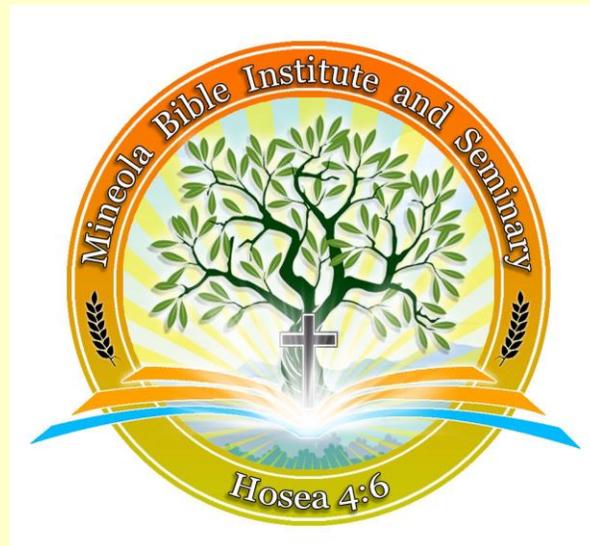


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Child Psychology

Radically Biblical, Apostolic, Christianity



Bishop D.R. Vestal, PhD

Larry L Yates, ThD, DMin

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CHILD PSYCHOLOGY

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CHILD PSYCHOLOGY



Child Psychology, is the study of children's behavior, including physical, cognitive, motor, linguistic, perceptual, social, and emotional characteristics--from birth through adolescence. Child psychologists attempt to explain the similarities and differences among children and to describe normal as well as abnormal behavior and development. They also develop methods of treating social, emotional, and learning problems and provide therapy privately and in schools, hospitals, and other institutions.

Two critical problems for child psychologists are (1) to determine how environmental variables (such as parental attitudes) and biological characteristics (such as health) interact and influence behavior, and (2) to understand how behavioral changes influence one another.

History

Both Plato and Aristotle wrote about children. Plato believed that children are born with special talents and that their training should stress those talents. His views are consistent with modern thinking about individual differences and education. Aristotle proposed methods for observing children's behavior that were forerunners of modern methods. For many centuries thereafter, little interest was shown in the development of children because they were regarded only as miniature adults. In the 18th century, the French philosopher, Jean Jacques Rousseau seemed to echo Plato when he stated that children should be free to express their

energies in order to develop their special talents. His view suggests that normal development occurs best in a nonrestrictive, supportive environment. Similar concepts are popular today.

Scientific Study

In the 19th century, Charles Darwin's theory of evolution provided an impetus for the scientific examination of child development. His emphasis on the survival behavior of different species stimulated an interest in observing children to identify their adaptive behaviors and to learn about the inheritance of human behavior. These studies were of limited scientific value because they lacked objectivity and often failed to describe adequately the behaviors being observed, making validation impossible.

Scientific research in child development flourished from the early 1900's. One major stimulus was the introduction (1916) by the American psychologist, Lewis Terman of the test known today as the Stanford-Binet Intelligence Test. This test led to a number of studies about children's intellectual development. In the 1920's, scientists at more than a dozen leading universities began large-scale observational studies of children and their families; these included the Berkeley Growth Studies at the University of California (started in 1929, and still active today), the Fels Growth Study at Antioch College, and the Harvard Growth Studies. All used the longitudinal method, in which the same children are observed and tested over a specific time period.

The American psychologist, Arnold Gesell established a research institute at Yale University in the 1920's, for the sole purpose of studying children. He developed the technique of analyzing children's behavior from film, frame by frame. Gesell also made much use of the cross-sectional method, in which different children are observed at each of several age levels.

The accumulated results of all the major studies reported over a period of 20 years provided information about patterns and rates of child development, as well as age norms for a wide variety of behaviors. These norms are used by both professional workers and parents to assess

children's development. One problem with the observational studies was that they emerged from an interest in evolution and genetics. Consequently, environmental influences were largely dismissed as unimportant and were excluded from the work on intelligence.

Environmental Studies

About the time that the observational work was flourishing, other researchers were writing about the role of the environment in children's development and behavior. Sigmund Freud, who emphasized the effects of environmental variables on development, particularly stressed the importance of parental behavior during infancy. To the present day, Freud's theory continues to influence child psychologists.

The American psychologist, John B. Watson also stressed the role of the environment in shaping children's development. His views were consistent with those of behaviorism, an approach to psychology that had a great impact in the 1950's, on research about children. Although behaviorists emphasize environment, they almost totally deny the influence of biological variables on development. Their basic assumptions are that the mind of a newborn child is a blank slate, or *tabula rasa*; all behaviors are determined by environmental events; and differences among children are the result of those environmental variables. Behaviorists encouraged experimental studies and were responsible for moving child psychology into the mainstream of psychology. Although they contributed much to the study of children, their concepts eventually were viewed as being overly narrow.

In the early 1960's, attention was focused on the work of the Swiss psychologist, Jean Piaget, who since the 1920's, had been writing about children's cognitive development. Piaget called himself a genetic epistemologist--that is, a person who studies the origins of human knowledge--and his theories led to more advanced work in child psychology. This work involves both experimental and observational methods and, in accounting for behavior, integrates biological and environmental variables. Thus, current studies have their origins in Darwin's theory of evolution, but also incorporate Watson's concern for the influence of the environment.

Developmental Theories

A theory of development should reflect an attempt to relate behavioral change to chronological age, that is, diverse behavioral characteristics should be related to specific stages of growth. The rules governing the transitions between these growth states also must be identified. The dominant developmental theories are Freud's theory of personality development and Piaget's theory of perception and cognition. Both explain human development in terms of interactions of biological determinants and environmental events.

Freud's theory is based on the concept that a healthy personality requires the satisfaction of instinctual needs. In Freudian theory, the personality is composed of the id, ego, and superego. The id is the source of instinctual drives. The role of the ego is to cope with the demands of the id while remaining within the rules of society, which in turn, are represented by the superego. The physical focus of instinctual needs changes with age, and the periods of different focus are called stages. Infants, for example, achieve maximum id satisfaction from sucking; this is called the oral stage. Children progress through four stages, ending with adult sexuality. Freud clearly integrated biological and environmental variables in his theory.

Piaget believed that from birth, humans are active learners who do not require external incentives. He proposed that cognitive development occurs in four stages. Stage I, sensorimotor intelligence (birth-2 years), takes the child from unrelated reflexive movements to behavior that reflects knowledge of simple concepts. Stage II, preoperational thought (2-7 years), is characterized by an increasing use of abstract symbols as reflected in imaginative play. Stage III, concrete operational thought (7-11 years), involves relatively sophisticated problem-solving behavior and attainment of adult thought. Stage IV, formal operational thought (12 years and older), is characterized by the ability to develop hypotheses and deduce new concepts.

Child Development

The various aspects of child development encompass physical growth, emotional and psychological changes, and social adjustments. A great many determinants influence patterns of development and change.

Heredity and Environment

It is generally agreed that patterns of child development are determined by the joint interaction of genetics and the environment, although sharp disagreements occur about the relative importance of an individual's genetic makeup. Research on this problem involves the use of separately reared monozygotic (identical) twins. Their behaviors are compared for similarities and differences, and the results are then compared with behaviors of twins reared together. If genetics is critical, the twins reared apart will be as similar, in most respects, as those reared together. (These studies usually assume that when twins are reared apart, their environments are different in important ways, an assumption that is not always true). Except in instances of massive environmental deprivation, the patterns and rates of physical and motor development appear to be genetically controlled. Research also indicated that both genetic and environmental variables contribute to intellectual behavior. A genetic component also exists in personality characteristics such as introversion and extroversion, activity level, and predisposition to psychoses. Many advances have been made in identifying the genetic causes of mental disorders, but more research is needed to understand better how genetic mechanisms operate among normal children.

Physical Growth

On the average, a newborn baby weighs 3.4 kg (7.5 lbs.) and is 53 cm (21 ins.) long, with the head disproportionately larger than the lower part of the body. As the child grows, increments in height are greatest from birth to three years; thereafter they are relatively constant until adolescence. The growth spurt at adolescence is far less than during infancy. Weight increments are also large during the first three years, but are equally large during adolescence. Research shows that growth rates are influenced by the health of the child. Rates of development decelerate during illness; after an illness is cured, however, growth rates accelerate until children

attain their appropriate height and weight.

Motor Activities

Dramatic changes occur in motor skills from birth through the first two years. At birth, infants are capable of extensive uncoordinated movements. One feature of the early motor behavior of infants is the large number of reflex-like actions. These actions appear for a short time after birth and then disappear. For example, when the palm of the of the hand is stroked lightly, the fingers involuntarily close, forming a fist; this is called the palmar reflex. From these early movements, distinct sequential patterns of motor development occur. Walking, which occurs on the average between 13 and 15 months, emerges from a sequence of 14 earlier stages. Research shows that the rate of acquisition of motor skills is innately determined and that the acquisition of these skills is not influenced by practice. Severe restrictions on motor activities, however, will alter both the pattern and rate of development.

After basic motor skills are acquired, children learn to integrate their movements with perceptual skills, especially spatial perception. This process is critical for the achievement of eye-hand coordination and for the higher-level skills required for many sports activities.

Language

The ability to communicate and to understand language is a major achievement of human beings. An amazing feature of language development is the speed with which it is acquired: The first word is spoken at about 12 months; by two years of age, most children have vocabularies of about 270 words, and this increases to 2,600 words, at the age of six. It is almost impossible to determine the number of sentence constructions that can be generated within a single language. Children, however, use syntactically correct sentences by the age of three and highly complex constructions by the age of five.

This extraordinary phenomenon cannot be explained by means of simple learning theory. The American linguist, Noam Chomsky postulated that the human brain is especially constructed

to detect and reproduce language; the mental system does not require formal learning and will function perfectly when language is available to the child. Although developmental psycholinguists do not agree with all of Chomsky's concepts, they do accept the idea of special mental language systems. Today, theorists are concerned with the relationship between cognitive growth and language. It is now assumed that language reflects children's concepts and develops as their concepts expand.

Personality Formation

Theories of personality are attempts to describe how people behave in satisfying their physical and psychological needs. An inability to satisfy such needs creates a personal conflict. Personality formation is viewed as the process by which children learn how to avoid conflict when possible and how to cope with conflict when it inevitably occurs. Overly restrictive or overly permissive parents limit their children's options in avoiding and coping with conflict. A normal response to overwhelming conflict is to revert to a defense mechanism such as rationalization--the denial that one ever wanted a specific objective, for example. Although everyone uses defense mechanisms at some time, they should not become a person's sole means of coping with conflict. A child with a balanced, integrated personality feels accepted and loved and has been allowed to learn a number of appropriate coping mechanisms.

Intelligence and Learning

Intelligence may be defined as the ability to manipulate abstract verbal concepts effectively. This definition is reflected in the types of questions asked on intelligence tests for children. Two well-known tests--the Stanford-Binet and the Wechsler Intelligence Scale for Children, Revised--are used to index children's mental growth and to predict learning performances. Because school learning seems to depend on the ability to reason verbally, the content of intelligence tests seems appropriate. Some relationship does indeed exist between intelligence-test performance and school achievement. Predictions based on tests are imperfect, however, because intelligence tests do not measure motivation and because knowledge about the

skills needed for school learning is incomplete. In addition, intelligence tests are sometimes inappropriate when used with minority children, who may not understand or respond appropriately to certain items because of language difficulties or cultural differences. Thus, test scores must be interpreted with great care.

Family Relationships

The attitudes, values, and behaviors of parents toward their children clearly influence patterns of development. Likewise, children's characteristics influence parental attitudes and behaviors; handicapped children, for example, require more attention and cause more parental anxiety than do normal children.

Extensive studies have established that parental behaviors toward children vary widely, ranging from restrictiveness to permissiveness, warmth to hostility, and anxious involvement to calm detachment. These variations in attitudes produce different patterns in family relationships. Parental hostility and permissiveness, for example, are associated with highly aggressive, noncompliant children. Warm, restrictive behavior by parents is associated with dependent, polite, and obedient children. Punishment techniques also influence behavior. For example, parents who often use physical punishment tend to have children who rank above average in their use of physical aggression. It appears, then, that one of the ways children acquire patterns of behavior is by imitating their parents.

Social Relationships

Social relationships among infants involve mutual interest without interaction. This relationship is called parallel play. Beginning with the preschool years, peer-group relationships become increasingly sophisticated social systems influencing children's values and behaviors. The transition to the adult social world is aided by the organization of peer groups with a leader, members with varying strengths and weaknesses, and a recognition of the need for cooperative behavior. Peer-group conformity reaches a peak when children are about 12 years of age. Conformity never disappears, but its manifestations among adults are less obvious.

The members of peer groups change with age. Preadolescent groups are homogeneous; that is, members are usually of the same sex and come from the same neighborhood. Among older children, social relationships are based on shared interests and values. Within a given group, the popular children tend to be more intelligent, higher achievers, and socially and emotionally more mature.

Socialization

The process by which children learn acceptable and unacceptable behavior is called socialization. Children are expected to learn, for example, that extreme physical aggression, stealing, and cheating are unacceptable, and that cooperation, honesty, and sharing are acceptable. Some theories suggest that socialization is achieved only through imitation or through a process of rewards and punishments. Current theories, however, stress the role of cognition, or perceiving, thinking, and knowing; thus, mature socialization requires that a person explicitly or implicitly understand the rules of social behavior that function in all situations.

Socialization also includes understanding concepts of morality. The American psychologist, Lawrence Kohlberg has demonstrated that moral thinking exists on three levels. At the lowest level, a rule is obeyed in order to avoid punishment. This level characterizes the thought of very young children. At the highest level, a person has a rational understanding of universal moral principles necessary for society's survival. The understanding of such concepts, however, is often inconsistent with behavior. Research has shown that moral behavior varies with each situation and is not predictable for individuals.

Current Trends

Child psychologists continue to be interested in the interaction of biological traits and environmental events that influence behavior and development; in the role of cognition in socialization, especially in sex-role learning; and in understanding the processes of cognition. Psychologists now generally agree that biological risk factors--such as low birth weight,

oxygen deprivation before or during birth, and physical and psychological handicaps--are important in behavior and development. Extensive longitudinal studies are under way to determine how risk factors affect children's experiences, and how differences in these experiences affect their behavior. This research will provide methods for helping children with risk factors to develop more normally.

The role of cognition in children's sex-role learning and stereotypical thinking also is being examined. Although a few general sex differences have been established--for example, girls often excel in verbal ability, and boys often excel in mathematical ability--it is unclear how innate traits and environmental events interact to produce these differences. Sex roles have long been rigidly defined in society, but cultural pressures are slowly breaking down these stereotypes so that members of each sex can more easily change or adapt behaviors to fit specific situations.

Much current work involves identifying the cognitive components (such as memory and attention span) used in problem-solving activities. Researchers also are trying to identify the processes that occur in the transition from one level of thought to the next. Another area of investigation is the cognitive components in reading and arithmetic. It is hoped that this research will lead to improved methods of teaching academic skills and more effective remedial teaching.

Family (sociology), basic social group united through bonds of kinship or marriage, present in all societies. Ideally, the family provides its members with protection, companionship, security, and socialization. The structure of the family, and the needs that the family fulfills vary from society to society. The nuclear family--two adults and their children--is the main unit in some societies. In others, it is a subordinate part of an extended family, which also consists of grandparents and other relatives. A third family unit is the single-parent family, in which children live with an unmarried, divorced, or widowed mother or father.

History

Anthropologists and social scientists have developed several theories about how family structures and functions evolved. In prehistoric hunting and gathering societies, two or three nuclear families, usually linked through bonds of kinship, banded together for part of the year, but dispersed into separate nuclear units in those seasons when food was scarce. The family was an economic unit; men hunted, while women gathered and prepared food and tended children. Infanticide and expulsion of the infirm who could not work were common. Some anthropologists contend that prehistoric people were monogamous, because monogamy prevails in non-industrial, tribal forms of contemporary society.

Social scientists believe that the modern Western family developed largely from that of the ancient Hebrews, whose families were patriarchal in structure. The family resulting from the Greco-Roman culture was also patriarchal and bound by strict religious precepts. In later centuries, as the Greek and then the Roman civilizations declined, so did their well-ordered family life.

With the advent of Christianity, marriage and childbearing became central concerns in religious teaching. The purely religious nature of family ties was partly abandoned in favor of civil bonds after the Reformation, which began in the 1500's. Most Western nations now recognize the family relationship as primarily a civil matter.

The Modern Family

Historical studies have shown that family structure has been less changed by urbanization and industrialization than was once supposed. The nuclear family was the most prevalent pre-industrial unit and is still the basic unit of social organization. The modern family differs from earlier traditional forms, however, in its functions, composition, and life cycle and in the roles of husbands and wives.

The only function of the family that continues to survive all change is the provision of affection and emotional support by and to all its members, particularly infants and young children. Specialized institutions now perform many of the other functions that were once

performed by the agrarian family: economic production, education, religion, and recreation. Jobs are usually separate from the family group; family members often work in different occupations and in locations away from the home. Education is provided by the state or by private groups. Religious training and recreational activities are available outside the home, although both still have a place in family life. The family is still responsible for the socialization of children. Even in this capacity, however, the influence of peers and of the mass media has assumed a larger role.

Family composition in industrial societies has changed dramatically. The average number of children born to a woman in the United States, for example, fell from 7.0 in 1800 to 2.0 by the early 1990's. Consequently, the number of years separating the births of the youngest and oldest children has declined. This has occurred in conjunction with increased longevity. In earlier times, marriage normally dissolved through the death of a spouse before the youngest child left home. Today, husbands and wives potentially have about as many years together after the children leave home as before.

Some of these developments are related to ongoing changes in women's roles. Women in all stages of family life have joined the labor force. Rising expectations of personal gratification through marriage and family, together with eased legal grounds for divorce and increasing employment opportunities for women, have contributed to a rise in the divorce rate in the United States and elsewhere. In 1986, for instance, there was approximately one divorce for every two marriages in the United States.

During the 20th century, extended family households declined in prevalence. This change is associated particularly with increased residential mobility and with diminished financial responsibility of children for aging parents, as pensions from jobs and government-sponsored benefits for retired people became more common.

By the 1970's, the prototypical nuclear family had yielded somewhat to modified structures including the one-parent family, the stepfamily, and the childless family. One-parent families in the past were usually the result of the death of a spouse. Now, however, most one-

parent families are the result of divorce, although some are created when unmarried mothers bear children. In 1991, more than one out of four children lived with only one parent, usually the mother. Most one-parent families, however, eventually became two-parent families through remarriage.

A stepfamily is created by a new marriage of a single parent. It may consist of a parent and children and a childless spouse, a parent and children and a spouse whose children live elsewhere, or two joined one-parent families. In a stepfamily, problems in relations between non-biological parents and children may generate tension; the difficulties can be especially great in the marriage of single parents when the children of both parents live with them as siblings.

Childless families may be increasingly the result of deliberate choice and the availability of birth control. For many years, the proportion of couples who were childless declined steadily as venereal and other diseases that cause infertility were conquered. In the 1970's, however, the changes in the status of women reversed this trend. Couples often elect to have no children or to postpone having them until their careers are well established.

Since the 1960's, several variations on the family unit have emerged. More unmarried couples are living together, before or instead of marrying. Some elderly couples, most often widowed, are finding it more economically practical to cohabit without marrying. Homosexual couples also live together as a family more openly today, sometimes sharing their households with the children of one partner or with adopted or foster children. Communal families, made up of groups of related or unrelated people, have long existed in isolated instances. Such units began to occur in the United States during the 1960's and 1970's, as an alternative life-style, but by the 1980's, the number of communal families was diminishing.

World Trends

All industrial nations are experiencing family trends similar to those found in the United States. The problem of unwed mothers--especially very young ones and those who are unable to

support themselves--and their children is an international one, although improved methods of birth control and legalized abortion have slowed the trend somewhat. Divorce is increasing even where religious and legal impediments to it are strongest. Smaller families and a lengthened post parental stage are found in industrial societies.

Unchecked population growth in developing nations threatens the family system. The number of surviving children in a family has rapidly increased as infectious diseases, famine, and other causes of child mortality have been reduced. Because families often cannot support so many children, the reduction in infant mortality has posed a challenge to the nuclear family and to the resources of developing nations.

Child Welfare, term used to refer to a broad range of social programs that contribute to the well-being of children. In the U.S., child-welfare programs are adapted to the needs of children whose families do not have the means or the inclination to take proper care of them. Some estimates suggest that this group involves 1 out of 20 children under 18 years of age.

Few efforts were made by any government to protect the health and welfare of children before the 20th century. In the United States, the establishment of the U.S. Children's Bureau in 1912, marked the beginning of modern child-welfare programs and public recognition of children's special needs. In 1959, the United Nations adopted the Declaration of the Rights of the Child, which affirmed the rights of children everywhere to receive adequate care from parents and the community. The UN Convention on the Rights of the Child, adopted in 1989, attempts to consolidate international law on the basic rights of children to survival, education, and protection from abuse and exploitation.

U.S. Programs

A variety of child-welfare service programs are conducted under public and private auspices in the U.S. These can be categorized as support services, supplementary pro-grams, or substitute care.

Family-service agencies, guidance clinics, and agencies that furnish protection to children are considered support services. These services attempt to sustain a child within a family that is undergoing stress because of illness, unemployment, divorce, or the presence of only one parent. The family services and child-guidance clinics work on parent-child relationship problems through individual and group counseling; the guidance clinics also give help to parents with emotionally disturbed children.

Since 1962, child protection has been the responsibility of public agencies. All states today, have mandatory laws that require the reporting of incidents of child abuse. Investigation and appropriate action is then undertaken by a public agency. When it appears that parents cannot or will not provide adequate care, the agency may petition the court for temporary removal of a child to a substitute-care facility; in some cases, permanent placement may be necessary. During the 1980's, the increase in reports of sexual abuse underscored a major problem in the U.S.

Supplementary services include Aid to Families with Dependent Children (AFDC) and day-care and homemaker services. AFDC, established by the Social Security Act of 1935, provides medical care, financial aid, and other social services to children who are in need because of a major family crisis such as divorce or the death, disability, or desertion of a parent.

Homemaker services place trained people in the home during the temporary absence of a parent. A homemaker may also teach a parent the skills needed to provide suitable family care or may help parents in the care of a disabled child.

Day-care services provide supervised care outside the home. Day care may be available at group centers, for children from three to five years old, or in individual homes, which usually handle younger children. Group care may be an adjunct to a job-training program for AFDC mothers. Day-care centers sometimes offer assistance with a handicapped child whose family needs some relief from the burden of constant care. Some school systems provide late afternoon care for school-age children of working parents. In the 1980's, demand for day care far exceeded its availability in most U.S. communities.

Substitute-care facilities include individual foster homes, group homes, and institutional care, as well as adoption services, all of which provide temporary or permanent care for children. By the mid-1980's, about 600,000 children were involved annually in substitute placements. It has been estimated that about 30 percent of the youngsters given foster care might have remained at home if support and supplementary services had been available to their families. The role of institutional care has diminished in the U.S., although institutions still provide specialized care for some children who are physically handicapped, developmentally disadvantaged, emotionally disturbed, or delinquent.

During the 1970's, the U.S. Children's Bureau (now part of the Administration of Children, Youth and Families of the Department of Health and Human Services) advocated the planning of permanent placements for all children entering foster care. Agency policies and practices were reviewed to identify barriers to adoption. Subsidized adoption, where adoptive parents continued to receive financial payments, made it possible for youngsters with special needs to be adopted by foster parents with whom they had established emotional ties. Some states amended their laws to improve procedures to free children for adoption while equitably balancing the sometimes conflicting interests of the child, the natural parents, and the adoptive parents.

The principal federal law now governing state child-welfare practices is the Adoption Assistance and Child Welfare Act of 1980. Also, of great importance for recipients of child-welfare services are the Child Support Enforcement Amendments of 1984, which require all the states to set up expedited processes for establishing and enforcing child-support orders.

International Programs

In other industrialized nations, child-welfare services are generally more comprehensive than in the U.S. Universal programs of children allowances (financial grants) for every family are common, as are subsidized medical care, numerous day-care centers, and communal foster care.

Both the United Nations Children's Fund and the World Health Organization are working with the governments of Third World nations to reduce high mortality rates. The UN organizations provide medical supplies and technical aid. Some progress has been made, but malnutrition and disease still cause the death of many young children in developing countries.

Child Labor, designation formerly applied to the practice of employing young children in factories, now used to denote the employment of minors generally, especially in work that may interfere with their education or endanger their health. Throughout the ages and in all cultures, children joined with their parents to work in the fields, in the marketplace, and around the home as soon as they were old enough to perform simple tasks. The use of child labor was not regarded a social problem until the introduction of the factory system.

History in Great Britain

During the latter part of the 18th century in Great Britain, owners of cotton mills collected orphans and children of poor parents throughout the country, obtaining their services merely for the cost of maintaining them. In some cases, children five and six years of age were forced to work from 13 to 16 hours a day.

Social reformers attempted as early as 1802, to obtain legislative restrictions against the worst features of the child-labor system, but little was done even to enforce existing laws limiting work hours and establishing a minimum age employment. Conditions as bad as



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those imposed on pauper children rapidly developed in enterprises employing non-pauper children. Often with the approval of political, social, and religious leaders, children were permitted to labor in hazardous occupations such as mining. The resultant social evils included illiteracy, further impoverishment of poor families, and a multitude of dis-

eased and crippled children.

Popular agitation for reform steadily increased. The first significant British legislation was enacted in 1878, when the minimum age of employees was raised to 10 years and employers were required to restrict employment of children between the ages of 10 and 14 to alternate days or consecutive half days. In addition to making every Saturday a half holiday, this legislation also limited the workday of children between 14 and 18 years of age to 12 hours, with an intermission of 2 hours for meals and rest.

Child Labor in the U. S.

Meanwhile the industrial system developed in other countries, bringing with it abuses of child labor similar to those in Great Britain. In the early years of the 19th century, children between the ages of 7 and 12 years made up one-third of the work force in U.S. factories. The shortage of adult male laborers, who were needed for agriculture, contributed to the exploitation of child laborers. In addition, the majority of adults, ostensibly imbued with puritanical ideas regarding the evils of idleness among children, cooperated with employers, helping them to recruit young factory hands from indigent families.

Early Legislation

The earliest feature of the factory system that caused concern among community leaders was the high rate of illiteracy among child laborers. The first effective step toward legislation governing the education of these children was taken in 1836, when the Massachusetts Legislature adopted a law prohibiting the employment of any child under 15 years of age who had received less than three months of schooling in the previous year. In 1848, Pennsylvania became the first state to regulate the age levels of youth employed in silk, cotton, or woolen mills by establishing a minimum age of 12. Several other states also established minimum-age requirements, but none of the laws passed made provisions for establishing proof of the child's age or for enforcement.

The length of the workday for children was the next feature of the factory system to be

regulated by legislation. By 1853, several states had adopted a 10-hour workday for children under 12 years of age. Despite these restrictions, the number of children in industry increased greatly in the U.S., after the American Civil War, when industrial expansion resulted in unprecedented demand for workers. By the end of the 19th century, nearly one-fifth of all American children between the ages of 10 and 16 were gainfully employed. By 1910, however, as the result of the public-enlightenment activities of various organizations, notably the National Child Labor Committee, the legislatures of several states had enacted restrictive legislation that led to sharp reductions in the number of children employed in industry.

Because of the lack of uniformity in child-labor standards established in the various states, a condition that placed industries in states with relatively high standards in a disadvantageous competitive position, the U.S. Congress, in 1916, passed a law that set a national minimum age of 14 in industries producing nonagricultural goods for interstate commerce or for export. In 1918, however, the U.S. Supreme Court ruled, in a 5-4 decision, that the legislation was an unconstitutional infringement on personal freedom. Another child-labor law, enacted in 1918, was also declared unconstitutional by the Supreme Court in 1922. In 1924, both houses of Congress passed an amendment to the U.S. Constitution empowering Congress to limit, regulate, and prohibit the labor of persons under 18 years of age. The number of state legislatures that ratified the proposed amendment was 28, or 8 less than the 36 then required.

Federal Legislation

Despite the reluctance of state legislators to ratify the child-labor amendment, legislative attempts to deal with the problem nationally continued, notably during the administration of President Franklin D. Roosevelt. The National Industrial Recovery Act, passed by Congress in 1933, established a minimum age of 16 for workers in most industries. In hazardous industries, a minimum age level of 18 was established. This law contributed to a substantial decrease in the number of young workers, but the Supreme Court ruled the act unconstitutional in 1935. In the next year, Congress passed the Walsh-Healey Act, which prohibits firms producing goods under federal government contract from employing boys and

girls under 16 years of age.

The next important legislation on the problem was the Fair Labor Standards Act of 1938, better known as the Federal Wage and Hour Law. This act was declared constitutional in 1941, by the Supreme Court, which thereby overruled its former child-labor decision under a more liberal interpretation of the commerce clause of the Constitution (Article 1, Section 8). The Fair Labor Standards Act, amended in 1949, applies to all workers engaged in interstate or foreign commerce. Under the child-labor provisions of the act, minors 16 years of age and over may be employed in any occupation that has not been judged hazardous by the secretary of labor. The minimum age for work in industries classified as hazardous is 18. No minimum age is set for non-hazardous agricultural employment after school hours and during vacation. Minors 14 and 15 years of age may be employed in a variety of non-manufacturing, non-mining, and non-hazardous occupations outside school hours and during vacations for limited hours and under other specified conditions of work.

State Legislation

Every state today has child-labor laws. In most states, employment of minors under 16 in factories and during school hours is prohibited. Other provisions include a 40-hour workweek, prohibition of night work, and work permits for minors under 18. Children working on farms are not completely protected by federal and state laws, which make no provisions for non-hazardous farm work outside school hours. The children of migratory workers, who move from harvest to harvest across the United States, are usually not subject to state laws because they do not fulfill residency requirements, and they are often unable to attend local schools, which have no provisions for seasonal increases in school enrollment. Other children exempted from federal and state labor laws are children employed as actors and performers in radio, television, and motion pictures, as newspaper deliverers and sales personnel, or as part-time workers at home.

International Problems

In the latter part of the 20th century, child-labor remains a serious problem in many parts of

the world. Studies carried out in 1979, the International Year of the Child, show that more than 50 million children below the age of 15 were working in various jobs often under hazardous conditions. Many of these children live in underdeveloped countries in Latin America, Africa, and Asia. Their living conditions are crude and their chances for education minimal. The meager income they bring in, however, is necessary for the survival of their families. Frequently, these families lack the basic necessities of life--adequate food, decent clothing and shelter, and even water for bathing.

In some countries, industrialization has created working conditions for children that rival the worst features of the 19th-century factories and mines. In India, for example, some 20,000 children work 16-hour days in match factories.

Child-labor problems are not, of course, limited to developing nations. They occur wherever poverty exists in Europe and the United States. A growing concern in recent years, has been the increase in prostitution among youngsters in urban centers.

The most important efforts to eliminate child-labor abuses throughout the world, come from the International Labor Organization (ILO), founded in 1919, and now a special agency of the United Nations. The organization has introduced several child-labor conventions among its members, including a minimum age of 16 years for admission to all work, a higher minimum age for specific types of employment, compulsory medical examinations, and regulation of night work. The ILO, however, does not have the power to enforce these conventions; it depends on voluntary compliance of member nations.

Preschool Education, term applied universally to educational group experience for children who have not yet entered the first grade. It usually refers to the education of boys and girls from ages three to six or seven, depending on the admission requirements of schools in the area.

Many educators have found that children who have been enrolled in preschool centers develop positive self-concepts and basic understandings and skills that make them better able to apply their efforts to intellectual tasks when they enter school. Preschool education may be

provided in day-care centers, nursery schools, or kindergartens in elementary schools.

Day Nurseries

The day-nursery movement began in Europe in the early 19th century as a response to the increasing employment of women in industry. The absence of large numbers of mothers from their homes during the day led to child neglect, which, in turn, stimulated a variety of charitable agencies to seek ways of caring for the children of working parents.

The early leader of this movement was French philanthropist, Jean Baptiste Firmin Marbeau, who in 1846, founded the Creche (French, “cradle”) Society of France, with the aim of fostering child care. Within a relatively short period, day nurseries were established in many parts of France and in several other European countries. Many were wholly or partly supported by local and national governments. A large number of nurseries were set up in factories, enabling mothers to take brief periods from their work to tend to their young children.

In the U.S., the first day nursery was opened in 1854, by the Nursery and Child’s Hospital of New York City. Most of the nurseries established in the latter half of the 19th century were supported by charitable organizations. Both in Europe and in the United States, the day-nursery movement received great impetus during World War I, when unprecedented numbers of women replaced men in industry. In Great Britain, France, Germany, and Italy, nurseries were established even in munitions plants, under direct government sponsorship. The number of nurseries in the U.S., also rose,

but without government aid of any kind. During the years following World War I, federal, state, and local governments in the U.S., gradually began to exercise some control over preschool education through licensing,



inspection, and regulation of conditions within the facilities.

Nursery Schools

As studies of children revealed the importance of the early years in physical, social, emotional, and intellectual development, the nursery school movement spread rapidly in Great Britain and other European countries. The first nursery schools in the U.S., were started under the auspices of colleges and universities and served as laboratories for child study, teacher education, and parent education. For many years, day nurseries were mainly charitable institutions operated for custodial care, whereas nursery schools were generally commercial ventures offering educational programs. Now, in most instances, both day-care centers and nursery schools employ trained personnel and offer various educational activities, day-care centers, however, are open for longer hours to accommodate working parents.

Modern Developments

With the outbreak of World War II, the number of day nurseries increased rapidly as women were again called on to work in industry. This time, the U.S. government immediately came to the support of facilities for young children, allocating \$6 million in July 1942, for a program for the children of working mothers. Many states and local communities supplemented this federal aid. By 1945, more than 100,000 children were being cared for in centers receiving federal subsidies. After the war, the government abandoned the subsidies, causing a sharp drop in the number of centers. The expectation that most employed mothers would leave their jobs at the end of the war was only partially fulfilled, and during the postwar years widespread movement developed, headed by sociologists, social workers, teachers, and



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other groups, which sought renewed government aid to meet the need for a comprehensive day-care program.

Beginning in the 1960's, more and more women with children joined the work force, and the popularity of preschool educational programs has steadily increased. The quality of preschool programs, however, varies. Some schools are more child-minding centers than educational institutions. Other schools provide solid educational programs that stimulate the development of skills in communication; a growing awareness of size, shape, and color; manipulative skills; and physical development.

Head Start

In 1965, the U.S. instituted a federally sponsored program, known as Head Start, intended to provide preschool education for children from culturally and economically disadvantaged backgrounds. Within the framework of the Head Start program, children receive educational, psychological, medical, nutritional, and social services.

Head Start is administered by the U.S. Department of Health and Human Services. In 1987, Head Start centers throughout the nation served some 446,000 children. Many of the centers operate more than six hours a day, serving as day-care facilities. Head Start programs actively seek the direct participation of parents, whom they assist in developing child-rearing skills. Beginning in 1973, Head Start was required by law to accept severely handicapped children. Ten percent of the children in a center may come from non-poverty families.

Developmental Psychology, study of behavioral changes and continuity from infancy to old age. Much emphasis in psychology has been given to the child and to the deviant personality. Developmental psychology is particularly significant, then, in that it provides for formal study of children and adults at every stage of development through the life span.

Developmental psychology reflects the view that human development and behavior

throughout the life span is a function of the interaction between biologically determined factors, such as height or temperament, and environmental influences, such as family, schooling, religion, and culture. Studies of these interactions focus on their consequences for people at different age levels. For example, developmental psychologists are interested in how children who were physically abused by their parents behave when they themselves become parents. Studies, although inconclusive, suggest that abused children often become abusive parents.

Other recent studies have focused on the relationship between the aging process and intellectual competence; contrary to the traditional notion that a person's intellectual skills decline rapidly after the age of 55, research indicates that the decline is gradual. American studies of adulthood, building on the work of Erik Erikson, point to stable periods with a duration of 5 to 7 years, during which energy is expended on career, family, and social relationships, punctuated by "transitional" periods lasting 3 to 5 years, during which assessment and reappraisal of major life areas occurs. These transitional periods may be smooth or emotionally stormy; the "midlife crisis" is an example of such a transition. Whether such transitions are the same for men and women, and whether they are universal, is currently under study.

Parent and Child, branch of the law of domestic relations that determines the legal rights and obligations of fathers or mothers to their children and of children to their parents. The legal relationship is distinguished from the natural relationship; for example, two persons may have a legal relationship of parent and child although there is no natural relationship, as in the case of an adopted child.

In common law in Great Britain and the United States, parents were the legal as well as natural guardians of their child. They had the right to name the child and were entitled to custody. As custodians, they could reasonably chastise the child, but for excessive punishment, the parents were criminally liable for assault, or for homicide in case of death. The father was deemed entitled to custody of the child in preference to the mother. A parent was not liable for a tort (wrongful act) of the child unless its commission was incited or authorized by the

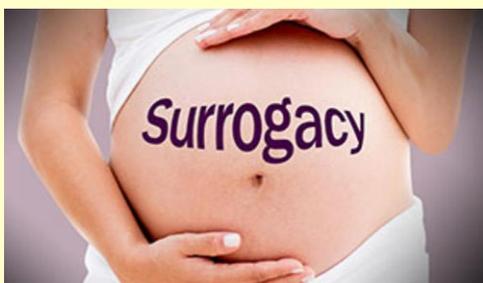
parent. A parent could recover damages for torts committed against the child. In common law, the parent was not civilly liable to maintain the child, but was criminally responsible in cases of neglect, as when failure to provide food or clothing caused injury or death.

Modern Law

The legal relationships of parent and child established under common law have been modified by statute in Britain and the U.S. In general, such statutes provide that a married woman is a joint guardian of her children with her husband, with equal powers, rights, and duties. Either parent has the right to custody of the children of the marriage, and in a divorce or separation, the court can award custody to the parent best qualified and able to care for the children. Parents must provide for their children such necessities of life as food, clothing, shelter, education, and medical care; if they cannot or will not, state laws authorize intervention by designated authorities to ensure that children's needs are met. Children who are physically or emotionally abused by their parents may be the subject of legal action in order to protect the children. Parents' rights to custody of their children may be limited or, in extreme cases, terminated because of failure to provide adequate care. Laws require a father to support his minor children if he is able to do so, whether or not he has ever been married to their mother. Failure to provide support may result in civil or criminal proceedings against him. If paternity has been admitted or established, laws permit children to inherit from their father's estate unless specifically excluded in his will.



Surrogacy



Surrogate motherhood has become one of the most difficult problems in modern family law. The term, *surrogate mother* was first used in connection with in vitro fertilization in the late 1970's. The newest use refers to the introduction, by artificial insemination, of

the sperm of a man whose wife is infertile into a woman who has agreed, often by contract, to bear the child conceived as a result of the insemination and then relinquish it to the couple after birth.

One argument against surrogacy is that it is little more than formalized baby selling. The counter-argument is that surrogacy is not baby selling because the husband of the couple receiving the child is that child's biological father. Many state legislatures are considering bills that would either make surrogate parenting entirely illegal or strictly regulate it, for example, limiting or prohibiting the payment of fees to the surrogate or to intermediaries. Most would require psychological counseling for the prospective surrogate mother, legal representation for all parties, and court approval of the contract.

Child Abuse, intentional use of physical force or intentional omission of care by a parent or caretaker that causes a child to be hurt, maimed, or killed. In the United States, the exact incidence of child abuse and neglect is unknown, but it is recognized as a major social problem. Under state laws requiring physicians--and encouraging other persons--to report incidents of suspected abuse, more than 2 million cases of neglect and physical abuse are reported annually.

Types of Abuse

Child abuse covers a wide range of parental actions that result in harm being inflicted on children of all ages. The kind of abuse, however, varies with age. Infants and preschool children are most likely to suffer deliberately inflicted fractures, burns, and bruises. This is known as the battered-child syndrome, first identified during the 1960's. Historically, reported cases of sexual abuse, ranging from molestation to incest, primarily involve male perpetrators and school-aged or adolescent female victims. More recently, however, a growing number of pre-school victims and male victims have been identified.

Some states have broadened their statutory definitions of abuse to specifically include emotional or mental injury. Constant parental rejection, for example, can permanently cripple a child's personality.

Perhaps the most prevalent type of abuse is neglect--that is, physical or emotional harm resulting from a parent's failure to provide a child with adequate food, clothing, shelter, medical care, education, and moral training. A common symptom of neglect among young children is underfeeding; an undernourished infant often fails to thrive and may even die. In the age range between 8 and 17 years, neglect, as opposed to physical or sexual abuse, was involved in about 70 percent of all validated reports of mistreatment in the U.S., in a recent year.

Abusive Parents

Studies have shown that most child-abusing parents were themselves abused children. Some researchers assert that abusing parents have infantile personalities. Others note that abusing parents unrealistically expect their children to fulfill their psychological needs; when disappointed, the parent experiences severe stress and becomes violently angry and abusive. In spite of this emphasis on individual psychopathology, few child abusers can be considered true psychotics or sociopaths.

Incidents of abuse occur among all religious, ethnic, and racial groups and in all geographic areas. The relationship between poverty and abuse is strong; the vast majority of fatalities involve parents and caretakers from the poorest families.

Child abuse is not, of course, only a U.S. problem. In Great Britain, for example, the National Society for the Prevention of Cruelty to Children reports that child abuse increased by about 70 percent between 1979 and 1984.

Prevention of Abuse

In the U.S., public concern about the growing incidence of child abuse has led to the enactment of both state and federal legislation. Although the focus remains on identifying, reporting, and treating cases of abuse, prevention efforts are increasing. Since 1980, some 45 states have established specific resources for child abuse prevention services.

Under the 1962 amendments to the 1935 Social Security Act, state public welfare agencies are responsible for child protection. Because effective solutions cannot be achieved without clear data about the dimensions of a problem, the 1974 Federal Child Abuse Prevention and Treatment Act was an important legislative measure. It mandated establishment of a major program of research, demonstration, training, dissemination of information, and financial grants to the states by a National Center on Child Abuse and Neglect.

All the states have laws requiring the reporting of suspected cases of abuse. Typical social service responses to these reports involve agency investigations and court proceedings to gain physical custody of a child deemed “in need of care and protection.” Sometimes, the child is separated from a parent and placed in a foster home. The Federal Adoption Assistance and Child Welfare Act of 1980, placed special emphasis on reducing the number of children in foster care through an expansion of family-based services. Today, many states have established specific units within their child welfare system to secure the therapeutic and support services necessary to keep families together.

Projects that provide short-term relief from child-rearing situations and a range of concrete supportive services to parents have demonstrated that child abuse often occurs when parents are under severe and unremitting stress as a result of events within the family environment over which they have no control. To avert a significant percentage of separation of families and to solve the problem of child abuse, the major role that social and economic forces play must be better understood. Effective prevention requires a fundamental change in societal values and public priorities in order to correct the conditions of poverty, unemployment, inadequate housing, and ill health that are found in the overwhelming majority of abusing families. It is also necessary to place a greater emphasis on the rights of children and the responsibilities of parents toward their children.

Adolescence, stage of maturation between childhood and adulthood. The term denotes the period from the beginning of puberty to maturity; it usually starts at about age 14 in males and age 12 in females. The transition to adulthood varies among cultures, but it is generally defined

as the time when individuals begin to function independently of their parents.



Physical Development

Dramatic changes in physical stature and features are associated with the onset of pubescence. The activity of the pituitary gland at this time results in the increased secretion of hormones, with widespread physiological effects. Growth hormone produces a rapid growth spurt, which brings the body close to its adult height and weight in about two years. The growth spurt occurs earlier among females than males, also indicating that females mature sexually earlier than males. Attainment of sexual maturity in girls is marked by the onset of menstruation and in boys by the production of semen. The main hormones governing these changes are androgen in males and estrogen in females, substances also associated with the appearance of secondary sex characteristics: facial, bodily, and pubic hair and a deepening voice among males; pubic and bodily hair, enlarged breasts, and broader hips among females. Physical changes seem to be related to psychological adjustment; studies suggest that earlier-maturing individuals are better adjusted than their later-maturing contemporaries.

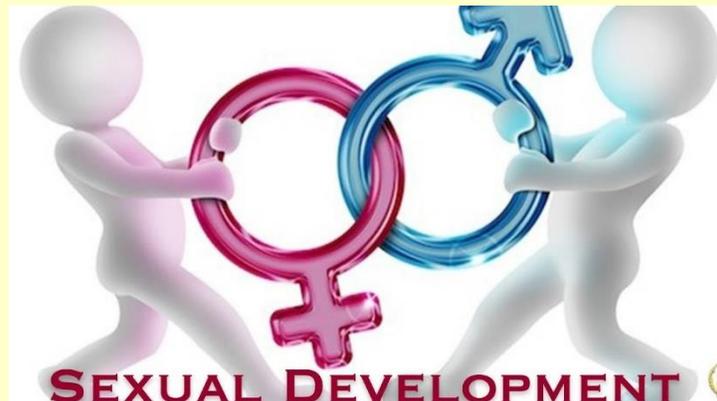
Intellectual Development

No dramatic changes take place in intellectual functions during adolescence. The ability to understand complex problems develops gradually. The French psychologist, Jean Piaget determined that adolescence is the beginning of the stage of formal operational thought, which may be characterized as thinking that involves deductive logic. Piaget assumed that this stage

occurs among all people regardless of educational or related experiences. Research evidence, however, does not support this hypothesis; it shows that the ability of adolescents to solve complex problems is a function of accumulated learning and education.

Sexual Development

The physical changes that occur at pubescence are responsible for the appearance of the sex drive. The gratification of sex drives is still complicated by many social taboos, as well as by a lack of accurate knowledge about sexuality. Since the 1960's, however, sexual activity has increased among adolescents; recent studies show that almost 50 percent of adolescents under the age of 15 and 75 percent under the age of 19 report having had sexual intercourse. Despite their involvement in sexual activity, some adolescents are not interested in, or knowledgeable about, birth-control methods or the symptoms of venereal disease. Consequently, the rate of illegitimate births and the incidence of venereal disease are increasing.



Emotional Development

The American psychologist, G. Stanley Hall asserted that adolescence is a period of emotional stress, resulting from the rapid and extensive physiological changes occurring at pubescence. Studies by the American anthropologist, Margaret Mead, however, showed that emotional stress is not inevitable, but culturally determined; she found that difficulties in the transition from childhood to adulthood varied from one culture to another. The German-born American psychologist, Erik Erikson sees development as a psychosocial process going on through life.

The psychosocial task of adolescence is to develop from a dependent to an independent person, whose identity allows the person to relate to others in an adult fashion (intimacy). The occurrence of emotional problems varies among adolescents.

Adoption, legal procedure recognized by statute in every state of the United States that permits, by means of a court action, a person who is not the lawful child of the adopter to be admitted to all rights and privileges of a son or daughter. The practice and its legal sanction date from ancient Greece and Rome, when adoption served important estate-perpetuation purposes for citizens who otherwise would have had no heir. In modern societies the primary purpose of adoption is to enhance child welfare by allowing childless people, or couples with smaller families than they would like, to raise children who need parents. Adoption has long been an accepted procedure in the civil law, but it was not recognized by the common law courts of England. In the U.S., it has been necessary for individual states to pass specific legislation to permit adoption.

Types of Adoptions

Children may be adopted by stepparents or close relatives, or they may be adopted by nonrelatives, people who are strangers to the biological parents. Adoptions by relatives are not usually thought to pose serious risks to children or to the adoption process itself. Non-relative adoptions, however, are regarded as involving potentially more serious problems.

Nonrelative adoptions are generally handled in one of two ways, through either licensed agencies or independent placement. Both methods require judicial approval. In agency adoptions, applicants acquire the child from a public or private welfare agency following an investigation of their qualifications as prospective parents. In independent-placement adoptions, adoptive parents obtain a child directly from the natural parent, often using a doctor or lawyer as an intermediary, without any supervision or investigation by a social agency. During the last 35 years, some state legislatures and social agencies have become increasingly concerned about the risks of independent placement. Indeed, a few legislatures have given welfare agencies complete

control of adoption practices.

The risks of independent placement are indeed formidable. Children may be purchased by adoptive parents who have more wealth than they have ability to give a child good and loving care. Professionals who arrange such adoptions, anxious to obtain children for clients, may attempt to coerce natural parents (often young and frightened unwed mothers with few economic resources). Many social-welfare experts believe that independent placement does not adequately protect the interests of the children because the adoptive parents are often less qualified for parenthood than are applicants investigated and approved by agencies.

Giving an adoption monopoly to agencies, however, also involves risks. Research suggests that agencies cater mainly to an upper-middle-class sample of prospective parents, whereas independent-placement adoption serves many couples from lower-income groups. Moreover, some evidence indicates that agencies also pressure unmarried parents into releasing their children for adoption. Allowing agencies the sole right to place children poses a serious threat that identically qualified applicants will be treated unequally, and that some prospective adoptive parents will be denied a child by arbitrary and unreviewable standards. For example, agencies often discriminate against qualified older couples, and sectarian agencies may reject those who do not adhere to strict religious practices.

In the last half of the 1970's, the number of babies available for adoption declined substantially; as a result, agency standards for adoptive parents became more stringent. As agency placements declined, the number of independent placements increased. The two methods of obtaining adopted children are likely to continue to create controversy until one or the other achieves more widespread public and professional support.

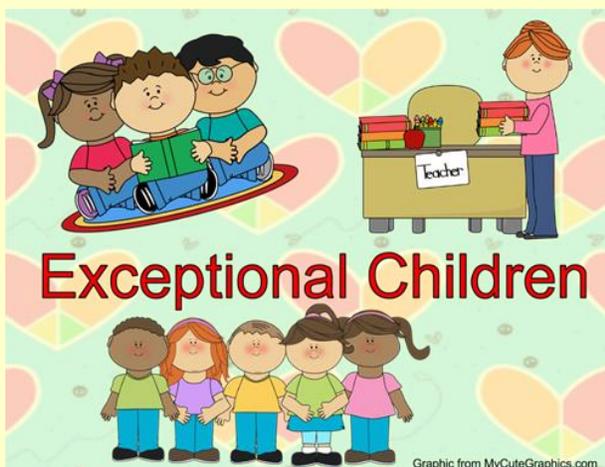
Current Problems

Despite the decrease in the number of infants being offered for adoption, placement of children who are older, handicapped, or of mixed race remains a difficult problem. In recent years, controversy has also surrounded the adoption process in other respects. Single persons

have sought--and, in a few cases, gained--equal standing with couples to claim the limited number of children available for adoption. Interracial adoption has been vigorously supported by some agencies and adoptive parents and just as vigorously opposed by professional and political groups.

A different type of problem has resulted from the desire of some adopted persons to obtain information about their natural parents. Their attempts have been frustrated by agencies that will not allow even adults access to adoption records. The only one of these complex social problems close to resolution is the last. Many states are now enacting statutes that authorize, under controlled conditions, the release of information about natural parents to adopted children.

Exceptional Children, Education of, provision of special educational services to those children who are either handicapped or gifted. Exceptional children differ from average children in mental characteristics, sensory abilities, physical characteristics, emotional behavior, or communication abilities to the extent that they require special educational services to develop to their potential. The Department of Education estimates that 10 to 12 percent of the children in the United States suffer from handicaps. Another 2 to 3 percent are considered gifted. Special education provides these children with individualized learning experiences suitable to their unique abilities.



Caring for people who have disabilities is a relatively new idea. In ancient times, disabled people were left to die. During the Middle Ages, they were treated more humanely, but it was not thought that they could learn. In the 19th century, residential treatment centers were established, first in Europe and then in the U.S., by individual states, to care for people who were blind, deaf, severely retarded, or suffered from severe emotional disorders. By the 20th century, special classes and public day schools were begun, but these facilities served very few

children. After World War II, the attitude of Americans concerning the education of persons who were disabled changed significantly. Responsibility for special education was assumed by state legislatures and the federal government. Parent groups, formed to lobby for the rights of children with disabilities, joined with professional educators to press for educational programs.

Federal Legislation

In 1975, the U.S. Congress passed the Education for All Handicapped Children Act, which guarantees a free and appropriate education to all children in the U.S., between the ages of 3 and 21. The law provides funds for special education programs to states and local districts that comply with a set of guidelines. These include provision of special education services in the least restrictive environment, an individualized educational plan for each child, a comprehensive diagnosis of each child's disabilities by qualified professionals, an annual review of each child's progress, and the involvement of parents in educational decisions. Amendments to the law require that the local school districts actively search for and offer services to disabled children between ages three and five.

States are also required to develop systems to provide educational services for infants from birth to age three who are, or are at risk of becoming, developmentally delayed. The status of service delivery for infants and toddlers varies from state to state as these systems are being phased in; all states are required to provide services to this age group by 1990.

Programs for Gifted Students

Although the education of students with special gifts and talents is still largely ignored, more programs are now available to meet their needs. Some 23 states mandate special services for these students. Talents may be in academic, artistic, creative, or leadership abilities. In addition to the traditional treatment of allowing academically talented students to skip grades, the educational needs of gifted students may be treated by the provision of enrichment experiences,

instructional grouping by intellectual ability rather than by chronological age, and by counseling to support the development of personal and social skills. The Council for Exceptional Children, a nationwide group of parents and professionals, carries on a campaign to ensure that the needs of gifted and talented students will be met.

Programs for Children with Physical Handicaps

About 1 percent of the preschool-and school-aged children in the U.S., are physically disabled, including the blind and visually impaired, the deaf and hearing impaired, and those with orthopedic disabilities. Depending on the degree of the handicap and on individual characteristics, these children may be educated in residential schools, specialized schools, separate classes, or regular classes with support services provided by special teachers.

For the blind, instruction in Braille and mobility is required. The visually impaired need materials such as large-type books, special typewriters, and proper lighting. The deaf require language instruction that often combines signing, lipreading, intensive work in speech production, and amplified aural training. Orthopedically disabled children may need the services of a speech pathologist, a physical therapist, and a psychologist or social worker. They may require modifications in their surroundings, such as wide doorways to accommodate wheelchairs, toilets at appropriate heights, and ramps or elevators.

Programs for Children with Mental Retardation

Slightly less than 2 percent of preschool-and school-aged children in the U.S., are classified as retarded. Children with severe mental retardation may also be physically disabled. A variety of educational options are available for these children, including residential schools, special day schools, separate classes, and regular classes with special education support services.

Programs for Children with Behavior Disorders

Children with emotional disorders constitute about 1 percent of the preschool-and school-

aged population. These children may be withdrawn or overly aggressive. Their education usually is provided in regular or special classes with the support services of psychiatrists, psychologists, social workers, and speech-language pathologists.

Programs for Children with Speech and Language Disabilities

Nearly 3 percent of the preschool-and school-aged population have speech or language impairments. They have problems in articulation, language, fluency, or voice that affect their ability to learn or communicate effectively with others. The educational treatment provided to these children depends on the severity of the impairment and may include the services of special education teachers and speech pathologists.

Programs for Children with Learning Disabilities

The largest group of exceptional children, almost 5 percent of the population, have learning disabilities. These children have a discrepancy between their measured ability to learn and their actual achievement that is not due to intellectual retardation, emotional disorder, or sensory impairment. They may be educated in self-contained classes if their problems are severe, but more often they remain in regular classes and see special educators for varying amounts of time.

Trends in Special Education

Today, more special programs, services, and teachers are available in the public schools to help students with handicaps develop their potential. Many children with disabilities are mainstreamed, or taught in regular classes, for as much of their school day as is feasible. In addition, greater parental awareness and involvement are now part of educational planning.

Two trends are apparent in special education. First, disabled children are receiving special education services earlier. A child's ability to learn in school depends on skills learned as a toddler, such as communicating with others or exploring the environment. Since handicaps can

delay acquisition of these skills, early special education is needed to provide a foundation for future learning. To identify these young children and treat their disabilities, special educators are working closely with hospitals, doctors, therapists, and social workers. Family services are being provided to help parents understand their child's handicap and its treatment. For many children with handicaps, early educational treatment can reduce or eliminate the need for intensive special services later.

Second, it is now recognized that even individuals with severe disabilities are willing and able to work. Schools are assessing the abilities and talents of students with handicaps and matching these abilities with potential occupations. More training in vocational skills is being offered to students with handicaps, and programs to assist them in the transition from school to community life and work are being provided.

Autism, severe infant disorder of communication and behavior that develops before the age of three. The term has been used to describe many types of mental disorders, but as originally named in 1943, by the American child psychologist, Leo Kanner, early infantile autism describes



a rare cluster of symptoms, its incidence is approximately 4 in 10,000, and autistic males outnumber females by 4 to 1.

The autistic child is unable to use language meaningfully or to process information from the environment. About half of all autistic children are mute, and those with speech often repeat only mechanically what they have heard. The term *autism* refers to their vacant, withdrawn appearance, but its connotation of voluntary detachment is inappropriate.

Other characteristics of autism include an attractive physical appearance, an uneven pattern of development, a fascination with mechanical objects, a ritualistic response to environmental stimuli, and a resistance to any change in the environment. Some autistic children have precocious ability, such as mathematical skill.

The cause, prognosis, and treatment of autism are still under study. Research suggests a genetic defect as the cause of the disorder, which may be some form of autoimmune disease or degenerative disease of nerve cells in the brain. Preferred treatment is special education, stressing learning in small increments, and strict behavioral control of the child. Treatment with drugs such as fenfluramine and haloperidol is also being tested. In general, prognosis is poor for those autistic children who remain mute through age five. Children who speak fare better, and some of them recover.

Down Syndrome, congenital mal-formation accompanied by moderate to severe mental retardation, and caused by a chromosomal abnormality.

The overall incidence of Down Syndrome is approximately one in 700 births, but the risk varies with the age of the mother. The incidence of Down Syndrome in children born to 25-year-old mothers is approximately 1 in 1200; the risk increases to approximately 1 in 350 for 35-year olds and approximately 1 in 120 for women older than 40 years. Prenatal tests such as amniocentesis and chorionic villus sampling can be used to detect the chromosomal abnormality causing Down Syndrome. In addition, maternal blood tests can suggest the presence of a fetus with Down Syndrome when levels of alphafetoprotein are lower than usual, or when levels of unconjugated estriol and human chorionic gonadotrophin are abnormal.

The chromosomal abnormality involved in most cases of Down Syndrome is trisomy-21, or the presence of three copies of the 21st chromosome. As a result, the affected person has 47 chromosomes in all body cells instead of the normal 46, although how this causes the condition's symptoms is not yet known. Scientists assume that the reason for the abnormal chromosomal assortment is the fertilization of an ovum having 24 chromosomes by a sperm with a normal assortment of 23, but they have also found that the sperm can carry the extra chromosome as well. The abnormal ovum or sperm is derived from a germ cell in which the pair of 21st chromosomes holds together and passes into the same sperm or ovum instead of separating. In the type of Down Syndrome called translocation, the extra chromosome 21 material is attached to one of the other chromosomes; when some, but not all, of the body's cells carry an extra

chromosome 21, the condition is a type of Down Syndrome, called mosaicism.

Down Syndrome is not yet amenable to medical treatment, but medical care of the accompanying disorders and infections results in an almost normal life span. In the past, many children with Down Syndrome were institutionalized, but institutions are rarely used today. Most children with Down Syndrome participate in public-school programs, and most adults with Down Syndrome hold jobs of various types.

Persons with Down Syndrome are often short in stature and have a small, round head with a high, flattened forehead and fissured, dry lips and tongue. A typical feature is a fold of skin, the epicanthic fold, on either side of the bridge of the nose. The palms show a single transverse crease and the soles have a straight crease from the heel to the space between the first and second toes. Such persons are also subject to congenital heart defects--many of which can be corrected surgically--and are more likely to develop leukemia than are members of the general population.

Mental Retardation, below-average intellectual ability present from birth or early childhood, manifested by abnormal development and associated with difficulties in learning and social adaptation. About 3 percent of the total population is reported to be mentally retarded (having an IQ of below 69), but only about 1 to 1.5 percent is actually identified as retarded.

Four levels of mental retardation have been defined. These are mild (IQ range 52-68), moderate (IQ range 36-51), severe (IQ range 20-35), and profound (IQ less than 20). Mildly affected individuals comprise about 75 percent of the mentally retarded population and often cannot be distinguished from normal children until they attend school. The mildly retarded can generally learn academic skills up to about the sixth-grade level, although at a slower pace than normal children, and as adults can usually support themselves if helped during times of social or economic stress. In most cases, no obvious physical symptoms are present, although there may be a higher-than-normal incidence of epilepsy. About 20 percent of retarded individuals are moderately affected. They can progress to about the second-grade

level in academic subjects, and adults may be able to work at unskilled or semiskilled jobs in sheltered conditions. Severely retarded individuals usually develop only minimal speech and communication skills, and the profoundly retarded have little capacity to move about or communicate. The severely retarded must be under complete supervision, but may be able to take care of themselves, whereas those who are profoundly retarded require nursing care.

Several factors have been identified as causes of mental retardation. These include: maternal infection during pregnancy, such as German measles; chemical insults, such as lead poisoning or fetal alcohol syndrome; trauma, such as head injury; disorders of metabolism, such as phenylketonuria (PKU) or Tay-Sachs disease; brain disease such as neurofibromatosis or cancer; conditions resulting from unknown prenatal influence, such as hydrocephalus; premature birth; chromosomal abnormalities, such as Down Syndrome; psychiatric disorders, such as autism; and environmental influences, such as poor nutrition or lack of stimulation. The mental retardation resulting from PKU can be prevented by placing the infant on a special diet before brain damage can occur; for this reason, newborn screening for PKU is now performed throughout the United States.

A primary goal in treatment and management of mental retardation is optimal development of the patient's strengths, taking into account individual interests, personal experiences, and available resources. Another major goal is the development of social adaptive skills to help the patient function as normally as possible. It is particularly important that mentally retarded children receive special education and training, ideally beginning in infancy. Such education has been enormously beneficial and in recent years has been extended with positive effects even to the profoundly retarded. The prognosis for mentally retarded individuals is related more to the timing and aggressiveness of treatment, personal motivation, training opportunities, and associated medical and environmental conditions than to the mental retardation itself. With early intervention and good support systems, many mentally retarded people have become productive members of society. Successful management leads to independent functioning for some and a sheltered environment for others. Even those whose handicaps require total care benefit from appropriate stimulation and training.

Orphan, a minor who has lost one or both parents. In ancient times, the care of orphans was a private matter. The responsibility of the community for the care of orphans was recognized by the early Christians, and collections to raise funds were taken among the members of congregations. Later, church charity provided for the establishment of orphan asylums as well as for the care of orphans in monasteries. The duty of the state to provide for orphans was first recognized in the early 17th century, in England, where they were often placed in institutions known as workhouses. The abuses of the workhouse system led in the 18th century to the establishment by the government of separate residential schools, called barrack schools, for the housing and instruction of orphans, and to a growing number of orphan asylums founded by private groups. Orphanages were favorite objects of philanthropy in the 19th century as concern mounted over the mistreatment of children. As the negative effects of institutional regimentation on children's personalities became better understood, however, the emphasis shifted to care in foster homes and to adoption opportunities.

In most countries, including Great Britain and the United States, orphans are recognized as wards of the state, and governmental provision is made for their care. In the U.S., both state and federal legislation provides for aid to orphans in various forms, including their total support in orphanages and foster homes, when necessary. Orphanages in the U.S., are also maintained by religious organizations, by social or fraternal organizations, and by private endowment.

In recent times, orphanages have been organized on the so-called cottage system, in which children live together in small groups under the care of a house mother. In these groups, efforts are made to integrate the lives of the children with the life of the community. All Jewish institutions and most Protestant institutions, for example, provide for the education of their charges in public schools in which they can meet and associate with other children. In addition, increasing emphasis is given to securing qualified supervisory personnel with medical, psychiatric, dietary, and social work training. Even so, in recent



years, orphanages are being replaced by group homes, where care is provided for a limited number of children, and by individual care in foster homes. These programs are funded by government agencies and by religious and charitable organizations.

Puberty, period in the human life span during which the organs of sexual reproduction mature. This maturation is evidenced in females by the onset of menstruation, in males by the production of semen, and in both, by the enlargement of the external genitalia. Rapid growth marks a range of physiological changes. Various secondary sexual characteristics also appear for the first time during puberty; in males, production of body hair increases markedly, particularly in the pubic, axillary, and facial regions, and the voice usually changes and becomes deeper in tone; in females, hair also appears in the pubic and axillary regions, and the breasts become enlarged. Accelerated development of the sweat glands in both sexes may trigger acne.

Puberty usually occurs in males between the ages of 13 and 16, and in females between the ages of 11 and 14. Among the pathological conditions related to puberty are amenorrhea and *pubertas praecox*. The former is characterized by an absence or cessation of menstrual flow not caused by pregnancy. The latter is the premature appearance in the male or female of the typical physiological characteristics of puberty and is caused by disturbances of secretion in the anterior pituitary, in the adrenals, or in the gonads.

Sex Education, broadly defined, any instruction in the processes and consequences of sexual activity, ordinarily given to children and adolescents. Today, the term usually refers to classroom lessons about sex taught in primary and secondary schools.

Historically, the task of instructing adolescents about sex has been seen as the responsibility of the parents. But parent-child communication in sexual matters may be hindered by parental inhibitions or by various intergenerational tensions, and studies have shown that children rarely receive their first information on sexual matters from their parents.

In the late 19th century, attempts by educators and social workers to supplement parental sex instruction concentrated on what was then known as “social hygiene”--basically, biological and

medical information about human reproduction and venereal disease. In the post-World War II era, however, the relaxation of traditional social norms governing sexual activity, as well as the torrent of sex-related information available to children via the mass media, made a more sophisticated and comprehensive program of sex education seem desirable to many. The obvious forum for such an effort was the public school.

In the mid-20th century, many U.S. school districts established sex-education programs that ranged from a few lectures given to secondary school students to integrated and comprehensive lessons beginning in kinder-garten and extending through 12th grade or junior college. The variety of subjects covered include the physical processes of human reproduction; the workings of male and female sex organs; the origin, dissemination, and effects of venereal disease; family roles and structures; and the emotional and psychological causes and consequences of sex, marriage, and parenting. Frequently, however, the larger societal and ethical questions stemming from sexual behavior, being highly subjective in nature, are not regarded as appropriate to a strictly factual approach. At all levels of instruction, teaching methods may include visual aids, lectures, and moderated discussions.

Surveys have shown that in the U.S., many parents approve of some type of public school sex education, but in practice there has always been opposition to such programs. Questions about the state's usurpation of parental rights and responsibilities, the adequacy of ethical instruction, and the wisdom of imparting sexual information to immature minds have been raised by concerned opponents.

Juvenile Crime, in law, term denoting various offenses committed by children or youths under the age of 18. Such acts are sometimes referred to as juvenile delinquency. Children's offenses typically include delinquent acts, which would be considered crimes if committed by adults, and status offenses, which are less serious misbehavior such as, truancy and parental disobedience. Both are within the jurisdiction of the juvenile court; more serious offenses committed by minors may be tried in criminal court and be subject to prison sentences.

Under Anglo-American law, a crime is an illegal act committed by a person who has criminal

intent. A long-standing presumption held that, although a person of almost any age can commit a criminal act, children under 14 years old were unlikely to have criminal intent. Many juvenile courts have now discarded this so-called infancy defense and have found that delinquent acts can be committed by children of any age.

History

Since ancient times, enlightened legal systems have distinguished between juvenile delinquents and adult criminals. The immature generally were not considered morally responsible for their behavior. Under the Code Napoleon in France, for example, limited responsibility was ascribed to children under the age of 16. Despite the apparent humanity of some early statutes, however, the punishment of juvenile offenders until the 19th century was often severe. In the U.S., child criminals were treated as adult criminals. Sentences for all offenders could be harsh and the death penalty was occasionally imposed.

The first institution expressly for juveniles, the House of Refuge, was founded in New York City in 1824, so that institutionalized delinquents could be kept apart from adult criminals. By the mid-19th century, other state institutions for juvenile delinquents were established, and their populations soon included not only young criminals, but also less serious offenders and dependent children. The movement spread rapidly throughout the U.S, and abroad. These early institutions were often very rigid and punitive.

In the second half of the 19th century, increased attention was given to the need for special legal procedures that would protect and guide the juvenile offender, rather than subject the child to the full force of criminal law. Massachusetts in 1870 and 1880 and New York in 1892, provided for special hearings for children in the courts. As the U.S. juvenile justice system began to develop, jurisdiction over criminal acts by children was transferred from adult courts to the newly created juvenile courts. The first such court was established in Chicago in 1899. One of the principal reasons for the new system was to avoid the harsh treatment previously imposed on delinquent children. An act of wrong-doing by a minor was seen as an indication of the child's need for care and treatment, rather than a justification for punishing that child through

criminal penalties. Besides the juvenile court, other innovations in working with juvenile delinquents have appeared in the 20th century, including child-guidance clinics, juvenile-aid bureaus attached to police departments or other official agencies, and special programs in schools.

Juvenile Crime in the U. S.

The public appears much more aware of juvenile crime today, than in the past; this is due in part to more thorough reporting techniques and greater emphasis on publicizing delinquent acts in the media. Official U.S. crime reports in the 1980's, showed that about one-fifth of all persons arrested for crimes are under 18 years of age. In the 1970's, juvenile arrests increased in almost every serious crime category, and female juvenile crime more than doubled. During the most recent five-year period studied, juvenile arrests decreased slightly each year. Unofficial reports, however, suggest that a higher percentage of juveniles are involved in minor criminal behavior; grossly underreported common offenses include vandalism, shoplifting, underage drinking, and using marijuana.

Official records indicate that much juvenile crime is a group or gang activity. Juvenile gangs are typically classified as violent, delinquent, or social. Members of violent gangs sometimes have unstable personalities. Disputes center on territory or gang warfare and are assaultive, often involving deadly weapons. While group violence is sanctioned, individual violence is discouraged. The delinquent gang is a small cohesive group developed to carry out criminal acts, such as petty thievery and mugging. Although violence may be used, the primary goal is material gain. The social gang is a relatively permanent group of youths who generally exist in accord with society. In contrast to the common characterization of gang-generated crime, however, self-report studies often reveal that youth crime is a personal, independent effort not directly related to group activity.

Causes of Delinquency

Many theories concerning the causes of juvenile crime focus either on the individual or on

society as the major contributing influence. Theories centering on the individual suggest that children engage in criminal behavior, because they were not sufficiently penalized for previous delinquent acts or that they have learned criminal behavior through interaction with others. A person who becomes socially alienated may be more inclined to commit a criminal act. Theories focusing on the role of society in juvenile delinquency suggest that children commit crimes in response to their failure to rise above their socioeconomic status, or as a repudiation of middle-class values.

Most theories of juvenile delinquency have focused on children from disadvantaged families, ignoring the fact that children from affluent homes also commit crimes. The latter may commit crimes, because of the lack of adequate parental control, delays in achieving adult status, and hedonistic tendencies. All theories, however, are tentative and are subject to criticism.

Changes in the American social structure may indirectly affect juvenile crime rates. For example, changes in the economy that lead to fewer job opportunities for youth and rising unemployment in general, make gainful employment increasingly difficult for young people to obtain. The resulting discontent may in turn, lead more youths into criminal behavior.

Families have also experienced changes within the last 25 years. More families consist of one-parent households or two working parents; consequently, children are likely to have less supervision at home than was common in the traditional family structure. This lack of parental supervision is thought to be an influence on juvenile crime rates. Other identifiable causes of delinquent acts include frustration or failure in school, the increased availability of drugs and alcohol, and the growing incidence of child abuse and child neglect. All these conditions tend to increase the probability of a child committing a criminal act, although a direct causal relationship has not yet been established.

Treatment of Offenders

The juvenile justice system tries to treat and rehabilitate youngsters who become involved in delinquency. The methods can be categorized as community treatment, resi-

dential treatment, nonresidential community treatment, and institutionalization.

In most instances, community treatment involves placing the child on probation. When the child is not believed to be harmful to others, he or she is placed under the supervision of an officer of the juvenile court and must abide by the specific rules that are worked out between the officer and the child. In some instances, community treatment also takes the form of restitution, in which the child reimburses the victim, either through direct payment or through some form of work or public service.

Residential treatment generally takes place in a group home where the juvenile is provided with psychological and vocational counseling. Other forms of residential treatment include rural programs such as forestry camps and work farms. Youngsters placed in non-residential community-based treatment programs do not reside at the facility. Instead, they live at home and receive treatment from mental health clinics or similar services.

Institutionalization is the most severe form of treatment for juvenile offenders. The child is incarcerated in a secure facility and denied freedom to come and go in the community. The institution is responsible for the child's counseling, education, recreation, room and board, and other daily activities.

No specific treatment has been proven the most effective form. Effectiveness is typically measured by recidivism rates--that is, by the percentage of children treated who subsequently commit additional criminal acts. The recidivism rates for all forms of treatment, however, are about the same. That a large percentage of delinquent acts are never discovered further complicates this measurement. Thus, an absence of subsequent reported delinquent acts by a treated child may mean nothing more than that the child was not caught.

Juvenile Crime in Other Nations

Comparisons of the juvenile crime rates in various countries are severely limited by wide variations in national legal systems, categories of criminal behavior, and methods of reporting

crimes; certain similarities are apparent, however. For example, Canadian, Australian, and European victimization studies show the actual number of crimes to be several times those known to the authorities. According to one study in Finland, the larcenies known to the police were only 5 percent of the total that occurred. Also, homicide rates in France, Spain, and Great Britain are far lower than those in such countries as the United States and Mexico.

The major causes of delinquency in various countries are related to each nation's economic and social environment. In Brazil, for instance, the incidence of widespread poverty and the number of abandoned children in large city slums may be primary causes of juvenile crime. Delinquency research in India suggests that the primary causes are the changing social system, the population explosion, and shifting morals and values. Egypt reports that known delinquency has doubled in recent times, coupled with a decline in available services for offenders; many of these juvenile delinquents have been faced with very difficult social circumstances, such as surviving as abandoned children in city streets. Although the Soviet Union abolished its juvenile court system in 1935, it was not successful in eliminating delinquency. The government variously blamed the problems on inadequate parenting, failure of the schools, and remnants of the past sociopolitical climate. Many countries, such as Japan, report a decline in the number of juvenile delinquents that parallels a decline in the number of young people generally. Almost universally reported is the fundamental change in or breakdown of traditional patterns of family living, and this is cited as a major cause of juvenile crime around the world.

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