trauma and survivors of childhood abuse (Herman, 1992). More recently, psychiatrist Bessel van der Kolk (2009, 2015) has advocated for

a new diagnosis, Developmental Trauma Disorder, for people with histories of complex childhood trauma. van der Kolk and colleagues argue that PTSD is neither developmentally appropriate for children nor does it capture the full range of measurable damage done by trauma, which is possibly why so many children with complex trauma histories end up with various, seemingly unrelated diagnoses such as Oppositional Defiant Disorder and phobic disorders (D'Andrea, Ford, Stolbach, Spinazzola & van der Kolk, 2012; van der Kolk, 2009). In particular, the diagnosis of PTSD largely ignores the developmental consequences of early trauma. Childhood is a time of intense and crucial growth, physically and psychologically. Growing children learn whether the world is a safe place, how to interact with and relate to others, and how to regulate their own emotions, among other things (Luby, 2006) and traumatic experiences can disrupt those healthy developmental tasks (Basham, 2011). Psychiatrist Judith Lewis Herman puts it this way: "Repeated trauma in adult life erodes the structure of the personality already formed, but repeated trauma in childhood forms and deforms the personality" (as cited in Shipler, 2004, p. 144).

Conversely, the proposed Developmental Trauma Disorder addresses patterns of dysregulation, persistently altered worldview and attributions, as well as functional impairment, thus allowing for the ways in which a person's entire experience of the world shifts and is altered by early trauma (van der Kolk, 2009). In addition to the physical traumas addressed included in PTSD diagnostic criteria, van der Kolk and colleagues include things like abandonment and betrayal as developmentally traumatic incidents, expanding what we can officially recognize as trauma in children. In other words, what is troubling for adults can be extremely frightening and traumatic to a young child because of how it alters healthy development.

This view of trauma remains somewhat controversial, as was made clear by the rejection of Developmental Trauma Disorder from the newest edition of the DSM in 2013. At the time, the APA raised the question of whether there is sufficient evidence to support the recommended new diagnosis (van der Kolk, 2015). Nonetheless, this newer way of looking at traumatic responses is essential to the goals of this paper. When I talk about trauma, I am not just talking about what can currently be officially diagnosed. A basic fact of human existence is that experience shapes who we are. PTSD is just one specific, dramatic example of what happens when trauma causes a dramatic, lasting change in a person. Throughout my internships I did not spend time diagnosing clients and if they were diagnosed at all, little to no discussion or explanation was provided to me. I will therefore focus on what was discussed between myself and my clients and what I observed during my time with them.

Poor People and Poor Systems: Overlaps and Distinctions

As discussed earlier, poverty is a collection of issues relating to a lack of money and resources. When we talk about poverty we often focus solely on income, but that is only one small piece of the puzzle. Systems can be poor (i.e. underfunded) just as people can be, and the effects of this type of institutional poverty are at least as important as how much money one's family has in the bank. In formulating his ecological theory of development, Urie Bronfenbrenner (as cited in Lamy, 2012) described the ways in which children's development is shaped not just by direct interactions with individuals in their life but also indirectly through larger contexts such as their neighborhoods and culture. Social workers today utilize adapted ecological systems and "person-in-environment" perspectives (Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen, 2017). In short, our environment shapes our experiences, and our experiences shape us. Poor systems become another layer in an impoverished environment and are a crucial factor in what it means to be poor in America.

I will be dividing the discussion about poverty and its effects into two main sections: the systemic/macro-level impact of poverty and the direct effects on individuals. These sections will include housing and foster care as well as childhood toxic stress and the effect of stress on parenting and attachment. By looking at a few systems that people live in and how they change based on one's economic class, we can begin to get an idea of the various challenges people are living with. After addressing system-level poverty and the contexts in which people live, I will more directly discuss the effects of poverty on children and their parents, essentially looking at how those systemic inadequacies trickle down to individual people. In organizing the paper in this way I have sought to avoid the "historical error" (Lamy, 2012, p. 33) of researchers blaming

poor families for the troubles their children face by looking only at things such as parenting style and disregarding systemic pressures.

Though each section will be devoted to a particular topic, real life is hardly ever quite so clear-cut and it is worth mentioning that it is often difficult to easily separate one issue from another. Housing problems can lead to involvement in the foster care system, foster care placements can interfere with schooling, parental stress can lead to child stress, and so on. As David K. Shipler notes in his 2004 book *The Working Poor*, "Every problem magnifies the impact of the others, and all are so interlocked that one reversal can produce a chain reaction with results far distant from the original cause" (Shipler, 2004, p. 11). Still, it is useful to try and separate issues to make the picture a little clearer; when addressing a broad topic like poverty it can be overwhelming to try and consider all the factors at once (imagine what it must be like *living* with all of them at once).

Systemic Effects: How Impoverished and Underfunded Systems Cause Harm

Housing

In his 2016 book *Evicted*, Matthew Desmond states "home is the center of life" (p. 293), the place where people can be themselves and where they put down roots. "When people have a place to live," he goes on to say, "they become better parents, workers and citizens" (Desmond, 2016, p. 295). For children, the need for a stable living environment is even more pressing. Over a decade prior to Desmond's work, pediatricians in Boston asked parents living in poverty how their housing (prior to being offered housing assistance) affected their children. In addition to various health concerns, parents frequently talked about the mental toll on their children. One of the pediatricians reported that "a lot of families are living with friends or relatives who really don't want them there, and the parents have to share bedrooms with the kids, and the kids have no space, and some of the parents say they can't do their homework because there's no quiet… People [are] fighting in the house..." (Sharfstein, cited in Shipler, 2004, p. 228). Homes like these have a measurable effect on children. Researchers have found that chaotic living situations are associated with psychological distress and learned helplessness in children, and that poorer children have higher rates of chaos at home (Evans, Gonella, Marcynyszyn, Gentile & Salpekar, 2005).

These descriptions sound familiar. One of my teenaged clients, Ana, lived in such a home. Ana and her mother, stepfather, sister, aunt, uncle and cousin all resided in a two-bedroom apartment, each bedroom assigned to a family unit. She rarely did her homework and had virtually no privacy. Worse, though, were Ana's relationships with her aunt and uncle. Although she never used the words "toxic" or "verbal abuse," they perfectly describe the home life she

talked about in our sessions. But her mother and stepfather couldn't afford to live on their own, so Ana was stuck.

Ana was not alone in her tense living situation. The neighborhood that her school was in was rapidly gentrifying; other social workers in the school described seeing increasing numbers of homeless and doubled-up students in the recent years. At least two students were actively moving between motels and shelters during my internship there. Another client of mine, Natalie, was living with relatives while her father searched for housing in another city where they had previously lived. Though it wasn't the only thing bothering her, Natalie spoke frequently about the difficulty of living with relatives when she could be living with her dad, how much she missed him and just wanted to be settled in her own home.

Another client, Chloe, comes to mind when thinking about housing. Chloe had been involved in the foster care system for several years when I met her and had a complicated history of both witnessing and experiencing sexual abuse at a young age, being arrested as a juvenile after a violent altercation in a shelter and having moved at least four times due to her family's difficulty affording a place to live. In *Evicted,* Desmond describes how "families were often compelled to accept substandard housing in the harried aftermath of eviction" (Desmond, 2016, p. 69). This was the case for Chloe, who described having to quickly move to a "bad part" of the city, away from her friends, family and school after running out of eligible time on the rent-assistance program that had offered her family a brief time of stability. In their new neighborhood, her mother's addiction became worse and eventually Chloe was removed from their mother's care by the city's child welfare department.

While her mom's drug use was a very serious problem that caused significant safety concerns for Chloe, it is also worth wondering whether her family's situation would have

become so dire if they had had a safe, stable place to live. In a different case, a preschool-aged boy I met in foster care was there solely because his loving mother had lost her housing and recently become homeless. This boy and his mother aren't alone; several studies in the mid-nineties found that 30% of children in foster care were there due to a lack of housing as opposed to allegations of abuse (Harburger & White, 2004).

Foster care

There are a number of reasons for children to be referred to child welfare services and by extension, foster care, but the reasons are not always as clear-cut as one might imagine. In fact, being poor is one of the strongest predictors of involvement within the child welfare system along with race (Clifford & Silver-Greenberg, 2017; Hill, 2004; Jonson-Reid, Drake & Kohl). Though some children are in fact separated from their parents due to allegations of abuse, allegations of neglect and "inadequate guardianship," a term I heard frequently while working in foster care, are a bit more complicated. One study concluded that after accounting for the effects of poverty, factors such as caretaker substance abuse ceased to be such strong predictors for case outcomes, suggesting that it is instead the relationship between those factors and poverty itself that matter (Escaravage, 2014).

The Parents' Guide to New York State Child Abuse and Neglect Laws (2003) states that not having "the means to feed, clothe and bathe [one's] children on a regular basis" is adequate grounds for reporting to ACS. Although there are certainly cases of willful child neglect, these guidelines do not make a distinction between that and the absence of adequate resources despite a strong desire to parent well. This pamphlet does offer a list of resources for parents in financial need, but these are often nowhere near enough and have lengthy waiting periods, particularly in expensive cities.

In *Evicted*, Desmond (2016) reports that a mother's children were removed from her care because her electricity was turned off. And of course many children are like the young boy I knew, in foster care solely because of homelessness (Harburger & White, 2004). Cases like these account for many of what are considered "borderline," or cases in which there could be disagreement on the best course of action. Joseph J. Doyle (2007) found that children placed in foster care in these borderline cases had measurably more negative outcomes later in life than those who were offered in-home services, suggesting that in cases which are not as clear-cut as protecting a child from active abuse, removal may actually be *causing* more harm than it is preventing.

In discussing foster care and child development it is also important to consider attachment theory. In brief, attachment theory states that infants begin to develop a style of attachment to their primary caregiver(s) based on their interactions (Luby, 2006). This attachment style affects the child's patterns of interactions/relationships and their ability to regulate their emotions as they grow, with neuroscientific research supporting the latter function (Schore, 2000). A healthy, secure attachment requires a responsive and present, though certainly not perfect, caregiver (Fonagy, 2001); therefore even when a child must be separated for their own safety, foster care necessarily disrupts whatever attachment a child has with their caregiver.

This brings to mind Emma, a preschooler who had been separated from her mother less than a year before I met her. Emma's home life was not safe; throughout my time working with her it became clear that she was likely frequently hit at home. And yet this was not the only source of trouble for Emma; during her time in foster care she had been moved between foster homes no less than six times. Though separation may have been the best initial course of action, her time in foster care had not offered her any reparative experience and instead compounded

some of the harm done. Each move corresponded with an escalation in her behavior problems, a pattern which has been noted by researchers (Newton, Litrownik & Landsverk, 2000). When I met Emma, she had become convinced that she was "sent away" from her previous placements because she was "bad." She had very low self-esteem and she had virtually no ability to regulate her emotions. Cris Beam put it well in her book, *To The End of June*, saying, "each move means another ruptured attachment, another break in trust, anther experience of being unwanted or unloved" (Beam, 2013, p. 89) Thankfully, Emma was starting to heal when I last saw her after months of therapy and hard work on the part of her foster mother, telling her that she was "sad" because she wasn't with her biological mother, and that it wasn't fair that "they took me away." But the pain that was caused by moves which might have been avoided cannot be overlooked.

There are other concerning ways in which foster care operates, like a patchwork system of good intentions, band aid fixes and ever-limited funding. Consider Chloe, now the mother of a toddler, who was in the process of transitioning to independent living when I last saw her. She was both excited and nervous about this change but seemed to be receiving minimal support from her caseworker in the process. Scannapieco, Connell-Carrick and Painter described similar struggles in their article "In their own words: Challenges facing youth aging out of foster care" (2007). Like the youth interviewed, Chloe often could not get in touch with her case worker (and neither could I, for that matter). Chloe was endlessly empathetic, explaining to me that she knew that her case worker was "real busy… I mean, I'm not the only kid she has." Of course, she was right and the woman was clearly overburdened, but the fact remained that this left Chloe without a resource. For months of our work together Chloe talked about moving out but did not know what needed to be done in order to start the process because she hadn't yet heard back from her

case worker. Were there papers to sign? Documents to provide? How would she get daycare services for her son?

When I eventually spoke with the case worker and obtained some answers, she talked about feeling frustrated that she always seemed to have someone else needier than Chloe to tend to. "The squeaky wheel, unfortunately," she said as both an apology and an explanation. Chloe was in what Beam described as the "mediocre flatlands of child welfare, where if it's not a crisis it's not a problem." (Beam, 2013, p. 97)

A significant part of the problem is, of course, money. Money is "the elephant in the room" (Beam, 2013, p. 163) determining what support, if any, can be given. Chloe's caseworker was overwhelmed because the agency simply didn't have the money to hire enough people (therapists included). And because the people they did hire were both overworked and underpaid, the burnout and turnover rates were high. This meant that youth like Emma and Chloe were likely to have several caseworkers and therapists over the course of their time in foster care, leaving even less of a feeling of trust and connection in youth who have often had their first primary attachments disrupted. Advocating for change in the way that foster care is funded and how those funds are allocated could make a big difference in the experiences of youth. If Chloe's caseworker were paid more and/or had a smaller caseload, she might have had the time and mental space to actually take time with Chloe to carefully go over all of her options and what she needs to do; in short, Chloe wouldn't have been left on her own so often.

Individual Effects: What Poverty Does to People and Relationships

Poverty and Stress as Mediators of Parenting

Let's return to the theory of attachment. As stated earlier, healthy attachment requires a stable and responsive primary caregiver, typically a parent (or parents). Attachment begins in infancy as the child learns through experience how their needs will be responded to, if at all. What usually happens when the baby cries? Does an adult pick them up, rock them, check their diaper, try to feed them? Is this interaction a soothing one? The pattern of having their needs met with warmth, harshness, silence or inconsistency builds the foundation of a child's attachment to their caregivers and perceptions of the world. A study of over two thousand children found that low income children were much more likely to develop disorganized attachments, presumably due to the increased likelihood of overwhelmed and stressed parents (Ijzendoorn, Schuengel & Bakermans-Kranenburg, as cited in vad der Kolk, 2014).

Another vital aspect of attachment is what Daniel Stern calls affect attunement. In short, affect attunement describes interactions between infant and caregiver in which they respond to each other's emotional states with something similar to imperfect imitation/mirroring (Stern, 1985). My personal favorite description of affect attunement comes from Stern's 1985 book *The Interpersonal World of the Infant:*

> A nine-month-old girl becomes very excited about a toy and reaches for it. As she grabs it, she lets out an exuberant "aaaah!" and looks at her mother. Her mother looks back, scrunches up her shoulders, and performs a terrific shimmy with her upper body, like a go-go dancer. The shimmy lasts only about as long as her daughter's "aaaah!" but is equally excited, joyful, and intense. (p. 140)

In the above example, the mother's little dance is a response to her daughter's excitement, matching the child's emotion and intensity. Attunement is a type of communication that tells the child that they are seen and understood, both building relationship connections and helping the child learn to identify their own emotional states. When caregivers respond in a way that is mismatched to the intensity of their child's actions, the infant demonstrably notices (Stern, 1985). In the absence of any reaction at all from the parent, as demonstrated in the "still face" studies, the infant quickly becomes visibly frustrated and withdrawn (Brazelton & Cramer, 1990). A stable attachment with an attuned caregiver gives a child a sense of safety and support necessary for the child to work through other developmental tasks.

It takes emotional availability, among other things, to respond to one's children in this way. The problem, of course, is that life in poverty does not lend itself to energy and emotional availability. In her 2001 book *Nickel and Dimed*, Barbara Ehrenreich describes the physical and emotional exhaustion that comes from working low-wage jobs, noting that she could barely function after work while caring only for herself, let alone a family. Furthermore, researchers Belle and Doucet (2003) present data suggesting that poverty is "one of the most consistent predictors of depression in women" (p. 101), particularly among mothers of young children. This naturally has an effect on their children. Scholars have long pointed out the "dampening effect" (Lamy, 2012, p. 38) that depression has on parenting, leaving caregivers with less ability to be emotionally present for their children even when they are physically present.

This dampening effect is hard on teens as well as young children, as Ana demonstrated when she spoke of her mother and their fraught relationship. She told me that her mother "used to be fun" but now cried easily and often and didn't spend much time with Ana. She described there being stretches of time where her mom wouldn't get out of bed or go to work. Clearly this

had an effect on Ana who was left without as strong an ally as she might have had otherwise, and who badly needed a safe adult in her tumultuous home.

Depression isn't the only difficulty that poor parents face. In *The Working Poor* (2004), journalist David Shipler interviewed a pediatrician who described the factors which made being a good parent easier, and nearly all were comforts and conveniences which came with more money: being able to afford a babysitter or someone to help clean, and the time and space to truly rest. Shipler further notes that "at the bottom of the economy, the task of raising children is vulnerable to the destructive energy of many hardships. The elements of poverty combine to suck people down, and it takes exceptional parenting to pull a child out of the quagmire." (Shipler, 2004, p. 166)

Numerous studies have shown that poverty-related stress negatively alters parent interactions with their children (Brooks-Gunn & Duncan, 1997; Evans & Kim, 2013; Gershoff, Aber, Raver & Lennon, 2007). Researchers Mistry, Vandewater, Huston & McLoyd (2002) found that parents experiencing more financial/material hardship and who reported more psychological distress due to these hardships were often less warm with their children, were less responsive, and had difficulty providing discipline. Parents' stress and altered parenting tactics correlated with teacher reports of children's problematic behavior at school.

It's a commonly accepted fact that having a long, hard day makes it difficult to come home and be patient and empathetic (think back to the last time you had a horrible day at work and then had to brave a busy grocery store). People living in poverty often face constant stressors from many angles; the difficulty of raising children becomes all the more exhausting when faced with overdue rent, food scarcity, or possible eviction. In *Evicted* (2015), Matthew Desmond illustrates the burden that falls to children when their parents are under undue stress in describing

a fight that happened between a woman named Arleen and her roommate, Crystal, who had offered Arleen's family a place to stay after they were evicted. During an argument with Arleen's children, Crystal became extremely upset and threatened to throw them out of her apartment; Arleen then snapped at her children and effectively sided with Crystal. Later, after things settled down and Crystal agreed to let them stay, Arleen went to speak to one of her sons and said by way of apology, "What kind of parent am I to just listen to her and not listen to you? But this is what comes when you lose your house" (Desmond, 2015, p. 166).

Mrs. Jacobs, Emma's foster mother, was also under a lot of stress. Emma had a trauma history, multiple disrupted attachments as well as excessive behavior problems and would have been difficult to care for in the best of circumstances. But Mrs. Jacobs had only just met the child and had to work quickly to build a nurturing relationship without having ever received any meaningful training from the foster agency on what to expect from this situation or how to cope. Additionally, because of the huge caseloads of all agency staff and their subsequently jam-packed schedules, there was often little flexibility in appointment times for the convenience of foster families. This meant that Mrs. Jacobs, who lived in a low-income neighborhood miles from the agency, travelled over an hour by bus to the agency three to four times per week with an infant (another foster child) and Emma, who would become overwhelmed and entirely unmanageable en route. "She needs to *listen* to her caregiver," Mrs. Jacobs lamented to me after one particularly bad bus trip. Were she able to afford a car, or were the agency able/willing to provide one, or were these trips rare rather than half of her week, or were she offered regular respite from her role, Mrs. Jacobs may not have been so exasperated quite so often. This stress made it more difficult for her to do things like slow down interactions and deescalate Emma when she was triggered and began to tantrum, reacting instead with frustration. It was an

exceedingly difficult position for her to be in; caring for a child who needed extra patience and attention and unable to afford to do so safely.

Chronic and Toxic Stress in Children

Poverty can have serious neurological consequences for children. Researchers have found that poverty in early childhood is associated with lower cortical volume in both grey and white matter as well as smaller hippocampus and amygdala volumes in school-aged children and adolescents (Luby et al, 2013). Another study (Barch et al, 2016) found that poverty in early childhood predicted significant differences in connections between certain brain structures as well as higher rates of depressive symptoms in school-aged children.

A crucial piece of what affects children's developing brains in poverty is stress. In one study (Luby et al, 2013) referenced above, amygdala and hippocampus size were mediated somewhat by caregiver interactions and stressful life events. In other words, being poor in general had negative effects on kids' brains; having multiple stressful life events or harsh caregivers made it worse in certain brain structures and having responsive, supportive caregivers made it somewhat better. Other studies have found that childhood chronic stress disrupts the ability the ability to regulate one's emotions and also heightens the brain's sensitivity to negative emotions (Evans & Kim, 2013). Poverty related stress specifically has been shown to predict learned helplessness in young children (Brown, Seyler, Knorr, Garnett & Laurenceau, 2016).

A useful taxonomy of childhood stress is the one proposed by the National Scientific Council on the Developing Child (2005/2014), which categorize stress responses as positive, tolerable or toxic. A positive stress response would be short lived and "mild to moderate in magnitude," (Shonkoff et al., 2012, p. e235), and there would be a caring adult available to offer comfort to the child. An example provided by the authors of an event which may cause a positive

stress would be getting a shot at a doctor's office. A tolerable stress would be one which is more intense and potentially threatening to the child, with possible precursors being a serious injury or the death of a family member. What makes this stress tolerable is, again, the presence of a caring, comforting adult to help the child navigate the situation and their emotions. In contrast, toxic stress involves "strong, frequent or prolonged activation of the body's stress response system" (Shonkoff et al., 2012, p. e236) in the absence of a supportive adult.

In the positive and tolerable situations, the healthy relationship with an adult acts as a sort of buffer, providing the child with a sense of safety and support, helping the child handle whatever the situation at hand and subsequent emotions may be. But in the toxic stress reaction, the stressor itself is far more intense and the child is dealing with it on their own, without the support needed to feel safe or to effectively cope. As demonstrated in the previous sections, poverty makes providing children this type of comprehensive support in the face of stressors much more difficult as it also becomes more necessary. Children who experience toxic stress in early life having been found to be more reactive, and have brain and hormone stress systems which are quick to respond and slow to come down (National Scientific Council on the Developing Child, 2005/2014). These neurological changes help explain why children who have histories of toxic stress are more likely to experience heightened anxiety than their peers as well as difficulty in developing "linguistic, cognitive, and social-emotional skills" (Shonkoff, et al., 2012, p. e236).

These effects are not easy to pinpoint outside of a carefully crafted study. Children and adolescents lead complex lives with many parts that cannot be controlled for in a setting like a school or therapy office. I could easily point to moments that my clients were have been quicker to anger or give up than others may have been, but I hesitate to do so for two reasons. Firstly,

examples such as these are frequently used to create certain unfavorable narratives about poor children–especially children of color in urban environments–and I am very wary of adding to these negative stereotypes. Additionally, I do not believe that any such examples would add much of value to this conversation. I could point to similarly negative moments in the lives of most people I know; every person has had moments where they haven't acted in line with their most mature capacity. But these moments alone do not illustrate the deeper patterns that exist as a result of toxic stress, which are subtler and harder to illustrate here.

Between Systems and Individuals

The Effects on Social Workers

Every child needs care and patience from the adults in their lives in order to thrive. When parents are unable to make ends meet, whether because of underemployment or because of low wages, and when society defunds systems like schools, foster care, etc., we not only decrease children's physical resources but also their emotional ones. By overburdening the adults in their lives we limit the capabilities of their caregivers and increase risk of burnout in helping professions, further depriving children of the very thing that could mitigate some of the negative effects of their poor living conditions.

The National Scientific Council on the Developing Child (2005/2014) notes that gaps between scientific knowledge and policy implementation are wide, leaving children in child welfare without enough qualified mental health professionals and caregivers without adequate support for managing children's behavioral difficulties, among other things. Mrs. Jacobs certainly felt the weight of the latter concern and I frequently saw the effects of the former. There was a long line of children who needed to be seen for mental health services at both of my internships but there were simply not enough clinicians to meet with all of them. At the high school we had to stop taking referrals from the guidance counselors about halfway through the school year. At the foster care agency, there were not enough therapists for me to transfer my clients to when I left, leaving Emma and another young boy to put their treatment on hold and wait indefinitely. I was also told plainly that I need not bother trying to meet with the psychiatrist with whom I shared clients because he was paid only for a very limited number of hours during which he had to see clients, and he could (or would) not take the time to respond to emails.

Each of these situations left me feeling a little more helpless and I've heard many similar complaints from peers. Feelings of helplessness do not lend themselves to finding solutions or, even more simply, hope for the future. The risk of learned helplessness in children due to poverty is understood; it does not seem too far-fetched to think there is risk for clinicians as well. Social workers talk often about the risk of burnout. We discuss it in our graduate classes, in our internships, with our supervisors and with our peers. What drains us is not simply the emotional weight of the clinical work but the systems in which we and our clients operate. I have heard time and again how important and difficult it is to find a balance between staying realistic but not pessimistic, hopeful but not naive. This is a balance I have yet to find for myself, though I have only just entered the profession. The danger in never finding this balance is a negative shift in both our mental health and our work with our clients.

In *Evicted*, Matthew Desmond (2016) explains the harshness of a poor mother towards her children by saying:

> You could only say "I'm sorry, I can't" so many times before you began to feel worthless, edging closer to a breaking point. So you protected yourself, in a reflexive way, by finding ways to say "No, I won't." I cannot help you. So I will find you unworthy of help. (p. 241)

Some professionals adopt this type of self-protective harshness as well, whether they mean to or not. While discussing a particular client with another social worker, I voiced my frustration that we could only refer them to one location. The agency location was inconvenient and the caregiver could not make it in time for the only available opening. My coworker, an otherwise caring and capable social worker, remarked flippantly that if she really wanted her child to get therapy she would find a way, implying (perhaps unconsciously) that this woman's

ability to travel midday across the city with children in tow was somehow a simple matter of

willpower. On a separate occasion I reached out to another department to try and get information

on a peer group for foster parents where Mrs. Jacobs might find some support. Sounding

frustrated, the woman on the phone told me that the office sent out monthly newsletters to all

foster parents with the support group information included in it. "She *has* that information, she's

never shown up." Mrs. Jacobs didn't recall ever getting a newsletter.

These attitudes are contagious. It is not always easy to empathize and takes considerably

more effort if truly empathizing means working harder to ensure that a client gets the services

they need. Caught between a legitimate need of my client and an agency that could or would not

bend in order to help, I occasionally felt myself becoming frustrated that the *client* couldn't just

make it work (whatever the "it" that we were offering was). By shifting the blame to our clients,

we save ourselves the agony of seeing how unfair and unhelpful the systems we work in - and,

by extension, we ourselves - can be. We also create a potentially hostile environment for the

people we are trying to serve. Most of us have had frustrating customer service encounters (mine

generally involve cable companies and student loan servicers). Now imagine if that interaction

was what stood between you and therapy, or food stamps, or housing assistance.

None of this is to say that people in poverty are without agency. But by ignoring the

larger systemic barriers that exist we paint a picture of our clients as incapable and undeserving

when nothing could be further from the truth. Authors Krumer-Nevo, Weiss-Gal and

Monnickendam (2009) lamented that within current social work "everyday interventions are not

founded on the understanding that poverty is a predominant cause of distress nor is the

mitigation of poverty regarded as a goal of intervention" (p. 227) I have personally found this to

be frustratingly true, though I am grateful to have been provided some education about the ways

in which poverty limits and affects children and families from certain mentors. When I entered graduate school I was excited to hear social work described as a profession which idealistically strives to put itself out of business, but we cannot do that with clinical interventions alone. While I strongly believe in offering therapeutic interventions for people, I have also felt at times that offering only individual-based interventions to people suffering largely from broken systems feels not unlike being the proverbial child with his finger in the hole of a leaky dam, only in this case there doesn't seem to be any more help on the way.

Practical Implications for Clinicians

To have knowledge is one thing; knowing how to use this knowledge is another thing entirely. Changing how we as clinicians view chronic childhood poverty to a potential trauma model must also change our practice or else the knowledge will not help our clients. A simple but significant place to start is in the way we talk with our clients (or their caregivers) about their economic situations.

Americans are not generally very comfortable when it comes to talking to about money. This discomfort comes in many different forms; some people boast about their income and wealth, others find the topic inappropriate, still others simply find it embarrassing. Ultimately very few of us are taught how to have a healthy relationship with money and even fewer know how to discuss it. As clinicians we learn to normalize topics that many people find uncomfortable: talking about one's feelings, mental illness, even trauma histories. But we seldom review the touchy topic of money aside from fairly vague discussions of "low income" populations and discussions about copays. It seems to me that we need to be more proactive about broaching the subject with our clients; much like other topics listed above, people aren't likely to bring it up unless we ask. Essentially, we should always have poverty/finances on our

radar and we should strive to make it a less-taboo subject in our sessions. As with everything, this will look different for each client. Money and monetary resources are not going to be the main concern of every client living in poverty, nor should we expect it to be. But it is up to us to let them know that it's up for discussion.

The concept of poverty as potential trauma becomes more complicated when we consider what it would mean to intervene. Typically, if a clinician is aware of harm coming to a child, it is our responsibility to report it in the service of removing that child from harm. But a child in poverty may also be with loving family who simply cannot provide for them, and the earlier section on foster care details why removing a child from an impoverished home could be harmful rather than helpful.

In *The Working Poor,* David Shipler (2004) describes a medical clinic in Boston which creatively expanded their practice in an effort to address this very problem. Because a senior physician felt frustrated only being able to treat his pediatric patients' medical symptoms which were being exacerbated by housing issues (ear infections, for example, while clients' heat was shut off), he began partnering with lawyers to contact the landlords and have the inadequate housing addressed. This is a wildly different approach than what I've heard of elsewhere. Rather than reporting the parents to child welfare services and potentially having the child separated from their home and family, this clinic took it upon themselves to try and address the root of the problem while keeping the family intact.

Social work as a field frequently talks about advocating for our clients but there are often very serious limitations to what that means in practice. Part of what is so radical and impactful about that Boston clinic is the partnering of two different professions, often thought of as completely unrelated to one another, to care for the patients. Mental health clinicians would

do well to find a way to follow that lead. This type of change is not easy. For one thing, money is a problem for those providing services as well as those receiving them; those lawyers in Boston were paid for through grants and donations, not insurance. But it is still heartening to see an example of a program that works.

Concluding Discussion: What Can be Done?

So much of this is hard to tease apart. Like many people living in poverty, my clients faced numerous interlocking adversities. The effects of some of these adversities, such as the neurological consequences of toxic stress, are not always easy to see at a glance. And aside from a few brief conversational exceptions, my clients did not come to me complaining about being poor. They came to me struggling with the trappings of poverty, those things that are related to lack of money and resources but are not always identified as such. Ana and her mother, trapped in a bad neighborhood in an overcrowded apartment with abusive family; Chloe and her frequent moves, her mother's drug use, lacking resources to get help after a tumultuous childhood; Emma, confused, angry and suffering from an abuse history, lack of stable adults in her life and a deep sense of unworthiness.

Poverty is frequently cited as a "risk factor" for various other difficulties and traumas, but I argue that it is much more than a risk; it is a causal factor. Being chronically poor by itself causes traumas for children and teens (and adults, too, but that's another discussion). If Chloe and her family had not lost their housing assistance and been forced to move to a bad neighborhood, her mother might not have fallen so deeply into drug use and Chloe might have avoided foster care altogether. If Ana's mother could have afforded to move them into their own apartment, they might not have been subjected to constant terrible treatment by family members. Emma likely would have been removed from her biological mother's care due to the physical abuse but she might not have been moved so many times between subsequent homes if the foster care system were properly funded. Emma and Mrs. Jacobs might have had an easier time if Emma were the only foster child in the house because of her intense fears of rejection, but shortly after Emma moved in an infant was placed in the home. In an ideal world someone would

have looked carefully at Emma's case and determined that the baby should be placed elsewhere, but there are not enough staff nor, more importantly, enough foster homes to be that discerning of children's emotional needs.

There are so many more small moments that did not fit neatly into this paper but were important pieces of this narrative. Ana couldn't go on school trips because her family didn't have the money, but she didn't like to talk about that reality to her friends. She also wanted a job so that she could be independent, like many teenagers do, but was afraid that earning any income might jeopardize her family's Medicaid. Another teenaged client, José, dreamed of being a veterinarian but worried about the possibility of having to turn people away if they didn't have money. He frequently spoke with awe about the way people with money lived in the wealthy neighborhoods not far from his own. When Chloe was arrested in her mid-teens she told her mother not to bother with her bail because it was too much money and "not worth it."

Poverty need not be such a dire condition. There may come a time when a serious lack of money doesn't equate to such hardship and pain. But as it stands now, there is almost no way to be poor in America without at least some very real forms of suffering. There are currently very few useful safety nets and meaningful, straightforward paths to financial stability. Resources are not spread evenly across public institutions like schools and housing and child welfare. Furthermore, the current cultural narrative surrounding those in poverty is largely one of blame, heaping piles of shame onto people already struggling to survive. If these things were different children might fare much better regardless of their family's income. But as it is today, living in poverty amounts to a very serious potential trauma. That there are clear avenues to remedy this which are not taken amounts to an obscene injustice.

Judith Herman wrote that a central dialectic in trauma is "the conflict between the will to deny horrible events and the will to proclaim them aloud" (Herman, 1992, p. 1). She further describes the difference between the reactions to survivors of natural disasters and survivors of interpersonal trauma. Survivors of natural disasters are readily empathized with, but those who are victims of other people force others into the uncomfortable position of choosing sides. *Do you believe me or do you believe him? Who is more valuable to you? Who will you protect?* I suggest that the stubborn existence of chronic poverty in America lives in the middle ground between the two. It isn't an "act of God" or some unforeseeable, unchangeable event, yet neither is it one person actively terrorizing another.

The systems we live in do not exist outside of human influence. Rather they exist solely by human design. For this reason, falling through a systematic gap feels not unlike tripping over an object placed directly in your path by a malicious neighbor. It can cause a shift in one's worldview to seeing the world as unsafe and uncaring, a hallmark of trauma. And as in Herman's description of the trauma dialectic, America seems torn between being outraged at the existence of poverty and explaining it away. But by continuing to ignore these gaps we could be likened to the ones who stay in Ursula Le Guin's fictional paradise of Omelas, quietly accepting the anguished, long-suffering child as a price for our own happiness and complacency. As David Shipler notes, "It may look as if nobody is accountable. In fact, everybody is" (Shipler, 2004 p. 299).

As I stated earlier, poverty is a complicated subject and I've only touched upon a few of the many pieces of the puzzle in this paper. Absent from this conversation are the schools chronically underfunded and dependent on disparate neighborhood incomes, healthcare and the difficult choices in its absence, and food insecurity, just to name a few. And while there will

always be more research to be done and more details to understand, I would argue that at this point we know enough to begin to start implementing solutions. We know that poverty is bad for kids. We know that the poorer that they and their caregivers are, and the longer they remain poor, the worse off they'll be in the long run. So, rather than continuing to try and find solutions to each individual sub-problem of poverty, maybe there is another option.

A study currently being run by Kimberly Noble is taking this idea of simplifying assistance and running with it. She and her team will be spending the next few years providing poor mothers with unconditional monthly cash stipends of varying amounts and tracking whether these stipends change the outcomes for their children (Geigerich, 2018). An intervention like this might seem radical to some but could potentially shift the way we address poverty in a positive way, providing a faster, simpler solution.

If nothing else, the idea of giving poor mothers money with no strings attached brings with it a bit of dignity that often gets stripped away with other types of assistance. Services for people living in poverty often involve miles of red tape and have seriously limited benefits. Barbara Ehrenreich noted the phenomenon in her book *Nickel and Dimed*. While working minimum wage jobs and trying to find local help/charity she lamented "I can't have cash, which, God forbid, I would blow at a liquor store, but neither can I have any old food item that might appeal" (Ehrenreich, 2001, p. 102-103). She then detailed how it took roughly and hour and a half, multiple persistent phone calls and driving around the city to be able to obtain $7 worth of food.

David Shipler (2004) described the bureaucratic nightmares of poor systems involving "Kafkaesque labyrinths of paperwork" and "time-consuming gauntlets" (p. 229) required to receive any type of aid. In reference to poor mothers, he says "If you want a job, you need

daycare for your children, and if you can't afford it, you have to get a day-care voucher, and if you want a voucher, you need to prove you're working." (Shipler, 2004, p. 229) Chloe faced almost this exact circular maze as she attempted to gain financial independence in preparation for aging out of foster care. She needed a job but was unable to get to one unless someone could watch her toddler; the foster care agency promised to cover daycare for her child once she could provide proof of her employment. By a small miracle- her foster mother was able to babysit during some weekdays – she was able to get her job but then still had no daycare for months because her job wasn't full time. Or perhaps it was because her schedule was flexible and she was therefore unable to provide the agency with a pre-printed, regular schedule. She was never quite sure what the problem was.

As Kimberly Noble's creative new study suggests, there is no shortage of realistic ways to help address childhood poverty. In *American Children in Chronic Poverty* (2012) for instance, author Cynthia E. Lamy enumerates several policy-level changes which could be made to both mitigate the negative effects of low SES on children and families as well as help lift said families out of poverty entirely. She argues, as did David K. Shipler nearly a decade earlier and as I do now, that we currently lack only the will to do so.

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