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ADOLESCENT DEVELOPMENT

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Indianapolis, Indiana

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ADOLESCENT DEVELOPMENT

INTRODUCTION AND OVERVIEW

Adolescence is often described as the transition from childhood to adulthood. Although the age of onset of adolescence varies from individual to individual, physical maturation or the beginning of puberty is generally seen to occur between 11 and 14 years of age. The period of adolescence generally ends once the individual assumes adult responsibilities which usually include marriage, full-time employment or commitment to "career training."

Historically, viewing adolescence as a separate period of human development is a fairly recent view. This view, dating from the latter part of the nineteenth century, can be attributed to the fact that an extended period of educational preparation is now required for careers. This has forced the adolescent to be financially dependent on his/her parents for a longer period of time.

The word, "adolescence" is derived from the Latin, "adolescere" which means "to grow up," or "to grow in maturity." It is the period of psychological and social maturation. Puberty, which refers to the biological maturation of hormonal and growth processes, is one of the main events of adolescence. Puberty refers to the onset of hormone activity which leads to sexual maturity. For females this is the time when menstruation first occurs (menarche). For males, onset of sexual maturity is when the body begins to produce spermatozoa.

Adolescence is not seen as a separate period of time in many cultures, nor are expectations of social maturation always well correlated with physical or sexual maturation even within our own culture. The transition from childhood to adulthood in many primitive cultures is marked by a significant cultural ritual often referred to as puberty rite which clearly marks the entrance into full adult status. Although our society provides some guideposts along the way such as the driver's license, the right to vote, etc. there is no one clear symbol by which the individual and the society can recognize that adulthood has been achieved.

In addition to the physical changes taking place, "...adolescence refers to those psychological and social changes in attitudes, behavior, and status in a given culture during the time span from the onset of pubescence, through puberty, into adulthood." (Tabora, 1978, p.27) There is no definite time sequence for pubertal changes. Family genetics plays an important part. The culture, the economy, and the environment also affect the age of onset as well as the rate of progression of change. It is interesting to note that, although there is wide individual variability in the onset of puberty, American youth are maturing much earlier than their ancestors. This earlier onset has been attributed to improved diet and health. It may cause problems however, when a child's body becomes sexually mature before the child has developed psychological and social maturity or has reached the full physical growth necessary for healthy reproduction. Physical growth and sexual maturation in both sexes may be retarded or hastened by emotional difficulties.

Although physical, emotional, and cognitive changes and changes in social status and expectations will be discussed separately, the reader must keep in mind that they are not separate events. There may be a lag in the emotional as compared to the physical growth. It is possible to have an emotionally mature child who has not begun to develop the secondary sex characteristics of puberty. It is difficult to define what is "normal."

Most textbooks define adolescence as something within the individual child, but many of the problems of adolescence arise from the child's social environment. As the child enters adolescence, the attitudes and expectations of the adults change in unpredictable and confusing ways - "you're old enough to know better", "you're not big enough to talk to me like that", "you're old enough to be responsible for your decisions, so do what I told you." Adapting to a radically changing self-image is complicated by being reflected in a social "mirror" that switches constantly from one image to another and sometimes provides punishments for both.

Outward appearances are the basis of much social interaction, yet children, at all ages, learn who and what they are from the way they are treated by the people around them. A girl whose outward physical development is generously curved at an early age may be treated by adult males as though she were a sophisticated and experienced woman even though she is still a young child in terms of psychological and social development. A boy of fifteen whose body is still quite underdeveloped may be treated by adults and peers as inferior and negligible when his psychological and social maturity are consistent with that of his age group. Small

wonder that many adolescents are pre-occupied with their physical appearance. Such confusing treatment from the people around them may distort the development of some or several parts of the overall maturation process.

PHYSICAL, PSYCHOLOGICAL AND SOCIAL CHANGES
IN THE LIVES OF ADOLESCENTS

The major physical changes that occur during adolescence involve the completion of physical development and the development of primary and secondary sex characteristics.

The year prior to the completion of physical development is referred to as the maximum growth age. After puberty, the growth rate slows down. Females generally reach most of their adult height in their early teens, although it may be as late as 18 or 19. Males, on the other hand, reach most of their adult height at about 15 to 17, but may continue growing until 21 to 22 years of age.

During adolescence height may increase as much as one fourth and weight may double. Except between 10 and 15 years of age or so, males are bigger than females. Although attributed in part to a genetic predisposition in some case, it is not uncommon for both boys and girls to go through a "pudgy" stage for a few years during early adolescence. This may be compounded by overeating and poor diet. Other adolescents are very thin and/or underdeveloped. Both groups may be vulnerable to inappropriate drugs, diets, or exercises that claim to offer quick solutions to their perceived problems. Either as a reaction to their view of themselves or as a reaction to the widely publicized adult pre-occupation with weight, a growing number of adolescents attempt dangerous

forms of weight control that may lead to disease or death. In addition to the dangers of malnutrition during a major growth period, anorexia nervosa, may develop. This is a condition in which the patient fears weight gain so much that drastic dieting becomes an obsession. The patient may literally starve themselves to death or chronic impairment may arise from other complications of the condition. Bulimia, the practice of gorging on food and then deliberately vomiting to prevent weight gain, can also become so habitual that the patient cannot stop the practice and may have serious effects upon the body. Both anorexia and bulimia are found most often among children who were not overweight but both are related to unrealistic concepts of health and attractiveness.

It appears that males reach sexual maturity somewhat later than females. Males' average age at sexual maturity occurs at around 13-17 years while females attain maturity at about 11 to 13 years of age. Although the bodies may continue to develop, "maturity" signifies the production of fertile egg and sperm.

Changes in strength and motor ability reflect physical maturation. Although both males and females show increased strength during adolescence, males show a greater increase than do girls. The increased strength of males over females is attributed chiefly to their larger muscles; additionally males have larger hearts and lungs which contributes to increases in athletic ability among adolescent boys.

Body features can develop, fail to develop, or undergo changes as a result of normal fluctuations in balance between hormones. An adoles-

cent makes comparison between himself/herself and his/her peers, and depending upon whether he/she feels his/her body arouses admiration or ridicule, his/her self-concept and self-esteem are either enhanced or impaired.

There is an evident increase in preoccupation with the body. Shortness in boys and tallness in girls may cause genuine concern. Acne, an affliction unique to adolescence, is very common and almost universally causes emotional difficulties. Because acne is readily visible, it is sometimes thought that it is an outward sign that one is guilty of sexual thoughts or activities. A related phenomenon is the intense interest which some adolescents show in personal grooming, both to enhance their attractiveness and to conceal real or fancied deficiencies.

Adolescents tend to experience anxiety in unusually intense ways. They are overly conscious of the physical manifestations of anxiety such as sweating, muscular tension, increased heart rate, widened pulse pressure and feelings of overwhelming fatigue. Sometimes the adolescent, being unaware that these are signs of anxiety, regard them as evidence of illness. Adolescents sometimes develop a preoccupation with their physical condition to the detriment of their studies and social relationships.

There is a great increase in energy during adolescence which discharges itself as action. Adolescents are prone to act impulsively in all sorts of ways, many of which will appear to be "crazy". They may express their new-found maturity in styles of clothes, hair, or makeup which their parents are likely to consider "sexy" or inappropriate, choose

companions the parents see as undesirable, and stay out too late. The ultimate act of defiance may be sexual behavior and promiscuity, or aggressive acts, such as stealing. Impulsive behavior in adolescence, particularly in the male, contributes to the fact that accidents constitute the major cause of death in the age group 15 to 19 years. The most frequent causes of death are automobile accidents, drownings, falls, and accidents with firearms.

Sooner or later, adolescents are confronted with the fact that their biological development has attained its ends. They are faced with the reality that their height, for example, now is permanent. The enthusiastic basketball player who at 16 is only five feet seven inches tall must cope with the knowledge that his goal of a career in that sport is far out of reach. Because it is and always will be crucially important to conform to peer standards, the sense of finality can be most distressing to some adolescents.

During adolescence, individuals' thought processes are characterized by the work of Piaget, a Swiss psychologist, as "formal." "Formal operations" describe the ability to engage in logical reasoning on an abstract level. During this final stage of intellectual development, the adolescent becomes able to understand scientific experimentation. He/she is better able to deal with "possibilities" and is no longer bound to the "here and now." An increased flexibility occurs. Hypotheses can be drawn from observations, and principles or explanations about "how the world works" are generated. There is an emerging awareness of how things

might be in contrast to how they are right now. This onset of the intellectual ability to question abstractly often leads to a questioning of beliefs and values regarding topics including morality, family, sexuality, school and love. Therefore, one should not be surprised when adolescents begin to seemingly question every rule and requirement that exists.

The fact that a good deal of an adolescent's concern with the deficiencies of parents and the social order and with the creation of alternatives turns out to be more a matter of word than action reflects the fact that this stage of development is still relatively new and he/she has not yet learned to turn words into actions. Only as the end of adolescence approaches is the young person likely to assume a less militant, more tolerant, and more understanding stance toward society in general, and parents in particular.

Adolescent cognitive development is reflected not only in attitudes and values with respect to parents and society, but also in attitudes toward self and his or her own thoughts. Guided by the irresistible, sometimes painful, self-awareness that stems from the rapid physical, and physiological changes of this period, the adolescent boy or girl is likely to become more introspective and analytical. You may recall thoughts similar to the one expressed by the young adolescent who said, "I found myself thinking about my future, and then I began to think about why I was thinking about my future, and then I began to think about why I was thinking about why I was thinking about my future". Such preoccupation with thought itself is characteristic of the emergence of the stage of formal operations.

Because the focus of the adolescent's concerns during this period of rapid change is likely to be upon themselves, they may conclude that other people are equally obsessed with their behavior and appearance. As a result, they have the feeling that they are "on stage" and much of their time is spent constructing, or reacting to, an imaginary audience. It is an audience because the adolescents feel that all eyes are focused upon them and it is imaginary because this is too seldom the case. This helps to account for a variety of adolescent behaviors and experiences, including the adolescents sometimes excruciating self-consciousness. When they feel self-critical they assume everyone around them is looking at them critically.

By the same token, when adolescents are in a self-admiring mood, they also may project these feelings onto their peers or adults. The younger adolescent boy who stands before the mirror flexing his muscles and admiring his profile, or the girl who spends hours applying her makeup or trying one hairstyle or dress after another, may be dreaming of the dramatic impression that he or she will make on a date or at a party that evening.

A basic and critical task of adolescence is to develop a sense of identity - a sense of self. Adolescents need to discover who they are. Often this discovery takes the form of experimentation which may be reflected by trying on various beliefs, values, roles, ways of dressing, acting and behaving. In addition to being extremely sensitive about their changing bodies, many times adolescents feel somewhat ambivalent about their social and psychological maturation. Few adolescents really feel as if they are in control of themselves due to the amount of change they are experiencing.

The task of finding an identity is made more difficult because of the very complex, rapidly changing society in which we live. In our society, cultural models are constantly changing. There is an emphasis on individuality and freedom of choice with many models to choose from, and, in our classless society, everyone strives to upgrade his social status. The fact that these conditions pose problems for adolescents in their quest for identity is counterbalanced, however, by the fact that they also offer a richness of choice which our culture certainly would not wish to forego.

Adulthood requires autonomous responsibility for one's own life and behavior. In our society this is symbolized by an income and, possibly a dwelling place that is separate from the parent family. Behind the symbols, however, is the ability to make independent decisions and act upon them. Adolescents often pull away from their parents in an attempt to define their personal identity. Autonomy and independence become major concerns. Often the adolescents' desire to gain autonomy and independence threatens parents' authority and control. Parents vary in the ability to cope with these desires. Youth workers, also vary in their ability to deal with adolescents' developing independence.

In their search for personal understanding, many young people question society's traditional values. This questioning of authority is difficult for most adults, especially parents, to cope with, yet it is necessary if the adolescent is to achieve personal commitment to the value system.

Though adolescents may seem to reject family ties, at times as they seek autonomy, the loss is not as painless as it seems. Withdrawal from the parents, frequently causes a kind of mourning reaction or episodes of depression in the adolescent. Psychologically this is similar to mourning the actual loss of a loved person. Since the parents in fact are present, however, the cause of the depression is often not recognized by the adolescents or the parents and is likely to be labeled simply as "moodiness."

Because of their uncertainty and the painful loss of childhood supports, popularity and conformity to peer group values and behaviors are important issues for many adolescents. The peer group provides a sense of belonging and a feeling of strength and power. In order to gain acceptance by the group the youngster often tends to conform completely in modes of dress, hair style, musical taste, and the like. Today, because of modern means of transportation and communication, there is an adolescent "culture" which has its own language, customs, social institutions, modes and methods of solving problems, and philosophies. Sometimes a commitment to peers result in group antisocial behavior such as delinquency, drug usage and sexual activity.

An increasing understanding of others and sense of personal responsibility, including an interest in career choice and preparation and an awareness of political processes, develop during adolescence. This increases both adolescents' impatience to try adult roles and their desire to understand the rules and order of the adult world. Again, much of what seems

to be rebellion against previously accepted rules and values is a normal maturational desire to understand and test how the adult world really works. Unfortunately the ambiguities and contradictions of that adult world are quite obvious to most adolescents causing them to question whether any of it works by the rules they learned as children.

A major task that confronts adolescents is the choice of career and finding ways to prepare for and enter the chosen occupation. Career choice and preparation meet various needs including self-esteem, financial independence, self-satisfaction, and security. Supplying adolescents with information about careers is very important in assisting them to make informed decision.

The growing awareness of others is expressed not only in the importance of peer groups, but also in the relationship with a few individuals who become intensely important. There is an increasing interest in socializing with ones' own gender as well as with the opposite sex. It is a very necessary part of adolescence that the focus and energy that has been turned inward in trying to establish or find an identity begin to also turn outward, especially to those of the opposite sex in anticipation of and preparation for taking a mate.

One important aspect of adjustment for adolescents is the control of sexual impulses within limits allowed by society. Physical and psychological tensions are created as sexual activity is not socially acceptable until several years after the attainment of sexual maturity in the physical sense. This may lead to engaging in sexual behavior not condoned by the

larger society. Social and psychological immaturity may prevent some adolescents from exhibiting appropriately responsible responses if venereal disease, illegitimate children, and/or children with severe birth defects result from their behavior.

COPING WITH ADOLESCENT BEHAVIORS

In talking about or describing behaviors that are typically seen in adolescence it is important to keep in mind the continuum described in the introduction. These behaviors might be seen as normal. If any of them are taken to the "far" extreme (The word far is inserted because this is a judgment call and what might be seen as extreme behavior by one person might not be viewed that way by another), it might be a sign the child is experiencing extreme anxiety.

It also needs to be pointed out that although these and many other behaviors may be typical and normal during adolescent development they are not necessarily seen as desirable behaviors by adults. It would be much easier on us if they didn't act so silly, get so loud, be so moody, or question our authority; but the adolescent's task is to develop their own identity and take responsibility for their own actions; not to remain totally submissive and forever dependent on adult authority.

One of the behaviors that begins in the pre-adolescent stage and continues on into early and middle adolescence is "note passing." This activity will go on between the same sex as well as between those of the opposite sex. The activity serves many purposes. First of all it is proof of the capability to express oneself on paper. It is also part of the estab-

lishment of intimacy outside the immediate family - "best friends", belonging to "clubs" or "gangs" and later "girlfriends" and "boyfriends". Sometimes adults are shocked by the content of the notes. They shouldn't be. There will often be words of love as well as sexual statements or innuendos. This is a time when the adolescent is imitating what he/she believes is adult behavior and may not understand the significance of what is written. It should not be assumed that what is written will result in action. In fact when the adolescent is in the presence of the person to whom the note is sent they may act almost as total strangers.

Another quite normal and important behavior that was discussed earlier is "spending time in front of the mirror." Although this is often seen as a waste of time and a source of frustration by adults who have "better things to do", it is extremely important to the youth trying to get used to his/her new body image and build self-esteem.

Mood swings, also discussed earlier, require an extra amount of understanding and tolerance. In a family situation this involvement with and then retreat from family interaction may go unnoticed unless it becomes extreme. In a residential setting it becomes harder to deal with because most programming requires participation by everyone. Although it may take some special planning, it is important to be sensitive to the adolescent's need to withdraw for periods of time. Time alone in their room or a quiet place is necessary to "mourn" the loss of childhood and childhood security and process all the changes that are taking place. Parents or staff may encounter real resistance or acting out if an adolescent is not allowed to

have "private time" and is forced to put a perpetual smile on his/her face.

Adolescents are often described as "12 going on 40". This refers to the dramatic changes in behavior that is seen. One minute they may be "acting like a child" and the next minute they are handling responsibility beyond their years very well. This is all part of the push-pull process of one minute being willing to leave behind childish ways and take the giant steps into adulthood and the next minute taking refuge in the old ways of behaving that are more familiar and comfortable. Adults compound this developmental process without even realizing it. How often do we say "you are too old to do that any more", and five minutes later tell them they can't do something "because you're too young." This is not to say that this isn't necessary and appropriate but we must recognize how it increases their confusion and uncertainty.

Another aspect of these expectations has to do with their size. If a child is small for his/her age, we expect him/her to act younger. If they are big for their age we expect them to behave as other adolescents of their size who, in fact may be several years older. Size causes many problems for the adolescent. If a boy sees himself as small as compared to his peers, he will probably try to compensate by "acting big" which often means "tough". If a girl feels she is too big, she may feel very self conscious and ashamed of her body. No amount of reasoning and reassurance by adults is going to change these feelings in adolescents. It is very important to have a great deal of understanding. Let them express their feelings and listen sympathetically but don't try to tell them they shouldn't feel the way they do. It is also important to help them find things they can do well so they have

an opportunity to feel successful at something. This does wonders for the self-esteem.

It is also not uncommon for adolescents to seem insensitive to others and their feelings. It must be remembered, however, that this is a time when most of their focus is turned inward to their own feelings and reactions with little time or energy left to anticipate other's feelings or reactions. They may be shocked to learn they have hurt someone by what they said or did, since that certainly was not their intent. We can help them be aware of others by talking about how others might feel in certain situations, but to demand they always be aware of how they are going to affect others denies them the time they need to focus on self during this time. With understanding and guidance most adolescents grow into sensitive caring adults.

SPECIAL TOPICS

It is indicative of the adolescent's transitional role in society that none of the following topics apply only to teenagers, yet each has special dangers during the adolescent period. In some cases teenagers take on problem behaviors common in the adult population - alcoholism, drug abuse, illegitimacy, crime. Many may feel that such behaviors help them to be seen as "adults", yet their physical immaturity may make adolescents vulnerable to even more destructive physical and psychological consequences than those faced by adults. Other behaviors are problematic only because the adolescent is not physically or socially mature. Pregnancy is not proscribed for adults but may be dangerous for both teenagers and their children. Withdrawal from a situation of high conflict may be an approved means of resolving certain problems for adults but running away is a legal offense for those under 18.

ADOLESCENT ABUSE AND NEGLECT

Adolescents have the highest rate of abuse of any of the age groups. A National Study of the Incidence and Severity of Child Abuse and Neglect (Executive Summary, 1982) found that while pre-school children, 0 to 5 years, represented 28% of the general population, they represented 17% of the children reported as abused. Unfortunately, they were 74% of those who died from their injuries. Adolescents, however, in the 12 to 17 year old group, make up 38% of the general population of children but included 47% of the children reported abused. Only 3% of the fatalities from abuse occur to children between 6 and 14, but 23% occur to children between 15 and 17.

Another independent and random study that interviewed families who were not involved with courts or agencies (Straus, et al. 1980, p 69) found that 54% of 10-14 year olds and about one third of the 15 to 17 year olds were struck by their parents in the study year. "Being struck" in this case covers incidents that range up to severe beatings and may represent one incident or daily incidents. Figures from the American Humane Society as quoted in Fisher, et al (1980, p. 4) indicate that 27.3% of all cases that were officially reported to mandated agencies reported the victims as being between 12 and 17 years old. When neglect reports were added, the number of adolescent victims were tripled. All of these statistics are startling contradictions to the public view that adolescents are old enough to take care of themselves or, as one judge put it, "at least they can run faster." While it is true that many of the adolescent, and pre-adolescent runaways each year are fleeing from abusive or neglectful homes, many adolescents are dependent psychologically and physically upon their families. They are as vulnerable to abuse as younger children, perhaps more vulnerable because fewer independent observers are concerned about their safety.

Three patterns of adolescent abuse have been documented in the literature (Lourie, 1976) (Thomas, 1977):

1. a continuous pattern of abuse from early childhood through adolescence. The greater knowledge and social sophistication of the adolescent sometimes leads to a greater probability of seeking help at this age even when the level of abuse has not changed.
2. patterns of increased or intensified abuse during adolescence. The increasingly size of the adolescent may be interpreted by the parent as an incipient threat to their authority and they may hit harder or longer even if the child does not resist. A parent may easily overestimate the adolescent's resistance.

The same angry mutter that clearly was a face saving device in a five year old, seems more threatening when the child is as tall or taller than the parent.

At the same time, the adolescent is becoming more aware of their own rights as an individual and gaining a greater understanding of what has happened to them in the past. This pattern is very common in cases of sexual abuse, most of which start in early childhood and become increasingly more sophisticated culminating in full intercourse shortly after puberty. Not only has the type of abused changed and the child's understanding increased, but the possible effects of the abusive situation on the child's social life. As the child moves on to the age of dating, school parties, etc., the abuser may become more restrictive and demanding. Physical abuse may become a part of the sexual abuse scene as the abuser becomes more possessive and the adolescent becomes more resistant.

There is increasing evidence that childhood physical abuse is an important factor in the development of high aggression rates in older children and adults. Although this aggressive behavior is often noted long before adolescence, it may be directed more towards peers. Either the greater aggression or the anti-social behavior to which it relates may be the source of increasing conflict within the family as the aggressive parent finds him/herself faced with an equally aggressive child.

In fairness, another subpattern should be noted. Older children may be abused as they attempt to protect a sibling or another parent from an habitual abuser. This may be a factor in the increased rate of fatalities in the 15 to 17 year old group. The protection of younger siblings is often a factor in the increased reporting of sexual abuse by adolescents (and young adults) who, having escaped the situation themselves, seek to prevent the abuse of younger children.

3. Some abusive situations seem to start in adolescence and be related to conflict that arises from this transition period. As discussed earlier in this document, there seem to be three interacting factors: (A) The necessary shift of authority and responsibility that characterizes the move from childhood dependency to adult independence is gradual. The transition period, adolescence, includes many situations in which neither the adult nor the adolescent is sure what the appropriate balance should be and the negotiation around this point is a part of the development of new roles for both. However, the process of change is often painful and sometimes conflictual so that very strong and possibly hostile emotions may be aroused. (B) The

publicity about adolescents has emphasized delinquency, drugs, violence, and rebellion to such an extent that some parents have become frightened of this period of life and expect the worst of their normal children. They so fear the excesses committed by the minority of teenagers that they become unable to provide the trust and support that most adolescents need. One father, who had beaten his son with a metal studded belt until the boy had to be hospitalized, said, "I had to beat him or he will go bad." The boy was fifteen minutes late because an accident had blocked the highway yet the father's fear was of an unspecified disease called adolescence. (C) Adolescence coincides with very stressful transitions in the lives of the parents in many families. Not only does adolescence itself require a drastic remodeling of the parental role, but parents are becoming aware of their own transition from "the young couple" to the "older generation." Job stress may be high after 15 to 20 years and it is harder to move on or up after 40. For many, layoffs and unemployment have shattered the security they thought they had built up. The stresses on the parents and the stresses on the adolescents provide fertile ground for displacement of emotions, projection of anger and hostility, and increasing conflict.

The effects of adolescent abuse and neglect can range from minimal to severe. Moreover, what little research that is available fails to clearly distinguish effects from the maltreatment itself or simply the effects from the family factors which gave rise to the mistreatment. Outcomes found to be related to abuse include aggressive behaviors, delinquency, running away, future abusive behavior as parents, and forms of emotional disturbance and maladjustment including sexual promiscuity, social and psychological withdrawal, depression, educational retardation, functional retardation, drug or alcohol abuse, and suicide.

ALCOHOL USE AND ABUSE

Although the frequency and amount of alcohol drinking by adolescents has not changed significantly since 1974, much higher proportions of 10th, 11th, and 12th graders report at least one experience with alcohol. Approximately 87% of students have consumed alcohol; 15% of adolescent drinkers consume five or more drinks at least one time a week.

Many adolescents begin drinking alcohol in an effort to appear more adultlike. Alcohol is associated with adults and social activities. Approximately two-thirds of adolescent drinkers consume alcohol without parent's supervision. Often male adolescents believe that drinking alcohol is a sign of manliness or virility. More boys than girls drink alcohol, and boys drink larger amounts of alcohol than girls.

Often adolescents who have various emotional or social problems use alcohol heavily. It has been estimated that 1.1 million adolescents are "problem drinkers".

Sometimes adolescents are surrounded by peers and adults who have a permissive, perhaps even encouraging attitude toward alcohol consumption. Other adolescents may be in situations where drinking is condemned. In these situations, drinking alcohol is often a sign of rebellion against parents or society in general.

One fatal association with alcohol is the high rate of teenage automobile deaths due to alcohol consumption. Approximately 8,000 adolescents are killed each year due to alcohol-related automobile accidents; 40,000 more adolescents suffer injury because of alcohol-related automobile accidents.

JUVENILE DELINQUENCY

Girls are arrested for delinquency far less than boys according to Uniform Crime Report data. There were 7,706,753 arrests in the United States in 1979. Of the 2,065,112 arrests made of persons younger than 18 years of age, only 422,577 were of girls; 1,642,535 were boys. When violent offenses are considered, the difference is more striking: girls arrests totaled 8,566; boy's arrests totaled 75,044.

The same gender differential is found using juvenile court data. In 1974, for example, 325,700 female cases were disposed of as compared to 927,000 male cases.

The gender difference found in official data may actually reflect official differences in enforcement or processing. Several explanations have been advanced to account for the differential involvement of the genders: (a) a greater tolerance for male delinquency; (b) the "hidden" nature of female delinquency; (c) an official attempt to regulate "good" behavior for girls; and (d) a difference in entry into the juvenile justice system.

Although boys also self report higher delinquency involvement than girls and the genders patterns of delinquency in less serious offenses such as the status acts (i.e. running away, incorrigibility, curfew, and truancy) and drug-related acts are similar, boys self report a higher involvement in the more serious offenses.

Although girls commit fewer acts of delinquency than boys, according to both official and to a lesser extent, self report data, both are showing an increased involvement in delinquency. Boys are showing a greater increase,

however, than girls, except perhaps in the status offenses where involvement appears to be remaining stable and in drug-related offenses where girls appear to be showing greater increases.

There are a number of variables associated with juvenile delinquency. The highest frequency of delinquency involvement is found between 15 and 18 years of age. Juvenile jurisdiction generally ends at the 18th birthday. Furthermore, comparatively few children younger than 13 are involved with the juvenile justice system.

The role of race is not clear. Official arrest and charge data show blacks to be overrepresented among juvenile delinquency, especially in the violent offenses. Self report data show blacks to self report a greater involvement in the serious, often violent acts while whites, especially females, report a greater involvement in the status and drug-related acts.

Although the majority of the socioeconomic level and delinquency investigations have studied males only, it is often reported that official data reflect an inverse relationship between delinquency involvement and socioeconomic level. Self report studies find little or no relationship between self reported delinquency and socioeconomic level.

One popular theme in the delinquency literature, especially among females, is that delinquency is associated with unstable homes situations. Some investigations show a positive relationship between delinquency and broken homes; others do not.

PREGNANCY

Adolescent pregnancy is a major problem in the United States. Approximately 10% of the teenagers in the United States become pregnant each year, and 6% give birth.

According to national studies, almost two-thirds of all adolescent pregnancies and one-half of adolescent births are unintended.

There are added risks of adolescent childbearing in or out of wedlock. The younger the adolescent mother, the more likely the baby will die. Low birth weight of the baby is two times as likely among babies of adolescents. The adolescent mother is more likely to suffer illness, injury or death. Adolescent mothers are more likely to suffer from nonfatal anemia, toxemia, hemorrhages, spontaneous abortions, and death. Unwed mothers are at greater risk because they are less likely to receive prenatal medical care to offset or, at least, monitor these risks.

There are approximately 21 million females between the ages of 10 to 19 years of age. Although the statistics vary somewhat, it is estimated that more than 25% of the 15 to 19 year old females are sexually active. As adolescents become older, sexual experience increases. Although the overall rates of childbearing among teenagers have fallen from 1957 to 1974, the decline in the birth rate among older women has been greater than among teenagers. Moreover, younger adolescents do not show the decline in birth rates that older adolescents show. As a matter of fact, the birthrate of adolescents younger than 14 has risen slightly. Teenage births now account for 19% of all U.S. births.

More than 1 million 15 to 19 years olds become pregnant each year in the United States. One-third of these pregnancies are out of wedlock; moreover, half of all out-of-wedlock births are to teenagers. Most adolescent mothers keep their babies at home with them; 94% keep their babies, 2.5% send the baby to live with friends or relatives; and 3.5% give up the baby for adoption.

The illegitimacy rate declined for all age groups over 20, but increased for 15 to 19 year olds. For both married and unmarried mothers, the probability of poverty is quite high. Variables associated with poverty include incomplete education, low income status, excessive fertility, and psychological and developmental problems.

Services necessary to combat this serious problem include sex education; preventive family planning programs; pregnancy counseling services; availability of legal abortions; prenatal, obstetrical and pediatric care; educational, employment, social services; health insurance; and research to develop safer and more effective techniques of fertility control.

GLOSSARY

Adolescence - The period between the onset of puberty to adulthood.

Formal Operations - The last period of Piaget's Theory of intellectual development which occurs during adolescence and is characterized by a child's ability to use logical, abstract thought.

Identity - A sense of self

Maximum Growth Age - The year prior to puberty

Pituitary Gland - The endocrine gland located in the brain which governs the maturational changes of adolescence

Puberty - The time when sexual maturity starts; for males, marked by the presence of spermatozoa; for females, the first menstrual flow (menarche).

Pubescence - The period two years prior to puberty including the physical changes which precede puberty

Rites of passage - Ritualistic ceremonies that mark the passage into adulthood from childhood

Status Acts - Acts of delinquency that are not crimes for adults (running away, truancy, curfew, and incorrigibility)

REVIEW QUESTIONS

Label each of the following as true or false

- 1. Adolescence is the transition from childhood to adulthood.
- 2. Adolescence onset varies from individual to individual.
- 3. Adolescence and puberty are really the same.
- 4. Puberty refers to the onset of sexual maturity; for females this is the time when menarche occurs.
- 5. American youth are maturing earlier.
- 6. After the onset of puberty, the growth rate slows down.
- 7. Females are generally bigger than males between 10 and 15 years of age; otherwise males are bigger.
- 8. Ovaries in females are referred to as gonads; in males the adrenals are the gonads.
- 9. Only females show secondary sex characteristics during adolescence.
- 10. Males evidence more strength increases during adolescence than females.
- 11. Thought processes during adolescence are characterized by the theory of Piaget as concrete operational.
- 12. The ability to consider various possibilities independent of reality often leads to a questioning of traditional values and attitudes.
- 13. A sense of personal identity is often achieved during adolescence.
- 14. Adolescents show a fear of trying on new behaviors; experimentation is quite rare.
- 15. Often adolescents do not feel in control of their bodies.
- 16. The peer group becomes the primary group of identification for most adolescents.
- 17. Lack of autonomy and dependence on parents are two main goals for adolescents.
- 18. All parents are well prepared to deal with adolescent's desires for controlling their own lives.

REVIEW QUESTIONS - continued

- _____ 19. During adolescence, the attachment to the peer group's norms may result in engaging in delinquent behavior.
- _____ 20. Sexuality is often of concern to adolescents.
- _____ 21. Approximately 10% of all teenagers in the United States become pregnant each year.
- _____ 22. As adolescents become older, sexual experience increases.
- _____ 23. Younger adolescents show the same decline in birthrates that older adolescents and women show.
- _____ 24. The illegitimacy rate for all age groups over 20 has declined, although it increased for 15 to 19 year olds.
- _____ 25. According to national studies, most adolescent pregnancies are intended.
- _____ 26. The risks of childbearing are not associated with age.
- _____ 27. Since the early 1970's higher proportions of adolescents report at least one experience with alcohol.
- _____ 28. The motivation to drink alcohol is often related to a desire to appear grown up.
- _____ 29. Boys and girls report drinking approximately the same amount of alcohol.
- _____ 30. Many adolescent drinkers are "problem drinkers."
- _____ 31. Although many adolescents report drinking alcohol, there are few alcohol-related automobile accidents among youth.
- _____ 32. Boys and girls are arrested for approximately the same number of crimes, according to Uniform Crime Report data.
- _____ 33. Boys self report a greater involvement in the more serious acts of delinquency than do girls.
- _____ 34. Boys' involvement in delinquency appears to have stablized, whereas girls' involvement appears to be increasing.
- _____ 35. Delinquency involvement peaks between 15 and 18 years of age.

REVIEW QUESTIONS - continued

- _____ 36. According to official data, lower socioeconomic level adolescents are arrested for and charged with more delinquent acts than high socioeconomic level adolescents.
- _____ 37. Official statistics on the abuse and neglect of adolescents do not reflect the true amount that actually exists.
- _____ 38. In cases of sexual abuse, sons are abused as much as daughters.
- _____ 39. Some causes of adolescent abuse include conflict, deviations in normal development, and disruptions of the family.
- _____ 40. Some results of adolescent abuse include aggressive or acting-out behavior, running away, and other behavior disorders.

ANSWERS TO REVIEW QUESTIONS

1. True. Adolescence is the transition from childhood to adulthood.
2. True. Adolescence generally occurs between ages 11 and 14, although onset varies from individual to individual.
3. False. Adolescence refers to biological, psychological, and social changes that occur, whereas, puberty refers only to the onset of sexual maturity.
4. True. Menarche, or the beginning of menstruation in females, signals the onset of puberty.
5. True. American youth are maturing earlier; this has been attributed to improvements in diet and health.
6. True. After the onset of puberty, the growth rate slows down; puberty is the peak of growing.
7. True. Except between 10 and 15 years of age or so, males are bigger than females.
8. False. Although ovaries are referred to as gonads for females; for males, the testes are the gonads.
9. False. Both genders show secondary sex characteristics: the development of body hair, changes in skin and enlargement of breasts and/or genitalia.
10. True. Males' increased strength is attributed to larger muscles and organs which contribute to increases in athletic ability among boys.
11. False. Thinking in adolescence is characterized by Piaget as formal. It is during adolescence that formal abstraction occurs.
12. True. The questioning of traditional beliefs and values often occurs during adolescence when individuals are able to consider the various possibilities or alternatives that could exist.
13. True. One critical task of adolescence is the development of identity.
14. False. Adolescents' desire to discover who they are often is reflected by extensive experimentation with various behaviors.
15. True. Part of why adolescents do not feel in control of their bodies is that they are experiencing rapid physical changes.

ANSWERS TO REVIEW QUESTIONS - continued

16. True. The adolescent primarily identifies with his/her peer group.
17. False. Autonomy and independence become major concerns for adolescents.
18. False. Parents vary in their ability to cope with adolescents' desires for autonomy and independence.
19. True. Delinquency is often a group motivated activity among adolescents.
20. True. One important aspect of adjustment for adolescents is the control of sexual impulses.
21. True. Approximately 10% of all teenagers do become pregnant each year, and 6% give birth.
22. True. Sexual experience increases as adolescents grow older.
23. False. Younger adolescents do not show the decline in birthrates that older adolescents show. As a matter of fact, the birthrate of adolescents younger than 14 has risen slightly.
24. True. The illegitimacy rate for 15 to 19 year olds did increase.
25. False. Almost two-thirds of all adolescent pregnancies, and one-half of all adolescent births are unintended.
26. False. Adolescent mothers and their babies have increased risks such as low birth weight, toxemia, anemia, hemorrhages, and even deaths of the child or the mother.
27. True. Since 1974, much higher percentages of 10th, 11th, and 12th graders report at least one experience with alcohol.
28. True. Many adolescents begin drinking alcohol in an effort to appear more adult-like.
29. False. More boys than girls drink alcohol, and boys report drinking larger quantities.
30. True. It has been estimated that 1.1 million adolescents are "problem drinkers."

ANSWERS TO REVIEW QUESTIONS - continued

31. False. Approximately 8,000 adolescents die each year and 40,000 suffer injuries in alcohol-related automobile accidents.
32. False. Girls' arrests account for a smaller number of arrests when compared to boys' arrests, and girls are involved predominantly in the less serious kinds of offenses.
33. True. Although boys and girls self reported involvement in the less serious offenses are similar, boys self report a higher involvement in the more serious offenses.
34. False. Both boys and girls are showing an increased involvement in delinquency.
35. True. The highest frequency of delinquency involvement is found between 15 and 18 years of age.
36. True. An inverse relationship between delinquency involvement and socioeconomic level exists according to official data.
37. True. Official statistics rely on definitions of "child abuse and neglect" which vary from state to state. Moreover, not all cases are detected, reported, or substantiated.
38. False. It appears that the most common form within the family is the sexual abuse of the daughter by the father or stepfather.
39. True. Causes of adolescent abuse include parent-adolescent conflict, deviations in normal development, and disruptions in the family (i.e., divorce, separation, isolation).
40. True. Effects of abuse among adolescents may take the form of acting-out, running away, future abusive behavior as parents, and other behavior as parents, and other behavior disorders.

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Sex education information can be obtained from these organizations:
1) American Association of Sex educators, Counselors and Therapists (AASECT), 5010 Wisconsin Avenue, N.W., Suite 304, Washington, D.C. 20016; 2) National Clearinghouse for Family Planning Information, P. O. Box 2225, Rockville, Maryland, 20852; 3) Office of Adolescent Pregnancy, Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201; 4) Sex Education Coalition of Metropolitan Washington, 2635 16th Street, N.W., Washington, D.C., 20009; 5) Sex Information and Education Council of the United (SIECUS), 84 Fifth Avenue, New York, N.Y. 10001.

Audio-Visual Resources

These resources may be available from local or state library collections, from state departments of Public Welfare, Mental Health, from local agencies or agency associations as well as from the commercial resource.

Abused Adolescents Speak Out(videotape; 26 minutes; color). Available from Face to Face Health and Counseling Center, 730 Mendota, St. Paul, MN 55106. Purchase \$70.

Four abused adolescents discuss their experiences, their feelings of helplessness and of deserving mistreatment. They emphasize the importance of having someone to talk to and someplace to go where they will be safe from the abusive situation. Useful for educational presentations and for initiating discussions of adolescent abuse.

The Blackboard Jumble (16 mm film; 23 minutes; color). Available from Lawren Productions, P.O. Box 666, Mendocino, CA 95460. Rental \$40/week; Purchase \$360.

This film illustrates the attempts of Los Angeles County to deal aggressively with learning disabilities at an early point of intervention. Learning disability is characteristic of 56% of first offenders and 80% of repeat offenders, among identified delinquents.

Don't Get Stuck There (16 mm film; 14 minutes; color). Available from Boys Town Center, Research Use and Public Service Division, Boys Town, NE 68010. Rental \$25; Purchase \$90.

This film produced by Boys Town Center in cooperation with Face to Face Health and Counseling Service of St. Paul, Minnesota, looks at adolescent abuse and neglect.

Foster Parenting an Adolescent (multi-media package). Available from Foster Parent Curriculum Project, Child Welfare League of America, 67 Irving Place, New York, NY 10003. Purchase \$495.

Demanding as all foster parenting is, caring for an adolescent adds an extra dimension. In a series of seven 2-hour sessions, foster parents discuss the kinds of situations apt to occur and the special aspects of parenting a foster adolescent. To be sensitive to the needs and feelings of adolescents, foster parents must have an understanding of themselves. This course is designed to enhance that understanding, increase sensitivity, and develop ways of responding to teenage foster children. Film titles include:

1) Can't You Hear What I'm Trying to Say? and 2) I'm Still Searching: Young Adults Talk About Foster Care.

It's My Decision As Long As It's What You Want (Parent/Child Relationships) (Conflict and Awareness Series) (16 mm film, 14 minutes, sd., col., McGraw-Hill, 1974

Dramatizes an impasse students can readily identify with for discussion--can parents and children communicate objectively? Presents a sixteen year old girl who wants to drive with a high spirited friend on Saturday night to the nearby state college. Depicts the conflict that arises because the girl feels she's mature enough to handle the freedom the trip offers, but her mother disagrees.

Looking Towards Adulthood (5 sound filmstrips, sd., col., one 12" record or 3 cassettes, 5 audio script booklets and 1 discussion guide Parents Magazine Films, Inc., 1978-79-Forget Me, Forget Me Not...Parents and Teenagers, Portraits & Self Portraits Series)

Looking towards the future, teenagers are confronted by who they are today, and challenged by the person they hope to be. Teenagers need the freedom to explore new directions and parents need to provide them with advice and support. In this set, parents and teenagers share their concerns and air the conflicts which develop as the adolescent moves toward adulthood. The needs of family members change as children grow and parents and children discuss their changing relationship.

Portrait of Teenagers (5 filmstrips, sd., col., one 12" record or 3 cassettes, five audio script booklets and 1 discussion guide) Parents Magazine Films, Inc., 1978-79 - Forget Me, Forget Me Not...Parents & Teenagers, Portraits and Self-Portraits Series)

In this set parents and teenagers talk about the problems and pressures of the teenager and the difficulties in resolving them. It considers peer pressure regarding drugs, alcohol and social activities.

The Struggle for Independence (5 sound filmstrip, sd., col., one 12" record or 3 cassettes, 5 audio script booklets and 1 discussion guide), Parents Magazine Films, Inc., 1978-79 Forget Me, Forget Me Not...Parents and Teenagers, Portraits & Self-Portraits Series

This set explores the conflicts which arise within and between teenagers and their parents as adolescents want to take control of their lives and abandon the attitudes and influence of their parents. It discusses specific situations as a teenager's desire to own a car or to begin dating. In spite of all the conflict, a strong bond exists between teenagers and their parents which, with patience and understanding, will survive.

The Realities of Adolescent Care Series (multi-media package). Available from EPD Consortium C, 1750 Seamist, Houston, TX 77008.

Designed to provide training for staff, foster parents, and house-parents, these packages provide tapes, manuals, and other materials to provide about two hours of training per package. Staff Training includes recruitment, selection, and evaluation of foster parents, expanding services through volunteers, selection of house-parents, supervision of foster parents and of house-parents, contracting, and adolescent growth and development. The Foster Parent Training packet includes an overview of the foster care system, the foster family and the adjustments to the system, adolescent growth and development, and meeting needs of the foster child and managing behavior. House-parent training introduces the house-parent to group care services, interpersonal skills necessary for working with adolescents, adolescent growth and development, and outlines generally daily routines for maintaining control and minimizing potential for conflict. Differences between discipline and punishment are discussed.

Violence in the Family: Adolescent Abuse (sound filmstrip). Available from IBIS Media, Box 308, Pleasantville, NY 10570.

Case studies describe the conflicts and personality disturbances that may lead to adolescent abuse. Problems of sexual abuse and a study of teenage runaways are discussed as are possible solutions to all forms of family violence.