

Christie, D. J., Wagner, R. V., & Winter, D. A. (Eds.). (2001). *Peace, Conflict, and Violence: Peace Psychology for the 21<sup>st</sup> Century*. Englewood Cliffs, New Jersey: Prentice-Hall.

Note: Copyright reverted to editors (2007). Permission is granted for downloading and copying.

## **CHAPTER 28**

# **REDRESSING STRUCTURAL VIOLENCE AGAINST CHILDREN: EMPOWERMENT-BASED INTERVENTIONS AND RESEARCH**

**Linda Webster and Douglas D. Perkins**

Structural violence occurs when political and economic systems are organized in ways that oppress, exploit, and dominate certain segments of a population while privileging others who hold power and wealth. When violence is built into the structures of a society, some people are deprived of food, shelter, health care, and other resources that are necessary for normal human growth and development (Christie, 1997). In this chapter, we look at structural violence in the United States and give special attention to the problems faced by women, children, and minorities. We focus on policies that support structural violence and then review empowerment-based approaches designed to mitigate structural violence.

In the United States, the problem of structural violence is reflected in the gap between the rich and poor, a gap that is greater in the United States than in most other industrialized nations (Gottschalk & Smeeding, in press). The discrepancy between the haves and have-nots is justified

by the myth of the “American Dream” which implies that there *is* equal opportunity for every individual to pursue wealth and happiness. It is implicit in the myth that those individuals who do not achieve this dream fail to do so out of choice; they are lazy and morally bankrupt, and therefore deserve their fate.

Children in all societies have the least voice, power, and control over their own lives, and as such, are extremely vulnerable to abuses in power relationships. When poverty is introduced into the equation, the results are often disastrous, and can take the form of being forced to work in sweatshops, or sold as sex slaves in some countries (Pilisuk, 1998). The United Nations Universal Declaration of Human Rights proclaims that “childhood is entitled to special care and assistance” (United Nations General Assembly, 1989). Unfortunately, many poor children are viewed as the troublesome byproducts of undeserving people, and not as the result of the politics and economics of structure-based inequalities in the way resources are distributed (Polakow, 1993).

Moreover, many so-called “interventions” to help those with few resources are actually misuses of power, designed to elicit desired outcomes from recipients which are in accordance with the organization’s interests and serve to substantiate the moral ideologies and mythologies of those in power (Hasenfeld, 1992). For example, in the United States, the “Welfare Reform” movement of the 1990s had the implicit assumption that a lack of personal responsibility was the principal cause of poverty and unemployment. Accordingly, interventions were geared towards punishing or fixing those individuals. This position, codified in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, ignored the underlying issues that perpetuate the problem such as economic shifts away from medium- and high-wage blue-collar jobs, poor education, the lack of affordable child care for the working-class and single-parent families, mental

health problems, and so on. Instead, the movement supported the government's agenda to cut aid to the "undeserving" (American Psychological Association, 1998).

Even among those who receive human services, there are social class differences. Poorer clients tend to receive poorer services, whether the services are housing, health care, education, or social services (Hasenfeld, 1992), and they have little or no real choice in the matter. In the following section, we examine injustices in the human services sector.

## **STRUCTURAL VIOLENCE IN HUMAN SERVICE SECTORS**

### **Housing and Homelessness**

For many Americans, the word "homeless" evokes a picture of a derelict and transient male individual. In fact, children and families make up the fastest growing segment of the homeless population. The typical homeless family of today consists of an unmarried, 20-year-old mother with one or two children under the age of six. It is most probable that she never completed high school and never worked to support her children. There is a one in five chance that she was in foster care as a child. If that was the case, she is more than twice as likely as other homeless mothers to have an open case of child abuse or neglect with a child welfare agency. Her children are three times more likely to be placed in remedial education programs, and four times more likely to drop out of school. Over one-third of homeless families have an open case for child abuse or neglect, and one in five have lost at least one child to foster care. Nearly half of homeless children have witnessed or been subjected to violence (Homes for the Homeless, 1998).

The homeless are merely the "tip of the iceberg" when it comes to the affordable housing crisis. Housing conditions of low-income families and children have worsened over the past 25

years (Children's Defense Fund, 1998). The cost of rents has increased while income has declined. The ratio of rent to income for low-income families has increased in recent years. Although the U.S. Department of Housing and Urban Development assumes that families should pay no more than 30 percent of their income on housing, many now spend well over 40 percent. Poor families also spend a substantial proportion of their meager incomes to pay for child care, averaging between 17 and 32 percent of their total income (Bassuk, Brown, & Buckner, 1996; Brooks & Buckner, 1996; Cherlin, 1995). When these two proportions are taken together, it is readily apparent that the money spent on housing and childcare significantly reduces the amount of money left for meeting other pressing basic needs such as food and clothing, and children pay the price. The lack of adequate, affordable housing has serious ramifications for children, and results in homelessness, or the need to constantly move from one dilapidated place to another. This, in turn, is related to poor health, missed school and academic failure, emotional damage, and the potential for lead poisoning in older housing.

Despite this dire and worsening situation, low-income housing appropriations have declined precipitously over the past 20 years. Seventy percent of the total federal housing subsidy now goes, not to low-income renters, but to middle- and upper-income homeowners mostly in mortgage interest tax deductions. Some families may qualify for federally-funded housing which pays a portion of rent for families, but as rents increase, so does the family's share of cost. Also, some landlords will not accept federally-funded renters, and the demand for such housing always exceeds supply, which results in waiting lists of two to three years in some areas. This places landlords in the position of being able to pick and choose to whom they will rent. Although anti-discrimination laws exist, they are difficult to enforce and few poor families have the time, en-

ergy, finances, or education necessary to pursue a complaint. The situation has become a power-dependence relationship whereby families are forced to conform to the organization's expectations (such as family size and exclusion of extended family) and interests in order to obtain necessary services, in this case housing. Housing agencies may employ strategies designed to discourage use, including waiting lists and intrusive intake procedures or rigid eligibility requirements (Lorenzo & Adler, 1984; Parker & McDavis, 1989; Takeuchi, Leaf, & Hsu-Sung, 1988). This may result in engaging only the most motivated and resourceful clients, or alternately the most devious.

## **Health Care**

Health care for the nation's five million children and infants living in poverty has been inadequate in the United States for decades. According to a report released by the National Center for Children in Poverty (1991), poor children are more likely than nonpoor children to be born too soon or too small; to die in the first year of life; to experience acute illness, injuries, lead poisoning, or child abuse or neglect; and to suffer from nutrition-related problems and chronic illnesses—many of which are preventable. The United States is the only major Western country without national health insurance or a system of family allowances. In infant mortality, the United States ranks seventeenth among Western nations. The rate for African Americans, which is 17.6 per 100,000, is more similar to the rate for individuals living in a Third World country (O'Hare, Pollard, & Mann, 1991).

## **Education**

Education has consistently has been the preferred strategy to eradicate poverty (Katz, 1994; also

see Schwebel & Christie in this volume). Unfortunately, the plight of poor children, many of whom are ethnic and language minorities, is grim. A critical factor in success for these children is the willingness of various funding sources to invest in education. The Department of Education (1997) found that schools with the highest proportion of poor children have markedly fewer resources than schools that enroll more affluent children. Schools serving large numbers of poor children have fewer books and supplies, and have teachers with less training and lower average salaries.

In addition, schools in the poorest communities are also in the highest state of disrepair. Schools in central cities and those with over 50 percent minority enrollment are more likely than others to have insufficient technology and unsatisfactory environmental conditions. Poor environmental conditions are associated with poorer academic outcomes (Children's Defense Fund, 1998), thus perpetuating the cycle of poverty.

Although the U.S. government has stressed the importance of education for the nation's workforce and for national well-being ("Clinton reaffirms," 1997), the new welfare law of the 1990s drastically limited the number of adult recipients who could participate in education because the law mandated a "work first" policy (American Psychological Association, 1998). Although education has been and continues to be one of the most secure routes out of poverty, many of those in poverty will be required to take any available job, and therefore will have little likelihood of earning an income sufficient to raise them out of poverty. This position is in direct contrast to studies which have demonstrated that empowering the poor through higher education improves not only their incomes and job prospects, but also has a profound effect on their children's overall development and performance in school (American Psychological Association,

1998).

### **Child and Family Services**

A large number of individuals and families in the United States rely on the resources and services of county departments of social services to meet their daily basic needs for shelter, food, clothing, and security. In accordance with the myth that the individual alone is responsible for being in poverty, public policy has tried to reduce poverty by changing the behavior of poor people, and has done little to address the reasons why so many young healthy people (especially women with children) are in poverty (Axinn & Stern, 1988; Duncan, 1984).

A second myth is the pervasive belief about the role and responsibility of elites for supervising the behavior of the poor. The assumption is that these helpless and passive dependent people need the assistance of outsiders (in power) to lift them out of poverty, and further, that they should be grateful for this help.

These myths are compounded by a longstanding distinction between the “deserving” and “undeserving” poor. Historically, the deserving poor fell into two classes: clearly helpless and dependent people (e.g., the aged or infirm), and those who were rendered dependent through no fault of their own, *and* were willing to work for the amount of public support they might receive. The most deserving were widows who kept their children clean, taught them manners, sent them to school, and were willing to spend hours per day sewing or scrubbing for tiny wages. The undeserving poor were dependent because of their own lazy, irresponsible, and immoral behavior. Not only did they burden the taxpayer but they threatened the safety of others. Katz (1994) argues that these themes resemble contemporary views of the underclass.

Agencies thus use their power to maintain and strengthen these historical interests in several ways, preferring clients who represent the “deserving” poor and who reflect positively on evaluation criteria used by key external legitimizing, political, and funding bodies. Program success is frequently measured by the large number of clients served (and graduated from the agency) with the least amount of cost. In this way, a homeless program may prefer those individuals or families that are most likely to quickly attain and maintain independence from the program. Hence, preference would be given to individuals without a psychiatric illness, drug and alcohol condition, or physical handicap conditions which might prolong their need and use of the agency’s resources. Unfortunately, in this way the very conditions that increase the most vulnerable population’s need for services are often used as a means to deny or limit access to services. Clients with their own power resources, particularly education and income, are better able to obtain the services they want and are more likely to influence the process to suit their needs and interests (Hansenfeld, 1992). The agency naturally wants its clients to make successful use of its resources; however, the result is a system that favors those with more income and education, while the most needy clients are paradoxically bypassed.

The ability to choose, and the range of available choices are the core of power. The constriction of choices is at the core of poverty. Persons with financial resources and education are in a much better position to obtain the services they want compared to persons in poverty. Take, for example, the case of a family whose child is removed from the home and placed in foster care because of the parents’ drug abuse. It would not be unusual in this situation for the Department of Social Services to require the parents to undergo drug testing, drug counseling, parenting classes, individual and couples’ therapy, and a series of supervised visits in order to reunify the

parents with their child. Parents with money and education are in a much better position to access and pay for the services needed to fulfill the reunification plan. They may choose and pay for (or their employer may pay for) their counselors and drug rehabilitation programs, while their poverty-stricken counterparts must rely on services provided at a low fee or at no cost. Low-cost services are frequently underbudgeted and understaffed which often results in a waiting list and/or restriction of services provided. It may take the parents three or more months to obtain services, which may result in their loss of their opportunity to regain custody of their child. The child may then become a veteran of the system and be at significantly higher risk for poverty him or herself.

Agencies are also structured to prefer clients who conform to its historical moral assumptions about human behavior. For example, clients who are physically and emotionally capable of gainful employment, and who are not encumbered by the need for child care will likely experience greater success under the new welfare reform law. When agency goals are not met, welfare recipients may be unfairly labeled as “lazy” ( i.e., undeserving poor) when in actuality the ongoing stress and chaos of poverty combined with a lack of resources may effectively prevent participation in a welfare-to-work program (American Psychological Association, 1998).

Pelton (1978) has asserted that child maltreatment is related to class, and that attempts to portray it as classless are motivated largely by two factors. A classless perspective supports psychodynamic medical models which dissociate personal problems from poverty, thereby locating the problem intrapsychically. Second, an association of child maltreatment with poverty makes it appear to be a problem of the underclass, and thus of less pressing concern to politicians and the middle class.

Denying association between poverty and child maltreatment “undermines the development of effective approaches to deal with the real and difficult problems [of the poor], and directs us towards remedies more oriented to the middle class” (Pelton, 1978, p. 614). This is a subtle but important point. If researchers, teachers, theorists, and students are convinced that child maltreatment is economically democratic in its distribution, then new practice interventions are unlikely to be centered around problems associated with poverty.

The close association between poverty and child maltreatment suggests that the most effective way to prevent child abuse would be to reduce the numbers of families in poverty. Thus, primary prevention efforts might best target the underlying political, social, and economic structures which perpetuate poverty (American Psychological Association, 1998). This philosophy is in keeping with a peace psychology approach to counter structural violence (Christie, 1997; Pilisuk, 1998).

## **EMPOWERMENT: A PSYCHOLOGICAL APPROACH TO STRUCTURAL CHANGE**

The powerlessness that those in poverty experience is manifest in the lack of access to resources that guarantee survival, reduce suffering, and enable one to control one’s environment. Similar to the notion of learned helplessness (Seligman, 1975), powerlessness is a process of alienation which frequently becomes self-perpetuating, as the poverty-stricken members of society come to accept the power structure, externalize their locus of control, and reduce their expectations of their quality of life accordingly (Kroeker, 1995).

The concept of empowerment is based on the assumption that the capacity of people to im-

prove their lives is determined by their ability to control their environment. Zimmerman (1995) argues that empowerment involves individual and group efforts to gain control over their own destinies, access to resources, and an understanding of the sociopolitical context. This is a process through which even poor families and children may obtain resources that would enable them to gain greater control over their environment (Hasenfeld, 1992), and ensure the satisfaction of basic needs. Implicit is a responsibility to shift from a victim-blaming person-centered focus of service delivery to one that takes as its core activity and philosophy the formulation of policy and strategies to empower the impoverished segments of society (Ryan, 1976). Interventions which are empowerment-oriented focus on health and wellness while at the same time focusing on remediating problems, and engaging professionals as collaborators as opposed to authoritative experts (Perkins & Zimmerman, 1995). For professionals, this entails involving community members in the development, implementation, and evaluation of interventions, as well as creating opportunities for community members to develop skills which foster independence as opposed to dependence upon the professional (Zimmerman, 1995). A thorough discussion of the vast and growing empowerment literature is beyond the scope of this chapter. Some critical issues and case studies which demonstrate ideas and possibilities are worth exploring, however.

### **Empowerment as a Multilevel Construct**

In the literature on empowerment, there is an increasing understanding that empowerment is multilevel: affecting the individual, the organization, the community, and possibly even the society at large. Moreover, the four levels are interrelated in that psychological empowerment (including a sense of personal responsibility and collective efficacy) may be a necessary condition for community and organizational empowerment (Perkins, Brown, & Taylor, 1996), which are

the basis for societal empowerment, which entails broad-based social and political movements. At the same time, true grassroots movements (as opposed to “astroturf,” or artificial, grassroots organizations) can result in community, organizational, and individual empowerment (Kroeker, 1995; see Wessells, Schwebel, & Anderson on psychology and public policy in this volume; also see Dawes on liberation psychology in this volume).

**Individual and Family-level Empowerment.** At the personal level, empowerment is focused on acquiring access to resources and increasing control. A goal for the poverty-stricken segments of the population is to begin to meet their material needs by obtaining housing, health care, education, and employment (Albee, Joffe, & Dusenbury, 1988; Alinsky, 1946; Friere, 1970). However, while meeting material goals is necessary, it is not sufficient for empowerment as it does not necessarily lead to an increase in feelings of value, self-efficacy, and control (Kroeker, 1995).

Unfortunately, it is in this psychological arena that many child and family services organizations fall short of empowerment. Liddie (1991) describes a program for low-income mothers of children in an urban day-care center which illustrates how a group of mothers can increase their power, control, and respect. In this program, mothers began to increase their sense of material empowerment by establishing a food co-op, and they later participated in a march to protest day-care cuts. However, the mothers felt oppressed by the staff at the day care, and frequently complained about feeling harassed by the staff’s criticism of how their children were dressed or their “unruly” behavior, and of their parenting skills in general. The mothers decided to request a meeting with the staff in order to become part of the decision-making process regarding their children’s care at the center. The results were remarkable in that not only were the women able to

induce changes in staff attitudes, cooperation, and respect, but their process served as a model for staff to empower themselves and confront members of the administration regarding issues related to service delivery. This is an excellent example of how *individuals* were able to attain a sense of psychological empowerment that was not dependent upon the beneficence of the organization, and they were also able to alter the structure of the agency so that it was more empowering to its participants.

At the family level, one model of empowerment is *family-centered service delivery* which includes family involvement and collaboration, a focus on family strengths, and informed family choice including flexibility and accessibility (Allen & Petr, 1998). In fact, the movement came more from dissatisfied parents than from professionals. At the organizational level, agencies adopting a family-centered approach to service delivery must undertake thorough reviews of their policies, procedures, and practices, and modify them as necessary to comply with the principles inherent in the model (Friesen & Koroloff, 1990). Involvement of consumers at all levels of decision-making is essential to ensuring that program development and evaluation truly reflect the preferences of families, while also providing a means of strengthening their sense of control and self-efficacy.

**Organizational-level Empowerment.** At the organizational level, empowerment focuses on changing belief systems, roles and power relationships, support systems, and leadership styles (Maton & Salem, 1995) of a group in order to increase its efficacy, self-sufficiency, and the legitimacy of its members in the organization and/or society. A popular example of organizational empowerment in education is Project Head Start, which had from its inception a major goal of directly empowering poor communities, parents, and children through its philosophy on parent

participation (Zigler & Muenchow, 1992). Local centers were given control over planning and operation, as well as major hiring and firing decisions of key personnel. In this way, the process of organizing themselves and sharing responsibilities, enhances psychological empowerment and facilitates societal empowerment (Kroeker, 1995). But their variation and autonomy also mean that Head Start represents organizational rather than societal-level empowerment.

Empowerment is also a focus of many school-based parent involvement programs. But to be successful, it is critical for such programs to look beyond individual or family-level empowerment and work toward empowering organizational (school) or even institutional-level (e.g., school board) changes (Gruber & Trickett, 1987).

**Community-level Empowerment.** Tremendous variation exists among communities in their levels of structural violence, coping resources, and resilience (Wandersman & Nation, 1998). Thus, it makes sense that there are a wide variety of community-level empowerment strategies to address local housing, health care, urban and rural development, crime, environmental hazards, and other problems (Perkins, 1995; Perkins, Brown, & Taylor, 1996; Rich, Edelstein, Hallman, & Wandersman, 1995). For example, the Pacific Institute for Community Organizations (PICO) is a community organizing network with organizations in 25 cities across the United States. Speer and Hughey (1995) argue that “PICO organizations strive to become capable of competing adeptly in their community on issues within their organizational self-interest” (p. 732). This is accomplished by forming coalitions in communities and gathering large numbers of individuals to work together on a common purpose. Speer and Hughey (1995) describe an example in which a community organization discovered a financial link between dilapidated housing structures owned by absentee landlords and the local department of social services. By

researching funding sources, making public this discovery, and strategically applying public pressure, the organization was able to demand that the housing be improved to comply with city building, fire, and health codes.

The community is an especially appropriate level at which to organize housing programs geared toward empowering low-income residents. A good example of this is the “community household model” of limited equity co-op apartments that have turned squalid, abandoned buildings in some of the poorest and most distressed neighborhoods in New York City into opportunities for home ownership and inspirational stories of individual, family, and community empowerment (Saegert, 1989; Saegert & Winkel, 1996). An even more surprising example is the organization of unions of homeless people in cities all over the United States (Yeich, 1996). These demonstrate that even the most destitute and disenfranchised among the poor can be empowered to organize, educate, demonstrate, and advocate on their own behalf.

In recent years, empowerment-oriented coalitions and partnerships for health promotion and substance-abuse prevention have been organized across multiple communities in many cities and states. Fawcett et al. (1995) identified at least 33 different enabling activities conducted by such coalitions in support of community empowerment. However, it is especially important at the community and coalition levels to make sure that at the individual and organizational levels, empowerment is also occurring (McMillan, Florin, Stevenson, Kerman, & Mitchell, 1995) and actual conditions are improving. These coalitions operate at a level between individual communities and the whole society. This may well be the widest practical level of empowerment intervention in the United States at present.

**Societal-level Empowerment.** Societal empowerment targets the larger social structures and

institutions that keep people in positions of powerlessness and poverty, and may be targeted in an effort to sustain the other levels of empowerment and resolve problems associated with poverty (Kroeker, 1995). Perkins (1995), however, finds a clear pattern of co-optation of empowerment ideology, or at least language, at the societal level of national and international policy-making, with little-to-no specificity regarding the meaning of empowerment and little-to-no impact on empowerment at other levels. But outside the United States, more successful empowerment-based political and economic development programs which do manage to connect individuals, families, communities, and local organizations with larger governmental and nongovernmental structures (Friedmann, 1992) may provide more promising models for addressing structural violence in any society.

Kroeker (1995) describes the Nicaraguan cooperative movement as a model organization that grew out of principles of empowerment. In the 1980s, severely disadvantaged peasants organized themselves into more than 3,000 voluntary agricultural cooperatives, which were later nationally encouraged by the government. The members typically share a land deed, its work, responsibilities, and rewards. In turn, the cooperative provides various benefits including education, housing, and land for personal farming in addition to occasional supplies such as wood, fruit, milk, or meat. The Contra war weakened many cooperatives, but they remained an integral and necessary component of the national economy. Kroeker argues that the cooperatives fostered empowerment on the personal, organizational, and societal levels. They also addressed material needs such as jobs, food, and housing, and facilitated autonomy through collective land ownership. The members chose and elected their own leadership, which allowed for direct participation in decision-making and increased the sense of organizational empowerment. Many cooperatives also partici-

pated in working with and challenging national institutions and policies, which afforded some a sense of societal empowerment. Kroeker's work also demonstrated, however, that local and national relations, policies, and events had a powerful influence, at times both enhancing and deterring the development of empowerment. Implementation of any empowerment program must then, take these elements into consideration when planning, modifying, and evaluating the program.

## **RECOMMENDATIONS AND CONCLUSIONS**

### **Housing and Homelessness**

Psychologists and policy-makers must recognize that the primary causes of homelessness are not personal vulnerabilities, such as mental illness or substance abuse. As important as those problems are to address, they are merely selection factors determining who will be homeless. The primary causes are poverty and the scarcity of affordable housing (Shinn, 1992). Ideally, housing services would go beyond the provision of shelter and include the education and training that families need to build independent lives, and to develop jobs which address the serious lack of jobs for the unemployed, possibly by increasing public services. "Sweat equity," low-income limited equity housing co-ops (Saegert & Winkel, 1996), and other mechanisms for tenant control, management, and ownership which have proven to be a successful empowerment strategy should be expanded. Families should be encouraged to organize and define the boundaries of the family such that if a family is caring for elderly parents, or cousin, brother, or aunt they will not be denied housing nor benefits on those grounds, but on the contrary be rewarded for their efforts, which ultimately reduce the need for governmental services. Although low-income tenants and the homeless may be difficult to organize politically, it is possible to do so (Yeich, 1996) and

important to try so that they may develop a greater sense of self worth and self-efficacy.

## **Health Care**

Poverty remains the leading health risk for children. Children in poverty are less likely to receive annual check-ups, less likely to be current on their immunizations, and less likely to receive health care when they are sick (National Center for Children in Poverty, 1991). Clearly, all children should be ensured a regular source of ongoing health, mental health, and social care. To that end, health care and promotion programs should be decentralized, and efforts made to organize and support local collaborative partnerships of patients/citizens, community leaders, health care professionals, and researchers (Fawcett et. al., 1995; McMillan et al., 1995). The formation and expansion of local support and information groups for specific health problems and self-help/mutual assistance referral centers should be supported at the local, state, and national levels.

## **Education**

Empowerment strategies in the area of education should aim to improve student success, de-emphasize bureaucracies, and emphasize the collaboration amongst professionals, parents, and the community towards the common goal of academic achievement for all children (Schorr, 1997). In this spirit, schools should expand parental involvement programs and broad-based local control of schools and school governance in the manner of Head Start (Zigler & Muenchow, 1992) and the Comer project (Comer, 1993; Ramirez-Smith, 1995).

Funding should be increased so that the mission of the educational setting can be expanded to include after-school programs designed to help older children “catch-up” to their appropriate grade-level, help parents complete their GED (graduation equivalency), and provide poor fami-

lies with on-site job training for job readiness and workplace skills. Schools are also natural environments to house family literacy programs designed to foster literacy development for the entire family and stimulate family involvement in their children's learning. Schorr (1997) argues that schools have a prominent place in encouraging school, family, and community collaboration to promote the success of all children, but that the burden cannot rest solely on schools for initiation and success, and thus neighborhood and family involvement and responsibility are essential.

Finally, time limits on welfare for adults should be flexible to accommodate those adults who are actively enrolled in job training and educational services which will provide them with long-term self-sufficiency. Caseworkers should be allowed flexibility in making decisions about eligibility in this regard (American Psychological Association, 1998).

### **Child and Family Services**

The National Commission on Children (1991) concluded that the current child and family welfare system was essentially a frustrating and ineffective system for children and families. Child and family welfare services clearly need to be developed in ways that support the self-determination of the individual, family, and community by including educational opportunities for both children and families, as well as the provision of culturally relevant and proven psychological interventions to prevent spousal and child abuse, and substance abuse. To promote this ideal, linkages should be established between various agencies which promote the integration of services and which serve to decrease the disempowering bureaucratic maze which functions as an obstacle for access to services for families with multiple needs (American Psychological Association, 1998). A focus on a community orientation which promotes comprehensive neighborhood-based partnerships between child protective agencies, community agencies, and

local foster parent associations to support troubled families and protect children may be particularly empowering, cost-effective, and may also minimize trauma for children (Schorr, 1997).

Standards for the training of social workers and caseworkers should be expanded beyond the “traditional” model of social work towards a model which focuses on integrating cultural diversity, family strengths and empowerment in the best interests of the child and preservation of the family.

Finally, families need more control under welfare reform and should have access to grievance and appeals processes which are timely and responsive, and which provide due process guarantees.

Lawmakers and officials who write rules and regulations need to work to ensure that family-centered principles based upon empowerment are integrated into new laws and programs. The degree of family choice and of focus on family strengths operative in a policy, service, or program should be key components in the evaluation of the success of family-centered practice. Communities must also be taken into consideration, as they have profound influence on families and children, and, if organized, developed, and empowered, can be valuable resources to lead efforts to fulfill a broad vision of health, education, and equity for disadvantaged young children and families.

Structural violence operates at every level of society and so demands a multi-level solution. Truly empowering strategies are not easy to implement well. And everyone involved in empowerment programs—participants, staff, administrators, and evaluators—must be careful not to substitute perceived gains in empowerment for real material gains in people’s lives (Saegert & Winkel, 1996). But empowerment strategies represent perhaps the only solution that explicitly

addresses the structural aspects of violence at every level in which it occurs.