



DEHUMANIZATION

Racial Equity in Advocacy, Fact Sheet #2

September 2020

This fact sheet is the second in the *Racial Equity in Advocacy* series for social policy advocates addressing unequal opportunities by race. Each fact sheet will provide information equipping advocates to embed a racial equity lens into their work to close gaps and improve outcomes for communities of color. Please see the [first fact sheet](#) in the series for a review of key terms and concepts.

When we think about dehumanization, we understand it to mean the thoughts or actions that deprive an individual of the rights and privileges of a human being: life, freedom, liberty, and the ability to make decisions for oneself. This concept is relevant to social policy because it describes the mechanism driving disparities in health, education, and employment, among other areas.

Though dehumanization among peers can leave a person feeling emotionally violated, an individual's resilience and grit (along with social supports such as family and friends) supports their healing without permanent scars.ⁱ This isn't the case when systems dehumanize. These systems hamper the surviving and thriving of individuals and communities by depriving them of resources and services. The harsh realities of dehumanizing policies and practices can leave significant, long-lasting negative impacts on individual, family, and community health and well-being.

Dehumanization Defined

Dehumanization is the persistent invalidation of humanity through perceptions or actual treatment.ⁱⁱ It manifests in five dimensions: historical, cultural/spiritual, social, emotional, and physical dimensions. The two most germane to safety net policy are *social dehumanization* and *emotional dehumanization*.

- **Social dehumanization** is displayed through thoughts, feelings, and actions that divert or fail to invest resources in communities of color.ⁱⁱⁱ Food deserts in urban communities predominantly inhabited by people of color are prime examples of systemic failure to invest resources in these communities. Conversely, we also see **social dehumanization**

in state and local budget processes that concentrate resources in primarily white, wealthy communities.

- **Emotional dehumanization** is shown in the thoughts, feelings, and actions that limit expressions of empathy toward communities of color or other devalued communities. It also restricts the rights of these communities in the civic, educational, and legal arenas.^{iv} **Emotional dehumanization** can manifest as disproportionate minority contact in the criminal justice/juvenile justice systems and the disparate use of exclusionary discipline for youth of color in schools.

Dehumanization begins with negative narratives that negatively label people of color.^v The “welfare queen” and “deadbeat dad” tropes that surfaced in the 1970s and 1980s worked together to end welfare as an entitlement, thereby making it more difficult for low-income families to access public assistance.^{vi} These false narratives promote a cycle of dehumanization as systems are shaped to further dehumanize people of color. For instance, fueled by the welfare queen and deadbeat dad negative narratives, case workers may sanction a Black mother receiving TANF for trivial reasons, and a child welfare case manager may never consider placing a child in foster care with his/her biological father.

Connections to Health Measures

Dehumanization manifests as racialized trauma which is a risk factor for substance use and abuse, depression, obesity, and for several of the leading causes of death including heart disease, cancer, and lung disease.^{vii} An accumulation of discriminatory experiences over time is associated with an increased risk of mental health problems.^{viii} Individuals who experience discrimination in the healthcare system are less trusting of health care workers and systems, perceive lower quality of care, and are less satisfied with patient-provider communication and relationships.^{ix} For communities facing widespread traumatic events and experiences, such as intergenerational poverty and a high level of violence, the trauma felt at the community level leads to decreased social cohesion.^x

Connections to the Social Safety Net

White racial preference in the law has a deep history in the United States. Title IV of the Social Security Act of 1935, which created Aid to Dependent Children (later, Aid to Families with Dependent Children), was designed to permit primarily White widows—who were not expected to work—to remain home to care for their children.^{xi} There was no mention of anti-discrimination in the legislation and the program was administered by the states.^{xii} As a result, states could develop regulations and other means of discriminating against women of color. Black women were often denied benefits because social workers defined them as employable and thus not deserving of assistance.^{xiii} Although major structural changes to AFDC in the 1960s allowed more women of color to become eligible, we still see the effects of structural racism in TANF today. Blacks and Hispanics are sanctioned at higher rates than Whites.^{xiv}

The administration of AFDC/TANF illustrates examples of social dehumanization and emotional dehumanization at the state and local levels. Needed resources were denied to women of color solely because of the color of their skin. Perceptions of Black women as workers prevented case managers to see them as mothers and nurturers of their children. Dehumanization has real consequences because limiting access to safety net programs affects families' ability to be healthy, grow, and thrive.

To undo past and present dehumanization, policymakers and program administrators must be proactive and intentional to eradicate it from safety net programs and policies. It is critical to annually review data for disparities in need versus access. Are all those eligible for assistance receiving it? Why or why not? To make quality improvements, program administration must develop a feedback mechanism to hear from the community about how the system is working and what needs to be changed. To further elevate community voice in the evaluation of safety net program efficacy, there should be performance measures around client/consumer satisfaction. By monitoring program data and soliciting community feedback, policymakers and administrators implement corrective measures to promote equity and reduce dehumanization.

Changing the Narrative in Policy Advocacy

The process of dehumanization begins with negative narratives about people of color. These harmful perceptions are used as justification to marginalize, oppress, and deny resources and services to people who need them. A touchstone of embedding equity in policy analysis is rightly assigning responsibility to the institutions, systems, and structural factors rather than victim blaming by touting "personal responsibility." It is critical for the advocacy community to denounce dehumanizing narratives by telling the truth about the historical and contemporary social and economic conditions plaguing communities of color and impeding their ability to thrive.

ⁱ Brody, G. H., Lei, M. K., Chae, D. H., Yu, T., Kogan, S. M., & Beach, S. (2014). Perceived discrimination among African American adolescents and allostatic load: a longitudinal analysis with buffering effects. *Child development*, 85(3), 989–1002.

ⁱⁱ Forward Promise National Program Office. (November 2019). *Disrupting Dehumanization and Affirming the Humanity of BYMOC and their Villages*. Retrieved from <http://forwardpromise.org/wp-content/uploads/2019/11/FP-Dehumanization-Concept-Paper.pdf>

ⁱⁱⁱ Ibid.

^{iv} Ibid.

^v Ibid.

^{vi} Cammett, A. (2014). Deadbeat Dads and Welfare Queens: How Metaphor Shapes Poverty Law. *Boston College Journal of Law & Social Justice*, 34(2), 233-265.

^{vii} Felitti, V. J., Anda, R. F., et al. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventative Medicine*, 14(4), 245-258.

^{viii} Williams, D. R., Lawrence, J. A., et al. (2019). Understanding how discrimination can affect health. *Health Services Research*, 54(S2), 1374-1388.

^{ix} Ibid.

^x Prevention Institute. (February 2016). *Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma*. Oakland, CA: Davis, R. A., Pinderhughes, H., and Williams, M. Retrieved from

<https://www.preventioninstitute.org/sites/default/files/publications/Adverse%20Community%20Experiences%20and%20Resilience.pdf>

^{xi} Gordon, L. and Batlan, F. (2011). *The Legal History of the Aid to Dependent Children Program*. Social Welfare History Project. Retrieved from <https://socialwelfare.library.vcu.edu/public-welfare/aid-to-dependent-children-the-legal-history/>

^{xii} Ibid.

^{xiii} Moller, S. (2002). Supporting Poor Single Mothers: Gender and Race in the U.S. Welfare State. *Gender and Society*, 16(4), 465-484.

^{xiv} McDaniel, M., Woods, T., Pratt, E., and Simms, M. C. (2017). *Identifying Racial and Ethnic Disparities in Human Services: A Conceptual Framework and Literature Review* (OPRE Report #2017-69). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from

https://www.acf.hhs.gov/sites/default/files/opre/identifying_racial_and_ethnic_disparities_b508.pdf

