

Children, Social Problems, and Society

In this chapter, we'll examine social problems related to the quality of children's lives and their opportunities for the future as adults in the societies in which they live. We begin the discussion with a focus on poverty and its effects on children's lives in developed and developing societies. We then consider several problems related to poverty, teen pregnancy and births, and violence against children.

Poverty and the Quality of Children's Lives

Of all the factors that contribute to the social problems of children, poverty is the most pervasive and the most insidious. Poverty clearly steals the childhoods and often the very lives of many children in the developing world. In recent years, however, the proportion of children living in poverty in industrialized societies has increased, especially in the United States. Let's examine the effects of poverty on children's lives in developing countries and in the industrialized world.

Problems and Progress in Developing Countries

Most of us have a familiar and painful image of child poverty in the developing world. Starving children are affected by droughts or famine, or they suffer from diseases that are well in check in developed countries.

Although problems of malnutrition, lack of vaccinations, and poor health care still plague many children in poor countries, improvements have been made in recent years. For example, the first United Nations World Summit for Children in 1990 set a number of goals for improving the quality of life of children in the developing world. These included a one third reduction in child deaths, a halving of child malnutrition, immunization levels of 90%, control of the major childhood diseases, the eradication of polio, the elimination of micronutrient deficiencies, a halving of maternal mortality rates, primary school education for at least 80% of children, the provision of clean water and safe sanitation to all communities, and the universal ratification of the new Convention on the Rights of the Child (UNICEF, 1995). The means used to measure progress in these areas are far from perfect, and several setbacks have occurred because of wars, new diseases such as AIDS, and major debt problems in the developing world. Still, UNICEF reported that more than 100 of the developing nations (including more than 90% of the developing world's children) are making significant practical progress toward meeting these goals. Malnutrition has been reduced, immunization levels are generally being maintained or increased, deaths from measles are down by 80%, and the incidence of many other diseases has been reduced significantly. In addition, progress in primary education has resumed, and the Convention on the Rights of the Child has been widely and rapidly ratified. In human terms, this progress means that approximately 2.5 million fewer children died in 1996 than died in 1990, and millions will be spared insidious impediments to their development due to malnutrition. It also means that at least three quarters of a million fewer children each year will be disabled, blinded, crippled, or born mentally retarded (UNICEF, 1995). These are significant achievements that deserve high praise. They demonstrate that hard work and commitment to goals can pay off. More important, such progress makes it possible to counter charges that efforts such as these fail in the developing world and that organizations like the United Nations are ineffective.

Despite these gains, there are still myriad problems for the children of the world, especially the developing world. These problems have grown in nature in the last few years because of a number of wars and violent aggression, especially in the Middle East and Africa, which have killed, wounded, and disrupted the lives of millions of children and families. To address the latter, UNICEF and partners rose to multiple challenges in 2015. Their accomplishments in such emergency situations included: supplying 25.5 million people with safe drinking water; giving 23 million measles vaccinations to children between 6 months and 15 years of age; providing 7.5 million children aged 3 to 18 with access to formal or nonformal basic education;

treating 2 million children aged 6 months to 59 months for severe acute malnutrition; and providing psychosocial support to 3.1 million children (UNICEF, 2016a, p. 13). Regarding the state of the world's children more generally in 2016, UNICEF (2016b) has pointed to the important negative consequences of growing inequality regarding wealth and access to basic resources and quality of life globally and within countries. Here, especially the problems of children in sub-Saharan Africa are the most startling, and they demand attention both to inequality and to action to invest in the quality of life of all the world's children. Without such investments and continued progress, UNICEF predicts that by 2030: almost 70 million children may die before reaching their fifth birthdays; children in sub-Saharan Africa will be 10 times more likely to die before their fifth birthdays than children in high-income countries; nine out of 10 children living in extreme poverty will live in sub-Saharan Africa; and more than 60 million primary school-aged children will be out of school—roughly the same number as are out of school today. More than half will be from sub-Saharan Africa; some 750 million women will have been married as children—three quarters of a billion child brides (UNICEF, 2016b, p. vii).

To support the world's children and to make progress toward reducing growing inequality, we must appreciate the agency of children and youth, listen to their voices, and engage them in our actions to improve their quality of life and that of their families. Actions in line with the Convention on the Rights of the Child have led to programs to improve the participation of children in political decisions and actions that affect their lives (UNICEF, 2009). In May 2002, 2 youth, 1 from Bolivia and 1 from Monaco, were selected by a larger group of 400 children to speak at a special session on children at the United Nations. They spoke to what they saw in a future world fit for children. They pointed out that in this future world, they saw respect for the rights of the child; an end to exploitation, abuse, and violence; an end to war; the provision of health care; the eradication of HIV/AIDS; the protection of the environment; an end to the vicious cycle of poverty; the provision of education; and the active participation of children. The children closed their statement with the following points.

We pledge an equal partnership in this fight for children's rights. And while we promise to support the actions you take on behalf of children, we also ask for your commitment and support in the actions we are taking—because the children of the world are misunderstood.

We are not the sources of problems: we are the resources that are needed to solve them.

We are not expenses; we are investments.

We are not just young children; we are people and citizens of this world.
 Until others accept their responsibility to us, we will fight for our rights.
 We have the will, the knowledge, the sensitivity and the dedication.
 We promise that as adults we will defend children's rights with the same
 passion that we have now as children.
 We promise to treat each other with dignity and respect.
 We promise to be open and sensitive to our differences.
 We are *the children of the world*, and despite our different backgrounds, we
 share a common reality.
 We are united by our struggle to make the world a better place for all.
 You call us the future, but we are also the present. (UNICEF, 2003,
 pp. 66–67)

These are lofty but elegant goals, and they are especially forceful because they were formulated and stated by children themselves. Yet much work remains to be done, and the challenges are daunting. (See Alderson, 2015; Diduck, Peleg, & Reece, 2015; Freeman, 2009; Kaufman & Rizzini, 2009; Milne, 2013; for a review of the history, the contentious issues addressed in the drafting and adoption of the Convention on the Rights of the Child in 1989, and the challenges that remain in reaching its goals.) Most of the children of the developing world are still greatly affected by poverty and the related problems it breeds. In fact, in some countries, initial progress has been followed by continuing setbacks. These setbacks are all the more frustrating and threatening for children because they are occurring at a moment in history when traditional values, family organization, and economic structures are rapidly changing in the developing world. Let's consider two cases from South America and Africa.

Poverty and Street Children in Brazil

Many countries in Central and South America have experienced mass urbanization and its many related social problems. The country most well known for the plight of its street children is Brazil. The problems of Brazil's street children, however, must be placed in context. Deteriorating economic conditions persist; however, recent attempts have been made within the country to recognize and address the problem. Although there have always been wide disparities in the distribution of wealth in Brazil, the country experienced strong economic growth between 1960 and 1980. Annual growth rates of 10% during this period led to profound economic and social changes and to the development of a modern and diversified economic structure. Unfortunately, this period was followed by a severe recession in the 1980s, when the gross national product dropped more than 6%, the average minimum salary

declined 33%, and inflation soared to a level of 50% per month. These changes were accompanied by rapid population growth: from 119 to 144 million in the 10 years from 1980 to 1990, with approximately 40% of the population under 17 years of age. Furthermore, since the early 1960s Brazil has become highly urbanized. By 1990 the populations of São Paulo and Rio de Janeiro exceeded, respectively, 17 million and 11 million, and 14 other cities had more than 1 million inhabitants (Rizzini, Rizzini, Munoz-Vargas, & Galeano, 1994, pp. 56–57). It is not surprising that these factors combined to severely worsen the situation of the poor, most especially children.

Most studies of economic growth and the physical quality of life have ignored children or treated them as faceless variables (Y. Bradshaw, 1993). Children live and work on the streets for many reasons. Almost all are poor; some are orphans working to support themselves but also to contribute to the family. International reaction to the deplorable condition of Brazil's street children has drawn some direct attention to children, but think of what it took to get this attention. Children were being killed—executed—often because of the fact that they were poor! A study cited by Rizzini and colleagues (1994) found that 457 children were murdered on the streets of Rio, São Paulo, and Recife in one 6-month period in 1989.

Most of the victims (390) were males and most (336) between 15 and 17; only 11 had police records, and 13, at the most, were suspected of drug trafficking. The overwhelming majority had known addresses and lived with their parents. None was known to have ever carried weapons. (Rizzini et al., 1994, p. 66)

The authors went on to note,

These crimes, which resembled executions, are believed to have been committed by hired gunmen. Police are investigating drug traffickers and gangsters who are the prime suspects; individuals who take justice into their own hands (“vigilantes,” “death or extermination squads”); and a third group, the military and civil police and private security guards. Few of these cases have been resolved. It is worth emphasizing that the victims are commonly perceived as a social evil *which should be suppressed* [italics added]. (1994, p. 66)

The last line of this quote is especially chilling. Even if all of the victims were small-time drug traffickers or petty thieves, did they deserve to be summarily executed? And has this “common perception” of a social evil resulted in the summary execution of suspected adult drug traffickers and thieves? It is clear that young children—even those whose primary reason for being on the streets is the poverty of their families—are easy prey for such vigilantism. Fifty-four percent of Brazilian children live in households in which the

monthly per capita income is half the minimum wage or less (Rizzini et al., 1994, p. 65).

In his study of the street children of Recife in northeast Brazil, Hecht (1998) captured the complexity of their local cultures and life on the street and its relation to global economic forces. Almost all of the children Hecht studied had some dedication to their mothers and homes but chose life on the streets for the independence and small economic rewards it offered through begging and small-time, street-level crime such as petty theft and violence. Almost all of the lives of the children Hecht studied turned out badly, and many were murdered on the street. However, Hecht argued that focusing only on these outcomes and the problem of street violence can miss the socioeconomic forces that create the street culture as the only alternative for many of these children (also see Gough & Franch, 2005, for a comparative study of wealthy and poor youth in Recife and differences in their neighborhoods and use of space in city life). According to Hecht, street children

are a reminder, literally on the doorsteps of rich Brazilians and just outside the five-star hotels where the development consultants stay, of the contradictions of contemporary social life: the opulence of the few amid the poverty of the majority, the plethora of resources amid the squandering of opportunities. (1998, p. 214)

In this sense, argued Hecht, street children “embody the failure of an unacknowledged social apartheid to keep the poor out of view. At home in the street, they are painful reminders of the dangerous and endangered world in which we live” (1998, p. 214).

As depressing and bleak as the situation of Brazil’s street children is, negative reactions to the problem and cries of outrage (both internationally and domestically) have resulted in many new programs, many new policies, and much-needed legislation (Rosenblatt, 2012). Also the situation improved somewhat as the economy in Brazil improved significantly beginning around 2003, lifting millions of people out of poverty. However, it has stagnated recently and is currently in a deep recession that presents a challenge for earlier action and improvements regarding street children. Much of the action to address the problem of street children has been spurred by **nongovernmental organizations** (NGOs) that have no government affiliation, promote change, and address various social and economic problems at the community or grassroots level. As Rizzini and colleagues noted, implementing these laws “to make a real difference in the everyday lives of all children in Brazil is the challenge that lies ahead” (1994, p. 98; also see Bush & Rizzini, 2011; Rosenblatt, 2012). Also we must not overlook the agency and resiliency of street children and must strive to understand their perceptions

of their lives. Advocacy research shows that independence and freedom are important motivations for choosing street life, and street children report they often look out for one another and build strong group solidarity (Ataöv & Haider, 2006; Gadd, 2016; Rizzini & Butler, 2003).

Progress and Setbacks in Kenya

More and more, children in many of the countries of sub-Saharan Africa find themselves on urban streets in a struggle for the economic survival of their families (Bass, 2004; Droz, 2006; Evans, 2006; Van Blerk, 2005). The causes of their poverty are similar to the causes of poverty in countries of South America. The main culprit is the severe recession of the 1980s and the resulting debt crisis. Kenya is a good example of what is happening in many parts of Africa. After gaining political independence in 1963, and continuing until 1980, Kenya's national economy was one of the strongest in Africa. The annual total gross national product growth averaged 9.7%, with inflation and unemployment's remaining relatively low (Y. Bradshaw, Buchmann, & Mbatia, 1994). However, economic growth then slowed and reached a point of nearly zero growth in the early 1990s. Inflation also increased dramatically to a rate of more than 40%, resulting in severe hardships for many citizens.

This economic downturn led the International Monetary Fund, the World Bank, and other global financial organizations to demand increasing debt and austerity programs (Y. Bradshaw, 1993; Y. Bradshaw, Noonan, Gash, & Sershen, 1993). In Kenya, as in most developing countries, a very large percentage of the population are children: 59% of the population are younger than 20, and more than 27% are younger than 5 years of age (Y. Bradshaw et al., 1994). These children's lives were altered dramatically by these changes as nutrition, health, education, and other social service programs were cut back. One effect of child impoverishment has been the large increase in street children working as beggars, parking boys, or laborers in small business establishments. It was estimated in 2007 that there were 250,000 to 300,000 living and working on the streets across Kenya, with more than 60,000 in Nairobi (Smile Foundation Kenya, 2012). These children have, for the most part, abandoned their education and are often exploited by adults. Although most of the street children are boys, girls are often employed as housemaids, where they work for long hours doing housework and caring for young children. There also has been an alarming increase in child prostitution, with many young boys and girls' contracting sexually transmitted diseases, including HIV. One estimate is that 20% of children with AIDS are in the 5- to 14-year-old age range, an increase that is tied directly to street prostitution. This statistic is made even bleaker by the fact that 8% to 9% of the general population in Kenya are HIV positive, and many more persons are expected

to become so. This means that if children do not contract the virus and die before their parents, many of them will become AIDS orphans (Y. Bradshaw et al., 1994). However, Meintjes and Giese (2006) have questioned the generally singular focus on orphanhood in the context of HIV/AIDS in Africa, most specifically in South Africa. They argued that local notions of vulnerability and orphanhood are often incongruous with international policy definitions. This mismatch leads to stereotypes and adversely affects local applications of the term. Meintjes and Giese maintained,

Policy recommendations, service designs, implementation procedures and other forms of intervention that derive from orphan-centered thinking are unlikely to be sufficiently sensitive to local ways of understanding the word (and the consequences of the pandemic), and they may thereby inadvertently create new social inequities and increase the risk of harm for some of the very children whom these interventions are designed to assist. (2006, p. 426)

The authors pointed to the overwhelming complexity of the issue and argued that “we have yet to understand and articulate many aspects of the impact of HIV/AIDS on children’s lives” (2006, p. 426).

Although the problems of children of sub-Saharan Africa may seem overwhelming, there are possible long-term solutions. Like the street children in Brazil, these African children and youth display strong resilience and collective support for one another in their daily lives (Mizen & Ofosu-Kusi, 2013). The brightest rays of hope come from NGOs like those in Brazil, which have sprung up in local communities and can make a real difference in children’s lives. Support of these organizations, especially by foreign donors and the international financial community, as well as government reform could bring about real change. However, these efforts must be carried out with a deep understanding of the culture, customs, and ways of life of those children and adults in need.

Poverty and Child Labor in Developing Countries

Worldwide children are involved in paid and unpaid forms of work that are not considered harmful. However, “they are classified as child laborers when they are either too young to work or involved in hazardous activities that may compromise their physical, mental, social or educational development. The prevalence of child labour is highest in sub-Saharan Africa. In the least developed countries nearly one in four children (ages 5 to 14) are engaged in labour that is considered detrimental to their health and development” (UNICEF, 2016c).

One area in which growing recognition of the plight of children in developing countries may be effecting change is in the area of child labor exploitation. But again as we saw in the Western conceptualizations of poverty, street children, and HIV/AIDS in the developing world, child labor is a complex issue. One reason for the routine exploitation of children's labor is the contradiction that exists between legislation and enforcement of child labor laws in many parts of the world. As Qvortrup noted, many countries "turn a blind eye" to the reality of extensive, full-time child labor despite child labor laws. Furthermore, because much of children's work is illegal, "they are rendered vulnerable to exploitation over conditions, hours, pay and safety standards—factors which for adult workers are regulated by their unions" (Qvortrup, 1991, p. 31; but also see Mizen, Pole, & Bolton, 2001, for discussions of the complexities of child labor in industrialized societies in North America, Europe, and the former Soviet Union; and Nieuwenhuys, 2009, for an instructive discussion of the global nature of children's work and the importance of not just protecting children from exploitive work but also guaranteeing their rights as workers for work they desire to undertake for their livelihoods and those of their families). Two possible solutions to these problems are (a) international condemnation of the problem along with carefully developed economic actions against offending countries, and (b) creative activism by NGOs within offending countries.

Exploitative child labor exists throughout the developing world, but it is most appalling in southeast Asia, where in countries such as India and Pakistan, children are often sold into indentured servitude or kidnapped to work on farms and in factories, mills, and sweatshops. Carpet factories especially value young children "because they can squat easily, and their nimble fingers can make the smallest, tightest knots" ("Pakistanis Silence Youthful Voice," 1995). Recent international outrage has led a German-Indian export-import association to form the Rugmark Foundation, which certifies carpets that are made in child-free factories. Because of the Indian government's general indifference to the problem, however, several bills were considered in the United States Congress that would ban all Indian carpets. One supporter of the bills, then Iowa senator Tom Harkin, asked, "Can we really afford the price that children pay to make these products?" ("The Young and the Damned," 1996). The Child Labor Deterrence Act was proposed several times but was never passed into law. It did, however result in a great deal of debate about the complexity of the issue (see Schmitz, Traver, & Larson, 2004, for a detailed discussion of child labor in several countries). Although condemnation and legislation from outside the offending countries is important, social movements and activism within the countries is most effective. A number of NGOs in India and Pakistan have organized child workers,

lobbied their governments, and promoted mass demonstrations and rallies against the exploitation of child workers. Some groups and organizations go further and raid factories in search of children. Such raids have resulted in the rescue of many ill-treated child workers. One child, Iqbal Masih, was not so lucky.

THE ABRAHAM LINCOLN OF CHILD WORKERS

Not long ago, at the age of 10, Iqbal Masih sneaked away from a Pakistani carpet factory, where he had worked since he was 4 years old. (He was sold into indentured servitude by his parents for less than \$16.) A labor organizer told Iqbal that he did not have to return to work because of new child labor laws. But Iqbal went back anyway to tell other child workers. During the next 2 years, Iqbal roamed the Pakistani countryside, entering factories and bringing the message of freedom to his peers (“Pakistanis Silence Youthful Voice,” 1995, p. 6). His activism drew international attention, and Reebok International brought him to Boston, where he was presented with a human rights award. In a 7-minute acceptance speech, Iqbal said he wanted to become a lawyer “so he could be the Abraham Lincoln of his people” (“Pakistanis Silence Youthful Voice,” 1995, p. 6). With the promise of a 4-year scholarship from Brandeis University, Iqbal began to attend school in India as he continued his labor activism. He received repeated death threats, however, and on Easter Sunday, 1995, Iqbal was shot to death while riding his bicycle with friends near his grandmother’s house in the small village of Muritke, Pakistan. It is believed that he was killed by vengeful members of the carpet industry. In his short and tragic life, Iqbal Masih had accomplished much. “He was so brave . . . you can’t imagine,” said Ehsan Ullah Kahn, the labor organizer who had first told Iqbal he did not have to return to his oppressive bosses. “He also has managed to free thousands of children” (“Pakistanis Silence Youthful Voice,” 1995, p. 6).

To ensure the sacrifice of Iqbal Masih, we must remember his legacy not only as an exploited child worker but as a child activist for his own cause. As Nieuwenhuys (2005, 2009; also see Bourdillon, 2014) has argued from a global and historical perspective, concern for the protection of children by adults in the developed world often blunts our understanding of the complexity of and need for children’s labor in developing countries. In developing countries many children combine schooling and work, and their labor

(directly for their families and for others) is an economic necessity. She argued that those who wish to protect children from exploitation must recognize working children's movements as organizing for the right to work in dignity and to fight for their rights. Here again, as we saw earlier when discussing street children in South America and Africa and HIV/AIDS orphans, developed countries' perceptions, beliefs, and understanding of childhood, children's problems, and children's rights should not be forced on the developing world (see Evans & Skovdal, 2016). We must take care to understand the complexity of these issues from multiple points of view. It is necessary for us to work not only *for* or *in the name of* but *with* those children and the adults in their lives whom we want to help.

Child Poverty in Industrialized Countries

In the wealthy nations of the world, children are not shot on the streets for being poor, nor are they allowed to be sold into indentured servitude. The overwhelming majority of children in Western industrialized societies live in relative comfort and have high aspirations and bright futures. However, many poor children do live in the modern industrialized world, and a significant number live in impoverished and dangerous environments. Children's poverty varies across wealthy nations. The richest nation in the world, the United States, has one of the highest poverty rates. Worse, despite a growing awareness of the problem, the proportion of children living in poverty has been on the rise in the United States and in several other Western countries, and it is much higher than it was 30 years ago. Let's examine this problem by considering recent trends in child poverty in the United States, looking at divergent poverty rates among children and the elderly, and comparing American child poverty to that in other industrialized countries.

Trends in Child Poverty in the United States

Poverty can be measured in a number of ways. In the United States, the official poverty rate provided by the Census Bureau reflects an **absolute measure of poverty** that is supposed to represent the dollar amount a family needs to achieve a "minimally adequate" standard of living (Bianchi, 1993). The absolute rate is misleading for several reasons. First, it is based on pretax rather than after-tax income and does not take into account access to resources such as food stamps and medical coverage. Poverty measures that take tax and income transfer resources into account are used to figure what is normally referred to as the posttax and transfer poverty rate. Second, many argue that poverty is a relative concept and that what is considered "minimally adequate" varies as average living standards increase or decrease

(Bianchi, 1993, p. 94; Hernandez, 1994, p. 13; also see Hernandez, Denton, & Macartney, 2007a, for a discussion of various measures of child poverty in the United States especially as it pertains to minority and immigrant children). Those who believe in the importance of using relative measures of poverty normally set the poverty rate between 40% and 50% of the median income of all families in a particular community or country at a given time. For a variety of reasons, different reports of child poverty in the United States and other countries are based on different poverty measures. This leads to a great deal of confusion and distortion in political debates about the extent and causes of child poverty. In our discussion, we will always be clear about the particular measure being used and why it is most relevant given a particular comparison.

In terms of absolute measures of poverty, the proportion of children who lived in poverty in the United States in the late 1930s was very high (nearly 70%) but declined dramatically in the 1940s and 1950s as the country emerged from the Great Depression and enjoyed an economic boom after World War II. The rate continued to drop in the 1960s, reaching a low of 14% in 1969. Child poverty increased in the 1970s and early 1980s as economic growth slowed and the country suffered through several recessions. After reaching a high of 22.3% in 1983, the child poverty rate dropped to 19.5% by 1988 as a result of sustained economic growth. This reduction, however, was much less than was expected and was in no way comparable to the major drop in child poverty during the economic boom of the 1950s. Furthermore, with the recession that began in late 1990, the proportion of children in poverty began to increase again and reached a level of 21.8% in 1991 (see Bianchi, 1993). These patterns of child poverty are not confined to the highly segregated inner-city neighborhoods of large metropolitan areas. Poverty rates are similar, if not higher, among nonmetropolitan children (Lichter & Eggebeen, 1992). Overall, as Bianchi noted, recent patterns indicate that “poor macroeconomic growth continues to move more children into poverty, but good macroeconomic performance seems less able to do the opposite” (1993, p. 95). This argument has by and large been sustained as childhood poverty dropped somewhat in the late 1990s when the economy improved, and the child poverty rate fell to 16.7% in 2001 where it remained in 2002 (Proctor & Dalaker, 2003). This drop was noteworthy but not spectacular, given the good economic times; and this rate was still much higher than the rates of most other modern societies, as we will see below. However, as the economy again faltered and we entered a deep recession, the absolute child poverty rate began to climb anew and reached 19% in 2008, 20.1% in 2010, and 19.7% in 2015 (see Chau, 2009; Proctor, Semega, & Kollar, 2016; U.S. Census Bureau, 2009, 2012; Wight, Chau, &

Aratani, 2010). Given the slow recovery from the recent deep recession, we cannot expect to see a significant drop in the absolute child poverty rate in United States in the near future.

Why has child poverty stayed at this consistently high level of between around 15% and 20%? There are a number of interrelated reasons. Most often cited as the main cause is the dramatic structural changes in American families since the 1950s. A major increase in the divorce rate and in the number of nonmarital births (especially to young, poor women) has moved many women and children into poverty (Hernandez, 1994; Sidel, 1992). Many fathers of these children added to the problem by failing to take seriously the responsibility of providing for their offspring; state governments, until recently, have not passed and enforced child support laws to ensure that fathers meet their responsibilities. Some have argued that the federal government needs to become involved in the efficient collection of the \$34 billion a year in unpaid child support (Skocpol & Wilson, 1994).

We will discuss the effects of changes in family structure on children's economic, social, and psychological well-being later in the chapter. Here, we need to look at another important factor in child poverty: the way social welfare policies in the United States affect children and the elderly.

Social Welfare Policy and Divergent Poverty Rates of Children and the Elderly

Although Americans advocate strict equality in the distribution of political and judicial rights, they are wary about supporting attempts to ensure economic equality that involve government redistribution (Burtless, 1994, p. 83). Unlike most Western European countries, the United States is a highly market-oriented society and designs its social welfare programs accordingly. This fact is nowhere more evident than in the disparity between the poverty rate of children and that of the elderly.

As many Progressives like to point out, the Great Society programs (the expansion of Social Security and the institution of Medicare and Medicaid) in the 1960s substantially reduced poverty among the elderly. In calculating this change, using a posttax and transfer poverty rate—as previously mentioned, a measure that takes tax and income transfer resources into account—is crucial. Using such a measure, the poverty rate for persons 65 years and older in 1960 was around 30%, whereas by 1994 it was reduced to 12%; in 2002 it was 10.5%, and it was 9.7% in 2008, 8.9 % in 2009, and 8.8% in 2015 (Proctor & Dalaker, 2003; Proctor, Semega, & Kollar, 2016; U.S. Census Bureau, 2009, 2012). The major reason for this reduction was government programs that supported the elderly. Similar government

programs for children are much less generous. To estimate the difference, let's look at how government programs affected rates of poverty among the elderly and children in the United States in 1996. For the elderly (persons 65 and older), the poverty rate before taking government programs and tax credits into account was around 50%. After taking the programs and tax credits into account, the poverty rate was 12%, a reduction of 38%. Things were quite different for children 17 and under in 1996. The poverty rate was reduced from 23.6% to 16.1% when taking government programs and tax credits into account, a reduction of only 7.5% (Center on Budget and Policy Priorities, 1998). These differences in the poverty rates of the elderly and children have persisted since 1996, as we previously noted. In fact, social welfare policies and a number of other factors have contributed to a general trend in which the quality of the lives of the elderly and children have moved in different directions—up for the elderly and down for children (Preston, 1984; Sgritta, 1994, 1997). Do we care more for our elderly than for our children? Does it make sense to invest more in the elderly than in children?

Most Americans, young and old, would answer “no” to both questions. Yet we currently treat our elderly much better than our children. The reasons for this are complicated. Let's return to the nature of social welfare policy in the United States. The two largest social welfare programs for the elderly, Social Security and Medicare, are **social insurance** programs. These programs are financed by payroll taxes and are paid for by those currently employed and their employers; and the benefits are provided to the retired, dependents of deceased workers, and insured unemployed (Burtless, 1994, p. 54). Social insurance programs differ from other types of social welfare programs in that they are not means tested or restricted to only the poor. **Means-tested programs** distribute money and other types of resources to the poor and near poor (Burtless, 1994, p. 53). In theory, social insurance programs pay for themselves: People who work pay taxes, and these payroll taxes cover their Social Security and Medicare costs in their retirement years. Right away there is a problem with such thinking, however. Many people have entered into retirement (and therefore have been entitled to Medicare at age 65) after paying very little into the system. Furthermore, due to advances in medical technology and the success of the programs themselves, the elderly are living longer and longer. Thus, these programs become more and more expensive as the number of people covered increases. This economic problem is accelerated by the growing costs of medical care; new technologies such as heart transplants keep people alive longer but are very expensive.

Spending on programs for the elderly (Social Security, Medicare, and Medicaid—conservatively around 20% of Medicaid spending is for nursing home care for the elderly) makes up a large percentage of the federal budget.

In President Obama's proposed budget for 2016, spending on Social Security, Medicare and 20% of Medicaid were estimated to be more than \$1.34 trillion. This amount is a fair estimate of the budget to be devoted to people older than 65. It makes up around 40% of the total budget (U.S. Office of Management and Budget, 2016). Furthermore, the budgets for Social Security, Medicare, and Medicaid have increased at a much higher rate than programs for poor children such as Temporary Assistance for Needy Families, food stamps through the Supplemental Nutrition Assistance Program, Head Start, and medical insurance and related programs. Therefore, we would expect the percentage of the budget devoted to those older than 65 to increase.

Julia Isaacs (2009) of the Brookings Institution did research on all government spending (federal and local) on the children and the elderly in 2004. One would predict that with spending on education at the state level, government spending on children and the elderly would even out. However, Isaacs's estimates were that public "spending on children averaged \$8,942 per child under age 19 in 2004," whereas in "the same year, public spending on the elderly was \$21,904 per elderly person, or 2.4 times as high as that on children" (Isaacs, 2009, p. 1). In the same article, Isaacs pointed to other studies (one carried out by the Congressional Budget Office finds an even higher ratio of spending on the elderly compared to children). In a related article, Isaacs, Vericker, Macomber, and Kent (2009) projected the nature of inequalities in spending on children compared to the elderly through 2019. They noted that there were increases to spending on children in the American Recovery and Reinvestment Act (ARRA) in 2009, especially related to Medicaid and other programs. However,

the longer-term outlook for the children's share of the federal budget does not look as promising. As the provisions of ARRA expire, we project that spending on children will shrink over the next decade, falling to 1.9 percent of GDP by 2019. In contrast to the projected decline in spending on children, spending on the elderly and disabled is projected to rise steadily. Over the next 10 years, the non-child portions of Medicare, Medicaid, and Social Security are expected to increase 2.3 percentage points (from 8.0 to 10.3 percent of GDP). In other words, the increase in spending on these three programs will exceed total spending on children. There is a growing danger that the escalating costs of these major entitlements, as well as growing interest payments on the national debt, will crowd out spending on children's programs. (Isaacs, et al. 2009, p. 33)

Do these differences mean we are spending too much on the elderly? No. Actually these differences show the success of these programs, especially Medicare, as people are living longer lives because of advanced medical

technology. Further, the elderly are deserving of social security pensions given their investments in society over their lives. However, the large inequity in government spending on the elderly compared to children does suggest we need to control the costs of Medicare and health care more generally in the United States. Aaron (2009), in response to Isaacs, argued that the main problem is the high and growing costs of health care in the United States, especially for the elderly; that these costs need to be better managed; and that any fraud in Medicare should be eliminated. He argued, however, that this inequity in spending is not unjust, because it is logical that there would be more need for health care spending on the elderly than on children. Children, he maintained, will be repaid for the present inequity when they reach old age and have greater need for health care. Aaron was surely correct that there are major needs to reduce the cost of health care in the United States and to make it more available for all citizens. However, the inequity in spending between the elderly and children cannot be so easily explained away through the balance of health care spending over time. This first assumes all children in the United States have equal access to health care compared to the elderly. However, some American children are still without health care insurance, although nearly all children are now insured, given The Affordable Care Act or what has come to be called Obamacare. Also the major difference in poverty rates between children and the elderly and limited funding of early education shows that children are not on an even playing field except for differences in health care investment. The inequity in investment in children compared to the elderly in the United States is a major problem that has negative effects on children's quality of life as they live their childhoods. Reducing poverty and investing more in children will improve their childhoods and increase the likelihood of their becoming productive citizens in their futures, an outcome that benefits all Americans.

Yet some argue that even a small increase in any level of welfare spending for poor families with children is too much. Such an attitude is understandable in a country where most social welfare programs related to medical care, nutrition, and housing are means tested. Because only the truly impoverished are covered by most of these welfare programs, many working people who can barely make ends meet come to resent those who receive basic benefits without working.

Variations in Child Poverty and Quality of Life in Industrialized Countries

Most other countries in the industrialized world do not make such sharp distinctions between entitlement programs such as old age pensions and other

types of social welfare. In these countries, basic nutrition, medical care, family leave, child care, and preschool education are provided at a base level for all citizens. In short, other industrialized countries have attempted to deal with the very real demands of increasing social welfare costs of the elderly while at the same time maintaining investments in their children (Sgritta, 1994). These countries are less market-oriented than the United States, and their citizens are willing to pay higher tax rates for the social benefits they receive.

This difference leads to a number of interesting patterns regarding the quality of life among children. Timothy Smeeding, Lee Rainwater, and Gary Burtless (2001) looked at overall child poverty rates of children in the United States and in 17 other industrialized nations. The authors used a **relative measure of poverty** (children younger than 18 living in households with incomes less than 40% of the national median) that was adjusted for family size and age of the head of the household. The survey studied the period from 1990 to 1997. Overall, they found the following:

Higher [child] poverty rates in countries with a high level of overall inequality (the United States and Italy), in geographically large and diverse countries (the United States, Canada, Australia), and in countries with less-developed welfare states (Spain). Low poverty rates are more common in smaller, well-developed, and high spending welfare states (the European community, Scandinavia) and in countries where unemployment compensation is more generous, social policies provide more generous support to single mothers and working women (through paid leave, for example), and social assistance minimums are high. (Smeeding et al., 2001, pp. 171–172)

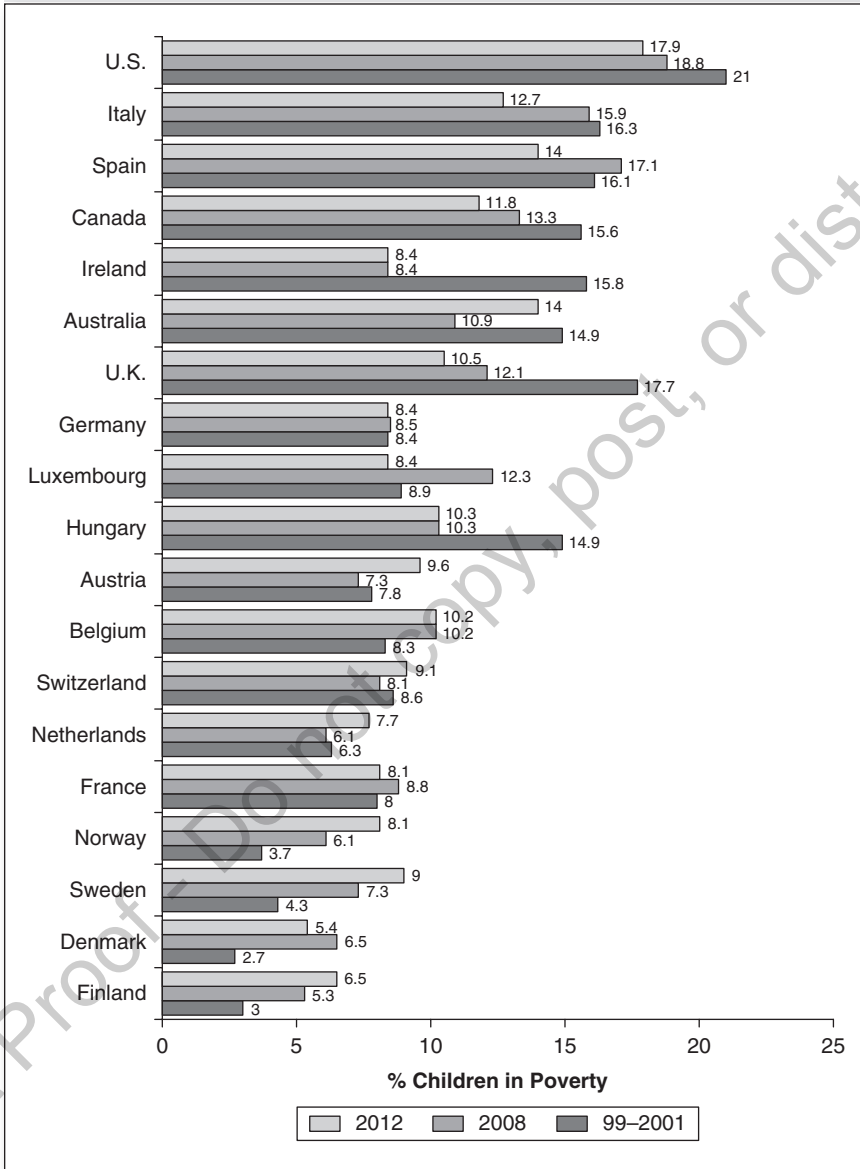
Exhibit 11.1 presents an update to the Smeeding and colleagues' study of the 1990s with data from the Luxembourg Income Study files for 19 countries for the years 1999 to 2001, data tabulated by J. Bradshaw and colleagues (2012) from a number of international statistical sources, and data from The Organization for Economic Co-operation and Development (OECD Family Data Base, 2016a). However, in these data, poverty is measured at 50% of median income compared to 40% of median income in Smeeding's study. The overall pattern for the first data period (1999 to 2001) still fits the general conclusions found in the earlier study. The United States had the highest rate at 21%, while poverty rates for the UK, Italy, Spain, Canada, and Australia range from 17.7% to 14.9%. The poverty rates were all less than 10% in most other European countries, and they were less than 5% in 4 of the countries, with the least child poverty—Finland, Denmark, Norway, and Sweden. Again we see the general pattern of lower child poverty rates in the Scandinavian countries, which Smeeding and colleagues found in the 1990s.

For the 2008 data, we see a similar pattern, but relatively small increases in child poverty for 8 countries—most of which had low rates in 1999 to 2001 that were likely due to the global recession in this period. The exceptions where child poverty receded were in the Netherlands, Switzerland, Austria, Hungary, the UK, Australia, Ireland, Canada, Italy, and the United States. In all but Australia, Canada, Ireland, and the UK, the decreases were small. Australia and, to some extent, Canada (where child poverty rates remain high) weathered the worst of the global recession. Ireland had experienced a strong economic boom prior to the global recession, and this may explain the drop in 2008.

In 2012, six countries (Finland, Denmark, Sweden, the Netherlands, Austria and Australia) show increases but all were small except for Australia. The remainder of the countries showed no changes, or rather small decreases, except for the UK, which has shown a noteworthy drop in child poverty over the three periods. (We will discuss how this drop is related to a program initiated by the Blair government in Chapter 12.) However, along with the United States, Italy, Spain, and Australia, the UK still has a rate over 10%. Also worth noting is that even though there has been a modest drop in child poverty in the United States, in 2012 it had the highest rate of all the 19 countries at 17.9%. Overall, despite the global recession, the pattern in poverty rates across the 19 countries has remained remarkably stable over a 25-year period. It is clear that many industrialized countries need to decrease the amount of child poverty much more, most especially the United States.

Child poverty rates, however, do not tell the whole story. Rainwater and Smeeding (2003) also looked at the economic well-being of children across income levels of households in 18 countries in the 1990s. They found that “rich American children are much better off compared with advantaged children in other countries” (2003, p. 42). Children from wealthy families in Switzerland and Canada are somewhat near children in the United States in terms of disposable income, whereas rich children in all the other countries studied have less spendable income than their counterparts in the United States by a wide margin. The pattern is quite different for low-income children. Rainwater and Smeeding found that in only 3 of the 14 comparison countries (the United Kingdom, Spain, and Italy) poor children were worse off than comparable poor children in the United States. They found further that in “five countries the average disadvantaged child has one-third or more real income as the average poor American child. In Norway and Switzerland the relatively disadvantaged child has more than half again the real income of the poor American child” (2003, p. 45).

Exhibit 11.1 Child Poverty in Nineteen Countries: 1999–2001, 2008, 2012



Sources: Author’s tabulations from Luxembourg Income Study files from 1999–2005. Adapted from J. Bradshaw, Y. Chzhen, C. de Neubourg, G. Main, B. Martorano, and I. Menchini, (2012), for 2008. Adapted from OECD Family Data Base, (2016a), for 2012. Poverty is measured at 50% of median income.

We must also remember that although most of the countries studied provide paid maternal or family leave, some form of government-supported child care, and early education programs, the United States either provides no such services or has very limited programs, such as Head Start. Therefore, the economic challenges that poor families and their children face are much greater in the United States than in any other country in the industrialized world. Overall, these data indicate a much greater level of commitment in other countries of the industrialized world to the well-being of all children, as compared to the United States.

In fact, in a recent comparative study of children's well-being in rich countries, the United States fared poorly (UNICEF Office of Research, 2013). The study ranked countries on five dimensions (material well-being, health and safety, education, behavior and risks, housing and environment). The United States ranked 26th of the 29 countries on the average rank of all five dimensions and 26th on material well-being, 25th on health and safety, 27th on education, 23rd on behavior and risks, and 28th on housing and environment. The countries ranked at the top on nearly all the dimensions were the Netherlands and most of the Scandinavian countries. One has to look hard to find any positive findings in the report for American children and youth; but they did score well on some measures of behavior and risk, ranking near the very top in terms of lowest percentage of reported cigarette smoking and alcohol use (but near the bottom for reported use of cannabis). We see a similar pattern with children in the United States reporting high rates of exercise and eating fruit, but the American children were dead last of the 29 countries in obesity as measured by BMI (body mass index). Overall, the report while measuring other things regarding well-being beyond poverty, clearly indicates poverty is the most essential factor.

The Human Face of Poverty: The Story of Nicholas

Given growing concern about the budget deficit, opposition to higher taxes, skepticism about welfare policy, and the political power of the elderly, it is unlikely that the United States will face up to its growing problem of child poverty anytime soon. Some things can be done right away, however, and we will consider several important first steps in the next chapter. For now, we close this section with an inspiring case study of an inner-city Chicago boy who is doing his best to make the most of his childhood in very difficult circumstances.

GROWING UP FAST: THE STORY OF NICHOLAS

In 1993, the *New York Times* published an important series of articles titled “Children of the Shadows,” which captured the lives of 10 children growing up poor in American cities. The first article, written by Isabel Wilkerson (1993), told the inspiring story of Nicholas, an African American 10-year-old living with his family in the dangerous Englewood section of Chicago. The economic circumstances of Nicholas and his family can be expressed quite simply—they are very poor. However, his family structure and those of his mother and the other adults who care for him are very complex. Wilkerson describes a scene in which the boy is called from his fourth-grade classroom and asked to explain why no one has picked up his younger sister, Ishtar, from her morning kindergarten class. Nicholas has a hard time explaining that his mother, a welfare recipient rearing five young children, is in college trying to become a nurse and so is not home during the day; that Ishtar’s father is separated from his mother and in a drug-and-alcohol haze most of the time; that the grandmother he used to live with is at work; and that, besides, he cannot possibly account for the man who is supposed to take his sister home—his mother’s companion, the father of her youngest child (Wilkerson, 1993, p. 1). In the end, Nicholas simply says that his stepfather is supposed to pick up Ishtar, and he then gives the principal the phone number of his aunt.

Nicholas’s mother, Angela, fits many of the stereotyped descriptions of welfare recipients. She is Black, a tenth-grade dropout who bore her first child, Nicholas, at age 16 and then had four more children with three different men. Angela also went through a very difficult period in which she was addicted to crack cocaine. Her mother cared for her children; Angela went through treatment and has stayed away from drugs ever since. She has been on and off welfare and has worked a long succession of jobs, from picking okra in Louisiana to waiting tables in downtown Chicago. She, like most of us, has made mistakes—the two biggest being her teenage pregnancy and her drug addiction. When the poor make mistakes, however, they seldom get a second chance, and the recovery process is long and hard.

Angela and her mother are deeply religious and attend services in a tiny storefront church, Faith Temple, several times a week. The deep spirituality of many inner-city African Americans is often overlooked in the stereotypes. It is this spirituality, an Ethiopian-derived Christianity, that has kept Angela striving for her goal—a nursing degree that could pull her family out of poverty

(Continued)

(Continued)

and into the working class. Spirituality also sustains her family against many of the dangers—crack houses, drive-by shootings, robberies—of their inner-city environment. (In Angela's neighborhood in 1992, 80 people were murdered; as Wilkerson pointed out, this is more than the number of murders in Omaha and Pittsburgh combined for that year; 1993, p. 16).

Every morning before her children go to school, Angela shakes an aerosol can containing a special religious oil and tells them to close their eyes tight as "she sprays them long and furious so they will come back to her, alive and safe, at day's end" (Wilkerson, 1993, p. 16). She has faith in the oil, but she also recites the rules to her children each morning: no playing on the way to and from school, and if you hear shooting—run! "Why do I say run?" the mother asks each day. "Because a bullet don't have no eyes," Nicholas and his brother Willie shout in reply. Once Willie almost got shot on the way home from school as he straggled along behind his brother—a sixth-grade boy pulled out a gun and started shooting. Willie heard the shots and ran, unhurt, to catch up with his brother. So far the rules and the oil have worked.

In many ways Nicholas is a typical 10-year-old. He gets only average grades, and he slides down banisters, shirttail out, hoping to become a fireman. But he has many of the responsibilities of a man. He must look after his younger siblings, often getting their breakfast in the morning and washing clothes at night because the children have so few things to wear. "I know my baby's running out of hands," Angela says low one night as Nicholas works on the laundry. She worries about him, and Nicholas, in turn, worries about her and about his siblings. He worries much too much for a young boy. He is worried the morning his mother has an early test and he has to take the little ones to day care before going to school himself. At the day care center, his youngest brother, John-John, begins to cry as Nicholas walks away. "Nicholas bent down and hugged him and kissed him. Everything, Nicholas assured him, was going to be O.K." (Wilkerson, 1993, p. 16).

In a follow-up story written by Isabel Wilkerson (2005) 12 years later, we learn more about the lives of Nicholas and his family. Things have gotten better for some family members, worse for others. Angela and her younger children have fared the best. She met and married a Chicago police detective, finished her studies and became a registered nurse, found a steady job in the

nursing profession, and joined the middle class. These successes positively affected the lives of her younger children (including a new son born after the original story was written) who are doing well in school, with Ishtar a recent high school graduate. However, Angela's turning around of her life came too late for Nicholas and his brother Willie. Both became involved in drug activities in preadolescence when the family still lived in a housing project. Both have spent short periods of time in jail, have struggled to stay out of trouble, and have barely made ends meet as they try to support children they fathered out of wedlock. Willie has had the toughest life, twice being shot in drug-related incidents. Nicholas, the boy who grew up too fast, now is a man with an uncertain future and the dream of becoming a rap artist. It seems like a long shot, but his mother, Angela, after a troubled childhood and early adulthood turned her life around. She prays and hopes that Willie and Nicholas will be able to do the same.

Given there have been no more follow ups to these stories we do not know the outcomes for Nicholas and his family. We do know that Isabel Wilkerson won a Pulitzer Prize for her reporting for the first study, has gone on to write award-winning books as well, and is now the director of the nonfiction narrative program at Boston University. She reflected on her work including that on Angela and Nicholas in a recent article by Newkirk (2011).

Teen Pregnancy and Nonmarital Births

Perhaps no other change in family structure has been more controversial than the number of nonmarital births in Western industrialized societies. Nonmarital births seem most disturbing to those who hold traditional values regarding family structure because they are seen as a rejection of the two-parent family (Luker, 2006). However, the issue was intensified in the 1980s and early 1990s by the increase of nonmarital births by adolescent girls, most especially poor minority youth. In this case, as we saw in Chapter 10, all the negative aspects of blaming the victim come to the fore. Debates about nonmarital births and what is best for the children and the children having the children become tinged with racism and stereotypes of the poor.

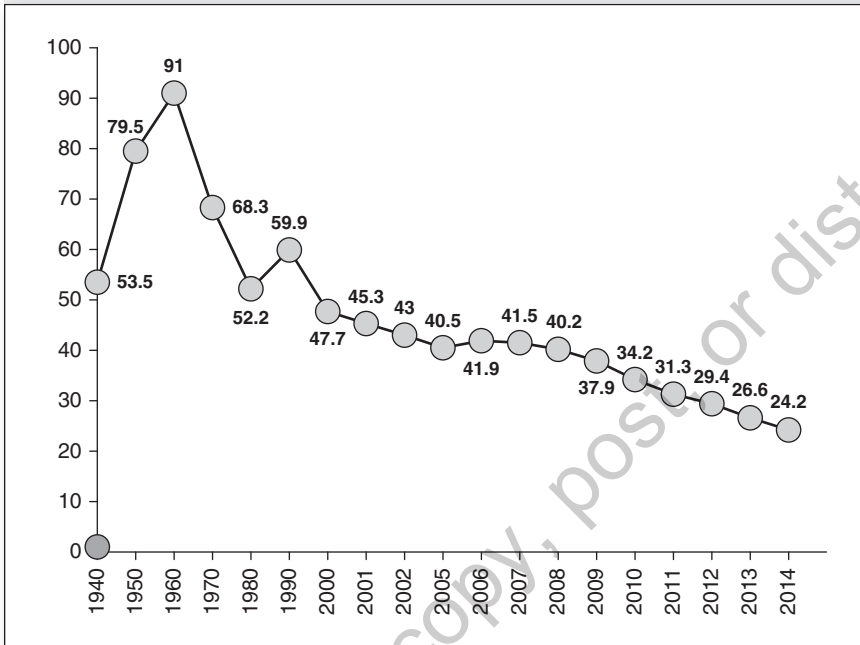
Let me be clear from the start. Teenage pregnancy, nonmarital births on the part of young girls, and abortion among youth are best avoided at all costs. They clearly are destructive of childhoods. That said, understanding the extent of the problem, interpreting its effects on children and youth, and doing something about it are indeed highly challenging tasks. However, as we will see in the discussion below, important progress has been made in addressing this issue.

Trends in Teen Nonmarital Births

What is the extent of the problem, and how has it grown? Teen sexuality and pregnancy are clearly a global problem, but here we will restrict our discussion to industrialized countries, primarily the United States. In the United States, measures of teen pregnancy over time are unreliable because of difficulties in obtaining data on abortion, most especially before its legalization in 1973. By looking at birth rates and available data on abortion after 1973, however, it does appear that the pregnancy rate among teenagers has not increased dramatically since the 1950s. The Alan Guttmacher Institute (2010, 2013, 2016; also see Kost & Henshaw, 2012) provided estimates of pregnancy and abortion rates for women ages 15 to 19 in the United States from 1986 until 2011. The institute estimated that the pregnancy rate has steadily declined from a high of 116.9 per 1,000 women aged 15–19 in 1990, to 83.6 in 2000, to 71.5 in 2006, to 68.2 in 2008, and to 52.4 per 1,000 women aged 15–19 in 2011. This is the lowest rate observed in the last four decades, cutting more than half the rate in 1990 and it marks a 23% decline from the 2008 teen pregnancy rate of 68.2. The Institute also estimated a steady decline in the abortion rate from a high of 43.5 per 1,000 women aged 15–19 in 1988, to 24.0 per 1,000 in 2000, to 19.3 per 1,000 in 2006, to 17.8 in 2008, and to 13.5 abortions per 1,000 teen women in 2011 (Alan Guttmacher Institute, 2016).

Exhibit 11.2 presents information about the rate of births for women ages 15 to 19 in the United States from 1940 to 2013. We can see that the rate was 53.5 births per 1,000 women in 1940 but rose to 79.5 in 1950 before peaking at 91.0 births per 1,000 in 1960 as part of an overall baby boom. Teen births then began to decline. By 1980 they were back down to between 50 and 60 per 1,000 women, where they remained until 2000 when the rate was 47.7. They continued to decline in the first five years of the 21st century and reached a low of 40.5 per 1,000 women in 2005, only to rise slightly to 41.9 in 2006 (J. Martin, et al., 2009; J. Martin, Park, & Sutton, 2002). The rate then began to drop again to 41.5 in 2007 and continued to drop to 31.3 in 2011, 29.4 in 2012, and 26.6 in 2013, which is an historic low (Hamilton, Martin, & Ventura, 2011; Hamilton & Ventura, 2012; J. Martin, et al., 2012; Ventura, Brady, Hamilton, & Mathews, 2014; Hamilton, Martin, Osterman, Curtin, & Mathews, 2015).

What has been increasing dramatically until recently in the United States is the percentage of out-of-wedlock teen births. The same pattern exists for teens as it does for all women 15 to 44 years of age between the period from 1950 to 1990: a steady increase from about 13 births per 1,000 women in 1950 to around 43 births per 1,000 women in 1990 (J. Martin, et al., 2002).

Exhibit 11.2 Birth Rates per 1,000 Women Aged 15 to 19, From 1940 to 2011

Sources: Adapted from J. Martin, M. Park, and P. Sutton (2002); J. Martin et al. (2009); B. Hamilton, J. Martin, and S. Ventura (2011); B. Hamilton and S. Ventura (2012); J. Martin et al. (2012), S. Ventura et al. (2014); B. Hamilton et al. (2015)

However the rate of births to unmarried women from 15 to 44 years of age peaked at a rate of 51.8 per 1,000 women in 2008 and dropped to 47.6 in 2010 (J. Martin et al., 2012). As we can see in Exhibit 11.3, the teen out-of-wedlock birth rate reached a peak earlier in 1995 of 43.8 per 1,000 unmarried women and then steadily declined to a rate of 39.0 in 2000, to 34.5 in 2005, before increasing slightly in 2006 and 2007 when it reached 36.5. It then began a steady decline to 35.9 in 2008, 31.1 in 2010, 26.7 in 2012, and to 22 in 2014 (the lowest in 34 years).

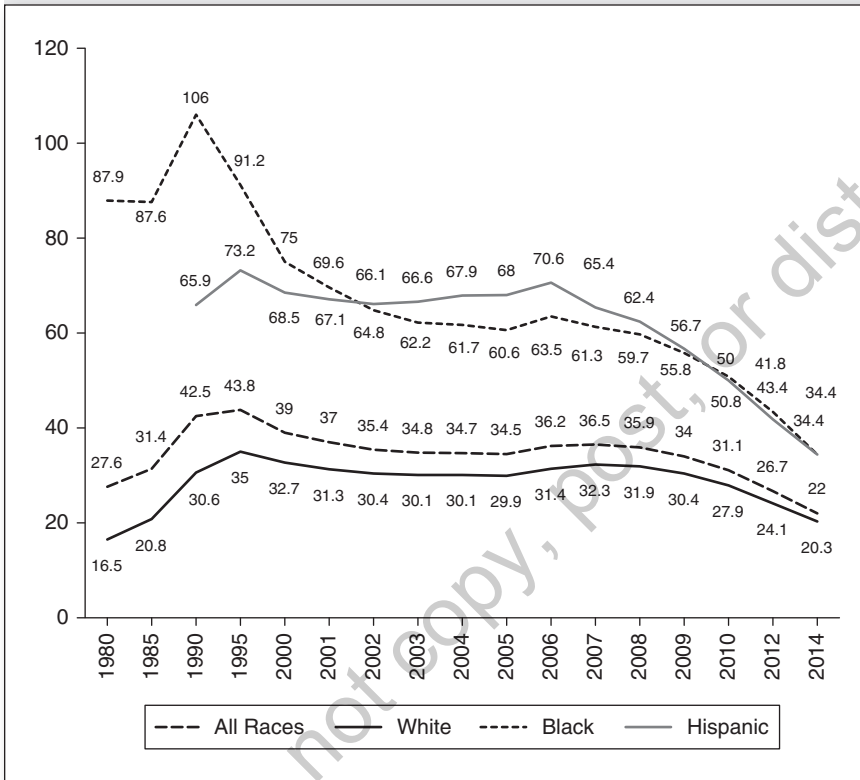
However, underlying these overall rates are important racial and ethnic differences. As Exhibit 11.3 shows, the rate of out-of-wedlock births has been high for Black and Hispanic teens for many years. For Black teens, the rate rose from 87.9 births to 106.0 births per 1,000 women between 1980 and 1990. For Hispanic teens, data have been available since 1990; the rate rose from 65.9 to 73.2 nonmarital births per 1,000 women in 1995. The rate

of out-of-wedlock births for White teens has been much lower than for non-White teens, but the rate has increased dramatically, rising from 16.5 births per 1,000 women in 1980 to 30.6 births per 1,000 women in 1990 (J. Martin, et al., 2002).

Again, however, we have seen a decline in nonmarital births among all racial and ethnic groups since the mid-1990s, but the decrease has not been a steady one for Hispanic teens. The rate for Black teens has declined the most—from a peak of 106.0 births per 1,000 women in 1990, to 75.0 births per 1,000 women in 2000, to 60.6 in 2005, with a slight increase to 63.5 in 2006. Since that time the rate began a steady decline again, reaching 50.8 in 2010, 43.4 in 2012, and a low of 34.4 in 2014 (Ventura et al., 2014; Hamilton et al., 2015). For White teens the drop has been less dramatic but has been fairly steady. For White teens, nonmarital births peaked at 35.0 births per 1,000 women in 1995 and dropped to 32.7 per 1,000 women in 2000. The steady decline continued to a low of around 30.0 per 1,000 women in 2005 and again, as for all groups, a slight increase in 2006 followed by a decrease to 31.9 in 2008, to 27.9 in 2010, to 24.1 in 2012, and to a low of 20.3 in 2014. For Hispanic women, the pattern is more complex; the rate dropped from 73.2 per 1,000 women in 1995 to a low of 66.1 per 1,000 women in 2002. At this point, the nonmarital birth rate became higher for Hispanic teens compared to Black teens and began a steady increase, reaching 70.6 per 1,000 women in 2006 (J. Martin et al., 2009). However, a steady decrease began in 2007, and by 2010 the nonmarital birth rate of 50 per 1,000 women was a bit lower than that for Black teens (J. Martin et al., 2012). This downward trend continued to 41.8 in 2012 and reached a low of 34.4 per 1,000 women in 2014, which was the same as the rate for Black teens (Ventura, et al., 2014; Hamilton et al., 2015). Overall, even though there has been a decrease in nonmarital births, the rates especially for Blacks and Hispanic teens is still high. However, the steady significant drop in recent years, especially given that the economy has been in a deep recession with a slow recovery, is highly encouraging.

Before considering the possible factors underlying these changes and the consequences of teen births for both the young parents and their children, it is useful to consider comparative data from other industrialized countries. Exhibit 11.4 presents birth rates for 15- to 19-year-old women in 2011 for the United States and 15 other countries. We can see that the United States has the highest teen birth rate (at nearly 31.1 per 1,000 women) compared to all the other countries. The rates in the United Kingdom, Portugal, and Canada are relatively high (between 12.6 and 21.8 per 1,000), but nevertheless the teen birth rate in the United States is still substantially higher than in these three countries. For all the other countries, the teen birth rates are

Exhibit 11.3 Rates of Nonmarital Births per 1,000 Women Ages 15 to 19, From 1980 to 2014

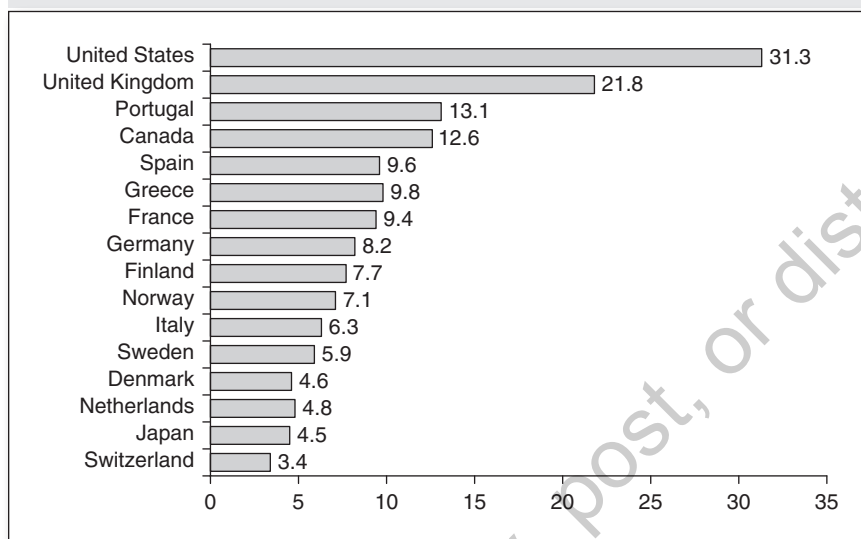


Sources: Adapted from J. Martin et al. (2009); J. Martin et al. (2012); B. Hamilton et al. (2015).

much lower than that of the United States with Spain, Greece, France, and Germany all having rates between 8.2 and 9.6 per 1,000 women. Finland, Norway, Italy, Sweden, Denmark, and the Netherlands have rates between 4.8 and 7.7 per 1,000 women, while Japan and Switzerland have the lowest, from 3.4 to 4.5 per 1,000 15- to 19-year-olds.

Possible Causes of Trends in Teen Nonmarital Births

These comparative data put us in a better position for evaluating the many factors that most influence teen nonmarital births in the United States. One of the reasons offered for such increases among teens in all industrialized

Exhibit 11.4 Birth Rates for 15- to 19-Year-Olds in Selected Countries, 2011.

Sources: Ventura et al. (2014); Statistics Canada (2016).

countries is that young women are delaying marriage but are becoming involved in sexual activity at younger ages than in the past. One important factor here is the declining age of puberty due to nutritional and other changes. At the turn of the 20th century, the average age of menarche for adolescent females was 14.8 years, whereas in 1999 the average age was about 12.3 years. Some adolescent girls begin to menstruate as early as 10 years of age (Alan Guttmacher Institute, 1994; S. Anderson & Musi, 2005). Thus, contemporary youth in industrialized society will live, on average, nearly a decade of their lives as sexually mature and single (Luker, 1991). Therefore, given that teens were more sexually active (with more sexual partners) in the 1980s and 1990s than they were 20 years earlier, it is not surprising that we have seen some increase in nonmarital births. It is doubtful, however, that this increase in sexual activity over a longer period of time can, in and of itself, explain the rise in nonmarital births in the United States. Nor can it explain the differences we see between the nonmarital birth rates of the United States and most west European countries, where teens also face a long period of sexual maturity prior to marriage and where they report similar levels of sexual activity (Boonstra, 2002; Darroch, Singh, & Frost, 2001; E. Jones et al., 1985).

A second factor to consider is teens' knowledge about reproductive processes and contraception as well as their access to contraception and abortion services. Here, the United States seems far behind most west European countries, where extensive sex education programs in schools begin in the early grades, and contraceptive devices and services are widely available in clinics and pharmacies. In general, there is more openness about and tolerance of teenage sexual activity in the European countries than there is in most of the United States and in parts of Canada (Weaver, Smith, & Kippax, 2005).

One reason for the more successful experience of the European countries may be that public attention is generally less focused on the morality of early sexual activity and more focused on the search for ways to prevent increased teenage pregnancy, abortions, and childbearing (Berne & Huberman, 1999; Schalet, 2004). In the United States, contentious debates arise about whether sex education and the availability of contraceptives will increase sexual activity among teens and result in even higher rates of teen pregnancy and births (Luker, 2006). But surely the dramatic differences we see in pregnancy, abortion, and birth rates when we compare the United States to west European countries do not support such beliefs (Santelli, Lindberg, Finer, & Singh, 2007). Furthermore, American teenagers seem to have inherited the worst of all possible worlds regarding their exposure to messages about sex. Movies, music, radio, and TV tell them that sex is romantic, exciting, and titillating; premarital sex and cohabitation are familiar ways of life among the adults around them; and their own parents or their parents' friends are often divorced or separated but involved in sexual relationships. In spite of this, adults continually send teens the message, "Good girls should just say no" to the expected sexual advances of boys and young adult males. Almost nothing that they see or hear about sex informs them about contraception, the importance of avoiding pregnancy, and the responsibility of both females and males in sexual activity (Agnvall, 2006; E. Jones et al., 1985; Kisker, 1985).

Large numbers of American youth do manage to navigate successfully through what Luker referred to as the "reproductive minefield of extended adolescence" without experiencing (or causing) pregnancy, making decisions about abortion, or bearing children in or out of wedlock (1991, p. 79). How do these teens differ from those who are not successful? Although many who move through the period unscathed are less sexually active and in some cases even abstinent, many others are sexually active but take care to avoid pregnancy or, if they become pregnant, rely on abortion.

Let's return now to the issue of poverty, which is so often the central factor for the social problems of children. In the United States, teen birthrates are highest for those who have the greatest economic disadvantages. Interestingly, in the debate about teenage pregnancy, this general finding

is often interpreted to mean that teenage childbearing causes poverty, rather than the other way around (see Kearney & Levine, 2012, for a review of the literature on this issue). The next step in this way of thinking is that many welfare programs that provide assistance for unmarried mothers create a financial incentive for young poor women to bear children outside of marriage. Thus, welfare policies themselves cause poverty (Murray, 1984).

Let's begin with the second part of the argument—that welfare policies contribute to high rates of teen pregnancy and births. First, such an argument clearly is not supported by the comparative data we discussed earlier. Let's return to Exhibit 11.4. All of the other countries provide more extensive benefits to poor mothers (including child care, medical care, food supplements, housing, and family allowances) than those provided in the United States (Clearinghouse on International Developments in Child, Youth and Family Policies, 2010; E. Jones et al., 1985). Yet almost all these countries have substantially lower teen pregnancy, abortion, and marital and non-marital birth rates.

Many conservatives eschew such comparative data, arguing that what might work in the more collectivist welfare states of western Europe will not work in the United States. On the surface, such an argument may seem to have merit. For example, from 1976 to 1992, about 42% of all single women receiving Aid to Families With Dependent Children in the United States were, or had been, teenage mothers (American Psychological Association, 1995; General Accounting Office, 1994, p. 8). But is there evidence that specific U.S. welfare policies play a significant role in adolescents' fertility-related behavior? Although researchers on this question are not in complete agreement, reviews of the welfare incentive literature conclude that welfare benefits do not serve as a reasonable explanation for variations in pregnancy and childbearing rates among unmarried adolescents (American Psychological Association, 1995). What the research does find is that poverty, race and ethnicity, and education—not specific welfare policies—have the most significant effects on teenage childbearing. Luker nicely summarized the general findings of this research:

First, since poor and minority youth tend to become sexually active at an earlier age than more advantaged youngsters, they are “at risk” for a longer period of time, including years when they are less cognitively mature. Young teens are also less likely to use contraceptives than older teenagers. Second, the use of contraception is more common among teens who are white, come from more affluent homes, have higher educational aspirations, and who are doing well in school. And, finally, among youngsters who become pregnant, abortions are

more common if they are affluent, white, urban, of higher socio-economic status, get good grades, come from two-parent families, and aspire to higher education. Thus more advantaged youth get filtered out of the pool of young women at risk of teen parenthood. (1991, p. 76)

“But wait a minute!” say conservatives and also many Americans who view problems like teenage pregnancy individually rather than structurally. Why can’t these disadvantaged teens act more responsibly and sensibly, more like their advantaged counterparts? In this view, noted Luker, the teenage pregnancy problem is cast as a universal: Everyone was a teenager once, and teenagers must control their impulses and be responsible about their futures (1991, p. 81). But here’s the rub. Teenagers are not all the same. Many are not well prepared for the challenges of puberty, do not have support from caring adults when they make difficult decisions, and do not have parents who can or will bail them out when they make mistakes. In fact, as we discussed in Chapter 10, many economically disadvantaged girls not only lack supportive caring adults in their lives but also must often fight off adult sexual abuse and coercion. Finally, and perhaps most important, many poor youth are different from middle-class and wealthy teens in that they see little hope that their lives will improve—there are no bright horizons in their futures. As a result, they often drift into pregnancy and then into parenthood (Furstenberg, Brooks-Gunn, & Chase-Landale, 1989).

Recent work by economists Kearney and Levine (2012) backs up this explanation. In their in-depth comparison of geographic variation in teen births across states in the United States and across countries, they found that income inequality played a central role.

Thus, we conclude that women with low socioeconomic status have more teen, nonmarital births when they live in higher-inequality locations, all else equal. The proximate mechanism driving this finding is that conditional on getting pregnant, more of these girls choose to carry their pregnancy to term. Indeed, our estimates suggest that income inequality can explain a sizable share of the geographic variation observed in the teen childbearing rate, on the order of 10 to 50 percent. We believe these results are consistent with the large body of work in other social science disciplines arguing that social marginalization and hopelessness are to blame for young, nonmarital childbearing. To the extent that greater levels of inequality are associated with a heightened sense of economic despair and marginalization, our empirical findings support this claim. (2012, pp. 157–158)

Given the Personal Responsibility and Work Opportunity Reconciliation Act, or what has become known as welfare reform, and the replacement of

Aid to Families With Dependent Children with Temporary Assistance for Needy Families, the debate about welfare and teen pregnancy subsided. However, most research suggests that welfare reform has not reduced teenage fertility (Hao & Cherlin, 2004). In any case, with welfare reform and the decline in teen births, there has been a shift to a new debate regarding the best programs of sex education for teens. Here social conservatives argue strongly for abstinence-only programs, whereas Progressives stress the need for comprehensive sex education involving both abstinence and instruction about the types, availability, and use of contraception. In the George W. Bush administration, the federal government promoted abstinence until marriage (“abstinence-only”) programs and restricted federal funding to schools that used such programs. The requirements for abstinence-only programs specified “that these programs must have as their ‘exclusive purpose’ the promotion of abstinence outside of marriage and that they must not, in any way, advocate contraceptive use or discuss contraceptive methods other than to emphasize their failure rates” (Santelli et al., 2007, p. 150; also see Luker, 2006; Santelli et al., 2006). Some abstinence-only advocates bring great religious fervor to the debate, leading to the promotion of youth’s making virginity pledges in some schools and even purity balls where preadolescent and teenage girls pledge virginity until marriage to their fathers at formal dances or balls (Gibbs, 2008; see Valenti, 2009, for an interpretation and critique of the practice). Progressives, including many health care specialists, agree that abstinence (especially for preadolescents and young teens) should be part of sex education in schools. However, they argue strongly that abstinence-plus programs, which provide information about the types, availability, and proper use of contraception, are essential. Santelli and colleagues argued that

public policies and programs in the United States and elsewhere should vigorously promote provision of accurate information on contraception and on sexual behavior and relationships, support increased availability and accessibility of contraceptive services and supplies for adolescents, and promote the value of responsible and protective behaviors, including condom and contraceptive use and pregnancy planning. (2007, p. 155)

Such arguments have had effects, as there has been a nationwide trend against abstinence-only sex education, with 43 states and the District of Columbia no longer accepting funds under the Title V abstinence-only education program (Boonstra, 2009).

Research studies comparing a range of sex education programs, including abstinence-only programs, virginity pledges, and more comprehensive programs (often called abstinence-plus), have been mixed. They show that abstinence-only programs and virginity pledges do not generally increase the

age at which youth initiate sexual behavior, reduce their number of sexual partners, or reduce their likelihood of contracting a sexually transmitted disease, becoming pregnant, or causing a pregnancy (see Santelli et al., 2006, for a review). Regarding virginity pledges, studies find that students who take such pledges are more likely to delay sexual activity longer compared to those who do not pledge. However, once those who have pledged become sexually active, they are less likely to use contraception than, and are equally likely to contract a sexually transmitted disease as, those who have not made such a pledge (Bearman & Brückner, 2001; Brückner & Bearman, 2005). The most comprehensive study to evaluate abstinence-only programs as precisely defined by Title V government funding is that of Trenholm and others (2008). Unlike other studies, Trenholm and colleagues' is based on an experimental design and examines students who were involved in four abstinence-only programs around the country as well as youth in control groups from the same communities who did not participate in such programs. The sample of 2,057 youth participating in the study came from big cities (Miami and Milwaukee) as well as rural communities (Powhatan, Virginia, and Clarksdale, Mississippi). The students were in late preadolescence or early adolescence at the time the study began, and the study continued for 42 to 78 months. Students who participated in abstinence-only programs were just as likely to have sex over the course of the study as those in the control groups. They reported having a similar number of sexual partners, and they first had sex on average at about the same age as those in the control group—14 years, 9 months. However, unlike the students who took virginity pledges, students in abstinence-only programs in this study were no more likely to have unprotected sex than those in the control group (see Trenholm et al., 2008, for more detail).

These findings influenced President Obama to end the restriction of federal funding to abstinence-only sex education programs and to sponsor more comprehensive programs in his 2010 federal budget (Cohen, 2009). However, a study (Jemmott & Jemmott, 2010) reignited the debate. This study was based on the participation of 662 African American students in Grades 6 and 7 in schools in Philadelphia. Each participant was randomly assigned to one of four groups—an 8-hour abstinence-only program stressing the benefits of delaying intercourse, an 8-hour safer sex program stressing condom use, a comprehensive intervention that covered both abstinence and condoms, and a control group that offered health information unrelated to sexual behavior. Rivara and Joffe (2010) summarized the findings in an editorial accompanying the article. They noted that

the abstinence-only curriculum appeared to be as effective as a combined curriculum and more effective than the safer sex-only curriculum in delaying

sexual activity over the 24 month follow up. None of the curricula had any effect on the prevalence of unprotected sexual intercourse or consistent condom use. (p. 200; see Jemmott & Jemmott, 2010, for more detail)

These findings are important but do not generally support abstinence-only programs under the much more rigid requirements of abstinence until marriage of the former Bush administration. In fact, the study's recommendations are in line with most abstinence-plus programs in their emphasis on advising abstinence for 10- to 14-year-olds. Despite a growing recognition of the need for comprehensive sex education, a recent study primarily using aggregate data from the National Survey of Family Growth (Lindberg, Maddow-Zimet, & Boonstra, 2016) found that there is still government funding for abstinence-only sex education programs. The study also found that overall there has been a general decline in sex education in the period 2006–2013 in American schools especially among non-Hispanic white females, particularly those living in nonmetropolitan areas. Further, the study found no evidence that parents were filling the gap in sex education, but the authors point to some studies that at least some teens were turning to the Internet for needed information. On a more positive note, those authors found that “receipt of formal sex education is associated with healthier sexual behaviors and outcomes . . . and evaluations of specific sex education programs, particularly those taking a more comprehensive approach, have also found evidence of impacts on teen pregnancy and related sexual behaviors” (Lindberg, Maddow-Zimet, & Boonstra, 2016, p. 626). These positive findings, along with the steady and rather dramatic decrease in nonmarital groups among White teens and teens of color lend support to the need for the extension of more comprehensive sex education programs instituted by the Obama administration.

Consequences for Teen Parents and Their Children

Given the relationship between poverty and teen pregnancy, it should not be surprising that many researchers have found it difficult to “sort out the effects of early childbearing from the selective factors that lead some youth to become teen parents” (Furstenberg et al., 1989, p. 315). For most teen mothers, early childbearing immediately worsens their quality of life and often leads to a number of negative consequences as far as their educational, economic, and marital futures are concerned. Short-term studies have found that teen mothers are more likely to drop out of school, fail to find stable and remunerative employment, and enter into stable marriages than are women who begin childbearing in later life (Furstenberg et al., 1989; Hofferth & Hayes, 1987; Maynard, 1997). In a rare long-term study,

however, Furstenberg and his colleagues found that although teen mothers did not do as well as later childbearers, most teen mothers managed to stage a recovery in later life (Furstenberg et al., 1989). The key to such recoveries was the women's successes in educational achievement, fertility control, and stable marriages. In a more recent study, Hofferth, Reid, and Mott (2001) found that the effects on high school completion because of teen pregnancy declined in the 1980s and 1990s because young women completed high school or earned GEDs regardless of the timing of their first births. However, the gap between early and late childbearers in postsecondary school attendance widened nearly 20 percentage points between the early 1960s and the early 1990s. Given the increasing importance of college education, teen mothers today are at least as disadvantaged as those of past generations.

Elaine Bell Kaplan's (1997) ethnography of Black teenage motherhood challenges many stereotypes, especially the assumption that the African American community condones teen pregnancy. Using her experience as an African American teenage mother, Kaplan developed close relations with her informants and offered important proposals for rethinking and reassessing the class factors, gender relations, and racism that influence Black teenagers to become mothers.

What do we know about the lives of children of teen mothers? We have frequently discovered in our exploration of childhood in this book that many things are assumed about children's lives, even though the detailed study and research required to really understand them or to do something about them is lacking. We see this pattern again when it comes to teenage pregnancy. As Furstenberg and colleagues noted, "it is commonly presumed that early childbearing adversely affects children, although only a limited amount of evidence has been marshaled to demonstrate this seemingly obvious proposition" (1989, p. 316). One wonders how much more we might know about the everyday lives of teen mothers and their offspring if we had invested as much research funding and time in direct studies of them as we have in trying to find a relationship between welfare spending and teenage pregnancy. One study by Wendy Luttrell focusing on fifty girls enrolled in a model public school program for pregnant teens helps (Luttrell, 2003). Luttrell's insightful ethnography explores how pregnant girls experience society's view of them and also considers how these girls view themselves and the choices they've made. Finally, a recent study by Mary Patrice Erdmans and Timothy Black (2015) provides insight on the lives of pregnant teens before they became pregnant and give birth to their children. In their book, which shatters many myths about teen mothers, the authors tell the life stories of 108 Brown, White, and Black teen mothers, exposing the problems in their lives often overlooked in pregnancy prevention campaigns. Some stories are tragic, as the young women reflect on sexual abuse, partner violence, and school

failure. Others, in contrast, depict “girl next door” characters whose unintended pregnancies capture insidious gender disparities. Linking teen births and social inequalities, Erdmans and Black demonstrate how the intersecting hierarchies of gender, race, and class shape the biographies of young mothers. More studies like those of Kaplan, Luttrell, and Erdmans and Black are clearly needed.

In any case, we do know some things. Generally, children born to teenage mothers are at a developmental disadvantage compared with children born to older mothers. For younger children, these differences are much more likely to be observed in sons than in daughters, with sons of teenage mothers being more aggressive and lacking self-control compared to sons of older mothers. In adolescence, school achievement is markedly lower among offspring of teenage mothers, and these youth display behavioral problems and a lack of interest in learning compared to the interest displayed by children of older mothers (Furstenberg et al., 1989). However, a wide range of factors is associated with having a teenage mother (for example, disadvantaged neighborhoods, low-quality schools, lower educational attainment of the mother, emotional problems of the mother, and so on), and it is not clear which of these factors may account for these differences.

Violence, Victimization, and the Loss of Childhood

In Chapter 10, we discussed the bogeyman syndrome or the general fear of the victimization of children in contemporary industrialized societies. These heightened fears about children’s safety are, to a large degree, a reflection of our own adult anxieties about our lack of control in a rapidly changing world. Yet, even if the world is a place no more dangerous (and perhaps even less dangerous) than it was in the past, violence and inhumanity clearly exist. Children, more than any other group, are the main victims of such evils—victims of wars, violence, anger, and neglect in their societies, communities, and families. Recent revelations of child molestation in the Catholic Church have raised the already growing concern about child physical and sexual abuse outside the home. Also, there is growing concern about children and youth being bullied by peers at school and online, as we will discuss more below. Many parents ask, “Where can my children be safe?”

Children are at a high risk of victimization for several reasons, including (a) their dependency on adults, (b) their relatively small physical stature, and (c) the legal toleration of victimization (Finkelhor & Dziuba-Leatherman, 1994). Furthermore, given their dependency on adults, children often have little choice regarding with whom they associate and where they live. These

limited options are especially unfortunate for economically disadvantaged children who live in dangerous neighborhoods because they increase their “vulnerability to both intimate victimization and street crime” (Finkelhor & Dzuiba-Leatherman, 1994, p. 177). In our review, we will concentrate primarily on child victimization in and outside the family in American society, with some comparison with other industrialized societies. However, near the end of the chapter, we will discuss the resilience of children in highly dangerous and often violent circumstances around the world.

As we saw in Chapter 10, the potential of victimization of young children is highest in the home and family. Yet as children grow older and spend more time outside the home, they encounter a whole new set of dangers. Loving and responsible parents often find they have less control over their children’s security, whereas the dangers for children who grow up in unstable and threatening families increase dramatically. A much underestimated and understudied social problem for children is peer abuse. The topic of peer abuse usually calls to mind bullying and the general value in many societies that boys need to learn to stand up for themselves. One thinks of the memorable episode of the old *Andy Griffith Show*, in which Opie is tormented by a bully who keeps taking his lunch money. Barney wants to intervene, but Andy indirectly pushes his son to stand his ground by telling him the story of how a bully had once tried to steal his favorite fishing hole. In the end Opie takes on the bully and gets a black eye for his efforts. The bully, however, backs off, and Opie keeps his lunch money.

The elements and message of this story are generally in line with what we know about the interpersonal nature of bullying and the individual characteristics of bullies and their victims from research done by clinical psychologists. Much of this research on bullying originated in Europe and Australia, but now there has been a good deal of research about bullying and the development of policies to deal with it in the United States as well (Nansel et al., 2001; Olweus, 1993; Pellegrini & Long, 2002; Rigby, 2002).

BULLYING: PATTERNS AND TRENDS

In recent years there has been an explosion of concern, debate, and research about bullying among children and youth. There are a wide range of new books and articles on the subject ranging from overviews of the problem and discussion of cases that have led to intense media attention,

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to its relation to school shootings, to the rise of cyberbullying, and to concerns about overreaction and failed polices to address the problem (Bazelon, 2013; Derber & Magrass, 2016; Harger, 2016; Hinduja & Patchin, 2015; J. Klein, 2012; Kowalski, Limber, & Agatston, 2012; Marwick & boyd, 2014; Porter, 2013; Schott & Søndergaard, 2014; Thornberg, 2015). While all agree that bullying and reactions to it are increasing problems, there is less agreement regarding clear definitions of bullying (what is and is not bullying), its prevalence, and the best programs and solutions to combat it.

Earlier we discussed conflicts and disputes among children and preadolescents, but we did not see these behaviors as bullying. We also considered differentiation among preadolescents by status, gender, and race, which clearly involve behaviors related to exclusion and bullying, as we saw especially in the micro-sociolinguistic work of Goodwin (2006). But what exactly is bullying, and what is the extent of the problem? **Bullying** among children is defined as repeated, negative acts committed by one or more children against another. These negative acts may be physical or verbal in nature such as hitting or teasing, or they may involve what is seen as relational aggression like manipulating friendships or purposely excluding other children from activities. The definition also assumes an imbalance in real or perceived power between the bully and victim (see especially Olweus, 1993, and more recently Bazelon, 2013, for further discussion about the importance of a clear definition). While there is a great deal of debate about the prevalence of bullying, it is estimated that about 15% of K-12 students are caught up in bullying in Europe and 20% to 25% in the United States, including bullies and those bullied (Bazelon, 2013). One possible reason for higher rates of bullying and aggression in American schools is the higher prevalence of status groups and concerns with status as compared to Europe (see Adler & Adler, 1998; Eder, 1995; Faris & Felmlee, 2011). This difference is affected by a variety of factors related to different school structures (students often stay together in the same group and even with the same teachers in elementary school in many European countries, see Corsaro & Molinari, 2005) and the fact that athletics and related activities like cheerleading generally take place outside of school in Europe.

A much higher percentage (as high as 75%) of some types of physical or verbal aggression (especially teasing) has been reported that does not involve all aspects of the definition of bullying. For example, when we discussed physical and, at times, aggressive play like the protection of interactive

space, approach-avoidance play, and borderwork among young children and conflict and disputes among young children and preadolescents, we saw that these behaviors did not involve an imbalance of power or repetitive aggression of one or more children toward another child.

What are some of the factors that contribute to bullying, its complexity in real life contexts, and some strategies and programs to combat it? Here, looking at recent research and writing is helpful. The journalist Emily Bazelon (2013) not only reviews research on bullying and discusses many programs for prevention, but also importantly presents detailed narratives of three youth whose lives were dramatically affected as victims of bullies. Each of the stories captures the complexity of these cases of bullying, not only for the victims but also for those youth who bully and the friends, family, teachers, and even the communities of both the victims and bullies. We see in the narratives that bullying is often a process that can move in many interrelated and sometimes unpredictable directions. It often begins in school ignited by a range of factors related to status groups, sexual orientation (homosexuality, especially for males) and policed notions of proper heterosexual behavior (especially for girls). It frequently moves from the interpersonal to virtual worlds of the Internet and social networks and can come to relentlessly evade and negatively erode the lives of all involved. From these narratives, we see then that bullying is not simply a repetitive series of acts that can be easily defined, classified, and prevented. Bazelon's research and narratives address all these issues; but more importantly, they illustrate that capturing the complexity of bullying as a process is essential for its interpretation and understanding.

Jessie Klein (2012) ties bullying to gender inequality and hypermasculinity in American schools. The promotion of gender inequality in middle and high schools through status groupings and social practices (especially aggressive sports and cheerleading) has been known for some time (Eder, 1995). J. Klein's archival and interview research shows how the problem has grown and become more complex and violent not only in schools but online via cyberbullying. She shows how the policing of gender norms through gay bashing and sexual harassment in schools have resulted in numerous instances of school shootings and violence related to prior bullying. Her work is important because it shines light on the social structural factors that underlie bullying and its related violence, arguing convincingly that individual-level explanations alone cannot address the complexity of the problem.

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Porter (2013) takes a more individual-level approach and is greatly concerned with what she sees as an overreaction and too broad a definition of bullying used in many schools. She is especially critical of zero-tolerance policies, which she feels are ineffective and damage those who are labeled as bullies and their victims rather than addressing the complexity of aggressive behavior among children and youth. Porter feels there is a need for clear policy and consequences for kids who bully, but the policies should provide opportunities for change and growth and not simply labeling and punishment. In truth, Porter's book is really less about children and youth who clearly meet the definition of bullying in their behavior and more about the general issue of aggressive behavior among children and youth. She believes that such aggressive behavior is a natural part of the emotional and social development of children. However, she does not maintain that we simply accept it as part of children's growing up. She argues that parents, teachers, counselors, and other adults need to react to occasions of aggression with an open mindset. She counsels that aggressive incidents are best used as learning experiences and opportunities to develop emotional learning, self-reflection, and resilience in children and youth.

Recently there have been a number of studies that share elements of the work of Bazelon, Klein, and Porter, but delve further into the association between peer relations and the nature of peer cultures in schools. For example, Thornberg (2015) conducted a study of Swedish youth in which he asked the youth themselves to reflect on bullying from their perspectives. He found that girls were more inclined than boys to think that bullying takes place because the bullies have their own problems. Further he found two patterns: (1) "the more the teenagers thought that bullying occurs because the victims are odd, different or deviant, the more they have been involved in bullying situations as bullies or reinforcers"; and (2) "the more the teenagers thought that bullying occurs because the bully has psychosocial problems, the more they have been involved as defenders and the less as bullies or reinforcers in bullying situations" (2015, p. 15). Harger (2016) also interviewed children about their perceptions of bullying, but his study was the first to combine participants' definitions of bullying with observational data that were then used by students and teachers in the American Midwestern elementary schools he studied. In his interviews and observations, Harger found that both students and teachers held views on bullying that differed from those of researchers, often mitigating or normalizing

mildly aggressive actions and especially verbal insults as part of peer or school culture. Further, students and teachers often do not share definitions of bullying with each other. For example, many students thought it was normal for older kids to tease or intimidate younger kids (this was especially true for older and younger siblings). Such judgments were often different regarding characteristics of those who perpetrate and those who receive especially verbal aggression. For example, “individuals hear antibullying messages in school or in the media . . . they likely filter these messages through their own definitions. A student who ‘picks on the nerds’ but also gets good grades may ignore these messages because she does not see them as relevant to her interactions while one who perceives himself as a nerd who is picked on may wonder why the national dialog surrounding bullying has not resulted in more significant changes” (2016, p. 118). Harger suggest that laws prohibiting bullying are unlikely to lead to meaningful change when each individual defines and interprets bullying differently. He suggests instead “that schools might be better served by focusing less on labels like ‘bully’ and more on particular behaviors that are to be taken seriously by students, teachers, staff members, and principals” (2016, p. 94).

While the writings I have reviewed here vary in their approach to bullying, all share the goal of building more caring and compassionate cultures in schools. They discuss different programs that have been successful in doing so, but many have faced budget issues in continuing their efforts. Governments at the local and national level have become more proactive regarding bullying. The Department of Health and Human Services has a website (www.stopbullying.gov) that provides numerous resources for children, youth, parents, teachers, schools, and communities. We are also seeing more public service messages to address bullying on the Internet, radio, and television produced by a wide range of both governmental and nongovernmental organizations. There has been a good deal of debate about the quality and effectiveness of public service messages (Wiseman, 2011). Some messages that are considered the most effective often involve children and youth in their production. This point brings us to a final important aspect of bullying and high-level aggression: The majority of children and youth do not participate or condone such behavior. Most children and youth have highly supportive peer relations and friendships. However, there is less research on these children and youth and the nature of their peer relations. We tend to shine the spotlight on things like bullying because

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they are social problems. To do so makes sense, of course, but it also makes sense to study and understand the positive agency and peer cultures of children and youth (a basic theme of this book). In doing so, we not only learn more about the positive agency of children and youth, but also about how this agency can help us better address the social problems children and youth face in their peer worlds (including bullying) and in their relations with adults.

Peer abuse, like peer interaction more generally, is socioculturally situated in children's lives. Peer abuse varies over time and place and is produced and resisted in various ways across cultural and social classes, ages, genders, and racial and ethnic groups (Ambert, 1995). Peer abuse can also take place in the family at the hands of siblings (Wiehe, 2002).

Let's consider three ways that a sociocultural approach captures the complexity of peer abuse in children's lives. First, recent research reveals that girls are the victims of peer abuse as frequently as (or perhaps even more frequently than) boys. The most frequent type of peer abuse is verbal harassment, but girls are often victims of physical and sexual assault by peers. Their tormentors are often boys. Some are classmates they do not even like and try to avoid, whereas others are their boyfriends with whom they are intimately involved (Ambert, 1995; Eder, 1995; Milner, 2016; Pascoe, 2007; Stein, 1993). A telephone interview study of 11- to 17-year-old children by the child advocacy group Children Now found that 40% of girls ages 14 to 17 said they had a friend in their age group who had been hit or beaten by a boyfriend (Lewin, 1995a). These findings are generally in line with earlier research on the issue and demonstrate its seriousness (Ambert, 1995; Henton & Cate, 1983).

Second, a sociocultural approach to peer abuse would take sexual orientation into account. Thorne pointed out that lesbian and gay adolescents, unlike heterosexual youth, have no public rituals to validate their desires: "There are no affirming markers about what they are feeling and thinking" (Gagon, 1972, p. 238, quoted in Thorne, 1993, p. 154). In fact, lesbian and gay youth witness markers to sexual orientation used in highly negative ways; terms such as *fag* and *queer* are highly insulting in the peer cultures of preadolescents and adolescents (Gray, 1999; Pascoe, 2007). Furthermore, in her study of peer interaction in middle schools, Eder found that social isolates were often labeled "queer" and "fag" because "they were perceived to lack the very social characteristics that represented the rigid gender and

sexual roles” in the peer culture (1995, p. 155; also see Pascoe, 2007, for similar findings). Pascoe (2007, 2013), in her study of high school peer relations and masculinity, also found that males suspected of being gay were tormented and harassed by peers as a way of displaying and asserting masculinity. In this way, such bullying serves as a form of masculine gender identity and a mechanism by which gender inequality is reproduced. She argues for the need to “flesh out a new vocabulary of bullying such that it is understood as a social problem that is not unique to young people, but reflects larger structural inequalities” (2013, p. 87).

These findings capture the challenging circumstances lesbian and gay youth face in adolescent peer cultures. Such features of adolescent culture contribute to problems of low self-esteem among GLB youth, which in turn may be related to high rates of suicide among these youth. Much more research is needed in this area (see Dorais & Lajeunesse, 2004; Kulkin, Chauvin, & Percie, 2000; Remafedi, 1994). There is more public recognition of the problem, however, as evidenced in Massachusetts, for example, where former governor William Weld formed the Commission of Gay and Lesbian Youth to develop strategies to combat gay teen suicide (see Lindop, 2007; Haas et al., 2010). Also wider recognition, acceptance, and support has resulted in more positive self-image, mental health outcomes, and empowerment of gay, lesbian, bisexual, and transgender youth (Hugel, 2011; National Public Radio, 2010; Savin-Williams, 2006, 2010).

Finally, a sociocultural approach to peer abuse also draws our attention to the importance of social class and minority status. The Children Now study finds that “minority children face a rougher world than white children do, reporting greater exposure to gangs and drugs and more fear of violence and crime” (Lewin, 1995b, p. A17). Other research on and statistics about the tremendous rise of violent crime during the 1980s and early 1990s in poor neighborhoods and schools in inner cities, and even in small towns, are in line with this finding (Garofalo, Siegel, & Laub, 1987; Hagan, 1994; Morgan & Zedner, 1992). Much of this violence is related to crime and gang activity. The majority of children who live in impoverished environments do not engage in illegal activities. They do, however, despite their own best efforts and those of their parents, often find themselves caught up in violence perpetrated by other children.

Another story from Chicago captures the tragic nature of violence and poverty for children. One night in late August 1994, a member of a street gang stepped out of the shadows between two storefront churches on Chicago’s far South Side and started shooting wildly at a group of teenagers playing football. When the gunfire stopped, a 14-year-old girl lay dead, killed by a bullet apparently meant for someone else. At first, the shooting

appeared to be another senseless, though increasingly common, story of innocents slaughtered in the streets (Terry, 1994b, p. A1). What sets this incident apart from other such shootings, though, is the neighborhood in which the shooting occurred and the age of the suspected assailant.

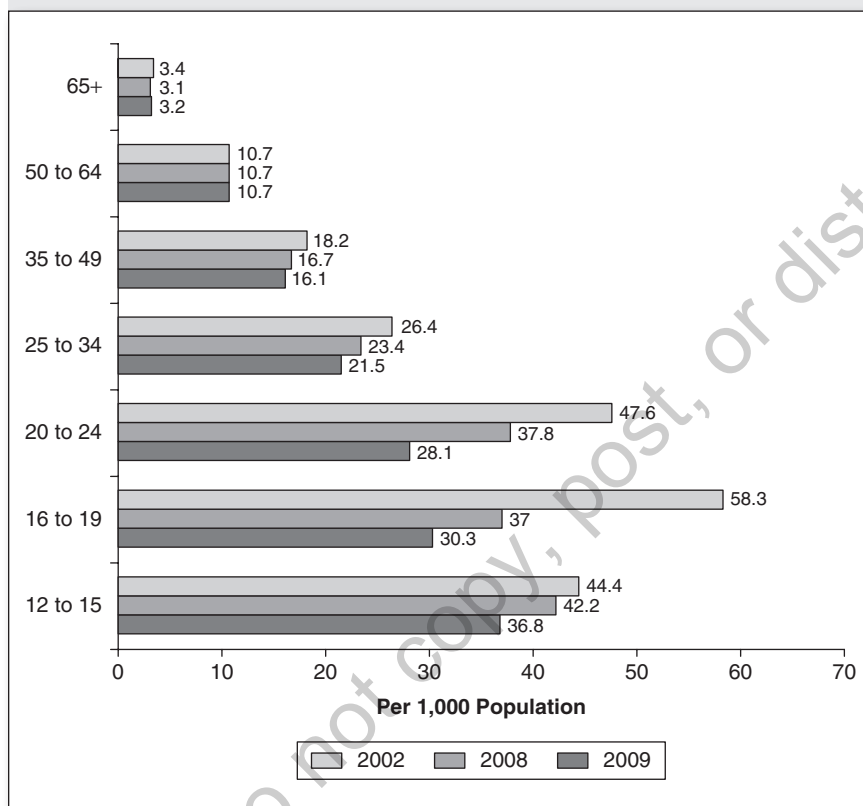
The neighborhood was in a working-class area of single-story homes with well-kept yards. There had been so much gang trouble in the neighborhood before the shooting that parents kept their children near their homes. A makeshift basketball backboard and hoop were erected on a curbside by parents to dissuade their children from playing at the local school, which they felt was too dangerous. In spite of this precaution, Shavon Dean was shot and killed, and another boy was seriously wounded. The police's prime suspect was an 11-year-old boy. The boy had many prior serious scrapes with the law (including arson, auto theft, and armed robbery), and police suspected he had been recruited by older gang members to carry out the shooting. He was living with his grandmother after having been taken away from his mother at age 3, when social workers discovered cigarette burns on his body and other signs of physical abuse. The Chicago police superintendent described the boy as dangerous but "still an eleven-year-old" (Terry, 1994b, p. A1) who fell through the cracks of the city's social services.

How did this tragic story end? The 11-year-old boy was never apprehended by police. He never had his day in juvenile court. He did not end up in prison. Five days after the shooting, on Friday, September 2, 1994, the headline in the *Chicago Tribune* read, "ROBERT . . . : EXECUTED AT 11." Although Robert's last name and that of his mother and grandmother made all the national papers and television news programs on that day, we'll use only his first name. Robert was found dead in a tunnel under the tracks of the South Shore Railroad with two bullets in the back of his head. He had been killed execution style. Two other gang members, a 14-year-old and a 16-year-old, were arrested for Robert's murder. Police believe their motive was to keep Robert from talking. At the news of her grandson's death, Robert's grandmother sobbed, "He's a baby. He's just a baby." Exactly the same words were uttered by the grief-stricken aunt of Shavon Dean upon her hearing the news about Robert. When Robert was found dead, he was wearing a T-shirt with the image of a cartoon character, the Tasmanian Devil, printed on it.

As sad as this story is, it is even more tragic when one realizes that more and more children are, like Shavon Dean, being caught up in the crossfire of violence in the United States. Some, but certainly not all, of this violence and crime is gang related; much of it is perpetrated on children by adults. Although poor and minority youth are much more likely to experience violence in their lives than White, middle- and upper-class children, the overall homicide rate for children in the United States is much higher than in any

other industrialized country. In 1990, more than 3,000 15- to 19-year-olds were murdered in the United States, a rate of nearly 17.0 per 100,000 children. There has, however, been a recent drop in violent crime in the United States. This decline has included crimes involving youth. For example, the homicide victim rate for 15- to 19-year-olds reached a high of 18.1 per 100,000 in 1994, and then the rate began to decline. In 2010, the rate was reduced by more than half, to 8.3 per 100,000 15- to 19-year-olds (Child Trends, 2012). While there are no comparable data for other industrialized countries for the same periods, data for around the year 2000 show much lower rates compared to the United States. Some countries with relatively high rates include Canada (1.7 per 100,000) and Italy (1.4 per 1,000). Overall, countries with low rates of youth homicide tend to be in Western Europe—for example, France (0.6 per 100,000), Germany (0.8 per 100,000), and the United Kingdom (0.9 per 100,000)—or in Asia, such as Japan (0.4 per 100,000). Several countries had fewer than 20 youth homicides in the year 2000 (World Health Organization, 2002). However, the data from the World Health Organization are for an age range of 10 to 29 years old, so we would expect that the rates for 15- to 19-year-olds would be much lower as compared to the United States. These differences are, of course, at least somewhat due to the wide availability of guns in the United States as compared to other industrialized countries. Yet the differences go well beyond differences in gun laws. The United States is a highly violent society.

We have seen a similar decline in the number of victims of violent crimes other than homicide. Although this trend is a positive one, it is shocking to see that in 2008 and 2009, violent crime touched 12- to 15-year-old children more than any other age group. The data in Exhibit 11.5 are perhaps the most striking of any I have presented in this chapter. They show the number of victims of violent crimes, other than murder, by age group in the United States for 2002, 2008, and 2009. It is immediately clear that the odds of victimization are much higher in the lower age groups. The rates in the youngest three age groups do not vary substantially. Still, it is striking that the rate for 12- to 15-year-olds is now higher (and even more so in 2009 than 2008) than the rates for 16- to 19-year-olds and 20- to 24-year-olds, who normally are thought of as most vulnerable to violence because of their high activity levels and risk taking. Finally, it is surprising how much higher the rates are for the youngest age group of 12- to 15-year-olds, compared to young and middle-aged adults. The rate for 12- to 15-year-olds in 2008 and 2009 was nearly double that for 25- to 34-year-olds. The rate for the youngest age group was more than double that for 35- to 49-year-olds and nearly 4 times that for 50- to 64-year-olds in 2008 and 2009, even after the rates had dropped.

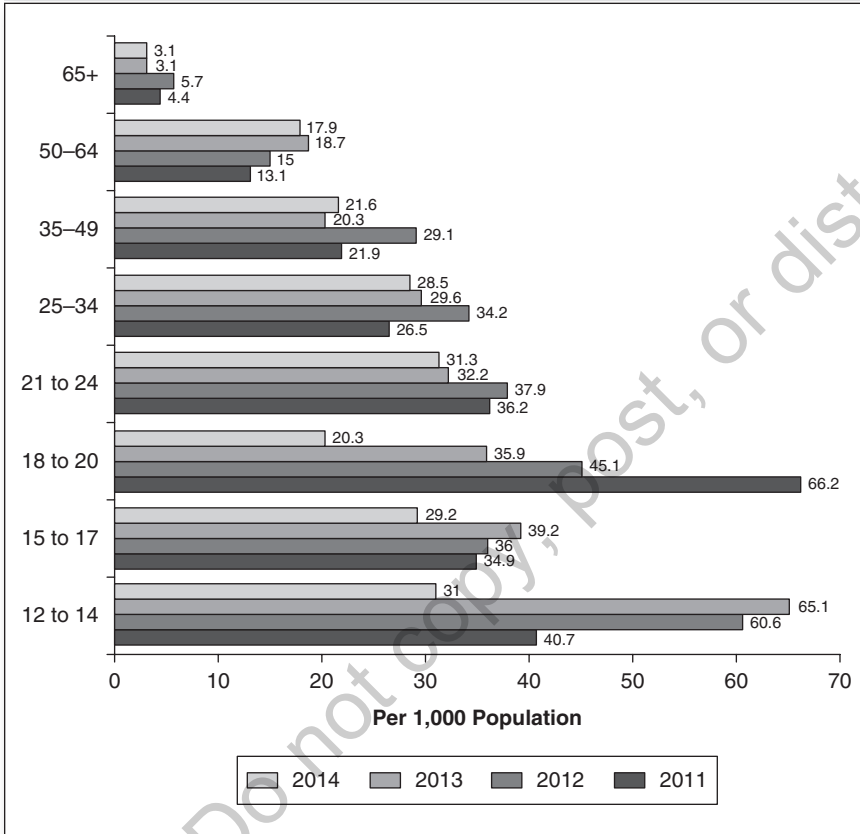
Exhibit 11.5 Victims of Violent Crime Other Than Murder by Age in 2002, 2008, and 2009

Sources: Bureau of Justice Statistics (2009, 2010).

The pattern was very similar in 2010 (Bureau of Justice Statistics, 2011), but the Bureau of Justice Statistics changed groupings in its reporting beginning in 2011. We see rates for 2011 through 2014 in Exhibit 11.6.

We see in Exhibit 11.6 that the rates were, for the most part, steady for the three older age groups during the four years as well as being lower (and in most cases much lower) than the younger age groups. For all but one group (18–20), the five youngest age groups rates increased in 2012 and 2013 before decreasing, in most cases rather dramatically, in 2014. However, it is still sobering to see that rates were higher for the youngest age group (12–14-year-olds) compared to the other four groups (25–34, 21–24, 18–20, and 15–17) in all four years, with two exceptions. The rates for 12- to

Exhibit 11.6 Victims of Violent Crime Other Than Murder by Age in 2011, 2012, 2013, and 2014



Source: Bureau of Justice Statistics (2015).

14-year-olds were about the same as those for 21- to 24-year-olds in 2014, while the rates for 18- 20-year-olds were higher (66.2 per 1,000) in 2011 than 12-to 14-year-olds, which were 40.7 per 1,000 in that year. However the youngest age group had the highest increases of all age groups in 2012 and 2013 (with rates of 60.6 and 65.1 respectively). Finally, even after falling dramatically in 2014, the rate for the youngest age group of 31 per 1,000 was higher (in some cases much higher) than all other age groups except for 21- to 24-year-olds, who had just a slightly higher rate (31.3 per 1,000). So while the decrease in victimization over the last three years for the youngest age group is somewhat heartening, it is, as it was in the early years

(Exhibit 11.5), sad to see how vulnerable the youngest youth are to violence compared to older youth and adults in our society.

It is easy to understand why Nicholas's mother, Angela, sprayed her children each morning with a religious oil to try to protect them when they left their home, and why Nicholas's younger brother Willie preferred the playground at McDonald's. "There's a giant hamburger and you can go inside of it," Willie said. "And it's made out of steel, so no bullets can get through" (Wilkerson, 1993, p. 16).

The Profound and Inspiring Resilience of Children and Youth in Highly Challenging Life Circumstances

Children are victimized and their lives uprooted and disrupted by natural disasters, political and corporate corruption and maleficence, war and political violence, racism, and hate crimes (Bellinger & Bellinger, 2006; Boyden & de Berry, 2004; Carlton-Ford, 2004; Fothergill & Peek, 2015; Garbarino, Kostelny, & Dubrow, 1991; Özerdem & Podder, 2011; Sirin & Rogers-Sirin, 2015; Wyness, 2016). We close this chapter with a review of important recent research on children affected by war (as soldiers, victims, and refugees) and natural disasters—in particular, children whose lives were upended by the trauma of Hurricane Katrina.

RESILIENCE OF CHILDREN AND YOUTH IN WAR AND NATURAL DISASTERS

Michael Wyness (2016) argues that even though there is a global commitment to protecting children from war and conflict, children often have to take care of their own material integrity as well as supporting others "maintaining and creating social networks within which there are spaces for self-protection, social development and self-advancement" (2016, p. 353). Wyness sees a clear tension between protection and agency noting that the "contemporary concern over child soldiers accentuates the former obscuring the different ways that children participate in and through military conflict. Despite the physical and emotional challenges that child soldiers face, they are still capable of 'navigating' war through the deployment of a tactical agency. In doing so, they contribute to their material and social survival and demonstrate their capacity to take political action" (2016, p. 87).

UNICEF workers Sharon Behn and Juliette Touma (2016) recently visited Debaga Camp in northern Iraq where more than 16,000 children have been displaced from various areas in the region related to the ISIS resurgence. Many of these children have lived under the so-called Islamic State and walked long hours with their families to reach safety. In the camp, UNICEF provides child-friendly spaces, schools, and vaccination facilities. Behn and Touma note that when they arrived, “the children rushed towards us, held our hands, and did not stop talking.” Here is one of their stories. Haitham, 12, said he had not been in school for almost two years. “The only school I could go to was a Daesh school,” he said, using the local term for the so-called Islamic State. “They only wanted to teach us how to use guns,” he continued, pretending to shoot with his hands. “But I didn’t want to. I don’t want to use guns, I don’t like guns.” All he wanted, Haitham said, was to go back to a normal school. Other children in the camp echoed Haitham’s saddening experiences, but also his resolve and resilience. These children fight to preserve their childhoods as best they can and refuse to give in to the suffering and repression ISIS has spread to the region (see Sirin & Rogers-Sirin, 2015; UNICEF, 2015, 2016d; for detailed discussion of the growing crisis of refugee and immigrant children around the world).

Alice Fothergill and Lori Peck’s *Children of Katrina* (2015) is a highly engaging longitudinal ethnography of children, youth, and their families’ recovery from the devastation of Hurricane Katrina. Globally, children make up nearly 50 percent of those who are affected by disasters, and the risks are growing. Overwhelming evidence suggests that climate change will lead to more frequent and severe weather-related disasters in the immediate future. As a result, more children will be exposed to floods, droughts, windstorms, heat waves, and other extreme events. (2015, p. 21).

The main purpose of the book was to fill a gap in the research on disasters and recovery from disasters by focusing on the perspectives and real life experiences of children and youth. The authors closely examine the capacities of young people and describe the many ways that they contributed to their own and to other’s recovery. In doing so, they go beyond the concept of individual resiliency to argue for the importance of variations in macro structural factors and how children, youth, and adults collectively act as competent social agents to confront constraining social factors and make effective use of enabling ones. In particular, they demonstrate the agency of children and youth to contribute to the recovery process of adults in their lives, other children, and themselves. The authors support

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their interpretations with rich ethnographic and interview data, children's drawings, and strong interpretive narratives. Their stories of the families they studied were full of both heartbreak and inspiration as some children found equilibrium and stability, others fluctuated back and forth between the two, while others sadly ended up on downward trajectories that they were unlikely to reverse. All the children, even those in the worst of circumstances, showed great personal resilience and support for parents and siblings. However, many could not overcome the negative social and structural factors that challenged their lives before the storm and that were made much worse in its aftermath.

Summary

In this chapter, we reviewed social problems that affect children's lives outside the family. We examined trends in child poverty and looked at their effects from a global perspective. Although there has been some progress in reducing malnutrition, improving health care, and expanding educational opportunities of children in many countries in the developing world, there also have been setbacks due to uneven economic development and the resulting austerity programs, which were instituted to address the debt crisis. We looked at how these economic trends have resulted in violence against street children in Brazil, the exploitation of urban child workers in Kenya, and the kidnapping or sale of children to work on farms and in sweatshops in India and Pakistan. One encouraging factor we saw in all these case studies was the emergence of NGOs. These organizations, which are directed by caring adults and children with no government affiliation, promote change and address problems of child poverty and exploitation at the grassroots level.

Although the majority of children in Western industrialized countries live in secure economic circumstances and have bright futures, there is still a much-too-high proportion of children living in poverty in the United States and several other industrialized countries. In contrast, most of the other countries in the industrialized world have much lower rates of child poverty and have had reductions in child poverty in recent years.

There was a dramatic increase in teenage nonmarital births in the 1980s and early 1990s. The recent, just as dramatic, decrease in such births is a highly positive trend. Yet for most teen mothers, childrearing, most especially in the early teen years and among girls from economically disadvantaged

families, almost always worsens their quality of life and limits their futures and those of their children. More research is needed on the effects of teenage childbearing on teen mothers and their children. We do know, however, that many teen mothers and their children who are adversely affected by the early childbearing overcome their problems later in life. Overall, these findings suggest a number of programs for combating the problem that are best aimed at specific groups. The programs should be both preventive (providing sex education, promoting abstinence, making youth aware of family planning services) and, in cases where childbearing has occurred, supportive or ameliorative (providing prenatal care, parenting classes, and child care).

In the final section of this chapter, we looked at violence and the victimization of children outside the family. Here we looked closely at peer abuse and the increased concern and debate regarding the issue of bullying, both interpersonally especially in school and cyberbullying online. Although there has been some decrease in physical violence against children, child victimization is still high and is a national tragedy. Children are often caught up in violence in their schools, neighborhoods, and wider communities. Although poor and minority children and youth are much more likely to experience violence in their lives than are White, middle- and upper-class children, violence has spread to middle-class schools and communities, as we have seen in cases such as the Columbine shootings and the incredibly sad tragedy at Sandy Hook Elementary School in Newtown, Connecticut. The United States is a violent country with rates of child homicide and violent crime that are much higher than those of any other industrialized countries. We have seen some improvement in decreases in violent crime in the United States, but we still have a long way to go in protecting the lives of our children. Finally, the violent conflict and wars especially in the Middle East and in Africa have killed, injured, and disrupted the lives of millions of children. Many of these children are now flowing as refugees from their home countries to nearby countries, but most especially to Europe and the United States. Their acceptance and integration has raised highly charged and ongoing political debates and nationalism in the United States and Europe. These debates challenge the Western World and especially the United States to continue its long tradition of accepting and embracing immigrants who historically have been woven into the fabric of our diverse and great nation.

The range and severity of problems that young children face are depressing. Yet in this chapter, we covered only some of the more serious challenges children face, and we restricted our discussion primarily to the United States. There are times when those of us who study, work with, or act as advocates for children feel overwhelmed and pessimistic about the future of children and childhood. Problems related to child care and early education, access to

health care, teen pregnancy, child abuse, and violence in children's lives seem to grow as political rhetoric in support of "our children" or the motto "leave no child behind" seem hollow, and there is no real political action. Yet there are reasons to be optimistic about childhood and its future. In the last section of the chapter, we reviewed research and other information that captured the resilience of children and youth in highly challenging circumstances that is inspiring; but at the same time, the research shows the great need to improve the safety and quality of life of children and youth. This change may be slow, but more individuals and groups are joining the debate, making financial contributions, and volunteering their time and energy to causes that help children. In the final chapter, we will consider the future of childhood and discuss some major and many more modest proposals to improve children's lives.