REACHING OUT TO TROUBLED YOUTH

News headlines reveal the increasing number of problems that face today's youth, ranging from drug and alcohol use to teen pregnancy and sexually transmitted diseases, to suicide to child abuse. The world seems more complex and dangerous for children then ever before.

Yet some children manage to navigate the risky currents of adolescence--while others do not. What makes the difference? More and more studies are indicating that the difference is simply the number of risk factors in a youth's life. Children with multiple risk factors are known as high-risk youth. And, it is this accumulation of factors that is of critical concern.

"High risk" defines youth who experience social, economic, family or behavioral problems in their lives that make them more vulnerable to be delinquent or use illegal drugs.

Although being high-risk does not mean that a child will become a delinquent--and it does not take away the child's accountability for his or her behavior--it does increase the pressures on a child and the likelihood that he or she will get involved with drugs and other delinquent and violent behavior.

The risk factors that increase a child's vulnerability, according to the National Drug Policy Board, include: having substance abusing parents (or peers); being the victim of physical, sexual or psychological abuse; dropping out of school; becoming pregnant; being economically disadvantaged; experiencing mental health problems; attempting suicide; or being a runaway or homeless.

Peer-related factors, such as friends who support delinquent behavior or abuse drugs, and constitutional and personality factors which may precipitate anti-social behaviors are sometimes included in definitions of high-risk youth. In addition, environmental factors--such as the lack of attachment to one's neighborhood, a disorganized community, or mobility between school levels or between different communities--can add to a youth's risk. (*Guidelines for Services to At-Risk Youth & Families*, April 1, 1988, Santa Clara County Interagency Council on At-Risk Youth)

The National Coalition of Advocates' Board of Inquiry added this definition of high-risk: "A large proportion of young people from poor families of all races...minority and immigrant children who face discriminatory policies and practices, large numbers of girls and young women who miss out on education opportunities routinely afforded males, and children with special needs who are unserved, underserved, or improperly categorized because of handicap or learning difficulties." (*Who's Looking Out for At-Risk Youth*, Fall 1985, p. 6)

Although poverty is a primary risk factor, youth from all economic groups are at risk for developing physical, psychological and social problems. Andree Brooks, author of *Children of Fast-Track Parents*, says that affluent youth may be at risk because "there is the assumption in American society that if a family is wealthy, highly educated, sophisticated and successful, it is almost by definition able to cope with any situation. It is assumed they are able to appreciate a lot of warning signs of teens at risk. In other words, they are presumed to have all the tools to take preventive action and not get embroiled in some of the problems that occur in a disadvantaged home.... So, the danger is that the issues facing teens with problems are not recognized in time." (*Instructor Secondary Edition*, Fall 1988, p. 20)

Helping high-risk youth is important, not only to steer children to more productive lives, but because of the impact juvenile delinquency can have on society.

Dr. Marvin Wolfgang, a criminologist at the University of Pennsylvania, published a major study of chronic delinquency that confirmed his previous research finding that a small percentage of juvenile offenders are responsible for the majority of crimes committed by persons in that age group.

Dr. Wolfgang followed the criminal history of a representative sample of 10,000 males born in 1945. Among them, 627 or 7 percent had five or more arrests prior to turning 18. This small group eventually accounted for 70 percent of the crimes recorded among the 10,000 men studied.

When Dr. Wolfgang repeated the study--following 14,000 men born in 1958--he reached a nearly identical conclusion: 982 juvenile offenders or 7.5 percent of the sample had five or more arrests before age 18, accounting for the overwhelming majority of crimes committed by the group. Both studies found that the earlier delinquency began, the more likely it was to become chronic. (*Delinquency in a Birth Cohort*, Office of Juvenile Justice and Delinquency Prevention, August 1988)

The problem of high-risk youth is attracting more attention throughout the country. In 1989, the education committee chairs of 33 state legislatures said that addressing the problems of these youth would be one of their highest priorities, making the issue third on the list nationally. (*Education Week*, January 18, 1989, p. 8)

Safe and effective schools

Effective schools must be safe, free of the violence and disorder that can increase the likelihood of anti-social behavior and delinquency. "We feel strongly that kids cannot learn and teachers cannot teach in an environment of fear," said Art Jefferson, Detroit's general superintendent of schools at the Urban School Safety Practicum sponsored by the National School Safety Center in 1988.

Practicum participants identified six key strategies to make schools safer and more effective: 1) get the public more involved in school activities; 2) improve school leadership skills; 3) keep guns and other weapons off campuses; 4) make schools and surrounding neighborhoods drug-free; 5) halt negative gang activity; and 6) improve discipline of youth in school and at home.

In addition to making schools safer for all students, schools must also develop methods to identify and help high-risk students. Observant teachers and counselors can refer troubled students to appropriate places for support, and administrators can create programs specifically for these students.

"We should be able to identify the high-risk kids as early as the third and fourth grade, then set up personalized counseling programs and activities for them," says Dr. George J. McKenna III, superintendent of the Inglewood Unified School District in Inglewood, California, and a member of the advisory board for the National School Safety Center's High-Risk Youth National Public Awareness Campaign. "We should establish family counseling centers and organize a support system for parents of at-risk children.

"Schools have a responsibility to rescue students, not abandon them. We should look at the resources we have in the school and see how we can unify all the other institutions in the community to help us work with our children. For example, we should have a probation officer on campus.... Why should the kids have to check in with their probation officer at an office 10 miles away? Social welfare agencies should be woven into the school fabric, rather than be so far away that people can't get their services. Schools can't replace the home environment, but they can nurture kids a bit more, and developing a collaboration with community agencies is part of that effort," Dr. McKenna says.

Identifying high-risk youth "becomes increasingly important for those staff members working in the middle/junior high grade levels since much research points to these grades as the most likely time a child will begin to shape his/her social group preferences and experiment with drugs and alcohol," writes Evelyn Hunt Ogden and Vito Germinario in *The At-Risk Student: Answers for Educators*. (Technomic Publishing Co., Inc., 1988)

The authors suggest that school personnel watch for the following characteristics which are associated with high-risk behavior and early illegal drug use: The child does poorly in school; is unable to get along with others; has peers or plays with older children who use illegal drugs; has someone in the home with a drug problem; does not like school and does not feel as if he/she belongs there; has home rules that are unclear and inconsistent; and continually resists authority.

Schools are beginning to develop formal mechanisms to identify high-risk students, to insure

parental support in the early stages of intervention and to monitor the effectiveness of remediation strategies. One way to do this is to establish a student assistance team comprised of professional staff members such as the principal or other administrator, the school nurse or guidance counselor, and several interested teachers. Teachers, counselors, staff members and other students can refer troubled students to the team for help.

Schools have another vital role because all youth are required to go to school. For that reason, schools are one place where children can be reached with important information on a number of topics, including sex education, drug awareness programs, the dangers of joining gangs and so on.

"Kids spend nine months a year there. School kids are a captive audience," says Morton M. Silverman, a substance-abuse expert with the Public Health Service, Department of Health and Human Services. "It's the natural setting to pass on safety and health information." (*USA Today*, USA Issues, Vol. 3, No. 4)

Many drug abuse prevention programs steer clear of scare tactics, instead offering basic information, self-esteem programs, and classes that encourage "positive peer pressure."

In 1989, three million students were taught to resist the pressure to take illegal drugs or join gangs through the D.A.R.E. (Drug Abuse Resistance Education) program. The semester-long series of lessons is taught to fifth- and sixth-grade students by police officers. In addition to explaining the harmful effects of drugs and alcohol, D.A.R.E. teaches children the skills to recognize and resist the subtle and overt pressures to experiment with drugs and/or alcohol.

In Columbia, South Carolina, 30 schools took part in the country's first program to teach "at risk" youth with low self-esteem how to use personal and social coping skills to resist drugs. And in Sacramento County, California, a pilot program was developed to help prevent students from driving drunk. Follow-up studies indicated that crashes involving drunken teens were reduced 21 percent. (*USA Today*, USA Issues, Vol. 3, No. 4)

As important as it is to offer youth education programs that teach them about drugs, sex, gangs and other realities of life, mere education is not enough to ensure that high-risk youth will have the skills to resist social influences that encourage delinquent behavior.

In fact, perhaps the most important factor is a strong bond between young people and their families, schools and communities, according to Dr. J. David Hawkins, professor in the School of Social Work at the University of Washington and head of the Social Development Research Group.

"Simply put, bonding means caring for others, holding an investment in the future and sharing a sense of values," Dr. Hawkins writes. "It provides a sense of belonging that can counter the influence of drug-abusing friends and the sense of identity offered by gangs. Teenagers who are bonded to school and family have a lot to lose from using illegal drugs," Dr. Hawkins says.

For this reason, schools that expel high-risk students simply move their problems from the school to the streets and, in the process, damage young people's bonding to their school and community. "In contrast, schools which insure that children succeed academically give them a stake in the future--a stake they will not want to risk by abusing drugs," Dr. Hawkins writes. "Similarly, families which provide children with meaningful family involvement throughout adolescence create a family bond that children will not want to risk by using illegal drugs."

Parental involvement in youth education

When parents emphasize the importance of education and are involved in their children's schools, the children do better academically. They also do better socially, since academic failure often correlates to antisocial behavior. In one study of a random sample of 309 high school sophomores, it was found that 54 percent of the students with low academic grades had a court record of a previous arrest, while only 23 percent of those with high grades had contact with the police. (Gerald R. Patterson and Thomas J. Dishion, "Contributions of Families and Peers to Delinquency," *Criminology*, Vol. 23, No. 1, 1985)

More than 50 major research studies of the role of parents in education, summarized by Anne Henderson in *The Evidence Continues to Grow*, have shown that:

* Parents' involvement increases their children's achievement.
* Parents' involvement continues to be important even when students are in high school.
* It isn't enough for parents just to be active in their children's education at home--they must participate at all levels in the schools if the schools are to be of high quality.
* Parents don't have to be well-educated to help their children improve academically.
* Minority and low-income children gain most from having their parents take an active part in their schooling.

The importance of parental involvement in their children's education was underscored in the 1983 report *A Nation at Risk: The Imperative for Educational Reform*. The National Commission on Excellence in Education included the following message to parents in the report: "You have the right to demand for your children the best our schools and colleges can provide.... But your right to a proper education for your children carries a double responsibility. As surely as you are your child's first and most influential teacher, your child's ideas about education and its significance begin with you. You must be a living

example of what you expect your children to honor and to emulate. Moreover, you bear a responsibility to participate actively in your child's education."

The commission made the following suggestions to parents:

* Encourage more diligent study and discourage satisfaction with mediocrity;
* Monitor your child's study;
* Encourage good study habits;
* Encourage your child to take more demanding classes;
* Nurture your child's curiosity, creativity and confidence;
* Actively participate in the work of the schools;
* Exhibit a commitment to continued learning in your own life;
* Help your children understand that excellence in education requires intellectual and moral integrity coupled with hard work and commitment.

Community involvement/public awareness

Although parents are vitally important to a child's sense of self-worth and competence, the fact remains that many parents are simply not capable--whether because of their own substance abuse, mental illness or absence from the home--to give their children the guidance they need. However, their children are not necessarily lost. A *community* commitment to children, while it cannot take the place of parental involvement, can help high-risk youth on their journey to adulthood.

Indeed, studies have found that the interest of neighbors, teachers and other adults can help high-risk youth. One of the most famous of these studies was led by Dr. Emmy E. Werner, professor of human development and a research child psychologist at the University of California, Davis. For three decades, Dr. Werner and her co-workers studied 698 children born on the Hawaiian island of Kauai. A third of the children were born into homes with potentially damaging influences and most never broke out of the cycle of hardship. However, Dr. Werner found that, even in the most disorganized and emotionally impoverished homes, one out of three children developed stable, healthy personalities, displayed a remarkable degree of resilience, and grew up to lead productive lives.

While many studies look at the problems of high-risk children, few researchers examine why things go right for some children. "This is an important question," Dr. Werner wrote, "for in discovering how some children manage to work through adverse circumstances, we can find clues about the difference that a communitywide support network can make in the lives of high-risk children."

The successful children--whom Dr. Werner dubbed resilient children--had constitutional qualities that helped them survive. For example, they had outgoing, sociable temperaments

that elicited positive responses from teachers, family and friends; were active without being overly excitable; established a close bond with at least one caretaker in their first year of life; were adept at recruiting surrogate parents as they grew up; were able to concentrate on school assignments; and used what talents they did have effectively.

However, a close look at other factors in the lives of these resilient children clearly illustrate the impact that adults in the community have on the direction children choose to take in life. Among the resilient children of Kauai, when a parent was absent, alcoholic or mentally ill, other concerned adults, relatives and neighbors acted as protective buffers. Among the most frequently encountered positive role models in the lives of the children of Kauai, outside of the family circle, was a favorite teacher. For the resilient youngster, a special teacher was not just an instructor for academic skills, but also a confidant and positive role model for personal identification.

Dr. Werner concluded: "While some youngsters may be constitutionally more resistant to stress than others, all children can be helped to become more resilient if their caregivers encourage trust and autonomy, teach them flexible ways of problem-solving (including appropriate communication and self-help skills), boost their self-confidence, and model as well as reward acts of helpfulness and cooperation. In many situations, it may make better sense to help strengthen ties to available kin or other supportive adults than to introduce additional layers of bureaucracy into the delivery of services, and it might be less costly as well.

"Furthermore, these findings underscore the important role that every member of the public can play in determining the future of our youth. . . .Risk factors are not Manila folders into which one fits a child's profile to be neatly labeled and safety stored away. Like protective factors, they are probability statements, the odds of a gamble whose stakes change with time and place. . . .It is time for all of us to accept some responsibility for the prevention of high-risk conditions in children's lives. Such efforts ultimately are based on the faith that the odds can be changed, if not for every vulnerable child, at least for many; if not all the time, at least some of the time; if not everywhere, at least in some places."

There are pragmatic, as well as humanistic, reasons for community members to be concerned about the welfare of high-risk youth. Older people are realizing that their Social Security benefits are in jeopardy if today's children don't enter the workforce; businesses are realizing that they will face a shortage of valuable employees if children don't receive good educations; and every citizen is becoming aware of the high social costs of crime, teenage pregnancy, substance abuse and unemployment. (Susan Champlin Taylor, "A Promise at Risk," *Modern Maturity*, August-September 1989, pp. 32-41)

For that reason, more and more adult volunteers are working with high-risk youth, in the

schools and in their communities. For example, some school districts have paired adults from the business or academic communities with a child at risk; the adult mentors offer friendship, advice and concern. "Some kids are making big leaps, some are staying the same, and some are taking one step forward and two back," said Jeanette Cleveland, who runs a helping-hand program at a Sacramento, California, high school, where dozens of students are waiting for adult volunteers. "It's not smooth sailing all the way. But if they do mess up, we try to make them realize that's not how you do it. We may just plant the seed. It may not flourish for years to come." ("High-risk pupils get mentors," *The Sacramento Bee*, Dec. 27, 1988, p. B1)

In many communities, programs to help high-risk youth tap senior citizens for their time and talents. Hundreds of intergenerational programs pair the experience and understanding of older people with children who need the presence of a caring adult who is willing to listen to them and encourage them.

For example:

* *The Teaching-Learning Communities Mentors* program in Ann Arbor, Michigan, pairs older adults with teenagers at risk of dropping out of school, committing suicide, getting pregnant or abusing drugs. "The older adult can share the wisdom from his or her own life, and that helps the younger person relax and build a relationship with trust," says Carol Tice, founder of the program. "[The program has seen] amazing results: kids who were nonachievers in school begin to take hold; kids who were seriously considering suicide begin to build their lives again. The poignant thing about what we do is that it takes so little to do so much."
* *Generations Together* was developed by Dr. Sally Newman at the University of Pittsburgh. The program develops projects that promote understanding between generations. For example, retired professionals from the Westinghouse Corporation volunteer to tutor high school students who have failed the first quarter of school. After the program's first year, 85 percent of the students passed and moved on to the next grade.
* *Generations United* is a coalition of more than 100 organizations that was founded by the Child Welfare League of America and The National Council on the Aging. Intergenerational programs are "a tremendous opportunity to help each other, know each other, and to make a real contribution to the future of our country," says Sandra Sweeney of the American Association of Retired Persons, one of the groups that make up Generations United. (Susan Champlin Taylor, "A Promise at Risk," *Modern Maturity*, August-September 1989, pp. 32-41)

To more fully understand what happens when elders and at-risk youth are brought together, five intergenerational programs in Michigan, Massachusetts and Maine were studied during

1987 and 1988. A report titled *Partners in Growth: Elder Mentors and At-Risk Youth* describes the study's findings.

The study found that bonds do form between at-risk youth and senior citizens in social programs developed for that purpose: of the 47 pairs interviewed, 37 constituted significant relationships that provided benefits to both partners.

The benefits cited by the at-risk youth included improving the quality of their day-to-day lives and learning a variety of functional skills from the older partner. Those youth in closer relationships also said that their older partners helped them through crises, bolstered their stability and sense of competence, acted as advocates on their behalf and provided important access to the mainstream community.

The elders also had some of their needs met by providing attention, caring and commitment to their younger partners. Their relationships with youth gave the elders a chance to pass on skills developed over a lifetime, get a fresh start in a relationship with a younger person, and play the role of mentor. That role also presented the challenge of helping youth change their lives which, if at times frustrating, was sometimes exhilarating and always engaging.

"Intensive personal relationships with adults are, for the most part, absent from social programs for youth," writes Marc Freedman of Public/Private Ventures. "The experience of the young people interviewed suggests that these intergenerational bonds may impart essential skills for surviving in a tumultuous world, where landing on one's feet and developing psychological and social maturity may be just as crucial to achieving long-term self-sufficiency as a firm grasp of the three R's.... Intergenerational programming is a notion with a potent set of natural advantages, and one that may make for appealing policy as well." (Marc Freedman, "Partners in Growth: Elder Mentors and At-Risk Youth," *School Safety*, Winter 1990, pp. 8-10)

Developing prosocial behaviors

Although much attention is focused on helping high-risk youth with the problems in their lives, one factor must not be ignored: the child's accountability for his or her own actions. A sense of responsibility must be taught to many high-risk youth for them to turn their lives around. These youth can overcome the problems in their lives if they are taught prosocial skills--that is, socially acceptable behaviors.

Dr. Arnold Goldstein, professor of special education and director of Syracuse University's Center for Research on Aggression, has developed a teaching technique known as Aggression Replacement Training (ART). The technique is based on his belief that prosocial skills can be learned, just as antisocial skills are.

"Most delinquent youths don't know how to turn their negative behavior into constructive action," Dr. Goldstein said. "ART teaches them what to do--how to respond to teasing and accusations, avoid drugs and fights, and handle failure. What's novel about this approach is that entire families--the delinquent youth, and his or her parents and siblings--can receive similar training."

In a 1988 study of 84 juvenile offenders in New York state, ART was shown to dramatically reduce the recidivism rate. Among the findings:

* Those who received ART and whose families received related training had a recidivism rate of 15 percent, compared to a national average of 66 percent.
* Those who were the only ones in their family to receive ART had a recidivism rate of 30 percent.
* Those who received no ART training, but who may have received other intervention, had a recidivism rate of 43 percent.

"We worked with entire families because nobody lives in a vacuum," Dr. Goldstein said. "Research has shown that potential delinquency is tied in part to parental influence. Poor parental discipline, supervision and rejection often contribute substantially to whether delinquency reoccurs or occurs in the first place."

A lack of prosocial skills and a tendency to use force to achieve goals often can be detected as early as elementary school. Such personalities are often labeled the school bully. Bullying is an often underrated problem: school administrators often have the serious problems of drugs and weapons to deal with, and parents may mistakenly encourage their children to fight back when bullied or to ignore the problem.

About one out of seven youths--or about 15 percent of all children in school--is involved in some level of violence either as a victim or a bully, according to research by Dr. Dan Olweus, a leading international expert who has studied bully-victim problems for almost 25 years. (Dr. Dan Olweus, "Schoolyard Bullying--Grounds for Intervention," *School Safety*, Fall 1987, pp. 4-11)

Younger students are victimized most frequently. The average percentage of students--boys and girls--who were bullied in grades two to six was approximately twice as high as that in grades seven to nine. More than 50 percent of the bullied children in the lowest grades reported that they were bullied by older students.

While the bully's victims usually survive their oppression, although not unscathed, the bully appears self-doomed. One report calls the bully "a lifelong loser," and current research indicates that the bully's whole life often is stacked against him. Young bullies whose

negative behavior goes unchecked are far more likely to drop out of school, commit crimes as adults, and become abusive spouses and parents.

A 22-year research project by Dr. Leonard D. Eron and Dr. L. Rowell Heusmann, professors at the University of Illinois at Chicago, indicates that bullies have about a one-in-four chance of ending up with a criminal record by age 30. (Dr. Leonard D. Eron, "Aggression Through the Ages," *School Safety*, Fall 1987, pp. 12-16) In comparison, a child normally has about a one-in-20 chance of growing up to become a criminal.

Among their findings:

* The more aggressive boys were at age 8, the more likely they were to get into trouble with the law as adults.
* The most aggressive boys were about three times more likely to be convicted of a crime than their peers.
* The most aggressive boys were less apt to finish college and have good jobs.
* Girl bullies grow up to be mothers of bullies. Punishing their children may be the only area in which a female can express aggression without fear of social censure or retaliation.
* Aggression is transmitted from parent to child, thus perpetuating the cycle.

The link between bullying and high-risk youth is clear. "Children at age 8 who started a fight over nothing, who pushed and shoved other children, who took other children's things without asking, who were rude to teachers, and who said mean things to other children--behaviors that often are passed off as normal, as 'boys being boys'--these same children, by the time they were 19, were more likely to be cited in juvenile court records and to have not achieved well educationally," Dr. Eron said.

Roughly 40 percent of the bullied students in the primary grades and almost 60 percent in junior high school reported that teachers tried to "put a stop to it" only "once in a while or almost never." About 65 percent of all bullied students in elementary grades and as many as 85 percent of students in junior high school said their teachers had not talked with them about bullying, according to Dr. Olweus' research.

However, like it or not, teachers and administrators often must spend as much time fostering children's social development--and teaching social skills--as they do in furthering their academic progress. Unfortunately, many educators have not been taught how to promote social development, or how to deal with a child who is disrupting classes or bullying other children.

In recent years, child psychologists have given more attention to this problem. More

systematic approaches to promoting "social literacy" in schools have been developed, using the study of "social-cognitive development," or the various ways that children think about solving social problems as they grow up.

As children grow older, they go through a natural series of levels in their social problem solving, according to research by specialists in the field, such as Dr. Robert L. Selman, director of The Children's Interpersonal Negotiation Strategies Project and associate professor for Harvard University's Graduate School of Education. Beginning at an early age and continuing through early adolescence, a child should progress through the following levels: egocentric and impulsive; unilateral and ordering; reciprocal and persuasive; and, finally, mutual and collaborative.

Using these four stages, Dr. Selman and his colleagues developed a school-based intervention program. The program also recognizes that a student who has achieved an *understanding* of the more mature levels might by inhibited from *using* those strategies by many factors, including the level of problem solving the student is used to at home, the level of problem solving used by other students, and the problem-solving atmosphere of the school.

Dr. Selman's approach is based on the assumption that children can be taught to break down social problems, but that using the higher levels will only come with time and practice.

The INS model begins by asking a child to define the problem. Dr. Selman writes: "Children frequently have difficulty with this step. Those children who have a low frustration tolerance particularly tend to define their problems in terms of a 'solution.' For example, when asked 'What's the problem here?' the child will answer, 'I socked him 'cause he started it' rather than 'I got mad because he called me a name.' The INS model teaches the value of slowing down the process, of delineating the problem first to understand what is really wrong rather than immediately jumping to a solution. 'I got mad because he called me a name' is a definition that leaves greater opportunity for alternative solutions."

In some cases, however, a child is not merely a bully or a "discipline problem." Some children are antisocial: they terrorize other children, destroy property and intimidate adults. Unfortunately, most adults who encounter antisocial children do not understand them, according to Dr. Stanton E. Samenow, a clinical psychologist and author of *Inside the Criminal Mind*. Such understanding is critical to helping these children, who represent the extreme among high-risk youth.

For decades, experts have said that children turn to crime, not through any fault of their own, but because of external forces over which they have little control, such as poverty, unemployment, racism and broken homes. Indeed, the concept of risk factors, which is used to define high-risk youth, could be seen as one more way to excuse youth who become delinquent.

However, recognizing the risk factors in a child's life is not the same thing as absolving the child of the consequences of his or her actions. Dr. Samenow points out: "After the fact, any adversity can be cited as causing crime. In nearly every case, when I interview a criminal from an oppressive social environment, I find that he has siblings and neighbors living under the same or perhaps worse conditions who are law-abiding citizens. It is not the environment per se that is critical, but how people choose to respond to that environment." (Dr. Stanton E. Samenow, "Understanding the Antisocial Adolescent," *School Safety*, Spring 1988, pp. 8-11)

The antisocial child often believes that to be someone important, he or she must seek excitement by doing the forbidden. Such children typically exhibit one of several patterns in their attitudes toward school and work. Some refuse to do any work from the time they enter school, since they consider it difficult or dull. Others do well as long as the work is easy, but balk at work that requires more study. A third group do well in school, using their accomplishments as a cover for crimes committed outside the classroom. Such attitudes should concern all of society, since these children's attitudes toward work and authority will carry over into jobs later in life.

Although it's unclear why some children are antisocial, Dr. Samenow points out that understanding the root causes of such behavior is not as important as learning to recognize and deal with it. "The criminal has a special way of thinking that must become known to parents, educators, mental health professionals, law enforcement personnel, criminal justice professionals and anyone else who comes into contact with him," Dr. Samenow writes. "The antisocial child has a special way of looking at the world, a view of life that is radically different from that of the responsible youngster. You might object to this and say many people lie, steal, make irresponsible decisions and seek to dominate others, but they do not become criminals. This, of course, is true. . . .There is a continuum of criminality. Every child who steals a candy bar does not become a criminal. Every person who lies does not become a chronic liar. The person who is extreme in [these] patterns develops a set of premises about life radically different from those of the responsible human being."

Dr. Samenow points out the following traits as indicating that a child is antisocial:

* The child is a changeable person with conflicting desires. He may be sweet and kind one moment and act with frightening brutality the next.
* The child thinks in extremes. Either he is "number one," or he is nothing. When he experiences a threat to his precarious self-image, he becomes infuriated and determined to assert himself, no matter the cost.
* Despite his tough exterior, the antisocial child is actually frightened, although he rarely admits it. Although he knows right from wrong, he is able to shut out that knowledge long enough to pursue his momentary objective.

* The antisocial child's strongest fear is that he will be put down, leading to a hypersensitivity that turns a mild insult into a fight. Daily frustrations that other children learn to deal with are cataclysmic to the antisocial child.
* The antisocial child can learn from experience--although he does not always learn the lessons his parents and teachers wish he would. For example, if he is caught shoplifting, he may learn to be more careful next time so that he isn't caught.

Standard rehabilitation is not likely to work with antisocial people, Dr. Samenow writes, because those with the personality disorder are not capable of comprehending the concepts of accountability. "We must equip the antisocial person with patterns of responsible thinking," Dr. Samenow writes. "We must help antisocial children develop a brand-new way of thinking that includes teaching them a concept of injury to others, an operational understanding of interdependent functioning, a responsible time perspective, the elements of responsible decision making and much more."

Programs that attempt to teach criminals such a new way of thinking do exist throughout the country. They help antisocial youngsters to gain an awareness of their thinking, to write their thoughts down in diaries or logs, and to become constructively self-critical of what they think. As a result, they become more open to learning the new concept of living responsibly.

The importance of sports and role models

Although some high-risk youth are antisocial and must be taught accountability and new ways of thinking, others can be reached more easily, through the excitement and discipline of sports or through the good example of role models.

"Sport cannot build character in and of itself--witness recent disclosures about athletes and gambling, athletes and drug abuse, and athletes and other unlawful or at least immoral behavior," writes Dr. Don Hellison, a professor in the Department of Physical Education at the University of Illinois at Chicago and the author of *Goals and Strategies for Teaching Physical Education*. "However, participating in physical activities that emphasize character-building skills--such as working together, setting goals and respecting others' feelings--can offer youth valuable life lessons. For that reason, today's youth need more educational opportunities in sport and exercise. They need to be physically as well as mentally educated," Dr. Don Hellison states.

In the nineteenth century, sports were used in both England and the United States to rehabilitate delinquent boys. However, recent research suggests that sport and exercise alone can not achieve such rehabilitation. Instead, sports programs must include goals and goal-related instructional strategies if they are to be effective.

Dr. Hellison has developed such a program, which has been used since the early 1970s with hundreds of high-risk youth in inner-city schools, diversion and detention programs, and after-school programs. He writes: "The program is based on three principles: first, it unabashedly teaches values; second, it takes a holistic educational perspective, emphasizing people rather than bodies and human values rather than winning; and third, it is rooted in a concept of physical education that makes social, emotional and spiritual health as much of a priority as physical health."

All three strategies send the message that high-risk youth are responsible for deciding for themselves what values they want to try to live by. "Of course, this method is not a panacea for the problems of high-risk youth, which are affected by a whole host of economic, social and political factors," Dr. Hellison writes. "But helping these kids learn that they can take a step forward in their own lives and that who they touch along the way matters can make a difference."

Sports stars are often looked to as role models by all children. However, it is perhaps even more important for them to have role models in their own lives. Although research on role models for youth is limited, an article by Spencer H. Holland in the November 1987 issue of *Education Digest* stresses that inner-city young minority boys are particularly in need of male role models.

"The inability of urban public schools to stem the tide of failure that characterizes the plight of black male children in the inner city is well-documented," Holland writes. "The most common reasons cited for their academic and social failings are that such boys come from poor, single-parent, female-headed households, they have no positive male role models, and they view the educational setting as feminine and not relevant to their daily lives."

A variety of factors appear to determine whether a child will imitate the behavior of an adult. "Sex, race, power, authority, attractiveness, and perceived similarity to self are among the determinants that have been found to be important antecedents to imitative behavior in children," Holland writes. "This knowledge may provide us with an approach to the prevention of academic failure in inner-city black boys, specifically, and male students, generally."

In many elementary schools, most of the administrators, teachers and counselors are female. "Most boys do not have male teachers until they enter the later elementary grades or junior high school, and, for the inner-city boy, this is much too late," he concludes.

Recruiting more males to teach in the primary grades is one of Holland's solutions. He also urges community groups, religious groups and athletic organizations to help schools train young boys by providing positive role models.

Researcher Jeffrey O. Segrave, author of the article "Sport and Juvenile Delinquency," which appeared in *Exercise and Sport Sciences Review* in 1983, cites several studies which found that athletes generally have a better self-image, enjoy a higher peer status, and are more interested in school than non-athletes. He concludes that a number of factors seem to account for athletes' lower delinquency rates, including: relief from boredom, moral lessons, perceived peer status, non-deviant role models, constructive use of time, interpersonal skills and knowledge, strong social controls, less internal and external pressure toward rebellion, and less need to assert masculinity through deviant behavior.

"Kids will find a role model, whoever is available, whether or not that person is a positive or negative influence," says Reggie Morris, head basketball coach and a counselor at Los Angeles' Manual Arts High School. "So if a kid doesn't have a positive role model, then he may still end up with a role model, but it may be the dope dealer or gangster, the person who's riding around with a bunch of money in his pocket and a brand-new car and is 18 years old. We need to have positive role models who are available, visible and accessible to the community and to the kids."

Interagency cooperation

Reaching high-risk youth early in their lives is vital to helping them, yet most juvenile agencies resist sharing information, fearing that a youth will be unfairly labeled. As a result, people must often make decisions based on a minimum of information and opportunities for early intervention can be missed. A 1986 article in *Crime and Justice* pointed out, "Younger children usually present less serious and less numerous conduct problems. . . .When unfavorable conditions fostering child conduct problems have existed for a long time, it probably is more difficult to reduce both the inappropriate parenting and the children's behaviors."

To address this problem, Stephen Goldsmith, prosecuting attorney of Marion County, Indiana, proposed an information sharing system that would involve the criminal justice and welfare systems and the schools. In 1988, a contract to establish the Juvenile Information Exchange Project was approved by the Indianapolis Public School Board and signed by the superintendent, police chief, sheriff, prosecutor, juvenile court judge and director of the welfare department.

The original project proposed to share the following:

* whether a truancy or educational neglect case has been referred for filing;
* which children are the victims of crime;
* the status and disposition of any delinquent act;
* whether a youth is engaged in a prosecutor-based "diversion program";
* the status of any probation case;

* the status of wardship cases;
* whether child abuse has been reported and any disposition information prepared;
* whether a student has committed a crime or possessed drugs on or around school property; and
* a comprehensive list of juvenile service providers, their programs and costs, and contact personnel.

Goldsmith writes, "A great deal of research has been done on which life events indicate that a youth might develop problems in the future. We should identify every event that becomes known to a government official and that signifies the child is having a problem so that intervention is early and comprehensive. Fragmented information forces the system to delay its response. The delay means more victims if the youth is a chronic offender, or more intractable problems if he is troubled. Careful information sharing and carefully tailored responses help reduce the problem. We must put to rest the concept that fragmentation and ignorance of critical events leads to better decision making." (Stephen Goldsmith, "Information as Prevention," *School Safety*, Spring 1989, pp. 18-19)

No simple solutions...

The problems of high-risk youth touch the lives of everyone in communities across the country. A student who drops out of school, a teenage girl who becomes pregnant, a youth who becomes involved with illegal drugs or gang violence, an adolescent who attempts suicide--they are our future, and they are crying out for help.

Four approaches to helping high-risk youth are discussed in *Growing Up at Risk*, written by Sarah M. Henry and D.M. Kline III and published by the Kettering Foundation. Each approach is based on a particular point of view of what the problem is, what has caused the problem, and what action is necessary.

The first approach is based on the view that young people get into trouble because they don't understand right from wrong. According to this argument, sources of moral authority, such as the family and the church, have been weakened and no longer offer guidance to the young. Pressure from friends and peers, in addition to an increasingly influential media, may persuade youth to make wrong decisions about their lives.

Proponents of this view say that youth must be taught to stand by moral values. Parental example is considered of vital importance, and advocates of this position also feel that public policy--including guaranteed parental leave and a revised tax structure--should be changed to support strong families. When families are not intact, other organizations--such as churches and community groups, including "Big Brothers" and "Big Sisters" and the Police Athletic League--can help keep youth on the right track. Many also believe that values can be taught through work or through moral education in schools.

Critics of this approach argue that teachers who attempt to impart morality may simply impose their own ethical codes on their students, and that moral education in schools is inappropriate in a country dedicated to freedom of religion and tolerance of diversity. In addition, stressing morals alone--using, for example, the "just say no" approach--is considered unrealistic by many people, especially when one considers the violence, hunger, mental illness and poor education that many youth face.

While advocates of this approach admit that creating a moral society is very difficult, they also argue that the only way to encourage young people to do the right thing is to give them principles to live by and the courage to stand by their convictions.

The second point of view holds that the crisis facing youth is due to the fact that disorder and violence have become so common in the lives of young people. People who take this view claim that youth must be provided a safe and orderly environment before they can succeed.

This epidemic of violence can easily be seen in America's schools. In 1986, three million people--students, faculty, staff, and visitors--were victims of criminal acts while at school or on school grounds. In fact, almost one out of 10 violent crimes occurs within school grounds. And for many young people, the situation in their neighborhoods--where youth gangs often create a violent atmosphere and the drug trade turns streets into battlegrounds--is no better.

Advocates of this view feel that the major sources of violence and disorder must be attacked if the youth crisis is to be ended. Sometimes this calls for drastic measures within schools--searching students' lockers and personal belongings for weapons or drugs, using police dogs to sniff out drugs, or security measures such as metal detectors, panic buttons and electromagnetic door locks--and within communities--forcing parents to answer for the behavior or their children or revoking housing subsidies to families whose children misbehave.

Supporters of this view hold that, rather than expecting the individual child to resist peer pressure, the goal should be to remove the source of the pressure.

Critics, however, argue that "getting tough" is inappropriate for many troubled youth. Furthermore, drastic measures, such as expelling students, are not effective, since the troublemaker is simply turned onto the streets. Finally, tough discipline can also be unfair to students and make schools more like prisons than places of learning.

Those who argue for stronger discipline, however, say that we must drop the romantic notion that every troublemaker must be given not only a second chance, but many chances. They also say we should admit there are a few violent youth whom we cannot realistically help.

Supporters of the third view say that a more constructive approach would be to help youth overcome early disadvantages or mistakes, rather than to punish them or turn our backs on them because they've run into trouble. Proponents of this argument say that we should expand the medical, psychological, and social services available to young people, and should try to help youth at as early an age as possible. This means more funding and a greater social commitment to such services.

Critics of this view say that such programs, although well-intentioned, are ineffective and expensive. Others say that, rather than dealing with the symptoms of youths' problems, we should attack the underlying causes of racism, poverty and the breakdown of communities.

However, proponents of this view feel that professional care can make an enormous difference in the lives of high-risk youth and that the money such care costs would be well-spent.

The final point of view holds that youth do not lack morality, discipline or special services; instead, what they lack is the prospect of a place in the world. Youth are one of the least secure groups in society: they suffer more than any other group from poverty, racism and violence; many of their families do not have the money to adequately feed, clothe or house them; and as they grow older, they often face unemployment. These youth eventually lose hope, and they then are more likely to make wrong choices in their lives.

Proponents of the fourth view argue that society should ensure that every child receive adequate food, shelter, clothing and medical care; should renew the commitment to welfare programs; and should increase funding for education, especially early childhood education for disadvantaged children. In addition, anti-poverty programs must involve and empower neighborhoods by creating and supporting community-based organizations, thus encouraging people to help themselves and their children.

Although everyone realizes that fighting poverty and community breakdown are worthwhile goals, critics of this approach argue that welfare programs can undermine local initiative, rather than encourage it, and that government assistance encourages people to rely on the government rather than taking responsibility for themselves.

Critics also say that focusing on the larger issue of poverty may divert attention from the immediate and very real problems of high-risk youth. Supporters of this view contend that, while eliminating poverty may not be the only solution to a young person's problems, it is impossible to help many kids without changing their environment. They also feel that the expense of anti-poverty programs would be well worth the price. As one businessman said, "American business has learned forcefully in the last ten years that it is a lot more effective to design quality in from the beginning than to correct things later."

We all have a stake in the future of our youth, because they represent the future of our communities. Any time a young person falls prey to the problems that lie in wait--whether it's drugs, dropping out, early pregnancy, delinquency, suicide, or running away--the well-being of the entire community is threatened. However, the combined efforts of adults in the school and the community can help youth avoid the multitude of problems that place them at risk, and can empower them to become successful and productive citizens.

* * *

HIGH-RISK YOUTH PRACTICUM

Youngsters more likely to "just say yes" to drugs are the focus of a drug abuse prevention campaign sponsored by the National School Safety Center (NSSC). A 1988 practicum coordinated by NSSC was the first response to "high-risk" youth as identified by the National Drug Policy Board and the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the branch of the U.S. Department of Justice that funds NSSC's activities.

"High-risk" refers to youths who, for various social and economic factors, are most at risk of getting involved with illegal drugs and other delinquent and violent behavior. This rapidly growing number of youths are particularly vulnerable, according to the board's High-Risk Youth Committee, because of having substance abusing parents; being the victim of physical, sexual or psychological abuse; dropping out of school; becoming pregnant; being economically disadvantaged; committing a violent or delinquent act; experiencing mental health problems; attempting suicide; or being runaways or homeless.

The campaign had two correlary themes: 1) "zero tolerance" for drug abuse, and 2) accountability for individuals who choose to abuse drugs.

Statistics indicate the scope and magnitude of the high-risk youth population:

* Nearly five million adolescents have alcohol problems.
* About three million 12- to 17-year-olds use marijuana or cocaine.
* Nearly two million children are victims of physical or sexual abuse each year.
* More than one million youths run away from home each year.
* More than one million teenage girls become pregnant each year, and half of them subsequently drop out of school.
* An estimated 14 to 25 percent of youths drop out of school. Of those dropouts, 80 percent use illegal drugs regularly.
* Alcoholism affects more than one-third of the nation's families.
* In 1986, the FBI reported 250,000 arrests of juveniles in the United States for drug-related offenses.

The practicum included experts on youth delinquency, violence and drug abuse, who helped develop strategies to address these problems. Participants included psychologist/researchers Dr. Arnold Goldstein, director of Syracuse University's Center for Research on Aggression; Dr. John Lochman of Duke University School of Medicine; Dr. Roger Weissberg of Yale University; Dr. Marvin Wolfgang of the Center for Studies in Criminology and Criminal Law at the University of Pennsylvania; clinical psychologist Dr. Stanton Samenow; Joyce Thomas, president of the Center for Child Protection and Family Support in Washington, D.C.; and Renee Wilson, director of the Boston-based Violence Prevention Project. Their recommendations are the basis of the current $250,000 "High-Risk Youth National Public Awareness Campaign," which included a series of broadcast and print media public service announcements, an educational documentary film, posters, and articles in popular and trade journals.

In 1989, California's Office of Criminal Justice Planning and the State Advisory Group conducted a research symposium with national authorities who further validated this position of focusing on prevention as a juvenile justice priority.

* * *

SUBSTANCE ABUSE AMONG YOUTH

Although substance abuse is still a major concern facing high-risk youth, recent figures seem to indicate that the problem is leveling off. For example, a 1989 poll of high school seniors revealed that 60 percent said they had drunk alcohol in the past 30 days. In 1980, 72 percent said they had.

Similarly, only 17 percent of the 1989 seniors said they had smoked marijuana in the past 30 days; in 1979, 37 percent said they had. Perhaps most dramatically, cocaine use fell by half: Between 1986 and 1989, the number of seniors using the drug decreased from 6.2 percent to 2.8 percent.

Daily crack use, however, remained about the same. Use of the drug in the inner cities is still heavy, but overall use by high school students has fallen slightly since 1987. (Various sources cited in *Newsweek*, Special Issue, Summer/Fall 1990, p. 59)

Although the trend toward substance abused has turned slightly downward, there still is cause for alarm. For example, the average age of first use has also gone down. Many experts say that tobacco and alcohol are the drugs through which youth enter into more serious substance abuse. The 1988 figures for average age for first use of tobacco was 11, while for alcohol it was 12. Experimentation with these drugs has in some ways become a "rite of passage" from childhood to adolescence. However, the earlier the experimentation with drugs begins, the

greater the risk for problem abuse during the adult years (*Metropolitan Court Judges Committee Report*, "Drugs--The American Family in Crisis: A Judicial Response," October, 1988).

Many drug education programs are now being offered through the schools which focus not only on disseminating information about drugs, but teaching students the basics of self-esteem and decision-making.

* * *

YOUTH SUICIDE

Since 1960, the suicide rate among teenagers has risen dramatically. It is now one of the leading causes of death among teenagers, and has tripled in the last 30 years. The figures are clear:

* Nearly one in five girls and one in ten boys have attempted suicide.
* 42 percent of girls and 25 percent of boys have "seriously" contemplated suicide.
* Every year, 5,000 persons under the age of 19 commit suicide, while 50,000 attempt it. (*Instructor Secondary Edition*, Fall 1988, p. 7)

According to figures from the National Center for Health Statistics, the suicide rate has jumped most dramatically among white males, from roughly 6 to almost 18 per 100,000. For males of all other races, the rate has gone from less than 4 to roughly 10 per 100,000. The suicide rate has also risen for females, although not as dramatically. (National Center for Health Statistics, U.S. Department of Health and Human Services, 1987)

Although teen suicide has dominated the headlines for several years, an equally dramatic problem has recently come to light: the millions of youth who struggle with mental disorders and receive either no help or inadequate care. The National Academy of Science's Institute of Medicine estimates that, in the United States, 7.5 million children--or 12 percent of those under age 18--have mental disorders. Among those from disadvantaged homes, the figure may be as high as 20 percent.

The Institute's 1989 report looked at three categories of mental illness: emotional disturbance, such as depression and anxiety; developmental disorders that interfere with the ability to think, communicate or function effectively; and the most common, behavioral disorders, which generally exhibit themselves through antisocial and disruptive acts.

Children often exhibit problems in more than one area and, if not treated, carry their disorders into adulthood. However, only 2.5 million are receiving help, and that help is sometimes of questionable value. The National Mental Health Association's study examined

the types of services provided to mentally ill youth, based on data from state mental-health officials and local agencies. At least 4,000 children and adolescents with mental disorders had been placed in out-of-state residential treatment facilities by state authorities. More than 22,000 children had been placed in state hospitals.

Because states have no systematic way to address these children's needs, the report stated, there is no mechanism to determine if such placement is appropriate. Many of the qualitative problems of mental-health treatment and the financial and emotional stress on the families of mentally disturbed youth could be alleviated, the report suggests, if states and the federal government made a financial investment in community-based services for these children.

The report concluded that "children are expected to fit into the available service system, instead of the service system being designed to adapt to the individual needs of each child." (*Education Week*, June 14, 1989, p. 27)

* * *

VIOLENCE AND CHILDREN

Many of the negative factors that define a child as "high-risk"--such as involvement in illegal drug use or gangs, growing up in economically disadvantaged neighborhoods, or being the victims of physical abuse--can result in that child being a victim of violence.

The impact that violence is having on the lives of today's children is grim: homicide is now the second leading cause of death for 15-to-24-year-olds in the United States. Only car accidents cause more deaths among this age group. Equally as shocking, homicide is the fourth leading cause of death for one-to-four-year-olds and five-to-14-year-olds. (National Center for Health Statistics, 1988)

For black 15-to-24-year-olds the picture is even worse. Homicide is the leading cause of death for these youth, accounting for nearly 50 deaths per 100,000 in the population in 1986. It is the second leading cause of death for black one-to-four-year-olds and the third leading cause of death for black five-to-14-year-olds. (NCHS, 1988) In fact, the United States had the second highest homicide rate for males 24 years old and younger compared with 13 industrialized nations (only Mexico's rate was higher), and the highest rate for females in the same age group. The U.S. rate for 15-to-24-year-old males was more than five times higher than the 11 other nations; the U.S. rate for females of that age was more than 10 times higher than the rates in Japan, Norway and the United Kingdom. (1989 Census)

In testimony before the U.S. House Select Committee on Chilren, Youth, and Families, Dr.

Howard Spivak, deputy commissioner of the Massachusetts Department of Public Health, stated: "The issue of violence has traditionally been delegated to the police and criminal justice system.... [However] a majority of homicides occur between two young men of the same race who know each other; who have been drinking; who get into an argument (often over a relatively minor issue); and, one of whom is carrying a weapon. The spontaneous, unplanned, and intimate nature of these events make it unlikely that the criminal justice consequences are taken into consideration before the violent behavior leads to injury or death."

Instead, experts suggest conflict resolution classes in schools, family counselors trained in dealing with violent families, screening for and early identification of youth at risk for using violence, increased availability of services for a high-risk population, and improved rehabilitative services.

Dr. Spivak concludes: "The public health community can make a real contribution to [the resolution of the problem of violence] through prevention, treatment, and research. The extent of the violence we experience in this country is deeply rooted in our values as expressed by media images, availability and acceptability of weapons, use of violence to solve problems, and through messages we express to our children and youth. We must act now to address these values and turn the tide before we become overwhelmed by the consequences of these values."

* * *

FAMILY VIOLENCE AND CHILD ABUSE

Children who witness violence in the home--or who are the victims of sexual, physical and/or emotional abuse--are at much greater risk of developing behavioral problems.

In testimony given before the U.S. House of Representatives' Select Committee on Children, Youth and Families, Dr. Carl C. Bell said, "Family violence is often cited as the major reason for divorce and can be thought of as a destructive force eating away at the American family. The full effects on children of witnessing such violence is unknown, but many of the children who witness violence suffer from post-traumatic stress disorder and have many other behavioral disturbances in childhood and adult life." (Statement of the American Psychiatric Association before the Select Committee on Children, Youth and Families, U.S. House of Representatives, on Children and Violence, May 16, 1989)

Studies were done by the Community Mental Health Council in Southside Chicago to determine the extent of the problem. In 1989, more than 1,000 elementary and high school classes were surveyed. Thirty-nine percent of the children reported seeing a shooting, 34

percent a stabbing and 23 percent a murder. A local social worker who had worked with children in those schools noted, Bell said, "that an overwhelming number of inner-city children experience major losses by death of a close family member, yet remain unassisted in working through the mourning process." Aggression and violence may be a representation of this unresolved grief.

Not all violence is encountered on the streets; many children face violence in their own home. The problem is getting worse: Between 1982 and 1987, the national rate at which children were reported for abuse and neglect increased 69.2 percent. (The American Humane Association, 1989) Two-thirds of the states that responded to a recent national survey cited parental substance abuse as the dominant characteristic among their child abuse and neglect caseloads. (National Committee for the Prevention of Child Abuse, 1989)

The child--and, in turn, society--is significantly affected by violence and by the lack of treatment. In a study of delinquents and non-delinquents, the most significant variable in predicting membership in the delinquent group was a history of abuse and/or family violence. Furthermore, 16 to 55 percent of institutionalized juvenile offenders have official histories of child abuse. ("Down These Mean Streets: Violence By and Against America's Children," U.S. House of Representatives' Select Committee on Children, Youth and Families, May 1989)

"Most importantly, the evidence is mounting that violence is a learned response to stress and conflict," said Dr. Howard Spivak, deputy commissioner for the Massachusetts Department of Mental Health. "Exposure to violence in the home has been strongly associated with violent behavior in children and youth." (Testimony before the U.S. House of Representatives' Select Committee on Children, Youth, and Families, May 16, 1989)

Dr. Spivak added: "Addressing the problem of interpersonal violence involves the collaboration of a broad base of professionals and community organizations. . . .the medical and public health communities can play an important role in collaboration with other appropriate human service, mental health, education, community, and criminal justice institutions."

* * *

KIDS WHO KILL

Those who work with today's youth have encountered children who only seem out for themselves. Such children are called "Trust Bandits"--they steal your trust, according to Dr. Ken Magid and Carole A. McKelvey, authors of the book *High Risk: Children Without a*

Conscience. As more of these children without a conscience develop, they will wreak havoc and commit crimes with little or no remorse. They will become adults with Antisocial Personality Disorder (APD), more commonly known as psychopaths or sociopaths.

The problem of kids without a conscience seems to be increasing. Nationally, 1,311 people under age 18 were charged with murder in 1986. Those numbers reflect only the cases in which formal charges were filed. Children under seven years old are often not charged with such crimes, but referred for treatment. "Ten years ago, it was a shock to see a 7-, 8-, or 9-year-old come into the system," says Danny Dawson, chief of the Orange-Osceola County, Florida State Attorney's Juvenile Division. "Now it's not."

The solution to APD is not simple, and the key is not in curing APD, but in preventing it. Author McKelvey writes, "We need to begin by creating an awareness about the importance of the first two years of life. Through the affectional bond--the attachment to a parent--infants develop the most important formation in their social attachments. Current and future parents must know how critical effective bonding is to parenting and how children who have not bonded properly may become what is known as character-disturbed."

The changing demographics of modern families are one of the factors now thought to be responsible for the increased number of children with APD. "In the past, children with serious problems came almost exclusively from families with serious problems," says Congresswoman Patricia Schroeder of Colorado. "Today, the challenges faced by average families easily lend themselves to the potential 'high-risk' situations."

Some of the childhood symptoms and warnings of APD that professionals and parents can look for are:

* An inability to give and receive affection.
* Self-destructive behavior.
* Cruelty to others and to pets.
* Phoniness.
* Stealing, hoarding and gorging.
* Speech pathology.
* Extreme control problems.
* Lack of long-term childhood friends.
* Abnormalities in eye contact.
* Parents who seem unreasonably angry.
* Superficial attractiveness and friendliness to strangers.
* Learning disorders.
* Crazy lying.

The key in creating an atmosphere for bonding and attachment is consistency. The more consistent the loving home environment, the better children will do.

However, if children can't bond with their parents, their last resort may be teachers. "As educators, we can't all say parents must do their work at home or we won't do our jobs at school," says Dr. Betsy Geddes, an inner-city elementary school principal in Portland, Oregon. "In some cases parents can't or won't."

Unattached children can be helped with behavior-modification programs and individual counseling; however,it must be done before they move on to secondary school, adolescence and the additional pressures that make it more difficult to "rescue" them.

* * *

TEEN PREGNANCY

The epidemic of unplanned teenage pregnancies has had devastating effects--on the young mothers, their children, their families and society as a whole. Since 1973, approximately one million teenagers in the United States--or one out of 10 girls, ages 15 to 19--have become pregnant every year.

In fact, in one day:

* 2,753 teenagers get pregnant
* 1,099 teenagers have abortions
* 367 teenagers miscarry
* 1,287 teenagers give birth
* 666 babies are born to women who have had inadequate prenatal care

Of those teenage pregnancies, five out of six are unplanned. Approximately 40 percent end in abortion, accounting for 26 percent of all abortions performed in the United States. One of the reasons for high teenage pregnancy rates: a survey of sexually active teenaged women found that only half used contraceptives at first intercourse, and only 17 percent used the pill. (*Family Planning Perspectives*, September-October 1990, pp. 206-214)

However, more teenagers are having sex at earlier ages. In 1979, 47 percent of girls had sex at age 17; in 1988, 52 percent. At age 18, percentages increased to 54 percent in 1979 versus 70 percent in 1988. (National Survey of Family Growth)

For boys, the percentage increased from 56 to 66 percent at age 17; from 66 to 72 percent at age 18; and from 78 to 86 percent at age 19. (Boys Urban Institute)

Although experts don't agree on how to stop teenage pregnancies, research shows the best chance to halt the downward slide of these families is to get the mothers back in school. Studies indicate that teenage mothers who graduate from high school have a better than even chance of matching their classmates' salary level. (*Newsweek*, Summer/Fall 1990, p. 50)

For this reason, more than 300 schools across the country have established parenting and child-care programs for teen mothers, most financed by both public and private funds. These programs serve two groups: the teenage mothers and their babies, whose health often suffers because of a lack of prenatal care. However, these programs are not enough to offer child care to the 800,000 children of teen mothers who need it each year.

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SCHOOL DROPOUTS

Students at risk for dropping out of school have begun getting more attention recently, in part because the business community has become concerned about the cost to society that is incurred when teens leave school with few skills for becoming good employees or good citizens.

Approximately one-fourth of dropouts between the ages of 16 and 24 are unemployed--a much higher percentage than for those who finish high school. Many more are not counted among the unemployed because they are not actively looking for work.

The jobs that dropouts manage to land pay less than the money earned by high school graduates. In 1985, the average high school graduate earned approximately $4,000 a year more than the typical dropout--which adds up to $200,000 more in lifetime earnings. ("Students At Risk," Marilee C. Rist, *Education Vital Signs*, pp. A9-A10)

The Committee for Economic Development, composed of leaders from 200 major American corporations, estimates that each year's school dropouts cost the nation $240 billion in lost earnings and taxes during their lifetime. The high costs of welfare, law enforcement, crime and social services needed by dropouts must also be included in this bill. ("Parents Make the Difference," Melitta J. Cutright, *School Safety*, Spring 1990, p. 11)

According to U.S. Department of Education statistics, poor academic performance is the best predictor of who will drop out of school, followed by chronic rebelliousness, delinquency and truancy. Youth from poor, minority families whose parents failed to graduate are the most likely to drop out.

However, dropouts are not doomed to a life of failure. In fact, approximately 40 percent of dropouts eventually return to school and approximately 30 percent eventually receive a high school diploma or certificate. White students with higher achievement records and high socioeconomic levels are the most likely to return to school.

To encourage students to complete their education, schools should pay attention to the most common dropout signals--poor grades and delinquent behavior--which often show up in the early school years. Students who have dropped out should be offered alternatives to regular daytime classes, such as adult basic education classes and equivalency programs, in order to encourage them to complete their education. Schools can also consider allowing students to finish their high school education in five years, rather than the traditional four. ("Students at Risk," Marilee C. Rist, *Education Vital Signs*, 1989/88, p. A10)

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SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases (STDs) threaten and often devastate the physical and emotional health of millions of Americans, especially adolescents and young adults. In fact, STDs are among the most common infectious diseases in the United States, with an estimated 13 to 14 million new cases occurring each year. (Centers for Disease Control, Division of STD, *Annual Report*, 1989, p.4)

Sixty-five percent of all STDs occur among people younger than 25, and nearly one-third of such cases involve adolescents. (U.S. Department of Health and Human Services, Public Health Service, *An Introduction to STD*, National Institute of Health Publication No. 87-909-A, August 1987) One in seven adolescents experience a STD each year.

Sexual activity among youth has increased over the past two decades, as both the age of sexual maturation and of first intercourse have declined. Almost 80 percent of male adolescents and more than 60 percent of females are sexually experienced, and one-third of those over the age of 15 engage in sexual activity one or more times per week. (CDC annual report, p. 35)

However, young people remain relatively ignorant about STDs, according to the 1988 National Adolescent Student Health Survey. Researchers found that:

* More than 40 percent of those surveyed could not identify symptoms of STDs.
* More than half believed that birth control pills were effective in avoiding STDs.
* Almost 40 percent did not know where to go for treatment.
* Almost 80 percent believed they needed parental permission to be treated.

A 1986 study by the Boston University School of Public Health found that of 860 randomly selected adolescents between 16 and 19, 70 percent were sexually active. However, more than half said they did not worry at all about contracting AIDS. Only 15 percent said they had changed their sexual behavior because of concern about AIDS, and only one in five used effective methods of protection. (Patricia Hersch, "Coming of Age on City Streets," *Psychology Today*, January 1988, pp. 28-37)

More information is reaching young people about STDs, however, predominantly through school-based sex education classes, which have increased over the last several years. The growing consensus on the need for such sex education is indicated by two surveys conducted for Planned Parenthood Federation of America in 1986 and 1988. In 1986, 85 percent of parents supported sex education in the schools; in 1988, almost 90 percent favored it. Almost 75 percent favored making birth control information and contraceptives available in school-based clinics.

As the health and emotional well-being of young people becomes more at risk, such education remains one way to battle the spread of STDs.

The risk of HIV infection, which leads to AIDS, poses a double threat to adolescents since it is linked to two risk-taking behaviors which young people often experiment with: sex and drugs, sometimes in combination. Although reported AIDS cases among adolescents is low, 21 percent of those infected with HIV are 20 to 29 years old. Given an average seven-year incubation period, it is logical to conclude that many of these patients were infected during middle to late adolescence. (CDC annual report, 1989) Furthermore, by March 1990, the CDC had counted 1,429 cases of AIDS among teenagers. Although teenage AIDS cases account for only one percent of the nation's total, the number of cases doubles every 14 months. (Various sources cited in *Newsweek*, Special Issue, Summer/Fall 1990, p. 57)

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RUNAWAYS, "THROWAWAYS" AND HOMELESS YOUTH

More than 446,700 children left home without parental permission for at least one night in 1988, according to The National Incidence Studies of Missing, Abducted, Runaway and Throwaway Children. Another estimated 12,800 youth ran away from juvenile facilities. (David Finkelhor, Gerald Hotaling, and Andrea Sedlak, *Missing, Abducted, Runaway, and Throwaway Children in America, First Report: Numbers and Characteristics National Incidence Studies*, U.S. Department of Justice, May 1990)

The seriousness of these numbers is underscored by a longitudinal study that concluded that even one-time runaways were far more likely than their non-runaway siblings to experience

serious difficulties in later life. (L. Olsen, et al., "Runaway Children Twelve Years Later: A Follow-Up," *Journal of Family Issues*, 1980, pp. 165-188)

Most runaways are refugees from dysfunctional families and stressful home environments. Thirty-six percent run from physical and sexual abuse; 44 percent from other long-term crises such as drug-abusing, alcoholic parents or stepfamily crises; and 20 percent from short-term crises such as divorce, sickness, death and school problems. Approximately 70 percent of the runaways who come to emergency shelters have been severely physically abused or sexually molested, according to June Bucy, executive director of The National Network of Runaway and Youth Services. (Patricia Hersch, "Coming of Age on City Streets," *Psychology Today*, January 1988, pp. 28-37)

However, their life on the streets is not any better. Underage runaways or those without high school diplomas can't find jobs; many out of necessity turn to prostitution as a means of survival, thus placing themselves at great risk of contracting AIDS. Others get involved in drug sales and use. In fact, an estimated 187,500 runaways are involved in illegal activities, such as drug use, drug trafficking, prostitution or solicitation. They may be physically abused and must deal with illness and hunger.

Not only must they cope with the stress and danger of street life, but many runaways also have severe emotional problems. A 1983 study of adolescents in New York City youth shelters by the New York State Psychiatric Institute found that "shelter users have a psychiatric profile largely indistinguishable from adolescents attending a psychiatric clinic." Thirty percent were categorized as depressed, 18 percent as antisocial and 41 percent as both depressed and antisocial. Twenty-five percent had attempted suicide, and an additional 25 percent had actively considered ending their lives. Runaways are four times as likely as nonrunaways to have serious mental health problems, according to a 1985 study by the Division of Adolescent Medicine at the Children's Hospital of Los Angeles.

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"CRACK BABIES"

High-risk youth often are involved in illegal drug use. Increasingly, the drug of choice is crack, a powerful and highly addicting form of cocaine. This high-risk behavior has led to a new and devastating problem: the increasing number of "crack babies," infants whose mothers had smoked crack cocaine while pregnant.

Crack babies first began making headlines several years ago. That first group of crack babies is now approaching school age, and educators and medical professionals are trying to cope with a range of behavioral problems they've never had to deal with before.

Babies who have been exposed to drugs often are born prematurely--in part because cocaine can cause the uterus to contract spasmodically and thus bring on labor--and may weigh as little as two pounds. Because cocaine cuts the flow of nutrients and oxygen to the fetus, deformities and growth impairment are likely to result. Drug-exposed babies are more likely than other premature babies to have water on the brain, poor brain growth, kidney problems, apnea (when babies suddenly stop breathing), and to have suffered a stroke.

Doctors believe that these babies may have drug-related birth defects that contribute to major developmental difficulties, such as extreme irritability or lethargy, poor sucking abilities that hamper feeding, and irregular sleep patterns. As they grow older, they may be hyperactive, slow in learning to talk, and have trouble relating to other people.

Children who have been exposed to crack, says one teacher, "operate only on an instinctual level. They eat and sleep, eat and sleep. Something has been left out." These children are sometimes withdrawn and have trouble playing or talking with other children. Others have tremors or periods when they seem to tune out the world. Drug-exposed two-year-olds have trouble concentrating, interacting with groups and coping with structured environments.

The problem is enormous, and getting worse. According to a major national survey conducted in 1988, approximately 11 percent of all newborns--or 375,000 babies each year--have been exposed to drugs in utero. Crack is the primary drug used, although other drugs may be used as well. One survey estimated that the number of drug-exposed infants has more than tripled since 1985. ("The Crack Children," *Newsweek*, February 12, 1990, pp. 62-63)

Hospitals in Dallas, San Francisco and Gainesville, Florida, have found that approximately 10 percent of all births show signs of cocaine, and a 1988 study indicates that such figures do not vary significantly nationwide. Furthermore, because urine tests can only detect cocaine use by the mother within the last 24 to 48 hours, doctors say the problem may be much worse, since many more women may have used the drug during pregnancy. (Andrew C. Revkin, "Crisis in the Cradle," *Discover*, September 1989, pp. 63-69)

Cocaine not only destroys individual lives, but the overburdened obstetric and pediatric wards around the country contribute to the ever-mounting cost of health care.

However, programs are being developed around the country to help crack children and their mothers. In Los Angeles, the two-year-old Salvin Special Education School works with three- and four-year-olds who have been exposed to crack. The school has a pediatrician, psychologists, social workers, and speech and language specialists on staff to work with the children, many of whom still are living in chaotic home environments with parents who still may use drugs. (*Newsweek*, February 12, 1990, pp. 62-63)

In St. Petersburg, Florida, a program called Operation Parental Awareness and Responsibility was recently given 16 houses by the county which the program will use to shelter pregnant addicts, away from drug-ridden neighborhoods.

However, many drug programs refuse to take pregnant women. In a study of New York City programs, 54 percent wouldn't admit crack mothers. (*Newsweek*, February 12, 1990, pp. 62-63). Once the babies arrive, the problem is even more daunting; there simply isn't enough space for all the crack babies that are being born. As one Washington, D.C., nurse said, "We've got storage rooms that can't be used for storage anymore--because they're storing babies." (*Discover*, September, 1989, pp. 62-69)

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SELF-ESTEEM

One consistently reinforced factor behind delinquency and drug abuse prevention is the importance of developing and nurturing youngsters' self-esteem. Beyond all the cliches and euphemisms about "self-esteem," there remains a simple truth: children who learn to respect themselves grow up to be responsible in both attitudes and actions toward others.

Numerous self-esteem and character development programs are reaching kids through schools and other youth groups. Those that are generally recognized as most successful are based on *developing* self-esteem as opposed to *teaching* it.

The Esteem Team, funded in part by the California Office of Criminal Justice Planning, is an outgrowth of The National Self-Esteem Resources & Development Center, headquartered in Greenbrae, California. According to the Center, The Esteem Team is concerned with "primary prevention. ...it focuses on the causes as well as the early symptons of potentially severe social problems." In juvenile justice terminology, high-risk youth are the target of this program, though Executive Director Judith Feldman prefers to refer to them as youth of "high hopes," and bases this choice on extensive research about negative "labeling."

A plethora of research conclusively links low self-esteem with poor school achievement, with teenage delinquency, and with alcohol and drug abuse. "The lack of positive self-image," according to studies referenced in the Center's report, "coupled with the need to 'fit in' with others, is one of the most important reasons youngsters give for taking drugs, drinking alcohol and having sex."

Child care and parenting classes must become available and affordable; teachers must be trained to integrate "skill building" into their classroom routines and explore new ways to motivate disinterested students--for high self-esteem to replace high risk.

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