

Supported by
Bureau of
Child Protective
Services
Virginia Department
of Social Services

WCPN

Editor
Joann Grayson, Ph.D.
Managing Editor
Charlotte McNulty, MA

Fall 1984

Virginia Child Protection Newsletter

Volume 13

Teen Pregnancy: A National Concern

Kathy, now age 39, is a mother of four and a grandmother four times over with one on the way. Currently, she has custody of her daughter Melissa's two children, age 5 and 3. Another daughter, Stephanie, and her 18-month-old baby live at home. Kathy was a teenage mother. Both of her daughters have followed her pattern.

Kathy attributes her first pregnancy to her disruptive homelife. "My father was an alcoholic and abusive. Our family was not close. I needed that emotional closeness to someone." Unfortunately, the man she chose was ill-prepared for adulthood. Molested himself as a child, he sub-

sequently sexually abused his two daughters. Kathy, remarried now, attributes her daughters' early pregnancies to the incest experience. Melissa left home at 14 to marry a man of 36—her stepfather's best friend. Stephanie simply "made a mistake."

Teen pregnancy and child maltreatment: the two patterns are both intergenerational. Sometimes, like in Kathy's family, the two patterns are intertwined, one becoming a causative agent of the other. However, Mary's experience was somewhat different.

Mary, now 33, became pregnant the summer

between her freshman and sophomore year in college. She was 19. It was not something for which she had planned, nor did she want to be pregnant. However, she and her boyfriend of many years decided to marry and make a life for themselves and their baby. This was not the first pregnancy out of wedlock for her husband's family. Both his mother and a sister had become pregnant as teens.

Mary was very conscientious about prenatal and postnatal care, both for herself and Jenny. However, she remembers it as just going through the motions. It was a responsibility. She didn't bond with Jenny either when she was pregnant nor immediately after she was born. "She was a toddler before I felt bonded to her."

The pregnancy caused a temporary disruption in Mary's education. She was out of college for approximately a year and a half. Her husband did not want her to return, and quit himself to become a journeyman carpenter. However, due to determination, frugality and parental support, Mary returned to college and eventually graduated. However, the stress of school, parenting and a poor relationship with her husband led to the dissolution of the marriage. The couple separated after two years of marriage, and were subsequently divorced.

While Mary and Jenny have had a positive life experience overall, it has also been very difficult. Mary particularly remembers how much she wanted to be like the rest of her college friends—dating, going to parties, studying together. Missing these experiences had an effect on her attitude toward parenting. "I was a parent with one foot out the door," she says.

In our society, the teen years are seen as a time when children are searching for identity and developing self-concepts. Theorists such as Erik Erikson and Philip Meilman believe that this is a time when the person comes to grips with the "Who am I?" and "Who will I be?" questions. Erikson's theory suggests that this struggle begins fairly early in adolescence, while Meilman's work suggests that the resolution of this developmental crisis, or the actual achievement of an identity, does not occur until late teens or early twenties (Bee, 1981).

Anyone who has spent any time with a





VaNCPCA News

Good News!

Virginia Chapter has received a grant from the Family Violence Prevention program to establish an office in Richmond. An executive director and an administrative assistant have been hired to collect the various components of the organization and assemble them in a central location. For those of you who have written letters to VaNCPCA and have never heard back from us—the new staff has found the missing file and we are hurrying to fill in the gaps and smooth out any rough edges that may have existed. Thank you for your patience.

Who is the staff that found the missing file? The executive director is Barbara Rawn and her assistant is Carole Roper.

Barbara is married and the mother of three children. She has her Master's in Counseling from Gallaudet College in Washington, and has worked in the area of child abuse as a clinician with both handicapped and "able-bodied" children and parents. Her responsibilities as Director of VaNCPCA will be to: set up a new central office; coordinate teacher training around "Hugs and Kisses" performances; train and



Barbara Rawn



Carole Roper

supervise the "Hugs and Kisses" cast; work towards having the State Board of Education approve a sexual abuse education curriculum; coordinate the Child Abuse Prevention Month activities; and generally increase public awareness about child abuse as well as raise money to perpetuate our organization. WHEEEW! No mean task!

These tasks would be overwhelming without the help of our active Board members and Carole Roper. Carole has one son, has a Master's Degree in Counseling, and has worked in training volunteers dealing with "families in stress," as well as facilitating Parents Anonymous groups. Her responsibilities include all the administrative duties, in addition to assisting Barbara in other areas as the need arises.

Carole and Barbara are located at 205 W. Franklin Street, Richmond, Virginia 23220, and can be reached at (804) 780-3909. Please call them if you need any assistance with or information about the prevention of child abuse. Also, we encourage you to join us in our efforts to STOP THE HURTING!

Theatre IV Project

The child sexual abuse play has started its second tour of Virginia. Sixty-seven performances are booked for this fall. Last spring Theatre IV performed "Hugs and Kisses" 90 times to approximately 20,500 children and adults. One hundred and ninety children came up to the cast after these performances and disclosed that they had been experiencing "bad touching." The cast of "Hugs and Kisses" is doing an excellent job not only during the play but afterward in the question and answer period. Their warmth and support encourages the children in the audience to share their curiosity, concerns, fear, and pain. Virginia Chapter is now in the process of making follow-up calls to the schools after a "Hugs and Kisses" performance. The response has been overwhelmingly positive.

P.S. VaNCPCA wrote a grant that will provide 20 free performances to various schools and organizations throughout the state. Ten have already been assigned. To get information about a free performance, call Theatre IV at 1-800-235-8687.

Legislative Alert

There will be a number of proposals around child abuse issues and child sexual abuse. Legislation at this point has not been drafted but the Chapter will be monitoring it and will keep the membership advised as to the content and progress of the legislation. For further information, contact the VaNCPCA office at (804) 780-3909.

Board Retreat

Board members of Virginia Chapter NCPCA met November 9 and 10 in Richmond to discuss chapter activities and establish one and three year goals. A summary will be given in the next newsletter.

NCPCA

Yes, I want to help stop the hurt!
Please accept my membership in the Virginia Chapter of the National Committee for Prevention of Child Abuse today.

Name _____ Organization _____

Address _____ City _____ State _____ Zip _____

Contributions and bequests to NCPCA are charitable contributions which are tax deductible to the extent provided by law.

\$15 Individual \$100 Donor \$500 Friend of Abused Children
\$25 Organizational \$250 Patron \$1,000 Corporate Friend of Abused Children
\$50 Sustaining

Enclosed is my membership fee of \$_____.

Please return this form with your check or money order to the Virginia Chapter for Prevention of Child Abuse, Connie Gendron, 1302 Lombard Ct. Martinsville, Virginia 24112.

Teen Pregnancy: A National Concern continued from page 1

teenager knows that adolescence is a time of self-centeredness, of conflict and of mood swings. Parents who encourage teens to struggle with the development of autonomy hope that the end result will be a responsible adult who has achieved some educational goals, is settled into a vocation of his or her choosing, and is capable of developing and maintaining intimate relationships. Imagine, then, disrupting this process with a pregnancy.

When pregnancy and child care are assumed prematurely, "many of the developmental tasks are passed by to fulfill parental and adult roles. These tasks are doors that must be passed through in sequence for normal development to occur. Often, if these doors are closed during appropriate transitional periods, they may never be open to the individual again" (Bolton, 1980, p. 144).

In the August, 1984 issue of *Aware* (published by the Virginia Division for Children) it is stated that "according to the Alan Guttmacher Institute, the research arm of the Planned Parenthood Foundation of America, four out of ten girls who are now 14 will become pregnant during their teens; two in ten will give birth, and 90% of those teenagers will keep their babies" (p. 5). This is a national tragedy of monumental proportions.

Virginia's statistics are staggering. In 1983, there were 20,220 teen pregnancies. These pregnancies resulted in 10,734 births (53%), 8,732 abortions (43%) and 754 miscarriages (4%). And, 603 of these pregnant teens were below 15. These youth gave birth to 234 babies (Virginia Department of Health, 1984).

These figures represent a large number of adolescents and families who are facing a crisis and who are in need of services. "It's a three-generational problem," explains Diane Langhorst, LCSW, assistant professor of Social Work at James Madison University. "There are families of origin, teens and babies that are going to be impacted. This effect extends to the general society."

This article will address the various economic, educational, personal and social consequences of teen births. It will discuss possible services which communities can develop to assist youth in their decisions about sexuality as well as decisions after pregnancy has occurred. Programs for teen parents are featured in a separate article, "Teen Parenting: Virginia's Response."

Economic and Educational Consequences

Pregnancy and parenting lead to serious economic problems for adolescents. However, the immediate economic impact of birth is not necessarily apparent. Rather, adolescent parenthood seems to trigger a chain of events that combine to undermine the individual's economic well-being.

First and foremost in that series of events is the disruption of education. In an analysis of data from the National Longitudinal Study of Labor Market Experiences of Young Women (NLS data) and from the Panel Study of Income Dynamics (PSID data), Moore and her associates (1979) came to the following conclusions: "Early childbearing is associated with significant educational losses. Among the 24-year-old women in the NLS sample, for example, girls who bore a child when they were 15 or younger had completed only an average of 9 years of school. For those who had a first birth at age 16 or 17, the average years of schooling was 10½" (p. 13). In fact, another study shows that in a sample of students matched by level of academic ability, racial and socio-economic background, and expectations regarding college, women who had their first child by age 18 were found to be half as likely as women who put off having a baby to get their high school diplomas (Aware, 1984, p. 6).

Marriage is a second event that disrupts education. Actually, it is difficult to distinguish between the effects of an early marriage and early pregnancy on schooling, since they so often go together. "However, it is clear that the young woman who both has a child and who marries is the most likely to drop out of school. A young woman who bears a child and does not marry is only half as likely to drop out as the young woman who becomes both a mother and a wife" (Moore, et. al., 1979, p. 13). And these losses are seldom regained. In fact, chances are great that these marriages will result in subsequent early pregnancies. In a study conducted by Lorenzi, Klerman and Jekel (1977) it was found that 65% of the girls who married within two years postpartum had one or more subsequent pregnancies during teenage years.

This situational undereducation leads directly to underemployment. The economic impact of underemployment has a tremendous effect upon the well-being of the adolescent parent and her family unit. Given the lack of education and training and her almost definite status as a single head of household, her economic status will most probably be an impoverished one. "There is consistent evidence that teenage parents are more likely to have low status, low paying jobs and to be unemployed than their peers who delay childbearing. The younger the mother at birth, the lower her annual family income" (Poe, Davis, and Kavanaugh, 1984, p. 32). Overall, evidence suggests that these families work longer hours to achieve lower incomes which must then be divided among more members since these families are larger than average.

The evidence also suggests that young mothers are likely to depend on public assistance at some point if not for a large portion of her parenting days. In fact, the analysis conducted by Moore, et. al. (1979),



found that in 1975, state and federal governments disbursed \$4.65 billion through Aid for Dependent Children to households containing women who bore their first child while teenagers. That represented nearly half of the total AFDC expenditures for that year.

Social and Personal Consequences

We are members of a society which puts a great deal of pressure on young people to engage in sexual behavior. And yet our response to subsequent pregnancy, especially if it is in our own family, is negative. Teens perceive the reactions of others to be anger, outrage and deep disappointment. Many youth would rather destroy themselves than face these feared reactions from their parents and peers. "Not only is pregnancy reliably reported to be the most prevalent reason for suicide among teenage girls, but nearly half a million teenage girls run away from home each year. About 40% of these girls run away because they are pregnant. . . . The tragic fate of many of these runaways is to become pimp-exploited prostitutes" (Gordon and Everly, 1984, p. 10).

There are serious personal consequences for those teens who see the pregnancy through, too. First, they are likely to enter

continued on page 6

Teen Parenting: Virginia's Respon

One of the many potential problems a teen parent can experience is that of becoming a maltreating parent. Literature suggests that unrealistic expectations of the child's abilities coupled with factors such as frustration about the fact the parent is unable to be a "teenager," a poor history of parenting in his or her own background and isolation and loneliness can all contribute to the possibility of abuse and neglect. Virginians, both at the state policy level and in the community, have been concerned about the future of adolescent parents and their children. As a result many services statewide are trying to address teenage parenthood. This article discusses only a few of the existing programs, but an impressive few at that.

Better Beginning Project

Because of his concern about the problems affecting Virginia's children, Joseph J. Bevilacqua, Ph.D., Commissioner of Mental Health and Mental Retardation appointed a task force in 1983 to look at the service gaps for children in the state. Lisa Poe, Assistant Director of the Office of Prevention, Information and Training, described this group as a two-year action group. "The group spent the first year studying the issue, and decided that the system was not responding to the needs of parents, particularly teenage parents. And, they were also concerned about the lack of programs designed to influence the beginning of life for our children." Poe explained that the end result of the year of meetings was the implementation of a statewide coalition called "Better Beginnings." The goal? To prevent adolescent pregnancies and to improve the outcome of those pregnancies that do occur.

The second year was spent implementing a multifaceted program. Poe explains, "Staff spent a year developing various materials. One was a manual for service providers. It not only gives valuable background information, but also is a 'how to' approach for communities in developing a coalition of professionals and lay people who want to respond to the problems of teenage parents and their children. We also developed infor-

mation kits, and provided technical assistance for communities wanting to develop a local coalition."

During this time, the task force was also establishing criteria for mini-grants to local communities. "We were extremely heartened by the response to our RFP," Poe remarked enthusiastically. "We had initially planned to sponsor approximately 25 programs. However, there were so many good ideas that we wanted to fund more, if possible. Fortunately, a combination of funds from the Department of Health and the Department of Mental Health and Retardation resulted in \$55,000. This allowed us to fund 37 mini-grants of \$1500 each."

The August, 1984, issue of *Aware* (Vol. VIII, No. 7), a monthly publication from the Virginia Division for Children, listed the agencies receiving the mini-grants. The services to be provided by these organizations cover a multitude of bases, from community education to intricate direct services to teens and their children. Fortunately for our state, the problem is being attacked by such a large number of services. Unfortunately, however, VCPN cannot describe them all. Therefore, VCPN staff chose four to contact. However, we refer the readers to the aforementioned issue of *Aware* for a compilation of all programs receiving funds under the "Better Beginnings" program.

F.R.I.E.N.D.S.

F.R.I.E.N.D.S. (Friendship, Reassurance, Information, Encouragement, Nonjudgment, Decision Making, Support) is a teen parent support program sponsored by local coalitions of public and private child-serving agencies, under the leadership of the Institute for Personal and Professional Development, the "prevention arm of Northwestern Community Services." The idea of F.R.I.E.N.D.S. originated in the Winchester/Frederick/Clarke area with the initial coalition of the Institute, Catholic Charities, Frederick/Winchester Public Health Department and the local Extension Service. There are now F.R.I.E.N.D.S. coalitions in Page and Shenandoah Counties and potential for a program in Warren County.

"F.R.I.E.N.D.S. matches teen parents with an adult Friend as soon as possible after the teen knows she is pregnant," says Joyce Byrd, Prevention Specialist and Coordinator of the Winchester program. "This usually means the match is made about the 5th or 6th month of pregnancy."

What role does this Friend play? "Just that," says Byrd. "These volunteers act purely as friends. We do not want them to be viewed as authority figures. Rather, we hope they will establish nurturing caring and helpful relationships."

Volunteers are screened, trained, and carefully matched to teens for the period of



the pregnancy and the first year of the baby's life. They are asked to make a minimum two-hour per week contact with the teen. Typical activities include going to the clinic for prenatal visits, shopping at the local mall, or demonstrating feeding and caring for the new baby. If the teen chooses, the Friend may serve as a coach during the delivery of the baby. "Two of our Friends have had this experience and found it very meaningful both personally and in the relationship with the teen," Byrd comments.

Mary Alexander, one of the first volunteers to enter the F.R.I.E.N.D. program, attests to the thrill of the experience. She explained that she attended childbirth classes with her pregnant teen from the time that the teen was three months pregnant. The instructor stressed the importance of having someone there. The teen asked Mary. "It was a wonderful experience!" Mary exclaimed. "It's hard to describe how thrilling it was to watch the birth, and to see the girl's expression. It was really an incredible experience."

Starting and coordinating a program such as this is not without its problems. Byrd mentioned a few that could be important for other agencies desiring to implement such a project. She described the problems volunteers experienced when the young mother becomes bored or disenchanted with parenthood and desires to act as a teenager again, rather than a parent responsible for another human being. "Volunteers wonder if all of their efforts have been worth it at this point. This is when supervision of the volunteers becomes critical. Our programs provide an average of one hour a week supervision. At times we wish we could do more."

Mary commented on this problem, too. When asked how her teen is doing with parenting, she said that while Susan (not her real name) is doing "okay" that she is also feeling a great deal of frustration. "Susan is over the period where she is getting a lot of attention. She wants to be a teenager and spend time away. Her baby has been sick with ear problems. All of this



is really frustrating for her. However, she is coping pretty well."

A second problem for the Winchester program has been the implementation of a support group for the teen parents themselves. "We are having trouble getting the girls to come even though we offer transportation, childcare and refreshments. Our mistake seems to be that this component of the program was added after the beginning of the project," Byrd laments. "The Page and Shenandoah programs will be able to benefit from our experience and make the girls' group part and parcel of their programs."

Byrd continues by commenting on the importance of adequate screening and training of volunteers. "They are the backbone of the program," she says. "We know a lot more now than we did in the beginning about their needs, our needs and the teen parents' needs. Our experiences with volunteers has been invaluable in the continuing development of screening and training procedures."

Byrd also stressed the importance of a coalition approach in this kind of program. "We work with many community agencies. Each coalition is different. No one agency can do this kind of program alone. Networking is very important."

Currently, the Winchester program has 7 teen/Friend matches, the Page program has 3 matches and the Shenandoah program just completed training 8 new volunteers. By Spring of 1985, F.R.I.E.N.D.S. hopes to have 18 matches and at least 10 volunteers waiting on the sidelines.

C.A.N.M.T.

Another type of response to the problems of teen parents based on the idea of prevention of child abuse and neglect is that of C.A.N.M.T. (Child Abuse and Neglect Multidisciplinary Team), a program for teen parents which is sponsored by the Goochland Health Department, area schools, and social services. As explained by Lucy Cantrell, Director of the Mental Retardation Division of the Goochland-Powhatan Community Services Board, and members of the coalition offering this service, C.A.N.M.T. provides two services through a mini-grant awarded by Better Beginnings.

"First we decided to offer parenting classes as a part of this program," Cantrell explains. Each session consists of classes that meet two hours a week for four weeks. The content focuses on such topics as nutrition, child development, and health education. Secondly, the grant monies bought a VCR system and a television for the Health Department to use in their family planning clinic and education classes that they hold as a part of the obstetric clinic's services. "The clinic can use many of the excellent tapes which are available through the state

system," Cantrell explains. "While this equipment is housed at the Health Department, we also make it available to any other agency concerned about the problems of teen parents or child abuse and neglect."

C.A.N.M.T. has been in effect since March, 1983. One set of classes has already been implemented. Any problems? Cantrell explains that there have been some. "When we met as a group, we identified 30 names of potential participants. The names were divided among the professionals in the coalition, with each of us taking the names of those with whom we were most familiar. This initial contact with the teenagers brought signed contracts from approximately 15 who were interested and said they would attend. We were disappointed, then, when only five came. This is something we are trying to address in our planning for the next series."

Cantrell is not sorry they sponsored the classes, however. As a matter of fact, she was adamant in her assessment that the five in attendance gained a great deal from the experience. "The success we experienced with the five that attended is not to be minimized," she said. "That is very important. I hope we can build on the experience, and reach more next time."

Welcome Baby Project

Located at the Chesterfield Mental Health Center in Chesterfield County is the Welcome Baby Project. We contacted Pat Cullen, Prevention Consultant at the center, who explained the project to us. "This project was the brain child of the Chesterfield Better Beginnings coalition which actually had been organized since May, 1983, before Dr. Bevilacqua's task force," she said. "The coalition, consisting of Social Services, Public Health, MCV staff, Catholic Family Services, Henrico Doctors Hospital, our agency and others, was very concerned about the problems of teen parents and their families. So, we developed the concept of the Welcome Baby Project and looked for funds so that this could be implemented. The Better Beginnings mini-grant has paid for part of the program, supplemented by a grant from the Department of Social Services under the Family Violence Prevention Program."

The Welcome Baby Project offers a variety of services. The first component was a training session held in May. Dr. Earlaeden Badger, a developmental psychologist from the University of Cincinnati who is a pioneer in the area of postnatal parenting classes for teenagers and who has developed a curriculum upon which many parenting classes are based, came to do a training seminar with the coalition and other interested area professionals.

As a result of the training, the second component was developed and imple-

mented. Initially, Pat Cullen and her colleagues make personal contact with teens identified through hospitals which deliver babies of teen parents. They visit the teen in the hospital and introduce the program to the mother. At this point, a home visit is scheduled. During the home visit, the idea of attending a class is addressed. This group meets weekly and covers topics of interest to the parents. "The group is a 'hands on' approach to teaching a young parent what can be done to teach and stimulate the child in order to enhance the child's emotional, cognitive and motor development," Cullen explains. "For instance, we may demonstrate an activity that a parent can try at home, such as making a specific toy. In addition to showing how to make the toy, we show how to use it and why it's important to use it."

The group is not just for teenage mothers. In fact, the group is also offered to the teen father. But most important is that the baby is included in the activities. "We wouldn't think of having these meetings without the babies. This program is for parent and child, and we are very concerned about parent-child interaction."

The third component of this project will be implemented in January. It is an expansion of the home visit program with parent volunteers being matched with a teen parent and visiting the teen on an ongoing basis. Cullen explained that they have adapted a program called "Parent-to-Parent" which is a part of the programming at Northwest Kingdom Mental Health Center in Vermont. "The staff of the Vermont program has consulted with us about the program, and we are tailoring their program to meet our needs. Presently, we are in the planning stages. However, we will be training our first group of volunteers in January," Cullen explained.

Another important component to this project is the evaluation portion. "The Psychology and Education Departments at VCU are trying to develop an evaluation system which won't be too costly or too difficult to implement but at the same time effective enough to give us some generalized data," states Cullen. "We already have begun developing descriptive outcome measures, such as the numbers who finish high school, have well babies, receive adequate postpartum care, and do not have early repeat pregnancies. However, we would like to find a standardized instrument which will allow us to make statements about this program in terms of its widespread use in enhancing parent-child interactions."

Cullen describes this project as a primary prevention project for child abuse and neglect as the participants, while high risk, have not been identified as abusive parents.

continued on page 8

Teen Pregnancy: A National Concern continued from page 3



into an unstable marriage. A study conducted by Furstenburg (1976) found that 20% of adolescent marriages ended in separation within one year. By three years, 45% of the teen marriages had dissolved and by six years 60% had ended. These marriages are unstable, and in fact can properly be considered "the first casualty of adolescent parenthood" (Poe, et. al., 1984, p. 30). As a matter of fact, some authors suggest that teen marriages be discouraged among the population of teens who are pregnant.

These young mothers are also very likely to feel isolation and loneliness. In a published article based on interviews with 100 Boston teen parents—hispanic, black and white—a frequently stated problem, second only to financial concerns, was isolation and loneliness. "For many of these mothers, isolation from former peers and school friends and the inability to link up with a new social network after childbearing were stressful aspects of their lives. . . . The effects of loneliness and isolation were as pervasive as the effects of poverty. The absence of a network of friends contributed to the probability of child abuse and neglect, depression, suicide and marital stress. Preschool age children were as isolated as their parents" (Cannon-Bonventre and Kahn, 1979, p. 17).

There are a considerable number of medical risks faced by the adolescent and her baby, too. "One of the clearest contributions to this high risk environment is the apparently generalized reluctance of adolescent mothers to seek out and maintain prenatal care during the pregnancy period" (Bolton, 1980, p. 119). Bolton explains that this reluctance to seek care is particularly true of lower socio-economic status (SES)

adolescents, who see medical care as being primarily for illness or emergency, rather than preventive care. However, he cautions that the adolescent may not be entirely to blame. "The system of health care delivery for lower SES groups must also be examined for the contributions that it makes to this apparent reluctance to seek care" (p. 120).

The most unfortunate complication of adolescent pregnancy is the large number of deaths that occur, both for mother and for infants. In his review of several studies, Bolton (1980) states that the maternal death rate for pregnant teens is nearly 60% higher than within groups of older pregnant women. "Maternal mortality among those under 15 is a startling 46.7 per 100,000 live births and the infant mortality rate for the 16 and under group is twice as high as within the 20- 24-year-old group" (p. 123).

There is an impressive list of medical complications that can occur to both mother and baby. The mother faces increased risk of prolonged labor, labor complications, cervical lacerations, cesarean section, hypertension, postpartum infections and hemorrhages. The 1980 statistics from the National Center for Health Studies indicate that there were 582,000 adolescent females with deliveries discharged from hospitals across the nation. Of those, 188,000 adolescents suffered complications of pregnancy, childbirth and puerperium.

The baby, on the other hand, faces increased possibilities of having neurological disorders; syphilis; low birth weight which has been highlighted as a "frequent contributory factor in the increased rate of subnormality among these children" (Bolton, p. 125); infant distress syndrome; and failure to thrive. It is important to note, too, that this elaborate set of complications "knows no socioeconomic status or economic boundaries of any type" (Bolton, p. 124).

Potential for Child Abuse and Neglect

Frequently one reads and hears that teen parents are at risk of abusing and neglecting their children. Frankly, there is a dearth of research on the subject. Theoretically, there is every reason that almost any teenage parent could be considered as high risk for child abuse. Consider the three basic elements in an abusive situation—a high risk parent, a high risk child and stress. All these elements are generally present for teenage parents.

Research indicates that both the maltreating parent and the adolescent parent are similar in childhood backgrounds. Both report their own childhood as fraught with hostility, rejection and inappropriate dependency. Some experienced a role reversal with their parents. "Childhood for these people is a time of 'mini-adulthood' during

which they are expected to care for themselves to a great degree, serve their parent's needs, and develop an ability to alter actions and perceptions of themselves based upon the shape of the adult demands of the moment. . . . The outcome of this dysfunctional, developmental sequence is a physically mature individual who is emotionally deprived as a result of the powerlessness which has characterized his/her life. Psychodynamically, this individual presents a very low level of self-esteem, finds trusting another to be a nearly impossible task, and hungers deeply for love and affection" (Bolton, 1984, p. 159).

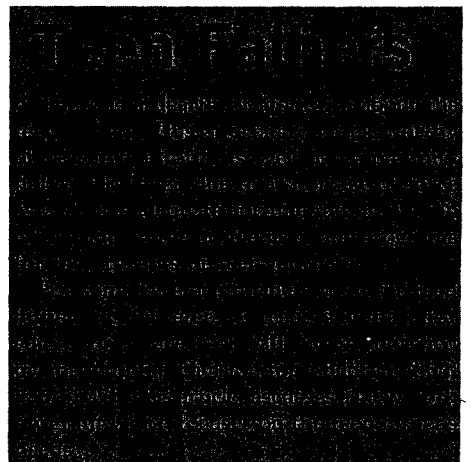
Stress factors are severe. Bolton addresses the similarities between the crisis environment of a maltreating parent and the crisis environment of a teen parent. He points out that both parents are unusually young at the time of their first birth, and that this early age of first birth has been related to a high fertility rate among both groups; both groups present a picture of low educational and training achievement, and consequent low employability and impoverished income.

Isolation from support systems, compounded with a lack of knowledge of how to use existing systems complete the picture. The pregnant teenager may even withdraw from help, feeling guilty and feeling that she does not "deserve" good treatment.

Major decision making, always a stress producer, is thrust upon the pregnant teen. To marry or not? Where to live? To keep the child or not? To finish school? How to handle friends? If marriage occurs, the stress is perhaps compounded. Marital stability and compatibility among teens is rare.

Enter a child. And not just any beautiful, bouncing baby, but rather a baby who is high risk for prematurity, birth defects, and other problems. A baby who has very likely received less than optimal prenatal care and less than optimum prenatal nutrition due to ignorance, immaturity or depression on the part of the pregnant teen.

To summarize, a child is a crisis for which



adolescents, especially those who are lacking in a warm, sensitive interactive history necessary for adequate parenting, are unprepared.

There are other variables that maltreaters and adolescent parents have in common, too. One pertains to lack of knowledge and the resulting unrealistic expectations for the child. When studying mother-infant dyads during pediatric visits, Osofsky and Osofsky (1970) found that while adolescent mothers displayed affection for their infants, they engaged their infants in very little play or verbal interactions. Additionally, adolescents generally have a low level of knowledge surrounding child development characteristics which creates a pervasive set of unrealistic expectations toward the child. "When the child fails to perform up to the level anticipated by either type of parent, the child may pay a significant price. The error that is often made by this child is the error of being only a normally developing child in an atmosphere where the parent expects more than normal behavior. If the child should be less than normal, the price that is paid may be even more severe" (Bolton, 1980, p. 160).

Considerations for Service Delivery

First: Prevention

Our society focuses primarily on the pregnant or parenting adolescent when delivering services. There are some professionals, however, who would suggest that it is various institutions, such as the welfare system, labor market and schools, which should be targeted for prevention programs. Chilman, in *Adolescent Sexuality in a Changing Society* (1983) suggests several ideas. First, she cautions readers against making assumptions about the causes of early pregnancy. "Poor employment prospects may contribute to early pregnancy rather than result from it. School failures may stimulate behaviors leading to early pregnancy rather than early pregnancy being the cause of dropping out of school" (p. 80).

Gordon and Everly (1984) point to the possibility that we fail those children which they identify as "vulnerable." These are children who are affected by racism, sexism and intolerance. These are young people with low self-esteem who are underachievers. According to these authors, society in general and the school system specifically fail to serve these children.

Few schools adequately address the needs of vulnerable students. According to Gordon and Everly, traditional education, while important for the achieving student, fails to meet the needs of the vulnerable one. They state: "Boyer's impressive study, 'High School: A Report on Secondary Education in America' suggests that 20-30% of students mark time or drop out. It is this group who represent our concern; the

group we find vulnerable to a wide range of problems" (p. 11). The authors include teen pregnancy as one of the many problems these youth experience.

Gordon and Everly use sex education as an example of one of the possible failings of the school system. First they note that less than 10% of our schools offer a valid sex education program. Then they suggest that those schools offering reproduction as the curriculum for sex education are missing the point. They suggest that unless sex education includes components designed to enhance self-esteem, as well as addresses topics such as preparation for marriage and parenthood, responsible decision making, the need for equal opportunities for males and females, and tolerance of others, sex education will fail as a preventative tool for teen pregnancy. Why? Because all of these components as well as creative approaches to teaching underachievers, are necessary for reaching those most vulnerable to the problem of teen pregnancy. "There already exists a vast amount of literature which confirms what appears to be self-evident: Individuals with a positive self-image do well in school; they are likely to receive information openly and use it to their best advantage, and in general their feelings of self-worth facilitate and promote positive accomplishments" (p. 12). We need to reach the students who fail rather than simply design a curriculum for the majority.

Considerations for Serving Pregnant Teens

Chilman (1983) suggests that every effort must be made to address the individual needs when serving pregnant teens. "Rather than have a package of prepared services into which a pregnant teen is placed without regard for her particular needs, each young woman should be studied carefully in terms of her socio-economic characteristics, her aspirations, the needs she expresses and the unspoken needs that the human service worker perceives" (p. 139). The young woman's resources should be examined, both financial ones and such potential psychological support systems as members of the immediate family, relatives, friends (both male and female) and involved agencies. On the broad basis of this information, an individualized service plan should be developed" (p. 181).

Langhorst, of JMU's School of Social Work, concurs with this idea accenting the importance of involving the family of origin and any other person who has an investment in the outcome of a pregnancy. While employed as a social worker in an obstetric clinic at the Medical University of South Carolina, she quickly learned the importance of looking at the teen within the context of her family and social system. "Teenage pregnancy is a family crisis, and needs to be dealt with as such. All people who have an investment in the decision the

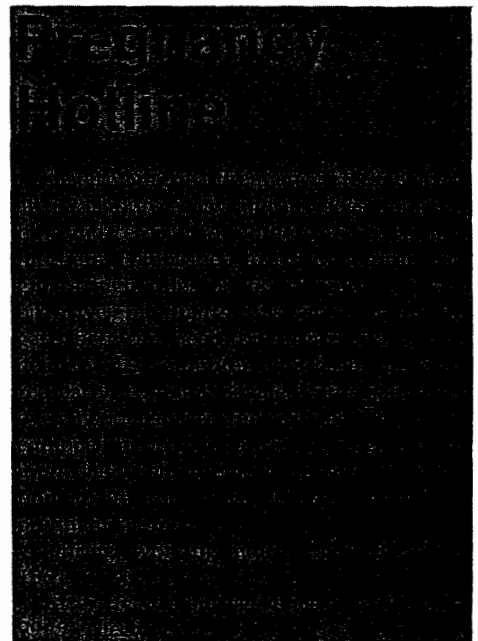
teenager is making should be brought together in order to state their concerns and wishes. This eliminates the sabotage that may occur outside the counseling session. It is foolish to believe that these folks won't influence decisions. It is most helpful when everyone's ideas are out in the open and dealt with." However, Langhorst notes that the final decision as to who is involved in decision-making rests with the teenager, and should be reviewed in a private session. "She has a right to refuse family involvement," she adds.

Chilman also conceptualizes pregnancy as a family crisis. As in any crisis, positive outcomes and growth are possible. While parents are often angry and disappointed when confronted with a pregnant teen, they also frequently react with concern, warmth and affection rather than the unforgiving anger that a teen expects. Communication and effective problem-solving should be encouraged.

There are multitude of direct services that need to be available to the pregnant youth: prenatal, perinatal and postnatal health care services; options of abortion and adoption; an educational system which will incorporate the teen into their system of academics and activities without prejudice; financial support; adequate and quality childcare; counseling; social support; family planning; and information on child development and family life.

Only through comprehensive service delivery and much commitment can we lower the risk for child abuse and neglect in teen parents. Virginia is fortunate to have several excellent programs designed to help teenage parents. These programs are discussed in "Teen Parenting: Virginia's Response."

References Furnished Upon Request



Teen Parenting: Virginia's Response continued from page 5

Most fall between the ages of 16 and 18. Presently there are approximately 25 moms who are active in the program. However, Cullen wants to serve more. "There were 170 teenage births in Chesterfield County last year," she says. "I would like to get most if not all of them involved in our program."

Teen Parent Project

The Teen Parent Project at Family Services in Lynchburg is one of the coalitions organized prior to Better Beginnings. This project has been funded both by the City of Lynchburg, which gave enough funding for the project's first year of operations, and by the Virginia Family Violence Prevention Program as well as by the Tolerton Foundation, a private funding source.

Jeanette Albert, Family Life Education Specialist with Family Services, is presently responsible for the coordination of the project's activities. "We have three primary goals," Albert explains. "First, we want to reduce the number of teenage pregnancies in this area. Second, we want to reduce the number of second pregnancies during the teen years and third, we want to prevent the incidence of child abuse and neglect, since this teen population is considered at

risk of abusing their children."

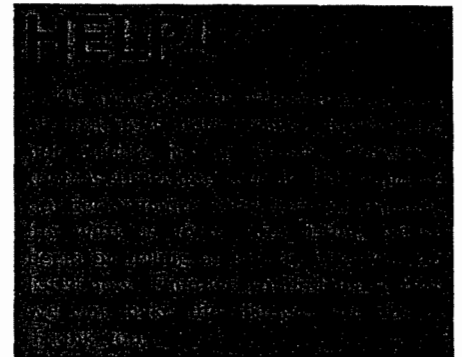
The local agency developed a curriculum and parenting classes were implemented last year. There are 12 weeks of classroom activities as well as six bi-weekly workshops of special interest to parents. The topics of these activities range from self-esteem to child development and life planning. The classroom learning is enhanced by the use of games, team projects and other experiential learning techniques.

We asked Albert about plans for the future. "As long as the agency has funds we can provide transportation and child care for the parents. However, if we want to continue after funds are depleted, we may need to find an alternative technique to that of bringing parents to a central place for classes. We are thinking about taking the classes to the parents in their housing areas. However, this is not without inherent problems. One of these would be that we would probably need to serve a broader range of parents rather than focusing on the teen."

Since its inception in 1982, the Teen Parent Project has had 10 series of classes and workshops. Albert estimates that they have averaged approximately seven teens per group.

Virginians are actively responding to the problems of the teenage parent. The programs highlighted in this article are caring responses that communities have made for their teenage population. VCPN congratulates all communities throughout Virginia and the nation which are taking the problem of teenage pregnancy as a serious one and are responding to improve the quality of life that will be experienced by teenage parents and their offspring. (Those of you interested in knowing more about the Better Beginnings Coalition can call Lisa Poe at 1-804-786-1530.)

References Furnished Upon Request



JMU

James Madison University
Center for Child Abuse Education
Psychology Department
Harrisonburg, Virginia 22807

Address Correction Requested

Non Profit Organization
U.S. POSTAGE PAID
Harrisonburg, Virginia
PERMIT NO. 4

Funds for this publication are provided by:

National Center on Child Abuse and Neglect
Children's Bureau
Administration for Children, Youth and Families
Department of Health and Human Services
Grant no. 3c/22/06

and

Virginia Department of Social Services
Bureau of Child Welfare Services