MIDDLE CHILDHOOD

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KEY IDEAS

As you read this chapter, take note of these central ideas:

1. Values and beliefs regarding childhood in general, and middle childhood specifically, are shaped by historical and sociocultural context.

2. During middle childhood, a wide variety of bio/psycho/social/spiritual changes take place across the developmental domains.

3. As children progress through middle childhood, the family environment remains extremely important, while the community environment—including the school—also becomes a significant factor shaping development.

4. During middle childhood, peers have an increasingly strong impact on development; peer acceptance becomes very important to well-being.

5. Poverty, family or community violence, special needs, and family disruption create developmental risk for many children.

Case Study 5.1

Anthony Bryant’s Impending Assessment

Anthony is a 6-year-old boy living in an impoverished section of a large city. Anthony’s mother, Melissa, was 14 when Anthony was born. Anthony’s father—James, 15 when Anthony was born—has always spent a great deal of time with Anthony. Although James now also has a 2-year-old daughter from another relationship, he has told Melissa that Anthony and Melissa are the most important people in his life. Once Anthony was out of diapers, James began spending even more time with him, taking Anthony along to visit friends and occasionally, on overnight outings.

James’s father was murdered when he was a toddler and he rarely sees his mother, who struggles with a serious substance addiction and is known in the neighborhood as a prostitute. James lived with his (Continued)
paternal grandparents until he was in his early teens, when he began to stay with a favorite uncle. Many members of James’s large extended family have been incarcerated on charges related to their involvement in the local drug trade. James’s favorite uncle is a well-known and widely respected dealer. James himself has been arrested a few times and is currently on probation.

Melissa and Anthony live with her mother. Melissa obtained her GED after Anthony’s birth, and she has held a variety of jobs for local fast food chains. Melissa’s mother, Cynthia, receives SSI because she has been unable to work for several years due to her advanced rheumatoid arthritis, which was diagnosed when she was a teenager. Melissa remembers her father only as a loud man who often yelled at her when she made noise. He left Cynthia and Melissa when Melissa was 4 years old, and neither has seen him since. Cynthia seemed pleased when Anthony was born and she has been a second mother to him, caring for him while Melissa attends school, works, and socializes with James and her other friends.

Anthony has always been very active and energetic, frequently breaking things and creating “messes” throughout the apartment. To punish Anthony, Cynthia spansks him with a belt or other object—and she sometimes resorts to locking him in his room until he falls asleep. Melissa and James are proud of Anthony’s wiry physique and rough and tough play; they have encouraged him to be fearless and not to cry when he is hurt. Both Melissa and James use physical punishment as their main discipline strategy with Anthony, but he usually obeys them before it is needed.

Anthony entered kindergarten at the local public school last fall. When he started school, his teacher told Melissa that he seemed to be a very smart boy, one of the only boys in the class who already knew how to write his name and how to count to 20. It is now spring, however, and Melissa is tired of dealing with Anthony’s teacher and other school staff. She has been called at work a number of times, and recently the school social worker requested a meeting with her. Anthony’s teacher reports that Anthony will not listen to her and frequently starts fights with the other children in the classroom. Anthony’s teacher also states that Anthony constantly violates school rules, like waiting in line and being quiet in the hallways, and he doesn’t seem bothered by threats of punishment. Most recently, Anthony’s teacher has told Melissa that she would like Anthony assessed by the school psychologist.

(Continued)

Case Study 5.2

Brianna Shaw’s New Self-Image

When Brianna was born, her mother Deborah was 31 years old with a 13-year-old daughter (Stacy) from a prior, short-lived marriage. Deborah and Michael’s relationship was relatively new when Deborah became pregnant with Brianna. Shortly after Deborah announced the pregnancy, Michael moved into her mobile home. Michael and Deborah initially talked about setting a wedding date and pursuing Michael’s legal adoption of Stacy, whose father had remarried and was no longer in close contact.

Michael made it clear throughout Deborah’s pregnancy that he wanted a son. He seemed very content and supportive of Deborah until around the time the couple found out the baby was a girl. In Stacy’s view, Michael became mean and bossy in the months that followed. He started telling Stacy what to do, criticizing
Deborah’s appearance, and complaining constantly that Deborah wasn’t any fun anymore since she stopped drinking and smoking while she was pregnant.

During Brianna’s infancy, the couple’s relationship began to change even more rapidly. Michael was rarely home and instead spent most of his free time hanging out with old friends. When he did come by, he’d encourage Deborah to leave Brianna with Stacy so the two of them could go out like “old times.” Even though her parents were Deborah’s full-time day care providers and both Brianna and Stacy were thriving, Deborah was chronically exhausted from balancing parenting and her full-time job as a nursing assistant. Soon, whenever Michael came by, the couple frequently argued and their shouting matches gradually escalated to Michael threatening to take Brianna away. Michael was soon dating another woman and his relationship with Deborah and Stacy became increasingly hostile during the following four years.

The summer that Brianna turned 5, the local hospital closed down and Deborah lost her job. After talking with her parents, Deborah made the decision to move her daughters to Fairfield, a city four hours away from home. An old high school friend had once told Deborah that if she ever needed a job, the large hospital her friend worked for had regular openings and even offered tuition assistance. Within two months, Deborah had sold her mobile home, obtained a full-time position with her friend’s employer, and signed a lease for a small townhouse in a suburb known for its excellent school system.

When Brianna started kindergarten in their new town, her teacher described her to Deborah as shy and withdrawn. Deborah remembered reading something in the school newsletter about a social skills group run by a school social worker, and she asked if Brianna could be enrolled. Gradually, the group seemed to make a difference and Brianna began to act more like her old self, forming several friendships during the following two years.

Today, Brianna is 8 years old and has just entered third grade. Brianna usually leaves for school on the bus at 8:00 a.m. and Deborah picks her up from an afterschool program at 5:45 p.m. When possible, Stacy picks Brianna up earlier, after her own classes at a local community college are over. Brianna still spends summers with her grandparents in the rural area where she was born. Academically, she has thus far excelled in school but a new concern is Brianna’s weight. Brianna is 49 inches tall and weighs 72 pounds. Until the last year or so, Brianna seemed unaware of the fact that many people viewed her as overweight. In the last several months, however, Brianna has told Stacy and Deborah various stories about other children calling her “fat” and making other comments about her size. Deborah feels that Brianna is increasingly moody and angry when she is home. Brianna recently asked Deborah why she is “fat” and told Stacy that she just wishes she were dead.

Case Study 5.3

Manuel Vega’s Difficult Transition

A slightly built 11-year-old Manuel is in seventh grade in Greenville, Mississippi. He speaks English moderately well. He was born in Texas where his mother, Maria, and father, Estaban, met. For Estaban, it has been an interesting journey from his home town in Mexico to Mississippi. For generations, Esteban’s family lived and worked near Izucar de Matamoros, a small city in Mexico on the inter-American highway. During their teen years in Izucar de Matamoros, Estaban and his four younger brothers worked on the local sugar cane farms and in the sugar refineries. By the time he was in his early twenties, Estaban began to

(Continued)
look for better paying work and was able to get his license to haul products from Izucar de Matamoros to larger cities, including Mexico City. Estaban and one brother eventually moved to a medium-sized city where his employer, the owner of a small trucking company, provided an apartment for several of his single truckers.

After three productive years in the trucking industry, the company went bankrupt. With his meager savings, Estaban made arrangements to travel to Arizona to pursue his dream of owning his own trucking company. Working as a day laborer, he eventually made his way to Laredo, Texas where he met and married Maria. Although both Maria and Estaban’s formal schooling ended relatively early, both acquired a basic command of English while living in Laredo. During the late 1970s, Maria and Estaban requested documentation for Estaban and after a lengthy process, they were successful.

Estaban and Maria began their family while Estaban continued to work at day labor construction jobs in and around Laredo. At home and with their relatives and neighbors, Maria and Estaban spoke Spanish exclusively. In their neighborhood, Maria’s many relatives not only provided social support, but also helped Maria sell tamales and other traditional Mexican foods to locals and occasional tourists. Eventually, the family saved enough money for the purchase of a small truck that Estaban used to make deliveries of Maria’s specialties to more distant restaurants. However, the family faced many competitors in the local Mexican food industry. Maria’s Uncle Arturo urged the family to move to the Mississippi Delta where he owns Mi Casa, a Mexican restaurant and wholesale business. Uncle Arturo was hopeful that Maria would enrich his menu with her mastery of Mexican cuisine. He promised employment for Estaban, hauling Mexican specialty food staples to the growing number of Mexican restaurants in the Delta, ranging from Memphis to Biloxi.

Almost three years ago, Estaban and Maria decided to take Arturo up on his offer and together with their two sons, they moved to Greenville. Their older son Carlos never adjusted to school life in Mississippi. Now 16, Carlos did not return to school this fall. Instead, he began working full-time for his father loading and unloading the truck and providing his more advanced English language capacity to open up new markets for the business. At first Maria and Estaban resisted the idea of Carlos dropping out of school, but he was insistent. Carlos always struggled in school; he repeated a grade early on in his education and found most of his other subjects challenging. The family’s new business, after thriving during their first year in the Delta, began having difficulties in the aftermath of Hurricane Katrina. However, recently several stores and restaurants on the gulf coast have returned to business as usual and are placing orders for products. Carlos knows the family finances have been in peril and that he is needed.

Carlos and his younger brother Manuel have always been close. Manuel yearns to be like his older brother and Carlos has always considered it his job to protect and care for his younger brother. Carlos sees in Manuel the potential for school success that he never had. He tells Manuel that he must stay in school to acquire the “book learning” that he could never grasp. But leaving the warm embrace of their former neighborhood in Texas for the Mississippi Delta has been hard for Manuel. Their tight knit family bonds are still in tact, but they are still struggling to understand how Delta culture operates. In Manuel’s old school, most students and teachers spoke or knew how to speak Spanish and Manuel always felt he fit in. Now, Manuel is one of a small percentage of Spanish speaking students in his new school, where the vast majority of students and staff are African American and speak only English.

In the school setting, Manuel’s new ESL teacher, Ms. Jones, is concerned about him. His teacher reports that he struggles academically and shows little interest in classroom activities or peers, often seeming
sullen. Ms. Jones has observed that Manuel frequently appears to be daydreaming and when teachers try to talk with him, he seems to withdraw further. Ms. Jones knows that Manuel’s records from Texas indicate that he was an outgoing, socially adjusted primary school student. However, his records also show that his reading and writing performance was below grade level starting in first grade. Ms. Jones has found that if she speaks with Manuel in Spanish while taking a walk around the school, he will share stories about his family and his old neighborhood and friends. To date, no educational or psychological assessments have taken place. When Manuel meets his social worker, he avoids eye contact and appears extremely uncomfortable.

Historical Perspective on Middle Childhood

Until the beginning of the twentieth century, children were viewed primarily in economic terms within most European countries and the United States (Fass & Mason, 2000). Emphasis was often placed on the child’s productivity and ability to contribute to the family’s financial well-being. Middle childhood represented a period during which children became increasingly able to play a role in maintaining or improving the economic status of the family and community. Beginning in the early twentieth century, however, a radical shift occurred in the Western world’s perceptions of children. Children passing through middle childhood became categorized as “school age” and their education became a societal priority. Child labor and compulsory education laws supported and reinforced this shift in societal values. This shift has not taken place in many parts of the nonindustrialized world where children continue to play important economic roles for families. In Latin America, Africa, and some parts of Asia, childhood is short, and many children in middle childhood live and work on the streets (called “street children”). There is no time for the luxury of an indulged childhood. In rapidly industrializing countries, children must balance their economic productivity with time spent in school (Leeder, 2004).

Mirroring political ideals, the shift toward the public education of children was intended to be an equalizer, enabling children from a variety of economic backgrounds to become successful citizens. Public schools were to be free and open to all. Instead, however, they reflected traditional public ambiguity toward poverty and diversity, and they embodied particular value systems and excluded certain groups (Allen-Meares, Washington, & Walsh, 1996). In the United States, the first public schools were, in effect, open to European Americans only, and children from marginalized or nondominant groups rarely received advanced education. Today, schools continue to play a pivotal role in reinforcing segregation and deculturalizing various groups of children (Kozol, 2005; Spring, 2004). In essence, as schools pressure children from nondominant groups to assimilate, they play a role in intentionally or unintentionally destroying or severely limiting a culture’s ability to sustain itself. These marginalized groups consistently achieve more poorly than the rest of the student population, a situation often referred to as the “achievement gap.”

Today, the evolution of our perceptions of middle childhood continues. Although there is incredible diversity among children, families, and communities, generally speaking,
middle childhood has come to be viewed in the United States as a time when education, play, leisure, and social activities should dominate daily life (Fass & Mason, 2000). Sigmund Freud perceived middle childhood as a relatively uneventful phase of development. But in the twenty-first century, middle childhood is recognized as a potentially turbulent time in children’s lives.

The age range classified as middle childhood is subject to debate. In the United States, it is most often defined as the period beginning at approximately ages 5 or 6 and ending at approximately ages 10 to 12 (Berk, 2002a, 2002b; Broderick & Blewitt, 2006; Craig & Baucum, 2002). However, some assert that middle childhood begins a bit later than 6 (Allen & Marotz, 2003) and ends at the onset of puberty (Davies, 2004), which ranges tremendously among children.

Images of middle childhood often include children who are physically active and intellectually curious, making new friends and learning new things. But as Anthony Bryant, Brianna Shaw, and Manuel Vega demonstrate, middle childhood is filled with both opportunities and challenges. For some children, it is a period of particular vulnerability. In fact, when we think of school-aged children, images of child poverty and related school inequities, family and community violence, sexual victimization or precociousness (early development), learning challenges and physical and emotional ailments like depression, asthma, and Attention Deficit/Hyperactivity Disorder may dominate our thoughts. In some parts of the world, children between the ages of 6 and 12 are vulnerable to war, land mines, and forced enlistment as soldiers. They are also vulnerable to slave-like labor and being sold as sex workers in an international child trafficking economy (Human Rights Watch, 2006).

Middle Childhood in the Multigenerational Family

During middle childhood, the child’s social world expands dramatically. Although the family is not the only relevant force in a child’s life, it remains an extremely significant influence on development. Families are often in a constant state of change and so the child’s relationships with family members and the environment that the family inhabits are likely to be different from the child’s first experiences of family. For example, consider the changes in Anthony Bryant’s, Brianna Shaw’s, and Manuel Vega’s families over time and the ways in which family relationships have been continually evolving.

Despite the geographical distances that often exist between family members today, nuclear families are still emotional subsystems of extended, multigenerational family systems. The child’s nuclear family is significantly shaped by past, present, and anticipated future experiences, events, and relationships (Carter & McGoldrick, 2005a). Profoundly important factors such as historical events, culture, and social structure often influence children through their family systems. And family members’ experiences and characteristics trickle through families via generational ties. These experiences or characteristics may be biological in nature and therefore fairly obvious, or they may include more nebulous qualities such as acquired emotional strengths or wounds. For example, consider Brianna’s
maternal grandfather, who is African American and grew up with the legacy of slavery under Jim Crow laws and legal segregation in the United States, or Anthony’s maternal grandmother, who as a child was repeatedly victimized sexually. Children become connected to events or phenomena such as a familial history of child abuse or a group history of discrimination and oppression (restrictions and exploitation), even in the absence of direct experiences in the present generation (see Crawford, Nobles, & Leary, 2003; Hass, 1990; Karson, 2001; McGoldrick, 2004).

Thus, the developing school-age child is shaped not only by events and individuals explicitly evident in present time and physical space but also by those events and individuals that have more directly influenced the lives of their parents, grandparents, great-grandparents, and beyond. These influences—familial, cultural, and historical in nature—shape all aspects of each child’s development in an abstract and complex fashion.

Development in Middle Childhood

New developmental tasks are undertaken in middle childhood and development occurs within the physical, cognitive, cultural identity, emotional, and social dimensions. Although each developmental domain is considered separately for our analytical purposes, changes in the developing child reflect the dynamic interaction continuously occurring across these dimensions.

Physical Development

During middle childhood, physical development continues steadily but children of the same chronological age may vary greatly in stature, weight, and sexual development. For most children, height and weight begin to advance less rapidly than during prior developmental phases, but steady growth continues. The nature and pace of physical growth during this period is shaped by both genetic and environmental influences in interaction (Craig & Baucum, 2002).

As children progress from kindergarten to early adolescence, their fine and gross motor skills typically advance. In the United States today, children in this age range are often encouraged to gain a high level of mastery over physical skills associated with a particular interest such as dance, sports, or music. However, medical professionals caution that school-age children continue to possess unique physical vulnerabilities related to the growth process and they therefore remain quite susceptible to injuries associated with excessive physical activity or training (Craig & Baucum, 2002).

Middle childhood is a developmental phase of entrenchment or eradication of many potent risk or protective factors manifesting in this developmental domain. Focusing on risk, for children residing in chronically impoverished countries and communities, issues such as malnutrition and disease threaten physical health. Seemingly innocuous issues such as poor dental hygiene or mild visual impairment may become more serious as they begin to impact other areas of development such as cognitive, emotional, or social well-being. In the United States, health issues such as asthma and obesity are of contemporary concern and often either improve or become severe during middle childhood.
Unintentional physical injuries change in nature but continue as a major threat to well-being (Berk, 2002b). In the United States, motor vehicle injuries and drowning are currently the leading causes of injury-related death among children ages 5 to 14 (National Center for Injury Prevention and Control, 2001). Nearly one-third of bicyclists killed in traffic accidents are children in this age range. Playground-related injuries are also common in middle childhood and are often severe or even fatal, including falls from playground surfaces and strangulation on playground equipment.

Moreover, school-age children gain new risks: almost one-third of rapes occur before age 12 and, among children ages 10 to 14, suicide is the third leading cause of death. Some speculate that the physical injuries unique to middle childhood may be indirectly facilitated by declines in adult supervision and adult over-estimation of children’s safety-related knowledge and ability to implement safety practices. In addition, children’s continued physical and cognitive (specifically, judgment and decision making processes) vulnerabilities combine, potentially, with an increasing propensity to engage in risk-taking activities and behaviors (Berk, 2002b; National Center for Injury Prevention and Control, 2001).

Middle childhood is the developmental phase that leads from prepubescence (the period prior to commencement of the physiological processes and changes associated with puberty) to pubescence (the period during which the child begins to experience diverse and gradual physical processes associated with puberty). Pubescence includes the growth of pubic hair for boys and girls, breast development for girls, and genitalia development for boys. Many of us may not think of middle childhood as the developmental phase during which puberty becomes relevant. Precocious puberty has traditionally been defined as puberty beginning before age 8 in girls and 9 in boys (Nakamoto, 2000). However, although ongoing consultation with a child’s pediatrician or other health care provider is always recommended, recent research suggests that the initial signs of pubic hair and breast development may be considered normative when it begins as early as 7 to 8 years of age among non-Hispanic white girls and 6 to 7 years of age among non-Hispanic black girls (Nakamoto, 2000). Kaplowitz (2006) explains that “it now appears that the great majority of early-maturing girls (using the 8-years-old definition) are normal girls who are at the early end of the normal age distribution for pubertal onset” (p. 490).

Exhibit 5.1 summarizes recent research focusing on puberty onset differences according to race and gender. Understanding of sexual development and puberty trends broadens knowledge of development generally, as well as increases our ability to detect maturation patterns indicating a need for more thorough assessment, for example, to rule out endocrine

![Photo 5.1](Image)
pathology including growth disorders or hormone imbalances. Professionals working with children should be knowledgeable about the full spectrum of pubescence as well as related personal biases or misconceptions.

Exhibit 5.1  Puberty Onset Comparison

<table>
<thead>
<tr>
<th></th>
<th>Median Age at Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Girls</td>
</tr>
<tr>
<td></td>
<td>Non-Hispanic White</td>
</tr>
<tr>
<td>Pubic Hair</td>
<td>10.6</td>
</tr>
<tr>
<td>Breast Development</td>
<td>10.4</td>
</tr>
<tr>
<td>Genitalia Development</td>
<td>—</td>
</tr>
</tbody>
</table>

Source: Sun et al., 2002.

Focusing on racial differences, many studies have found that in the United States, non-Hispanic African American girls begin puberty earlier than other children (Adair & Gordon-Larsen, 2001; Benefice, Caius, & Garnier, 2004; Chumlea et al., 2003; Peck, 1997). However, Sun et al. (2002) point out that across gender and racial groups, children continue to complete their secondary sexual development, or development of secondary sex characteristics, at approximately the same age. This issue will receive further attention in Chapter 6.

A trend toward earlier age of puberty onset, particularly among girls, has brought much attention to the potential causes. Some have argued that the trend may be due to certain food-based or environmental chemicals known to impact hormonal activity (Wang, Needham, & Barr, 2005), or changing social conditions including family characteristics (Ellis & Garber, 2000; Moffitt, Caspi, Belsky, & Silva, 1992); popular media speculates that the sexualization of young girls may play a role (Irvine, 2006; Levin, 2005). Recently, an oft cited cause is a gradual increase in children’s average Body Mass Index (BMI) and the related issue of childhood obesity.

There is evidence suggesting that a fat-protein called leptin may be the underlying link between the weight and puberty trend association. Kaplowitz (2006) explains that leptin levels typically rise in girls, but not boys, at the time of puberty and states “we can speculate that overweight girls with higher leptin levels are more likely to enter puberty and reach menarche at an earlier age. Such a connection between leptin and normal reproductive functioning makes evolutionary sense, in that it ensures that pregnancy will not occur unless there are adequate fat stores to sustain the viability of the fetus” (p. 490). However, Wang, Needham, and Barr (2005) caution that “the signaling pathway for leptin in the development of puberty is not known, and further work is necessary to define this mechanism and the difference in leptin levels among racial/ethnicity groups” (p. 1101). Wang, Needham, and Barr (2005)
identify nutritional status; genetic predisposition, including race/ethnicity; and environmental chemical exposure as associated with age of puberty onset.

It should be noted that careful examination of puberty onset trends suggests that the “trend toward earlier onset of puberty in U.S. girls over the past 50 years is not as strong as some reports suggested” (Kaplowitz, 2006, p. 487). Indeed, within the United States, research suggests that there is evidence supporting this trend, but only to a certain point. Specifically, the average age of menarche decreased from approximately 14.8 years in 1877 to about 12.8 years in the mid 1960s (Kaplowitz, 2006). Most researchers have concluded that the general trend observed during this broad historical time period is due to health and nutrition improvement within the population as a whole. A recent examination of available data concludes that there is little evidence to support a clear continued decline in more recent years. Nevertheless, some have suggested that our public education and health systems should reconsider the timing and nature of health education for children because the onset of puberty may impact social and emotional development and has traditionally been associated with a variety of “risky and unhealthy behaviors” (Wang et al., p. 1101) among children and adolescents. Indeed a relationship, albeit complex, appears to exist between puberty and social development for both boys and girls (Felson, 2002; Kaltiala-Heino, Kosunen & Rimpela, 2003; Martin, 1996; McCabe & Ricciardelli, 2003). As they progress through puberty, girls in particular may be faced with new sexual attention from both peers and adults (American Association of University Women, 1995). Intervention focused on self-protection and individual rights and responsibilities may be beneficial, and schools committed to the safety of their students must diligently educate staff and students about sexual development, sexual harassment, and sexual abuse.

Middle childhood is the developmental phase when increased public attention and self-awareness is directed toward various aspects of physical growth, skill, or activity patterns and levels deemed outside the normal range. Because physical development is outwardly visible, it affects perceptions of self and the way a child is viewed and treated by peers and adults in a cyclical fashion. Physical development can also affect children’s peer relationships. School-age children constantly compare themselves to others, and physical differences are often the topic of discussion. Whereas “late” developers may feel inferior about their size or lack of sexual development, “early” developers may feel awkward and out of place among their peers. Many children worry about being “normal.” Reassurance by adults that physical development varies among people and that all development is “normal” is crucial.

Cognitive Development

For most children, the acquisition of cognitive abilities that occurs early in middle childhood allows the communication of thoughts with increasing complexity. Public education plays a major role in the cognitive development of children in the United States, if only because children attend school throughout the formative years of such development. When Anthony Bryant, Brianna Shaw, and Manuel Vega first entered school, their readiness to confront the challenges and opportunities that school presents was shaped by prior experiences. Anthony, for example, entered school generally prepared for the academic emphases associated with kindergarten. He was perhaps less prepared for the social expectations present in the school environment.
In Jean Piaget’s (1936/1952) terms, children start school during the second stage (preoperational thought) and finish school when they are completing the fourth and final stage of cognitive development (formal operations). In the third stage (concrete operations), children are able to solve concrete problems using logical problem-solving strategies. By the end of middle childhood, they enter the formal operations stage and become able to solve hypothetical problems using abstract concepts (refer back to Exhibit 3.4 for an overview of Piaget’s stages of cognitive development). School children rapidly develop conceptual thought, the ability to categorize complicated systems of objects, and the ability to solve problems (Allen-Meares, 1995).

Bergen and Coscia (2001) point out that as you observe children moving into and through middle childhood, you will note these rapid gains in intellectual processes and memory. These brain-produced shifts in the child’s understanding of him or herself and the surrounding world are consistent with the transition into Piaget’s concrete operational stage of cognitive development. Potential gains in cognitive development enable new learning in a variety of environments. For example, children gain enhanced ability to understand people, situations, and events within their surrounding environments. The task for caregivers and others within the child’s environment is to recognize and respond to this ability sensitively by nurturing and supporting the child’s expanding cognitive abilities.

Beyond Piaget’s ideas, brain development and cognitive functioning during middle childhood have received relatively little attention when compared to research devoted to brain development in prior developmental phases. However, our ever-expanding general understanding of the human brain illuminates opportunities and vulnerabilities present throughout childhood. For example, professionals working with children are increasingly aware of the meaning and implications of brain plasticity. As pointed out in Chapter 3, infancy, toddlerhood, and early childhood appear to represent “sensitive periods” in brain development. By middle childhood, a child’s brain development and functioning has been profoundly shaped by the nature of earlier experiences and development. And yet, remarkable brain plasticity continues, with brain structure and functioning capable of growth and refinement throughout life (Shonkoff & Phillips, 2000). The conceptual framework perhaps most useful to understanding this potential and the processes at play is nonlinear dynamic systems theory, also known as complexity or chaos theory (Applegate & Shapiro, 2005). Applied to this
context, this theoretical perspective proposes that changes in one area or aspect of the neurological system may stimulate or interact with other neurological or broader physiological system components in an unpredictable fashion, potentially leading to unanticipated outcomes. Brain development follows a coherent developmental process, but brain plasticity in particular demonstrates the role of complex nonlinear neurological system dynamics and processes.

There are at least two aspects of brain development of particular interest when we focus on middle childhood. The first is the idea that different brain regions appear to develop according to different time lines. In other words, middle childhood may be a “sensitive period” for certain aspects of brain development not yet clearly understood. The second important idea is the notion that brain synapses (connections between cells in the nervous system) that are initially present as children enter this developmental phase may be gradually eliminated if they are not used. As reported in Chapter 3, there seems to be a pattern of synaptogenesis, or creation and fine-tuning of brain synapses, in the human cerebral cortex during early childhood which appears to be followed by a gradual pruning process that eventually reduces the overall number of synapses to their adult levels (Shonkoff & Phillips, 2000). Ongoing positive and diverse learning opportunities during middle childhood may help facilitate continued brain growth and optimal refinement of existing structures. The National Research Council of Medicine (Shonkoff & Phillips, 2000) argues that it is essential to recognize that although genetic factors and the nature and timing of early experiences matter, “more often than not, the developing child remains vulnerable to risk and open to protective influences throughout the early years of life and into adulthood” (p. 31).

Variations in brain development and functioning appear to play a critical role in learning abilities and disabilities as well as patterns of behavior (Bergen & Coscia, 2001). During middle childhood, identification and potential diagnosis of special needs, including issues such as Attention Deficit Hyperactivity Disorder and autism spectrum disorders, typically peak. In recent years, an area of public interest is gender or sex-based differences in brain functioning and, possibly, learning styles. This interest has been stimulated in part by evidence suggesting that boys are currently at higher risk than girls for poor literacy performance, special education placement, and school drop out (Weaver-Hightower, 2003).

Gurian (2001) and Sax (2005) have argued that brain-based cognitive processing, behavior, and learning style differences may be responsible for the somewhat stable trends observed in gender differences in educational achievement. The importance of sex, or gender, in shaping the human experience cannot be overstated. Gender is a profoundly important organizing factor shaping human development and its biological correlates may impact behavior and learning processes in ways we do not clearly understand. In particular, the nature and causes of educational achievement differences among girls and boys are “complex and the interconnections of the causes are poorly understood” (Weaver-Hightower, 2003, p. 487). Also, it is critically important to remember that among children, gender is but one of several personal and group characteristics relevant to understanding educational privilege specifically, as well as risk and protection generally.

Concern about the well-being of boys in schools has been stimulated, in part, by the assertion that in the late twentieth and early twenty-first centuries, boys’ performance has been declining on indicators of educational achievement and attainment. Some argue that
boys have suffered, in educational contexts, from the amount of attention dedicated to supporting girls’ educational success during the late twentieth century (Sommers, 2000). Indeed, a variety of publications and educational initiatives in the late twentieth century attempted to correct the role that schools and other social institutions had traditionally played in placing girls at risk emotionally, socially, and academically (see American Association of University Women, 1995; Orenstein, 1994; Pipher, 1994; Sadker & Sadker, 1994).

There is speculation, however, that today’s schools, in particular the early years of public schooling, privilege a predominately “female” learning style (Sax, 2005). On the other hand, evidence suggests that boys continue to receive advantage in a subtle fashion throughout the schooling experience (Sadker & Sadker, 1994; Guzzetti, Young, Gritsavage, Fyfe, & Hardenbrook, 2002). And while girls may “out perform” boys in certain areas, such as literacy (reading and writing), there is evidence that boys generally continue to “out perform” girls in the math, science, and technology domains (Barrs, 1994; Dee, 2005; Rowan, Knobel, Bigum, & Lankshear, 2002). In sum, careful analysis of contemporary data and shortcomings indicates that the differences between boys and girls are complex and there simply is not clear evidence of exclusively one-sided advantage or disadvantage (Bailey, 2002).

Several developmental theorists, including those listed in Exhibit 5.2, have described the changes and developmental tasks associated with middle childhood. According to these traditional theorists, thinking becomes more complex, reasoning becomes more logical, the child’s sense of morality expands and develops into a more internally based system, and the ability to understand the perspectives of others emerges. However, shortcomings in the focus, methods, and findings of many traditional developmental theorists are today widely recognized (see Gibbs & Huang, 1989; Gilligan, 1982; Langford, 1995; Mowrer & Klein, 2001). In particular, much developmental research historically lacked rigor and did not devote sufficient attention to females and children belonging to nondominant groups.

A number of contemporary developmental theorists have focused on assessing the relevance and applicability of these developmental tasks to all children. Most agree that the central ideas of the theorists summarized in Exhibit 5.2 continue to be meaningful. For example, Erikson’s thoughts remain widely recognized as relevant to our understanding of school-age children. In some areas, however, these developmental theories have been critiqued and subsequently expanded. This is particularly true in the area of moral development.

The best-known theory of moral development is Lawrence Kohlberg’s stage theory (for an overview of this theory, refer back to Exhibit 4.1). Kohlberg’s research on moral reasoning found that children do not enter the second level of conventional moral reasoning, or morality based on approval of authorities or upon upholding societal standards, until about age 9 or 10, sometime after they have the cognitive skills for such reasoning. Robert Coles (1987, 1997) expanded upon Kohlberg’s work and emphasized the distinction between moral imagination—the gradually developed capacity to reflect on what is right and wrong—and moral conduct, pointing out that a “well-developed conscience does not translate, necessarily, into a morally courageous life” (p. 3). To Coles, moral behavior is shaped by daily experiences, developing in response to the way the child is treated in his or her various environments such as home and school. The school-age child often pays close attention to the discrepancies between the “moral voices” and actions of the adults in his or her world, including parents, friends’ parents, relatives, teachers, and coaches. Each new and significant
adult sets an example for the child, sometimes complementing and sometimes contradicting
the values emphasized in the child’s home environment.

Also, Gilligan (1982) has extensively criticized Kohlberg’s theory of moral development
as paying inadequate attention to girls’ “ethic of care” and the keen emphasis girls often place
on relationships and the emotions of others. Gilligan has argued that gender differences can
be observed not necessarily in basic values or moral choices but in ethical thinking and
decision making processes (Davies, 2004). Consistent with Gilligan’s ideas, a number of
developmental theorists have argued that girls moving through middle childhood must rec-
concile increasing emphasis and abilities in the area of abstract linear thinking with their
interrelational intelligence, which is based on emotional and social intelligence and is sim-
ilar to Howard Gardner’s concept of interpersonal intelligence (Borysenko, 1996, p. 41). Such
developmentalists, drawing upon feminist scholarship, point out that both girls and boys
advance rapidly in the cognitive and moral developmental domains during middle child-
hood, but the genders may be distinct in their approaches to social relationships and inter-
actions, and such differences may shape the nature of development in all domains
(Borysenko, 1996; Davies, 2004; Gilligan, 1982; Taylor, Gilligan & Sullivan, 1995).

Many developmentalists have also examined the implications of advancing cognitive
abilities for children’s understanding of their group identities. Children become much more
aware of ethnic identities and other aspects of diversity (such as socioeconomic status and
gender identities) during their middle childhood years. Cultural awareness and related beliefs
are shaped by the nature of experiences such as exposure to diversity within the family and
community, including school, contexts. Unlike the preschoolers’ attraction to “black and
white” classifications, children progressing through middle childhood are increasingly capa-
bles of understanding the complexities of group memberships; in other words, they are cogni-
tively capable of rejecting over-simplistic stereotypes and recognizing the complexities
present within all individuals and groups (Davies, 2004). McAdoo (2001) asserts that,

<table>
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<tr>
<th>Theorist</th>
<th>Phase or Task</th>
<th>Description</th>
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<tbody>
<tr>
<td>Freud (1938/1973)</td>
<td>Latency</td>
<td>Sexual instincts become less dominant; superego develops further.</td>
</tr>
<tr>
<td>Erikson (1950)</td>
<td>Industry versus inferiority</td>
<td>Capacity to cooperate and create develops; result is sense of either mastery or incompetence.</td>
</tr>
<tr>
<td>Piaget (1936/1952)</td>
<td>Concrete operational</td>
<td>Reasoning becomes more logical but remains at concrete level; principle of conservation is learned.</td>
</tr>
<tr>
<td>Piaget (1932/1965)</td>
<td>Moral realism and autonomous morality</td>
<td>Conception of morality changes from absolute and external to relative and internal.</td>
</tr>
<tr>
<td>Kohlberg (1969)</td>
<td>Preconventional and conventional morality</td>
<td>Reasoning based on punishment and reward is replaced by reasoning based on formal law and external opinion.</td>
</tr>
<tr>
<td>Selman (1976)</td>
<td>Self-reflective perspective taking</td>
<td>Ability develops to view own actions, thoughts, and emotions from another’s perspective.</td>
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compared to children who identify with the majority group, children from nondominant groups are much more likely to possess awareness of both their own group identity or identities, as well as majority group characteristics. Thus, a now widely recognized developmental task associated with middle childhood is the acquisition of positive group identity or identities (Davies, 2004; Verkuyten, 2005). The terms bicultural or multicultural competence are widely used to refer to the skills children from nondominant groups must acquire in order to survive and thrive developmentally (Chestang, 1972; Lum, 2003a, 2003b; Norton, 1993).

Manuel speaks English as a second language and in some ways is representative of many school-age children. An estimated 47.0 million people age 5 and older in the United States, or approximately 18% of the population, speak a language other than English at home, a figure that is expected to increase steadily over time (Shin & Bruno, 2003). Multi and bilingual children in the United States have traditionally been thought to be at risk of developmental deficits. However, significant research evidence demonstrates that bilingualism may have a positive impact on cognitive development. Bilingual children often perform better than monolingual children on tests of analytical reasoning, concept formation, and cognitive flexibility (Hakuta, Ferdman, & Diaz, 1987). Moreover, bilingual children may be more likely to acquire capacities and skills that enhance their reading achievement (Campbell & Sais, 1995). With growing evidence of brain plasticity and the way that environmental demands change brain structures, researchers have begun to explore the relationship between bilingualism and the brain. They have found that learning a second language increases the density of grey matter in the left inferior parietal cortex. The earlier a second language is learned and the more proficient the person becomes, the more benefit to brain development (Mechelli et al., 2004). Despite such findings, however, too often bilingual children receive little support for their native language and culture in the school context.

Cultural Identity Development

For many European American children, ethnicity does not lead to comparison with others or exploration of identity (Rotheram-Borus, 1993). But for most children who are members of nondominant groups, ethnicity or race may be a central part of the quest for identity that begins in middle childhood and continues well into adolescence and young adulthood. By around age 7, cognitive advances allow children to view themselves and others as capable of belonging to more than one “category” at once, as capable of possessing two or more heritages simultaneously (Morrison & Bordere, 2001). As children mature, they may become more aware of not only dual or multiple aspects of identity but also of the discrimination and inequality to which they may be subjected. Such issues may in fact present overwhelming challenges for the school-age child belonging to a nondominant group. At a time when development of a sense of belonging is critical, these issues set some children apart from members of dominant groups and may increase the challenges they experience.

Segregation based on ethnicity/race and social class is common in friendships at all ages, including middle childhood. Like adults, children are more likely to hold negative attitudes toward groups to which they do not belong. However, children, like adults, vary in the extent to which they hold ethnic and social class biases. Specific learning experiences appear to be influential in the development of childhood prejudice (Powlishta, Serbin, Doyle, & White, 1994). Verbalized prejudice declines during middle childhood as children learn to obey
social norms against overt prejudice. However, children belonging to nondominant groups continue to face institutional discrimination and other significant challenges throughout this period of the life course (Bigler & Liben, 1993; Gutierrez, 2004; Harps, 2005).

A particular challenge for children like Manuel Vega may be blending contradictory values, standards, or traditions. Some children respond to cultural contradictions by identifying with the mainstream American culture (assimilation) in which they are immersed or by developing negative attitudes about their subcultural group memberships either consciously or subconsciously (stereotype vulnerability). Research evidence indicates that rejection of ethnic/race identity is particularly likely among members of nondominant groups lacking a supportive social movement that stresses group pride (Phinney, 1989). On the other hand, children whose experience in the mainstream culture challenges self-esteem and raises barriers to academic success may reject the dominant culture and define themselves in reaction against majority values (Matute-Bianchi, 1986). Other children begin to develop their own unique blend of group memberships and cultures. Individual reactions, like that of Manuel, will be shaped by the child’s unique experiences and social influences. Blending the values of both dominant and nondominant groups in a manner that promotes self-esteem is possible but may be difficult and confusing for the school-age child (Bautista de Domanico, Crawford, & DeWolfe, 1994; Markstrom-Adams & Adams, 1995; Roebers & Schneider, 1999). It is a major developmental task to integrate dual or multiple identities into a consistent personal identity as well as a positive ethnic or racial identity (Gibbs & Huang, 1989).

Many models of identity development have been developed for children of mixed ethnicity, with new ideas and theories constantly emerging. It is clear that identity development for such children is diverse, extremely complex, and not well understood. As always, however, parents and professionals must start where the child is, with a focus on facilitating understanding and appreciation of heritage in order to promote development of an integrated identity and positive self-regard (Kopola, Esquivel, & Baptiste, 1994). Children should be provided with opportunities to explore their dual or multiple heritages and to select their own terms for identifying and describing themselves (Morrison & Bordere, 2001). Although studies have produced diverse findings, positive outcomes seem to be associated with supportive family systems and involvement in social and recreational activities that expose children to their heritage and lead to self-affirmation (Fuligni, 1997; Gibbs & Huang, 1989; Guarnaccia & Lopez, 1998; Herring, 1995).

Key tasks for adults, then, include educating children about family histories and supporting the creation of an integrated sense of self. Individuals and organizations within the child’s social system can provide support by being sensitive to issues related to ethnic/racial origin and ethnic/racial distinctions; they can also help by celebrating cultural diversity and trying to increase the cultural sensitivity of all children. Such interventions appear to encourage fewer negative stereotypes of peers belonging to nondominant groups (Rotheram-Borus, 1993).

In general, it is critical to the positive identity development of all children, but particularly those from nondominant groups, that schools value diversity and offer a variety of experiences that focus on positive identity development (Morrison & Bordere, 2001). Ensuring that schools respect nondominant cultures and diverse learning styles is an important step. In order for schools to do this, all school staff must develop self-awareness. A variety of materials have been designed to facilitate this process among educators (see Lee,
Menkart & Okazawa-Rae, 1998; Matsumoto-Grah, 1992; Seefeldt, 1993) and other professionals (Fong, 2003; Lum, 2003b; Sue & McGoldrick, 2005).

The family environment of course plays a critical role in shaping all aspects of development, and the family is typically the vehicle through which cultural identity is transmitted. Children typically learn, through their families, how to view their ethnicity/race as well as that of others, as well as coping strategies to respond to potential or direct exclusion, discrimination, or racism (Barbarin, McCandies, Coleman, & Atkinson, 2004).

**Emotional Development**

As most children move from early childhood into and through middle childhood, they experience significant gains in their ability to identify and articulate their own emotions as well as the emotions of others. Exhibit 5.3 summarizes several gains school-age children often make in the area of emotional functioning. It is important to recognize, however, that culture and other aspects of group identity may shape emotional development. For example, cultures vary in their acceptance of expressive displays of emotion.

Many children in this age range develop more advanced coping skills that help them when encountering upsetting, stressful, or traumatic situations. As defined by Daniel Goleman (1995), emotional intelligence refers to the ability to “motivate oneself and persist in the face of frustrations, to control impulse and delay gratification, to regulate one’s moods and keep distress from swamping the ability to think, to empathize and to hope” (p. 34). To Goleman (2006), emotional and social intelligence are inextricably linked, and many other developmentalists agree. As a result, interventions used with children experiencing social difficulties often focus upon enhancing some aspect of emotional intelligence.

Goleman also asserts that social and emotional intelligence are key aspects of both moral reasoning and moral conduct. In other words, although often it may seem that advancing capacities in the moral domain occurs naturally for children, positive conditions and interactions must exist in a child’s life in order for optimal emotional and social competencies to develop. Thus, a child like Anthony Bryant, with seemingly great academic

<table>
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<tr>
<th>Exhibit 5.3</th>
<th>Common Emotional Gains During Middle Childhood</th>
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<tbody>
<tr>
<td>- Ability to mentally organize and articulate emotional experiences</td>
<td></td>
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<tr>
<td>- Cognitive control of emotional arousal</td>
<td></td>
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<tr>
<td>- Use of emotions as internal monitoring and guidance systems</td>
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<tr>
<td>- Ability to remain focused on goal directed actions</td>
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<tr>
<td>- Ability to delay gratification based on cognitive evaluation</td>
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<tr>
<td>- Ability to understand and use the concept of planning</td>
<td></td>
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<tr>
<td>- Ability to view tasks incrementally</td>
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<tr>
<td>- Use of social comparison</td>
<td></td>
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<tr>
<td>- Influence of internalized feelings (e.g., self-pride, shame) on behavior</td>
<td></td>
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<tr>
<td>- Capacity to tolerate conflicting feelings</td>
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<tr>
<td>- Increasingly effective defense mechanisms</td>
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promise, may not realize his potential without timely intervention targeting the development of critical emotional competencies. These competencies include, for example, self-awareness, impulse control, and the ability to identify, express, and manage feelings, including love, jealousy, anxiety, and anger. Healthy emotional development can be threatened by a number of issues, including challenges such as significant loss and trauma. We increasingly recognize the vulnerability of school-age children to serious emotional and mental health issues. Assessment approaches that incorporate awareness of and attention to the possible existence of such issues are critical.

Fortunately, a substantial knowledge base regarding the promotion of positive emotional development exists. Many intervention strategies appear effective, particularly when they are preventive in nature and provided during or before middle childhood (see Hyson, 2004).

For example, Brianna Shaw, like too many children—particularly girls her age—is at risk of developing depression and could benefit from intervention focusing on the development of appropriate coping strategies. A number of interacting, complex biopsychosocial-spiritual factors shape vulnerability to ailments such as depression. Goleman (1995) argues that many cases of depression arise from deficits in two key areas of emotional competence: relationship skills and cognitive, or interpretive, style. In short, many children suffering from—or at risk of developing—depression likely possess a depression-promoting way of interpreting setbacks. Children with a potentially harmful outlook attribute setbacks in their lives to internal, personal flaws. Appropriate preventive intervention, based on a cognitive behavioral approach, teaches children that their emotions are linked to the way they think and facilitates productive, healthy ways of interpreting events and viewing themselves. For Brianna, such cognitive-behavioral oriented intervention may be helpful. Brianna also may benefit from a gender-specific intervention, perhaps with a particular focus upon relational resilience. Potter (2004) argues that gender-specific interventions are often most appropriate when the social problem is experienced primarily by one gender. She identifies eating disorders and depression as two examples of issues disproportionately impacting girls. Identifying the relevance of gender issues to Brianna’s current emotional state and considering a gender-specific intervention strategy therefore may be appropriate. The concept of “relational resilience” is built upon relational-cultural theory’s belief that “all psychological growth occurs in relationships;” the building blocks of relational resilience are “mutual empathy, empowerment, and the development of courage” (Jordan, 2005, p. 79).

Many school-age girls and boys also experience depression and other types of emotional distress due to a variety of factors, including trauma (severe physical or psychological injury) or significant loss. Children with close ties to extended family are particularly likely to experience loss of a close relative at a young age and therefore are more prone to this sort of depression. Loss, trauma, and violence may present serious obstacles to healthy emotional development. Research demonstrates the remarkable potential resilience of children (see Garmezy, 1994; Goldstein & Brooks, 2005; Kirby & Fraser, 2004; Luthar, 2003; Werner & Smith, 2001), but both personal and environmental attributes play a critical role in processes of resilience. To support the healthy emotional development of children at risk, appropriate multilevel prevention and intervention efforts are crucial.

Social Development

Perhaps the most widely recognized developmental task of this period is the acquisition of feelings of self-competence. Traditional developmentalists have pointed out that the school-age
child searches for opportunities to demonstrate personal skills, abilities, and achievements. This is what Erik Erikson (1963) was referring to when he described the developmental task of middle childhood as industry versus inferiority (refer back to Exhibit 3.6 for a description of all eight of Erikson’s psychosocial stages). Industry refers to a drive to acquire new skills and do meaningful “work.” The experiences of middle childhood may foster or thwart the child’s attempts to acquire an enhanced sense of mastery and self-efficacy. Family, peer, and community support may enhance the child’s growing sense of competence; lack of such support undermines this sense. The child’s definitions of self and accomplishment vary greatly according to interpretations in the surrounding environment. But superficial, external bolstering of self-esteem is not all that children of this age group require. External appraisal must be supportive and encouraging but also accurate in order for children to value such feedback.

Some theorists argue that children of this age must learn the value of perseverance and develop an internal drive to succeed (Kindlon, 2003; Seligman, Reivich, Jaycox, & Gillham, 1995). Thus, opportunities to both fail and succeed must be provided, along with sincere feedback and support. Ideally, the developing school-age child acquires the sense of personal competence and tenacity that will serve as a protective factor during adolescence and young adulthood.

Families play a critical role in supporting development of this sense. For example, as the child learns to ride a bike or play a sport or musical instrument, adults can provide specific feedback and praise. They can counter the child’s frustration by identifying and complimenting specific improvements and emphasizing the role of practice and perseverance in producing such improvements. Failures and setbacks can be labeled as temporary and surmountable rather than attributed to personal flaws or deficits. The presence of such feedback loops is a key feature of high-quality adult-child relationships, in the family, school, and beyond. Middle childhood is a critical time for children to acquire this sense of competence. In the process they gain an increasing awareness of their fit in the network of relationships in their surrounding environments. Each child experiences events and daily interactions that enhance or diminish feelings of self-competence. A systems perspective is critical to understanding the multiple influences on children’s development during this period.

Children are not equally positioned as they enter this developmental phase, as Anthony Bryant’s, Brianna Shaw’s, and Manuel Vega’s stories suggest. Developmental pathways preceding entry into middle childhood are extremely diverse. Children experience this phase of life differently based not only on differences in the surrounding environment—such as family structure and socioeconomic status—but also on their personality differences. A particular personality and learning style may be valued or devalued, problematic or nonproblematic, in each of the child’s expanding social settings (Berk, 2002a, 2002b; Green, 1994). Thus, although Anthony, Brianna, and Manuel are moving through the same developmental period and facing many common tasks, they experience these tasks differently and will emerge into adolescence as unique individuals. Each individual child’s identity development is highly dependent upon social networks of privilege and exclusion. There is a direct relationship between the level of control and power a child experiences and the degree of balance that is achieved in the child’s emerging identity between feelings of power (privilege) and powerlessness (exclusion) (Johnson, 2005; Tatum, 1992). As children move toward adolescence and early adulthood, the amount of emotional, social, spiritual, and economic capital, or resources, acquired determines the likelihood of socioeconomic and other types of
success as well as feelings of competence to succeed. Experiencing economically and socially just support systems is key to optimum development.

Middle childhood is a critical time in moral development, a time when most children become intensely interested in moral issues. Advancing language capability serves not only as a communication tool but also as a vehicle for more sophisticated introspection. Language is also a tool for positive assertion of self and personal opinions as the child’s social world expands (Coles, 1987, 1997). In recent years, many elementary schools have added character education to their curricula. Such education often consists of direct teaching and curriculum inclusion of mainstream moral and social values thought to be universal in a community (e.g., kindness, respect, tolerance, and honesty). Renewed focus on children’s character education is in part related to waves of school violence and bullying. Survey research with children suggests that, compared to children in middle and high school settings, children in elementary school settings are at highest risk of experiencing bullying, either as a perpetrator or victim (Astor, Benbenishty, Pitner, & Meyer, 2004).

At a broader level, federal and state legislative initiatives have encouraged school personnel to confront bullying and harassment in the school setting (Limber & Small, 2003). Schools have been particularly responsive to these initiatives in the wake of well-publicized incidents of school violence. Today, most schools have policies in place designed to facilitate efficient and effective responses to aberrant behavior, including bullying and violence. The content and implementation details of such policies, of course, vary widely.

There is plentiful evidence to suggest that “the bully” or “bullying” has existed throughout modern human history (Astor et al., 2004). During the late twentieth century, changes occurred within our views of and knowledge regarding bullying. In general, the public has become less tolerant of bullying, perhaps because of a fairly widespread belief that school shootings (such as the Columbine High School massacre) can be linked to bullying. Bullying is today recognized as a complex phenomenon, with both direct bullying (physical) and indirect bullying viewed as cause for concern (Astor et al., 2004). Indirect bullying is conceptualized as including verbal, psychological, and social or “relational” bullying tactics.

In recent years, new interest has centered on gender differences in bullying. Initially, attention was drawn to the previously underrecognized phenomenon of girls experiencing direct bullying, or physical aggression and violence, at the hands of other girls (Garbarino, 2006). Although both direct and indirect bullying crosses genders, more recent attention has centered on the widespread existence of indirect, or relational, bullying particularly among girls, and its potentially devastating consequences (Simmons, 2003; Underwood, 2003).

A positive outcome of recent attention to bullying is interest in establishing “best practices” in bullying prevention and intervention. Astor and colleagues (2004) argue that the United States is lagging behind other countries such as Norway, the United Kingdom, and Australia in implementing and evaluating comprehensive bullying prevention and intervention strategies; a benefit of our delayed status is our ability to learn from this international knowledge base. This knowledge base suggests that the most effective approaches to reducing bullying within a school is implementation of a comprehensive, school-wide prevention and intervention plan that addresses the contributing factors within all levels of the school environment (Espelage & Swearer, 2003; Plaford, 2006). In recent years, many school districts in the United States have implemented such initiatives and have experienced positive results (Beaudoin & Taylor, 2004).
As children increasingly view their lives as part of the network of lives within their environment, communities gain greater potential to provide important support and structure. Today, however, many communities provide as many challenges as opportunities for development. Communities in which challenges outweigh opportunities have been labeled as “socially toxic,” meaning that they threaten positive development (Garbarino, 1995). In contrast, within a socially supportive environment, children have access to peers and adults who can lead them toward more advanced moral and social thinking. This development occurs in part through the modeling of pro-social behavior, which injects moral reasoning and social sensitivity into the child’s accustomed manner of reasoning and behaving. Thus, cognitive and moral development is a social issue. The failure of adults to take on moral and spiritual mentoring roles contributes significantly to the development of socially toxic environments.

This type of moral mentoring takes place in the zone of proximal development—the theoretical space between the child’s current developmental level and the child’s potential level if given access to appropriate models and developmental experiences in the social environment (Vygotsky, 1986). Thus, the child’s competence alone interacts dynamically with the child’s competence in the company of others. The result is developmental progress. This continuous process of social interaction and shaping is consistent with systems theory or with a biological model of equilibration, where organisms develop as they respond to environmental stimuli in a constant process of equilibrium, disruption, and re-equilibration.

The Peer Group

Nearly as influential as family members during middle childhood are peer groups—collections of children with unique values and goals (Hartup, 1983). As children progress through middle childhood, peers have an increasingly important impact on such everyday matters as social behavior, activities, and dress. By this phase of development, a desire for group belongingness is especially strong. Within peer groups, children potentially learn three important lessons. First, they learn to appreciate different points of view. Second, they learn to recognize the norms and demands of their peer group. And, third, they learn to have closeness to a same-sex peer (Newman & Newman, 2006). Whereas individual friendships facilitate the development of critical capacities such as trust and intimacy, peer groups foster learning about cooperation and leadership.

Throughout middle childhood, the importance of group norms is highly evident (von Salisch, 2001). Children are sensitive, sometimes exceedingly so, to their peers’ standards for behavior, appearance, and attitudes. Brianna Shaw, for instance, is beginning to devalue herself because she recognizes the discrepancy between her appearance and group norms. Often it is not until adolescence that group norms may become more flexible, allowing for more individuality. This shift reflects the complex relationship among the developmental domains. In this case, the association between social and cognitive development is illustrated by simultaneous changes in social relationships and cognitive capacities.

In most middle childhood peer groups, dominance hierarchies establish a social order among group participants. Those hierarchies may predict outcomes when conflict arises (Pettit, Bakshi, Dodge, & Coie, 1990; Savin-Williams, 1979); typically, more dominant children prevail. Furthermore, through reinforcement, modeling, and direct pressure to conform to expectations, children’s dominance hierarchies contribute to socialization.
Again, through middle childhood, gains in cognitive abilities promote more complex communication skills and greater social awareness. These developments, in turn, facilitate more complex peer interaction, which is a vital resource for the development of social competence—the ability to engage in sustained, positive, and mutually satisfactory peer interactions. Positive peer relationships reflect and support social competence, as they potentially discourage egocentrism, promote positive coping, and ultimately serve as a protective factor during the transition to adolescence (Spencer, Harpalani, Fegley, Dell’Angelo, & Seaton, 2003).

Gender and culture influence the quantity and nature of peer interactions observed among school-age children (Potter, 2004). Sociability, intimacy, social expectations and rules, and the value placed on various types of play and other social activities are all phenomena shaped by both gender and culture. The relationship between gender and peer relationships has been studied fairly extensively, however, the specific ways in which culture influences the nuances of children’s peer relationships remain unclear because the state of research in this area is significantly underdeveloped (Robinson, 1998).

Spencer et al. (2003) point out that children from nondominant groups are more likely to experience dissonance across school, family, and peer settings; for example, such children may experience language differences, misunderstandings of cultural traditions or expressions, and distinct norms, or rules, regarding dating behavior, peer intimacy, or cross-gender friendships. These authors also assert that although many youth experiencing dissonance across school, family, and peer systems may suffer from negative outcomes such as peer rejection or school failure, some may learn important coping skills that will serve them well later in life. In fact, the authors argue that given the clear trend toward increasing cultural diversity around the globe, “experiences of cultural dissonance and the coping skills they allow youth to develop should not be viewed as aberrant; instead, privilege should be explored as having a ‘downside’ that potentially compromises the development of coping and character” (p. 137).

A persistent finding is that, across gender and culture, peer acceptance is a powerful predictor of psychological adjustment. One well-known study asked children to fit other children into particular categories. From the results, the researchers developed five general categories of social acceptance: popular, rejected, controversial, neglected, and average (Coie, Dodge, & Coppotelli, 1982). Common predictors of popular status include physical appearance (Adams & Crane, 1980) and pro-social behaviors in the social setting (Newcomb, Bukowski, & Pattee, 1993; Rotenberg et al., 2004). Rejected children are those who are actively disliked by their peers. They are particularly likely to be unhappy and to experience achievement and self-esteem issues. Rejected status is strongly associated with poor school performance, antisocial behavior, and delinquency in adolescence (DeRosier, Kupersmidt, & Patterson, 1994; Ollendick, Weist, Borden, & Greene, 1992). For this reason, we should be concerned about Brianna Shaw’s growing sense of peer rejection.

Support for rejected children may include interventions to improve peer relations and psychological adjustment. Most of these interventions are based on social learning theory and involve modeling and reinforcing positive social behavior—for example, initiating interaction and responding to others positively. Several such programs have indeed helped children develop social competence and gain peer approval (Lochman, Coie, Underwood, & Terry, 1993; Mize & Ladd, 1990; Wyman, Cross, & Barry, 2004; Young, Marchant, & Wilder, 2004).

**Friendship and Intimacy**

Throughout middle childhood, children develop their ability to look at things from others’ perspectives. In turn, their capacity to develop more complex friendships—based on awareness
of others’ thoughts, feelings, and needs—emerges (Selman, 1976; von Salisch, 2001). Thus, complex and fairly stable friendship networks begin to form for the first time in middle childhood (Hartup, 1983). Although skills such as cooperation and problem solving are learned in the peer group, close friendships facilitate understanding and promote trust and reciprocity. Most socially competent children maintain and nurture both close friendships and effective peer group interaction.

As children move through middle childhood, friendship begins to entail mutual trust and assistance and thus becomes more psychologically rather than behaviorally based (Asher & Paquette, 2003; Damon, 1977). In other words, school-age children may possess close friendships based on the emotional support provided for one another as much as, if not more than, common interests and activities. The concept of friend is transformed from the playmate of early childhood to the confidant of middle childhood. Violations of trust during this period are often perceived as serious violations of the friendship bond. As children move out of middle childhood and into adolescence, the role of intimacy and loyalty in friendship becomes even more pronounced. Moreover, children increasingly value mutual understanding and loyalty in the face of conflict among peers (Berndt, 1988).

**Team Play**

The overall incidence of aggression during peer activities decreases during middle childhood, and friendly rule-based play increases. This transition is due in part to the continuing development of a perspective-taking ability, the ability to see a situation from another person’s point of view. In addition, most school-age children are exposed to peers who differ in a variety of ways, including personality, ethnicity, and interests.

School-age children are able to take their new understanding of others’ needs and desires into account in various types of peer interaction. Thus, their communication and interaction reflects an enhanced ability to understand the role of multiple participants in activities. These developments facilitate the transition to many rule-based activities, such as team sports (Rubin, Fein, & Vandenburg, 1983). Despite occasional arguments or fights with peers, involvement with team sports may provide great enjoyment and satisfaction. Participation in team sports during middle childhood may also have long-term benefits. One research team found a link between voluntary participation in team sports during middle childhood and level of physical activity in adulthood (Taylor, Blair, Cummings, Wun, & Malina, 1999). While participating in team sports, children also develop the capacity for interdependence, cooperation, division of labor, and competition (Van der Vegt, Eman, & Van De Vliert, 2001).

**Gender Identity and Gender Roles**

Although most children in middle childhood have a great deal in common based upon their shared developmental phase, girls and boys differ significantly in areas ranging from their self-understanding and social relationships to school performance and life aspirations (Potter, 2004). Among most school-age children, gender identity, or an “internalized psychological experience of being male or female,” is quite well-established (Diamond & Savin-Williams, 2003, p. 105). But during middle childhood, boys and girls seem to follow different paths in gender role development. Often, boys’ identification with “masculine” role attributes increases while girls’ identification with “feminine” role attributes decreases (Archer, 1992; Levy, Taylor, & Gelman, 1995; Potter, 2004). For instance, boys are more likely than
girls to label a chore as a “girl’s job” or a “boy’s job.” As adults, females are the more androgynous of the two genders, and this movement toward androgyny appears to begin in middle childhood (Diamond & Savin-Williams, 2003; Serbin, Powlishta, & Gulko, 1993).

These differences have multiple causes, from social to cognitive forces. In the United States, during middle childhood and beyond, cross-gender behavior in girls is more socially acceptable than such behavior among boys. Diamond and Savin-Williams use the term “gender typicality,” or the “degree to which one’s appearance, behavior, interests, and subjective self-concept conform to conventional gender norms” (p. 105). Research to date suggests that for both genders, a traditionally “masculine” identity is associated with a higher sense of overall competence and better academic performance (Boldizar, 1991; Newcomb & Dubas, 1992). Diamond and Savin-Williams also emphasize the role of culture in this relationship, pointing out that this is likely due to the fact that traits associated with male, or for girls, “tomboy” status are those traits most valued in many communities. These traits include qualities such as athleticism, confidence, and assertiveness. Indeed, local communities with “more entrenched sexist ideologies” regarding male versus female traits are those in which boys exhibiting feminine or “sissy” behaviors are likely to suffer (p. 107).

A related issue is a disturbing trend noted among girls transitioning from middle childhood to adolescence. Specifically, in recent years, women’s studies’ experts have pointed out that school-age girls often seem to possess a “vibrant, feisty, and confident understanding of self” which gradually disintegrates as they increasingly “discredit their feelings and understandings, experiencing increased self-doubt” during early adolescence and subsequently becoming susceptible to a host of internalizing and externalizing disorders linked to poor self-esteem (Potter, 2004, p. 60). A number of studies and theories attempt to explain this shift in girls’ self-image and mental health (see Pipher, 1994; Simmons, 2003), but Potter (2004) cautions against overgeneralization of the phenomena and in particular suggests that the trend may not apply widely across girls from differing ethnic groups, socioeconomic statuses, and sexual orientations.

Our understanding of the structure of gender roles is derived from various theoretical perspectives. An anthropological or social constructionist orientation illuminates the ways in which, throughout history, gender has shaped familial and societal systems and inevitably impacts individual development in an intangible yet profound fashion (Wertsch, del Rio & Alvarez, 1995). Cognitive theory suggests that at the individual level, self-perceptions emerge. Gender, as one component of self-perception, joins related cognitions to guide children’s gender-linked behaviors. A behavioral perspective suggests that gender-related behaviors precede self-perception in the development of gender role identity; in other words, at a very young age, girls start imitating feminine behavior and later begin thinking of themselves as distinctly female, and boys go through the same sequence in developing a masculine identity. Gender schema theory (see Bem, 1993, 1998), an information-processing approach to gender, combines behavioral and cognitive theories, suggesting that social pressures and children’s cognition work together to perpetuate gender-linked perceptions and behaviors.

Feminist psychodynamic theorists such as Nancy Chodorow (1978, 1989) have proposed that while boys typically begin to separate psychologically from their female caregivers in early childhood, most girls deepen their connection to and identification with their female caregivers throughout childhood. Such theorists propose, then, that as girls and boys transition into adolescence and face a new level of individuation, they confront this challenge from very different psychological places and girls are more likely to find the task emotionally
confusing if not deeply overwhelming. This feminist, psychoanalytic theoretical orientation has been used to explain not only gender identity and role development, but also differences between boys and girls in their approaches to relationships, or relational orientations, and emotional expressiveness throughout childhood.

In general, due to expanding cognitive capacities, as children leave early childhood and progress through middle childhood, their gender stereotypes gradually become more flexible and most school-age children begin to accept that males and females can engage in the same activities and occupations (Carter & Patterson, 1982; Sagara, 2000). In addition, school-age children increasingly rely on unique characteristics, rather than a gender label, in attempting to predict the nature and behavior of a specific individual (Biernat, 1991; Potter, 2004).

African American children may hold less stereotyped views of females than do European American children (Bardwell, Cochran, & Walker, 1986). In addition, children from middle and upper-income backgrounds appear to hold more flexible views of gender than children from lower-income backgrounds (Serbin et al., 1993).

The implications of gender stereotyping for individual gender role adoption are not clear cut. Even children well aware of community gender norms and role expectations may not conform to gender role stereotypes in their actual behavior (Diamond & Savin-Williams, 2003; Downs & Langlois, 1988; Serbin et al., 1993). Perhaps children acquire personal gender role preferences before acquiring knowledge of gender role stereotypes or perhaps they learn and interpret gender role stereotypes in very diverse ways. Our understanding of the complexities of gender and sexual identity development—and the relationships between the two during the life course—is in its infancy.

**Middle Childhood and Formal Schooling**

Before discussing the role of formal schooling in the life of the school-age child in the United States and other relatively affluent societies, it is important to note that, in an era of a knowledge-based global economy, there continue to be large global gaps in opportunities for education. Although educational participation is almost universal between the age of 5 and 14 in affluent countries, 115 million of the world’s children, most residing in Africa or South Asia, do not receive even a primary education (United National Development Program, 2005). There is a widening gap in average years of education between rich and poor countries (McMichael, 2004). The average child born in Mozambique in 2005 will receive four years of formal education, compared to eight years in South Asia, and 15 years in France (United Nations Development Program, 2005). Females will receive one year less of education, on average, than males in African and Arab countries and two years less in South Asia (United Nations Development Program, 2005), but females receive higher levels of education than males, on average, in most affluent industrialized countries (Sen, Partelow, & Miller, 2005).

Although development is framed by multiple human interactions at home and in the community, the current importance of formal schooling during middle childhood in advanced industrial countries cannot be overstated. Children entering school must learn to navigate a new environment quite different from the family. In school, they are evaluated on the basis of how well they perform tasks; people outside the family—teachers and other
school staff as well as peers—begin shaping the child’s personality, dreams, and aspirations (Good & Nichols, 2001). At the same time, the school environment may serve as an important resource for the physical, cognitive, emotional, and social tasks of middle childhood.

Success in the school environment is very important to the development of self-esteem. Anthony Bryant, Brianna Shaw, and Manuel Vega illustrate the potentially positive as well as painful aspects of schooling. Manuel and Brianna seem increasingly distressed by their interactions within the school environment. Often, difficulties with peers create or compound academic challenges. Brianna’s school experience is becoming threatening enough that she may begin to withdraw from the environment, which would represent a serious risk to her continued cognitive, emotional, and social development.

As children move through the middle years, they become increasingly aware that they are evaluated on the basis of what they are able to do. In turn, they begin to evaluate themselves based on treatment by teachers and peers and on self-assessments of what they can and cannot do well (Barr & Parrett, 1995; Harter, 1988; Skaalvik & Skaalvik, 2004). School-age children consistently rate parents, classmates, other friends, and teachers as the most important influences in their lives (Harter, 1988). Thus, children are likely to evaluate themselves in a positive manner if they receive encouraging feedback from these individuals in their academic and social environments.

Formal Schooling and Cognitive Development

In the past few decades, school-age children have benefited from new research and theory focusing on the concept of intelligence. Traditional views of intelligence and approaches to intelligence testing benefited European American children born in the United States. Howard Gardner’s work, however, represented a paradigm shift in the field of education. He proposed that intelligence is neither unitary nor fixed, and argued that intelligence is not adequately or fully measured by IQ tests. More broadly, in his theory of multiple intelligences, intelligence is “the ability to solve problems or fashion products that are of consequence in a particular cultural setting or community” (Gardner, 1993, p. 15). Challenging the idea that individuals can be described, or categorized, by a single, quantifiable measure of intelligence, Gardner proposed that at least eight critical intelligences exist: verbal/linguistic, logical/mathematical, visual/spatial, musical/rhythmic, bodily/kinesthetic, naturalist, interpersonal, and intrapersonal. This paradigm shift in the education field encouraged a culturally
sensitive approach to students (Campbell, Campbell, & Dickinson, 1999) and a diminished role for standardized testing.

In its practical application, multiple intelligence theory calls for use of a wide range of instructional strategies that engage the range of strengths and intelligences of each student (Kagan & Kagan, 1998). Gardner specifically calls for matching instructional strategies to the needs and strengths of students, stretching the intelligences—or maximizing development of each intelligence—by transforming education curricula, and celebrating or (at a minimum) understanding the unique pattern of intelligences of each student.

This last point is critical. Such understanding can facilitate self-knowledge and self-acceptance. Understanding and celebration of cognitive diversity, Gardner believes, will come from a transformation not only of curricula, or instructional methods, but also of the fundamental way in which adults view students and students view themselves and one another. Schools help children develop a positive self-evaluation by providing a variety of activities that allow children with different strengths to succeed. For example, schools that assess children in many areas, including those described by Gardner, may help children who have a deficit in one area experience success in another realm. Children can also be encouraged to evaluate themselves positively through the creation of individual student portfolios and through school initiatives that promote new skill development. Classroom and extracurricular activities can build on children’s abilities and help them develop or maintain self-confidence (Barr & Parrett, 1995).

For example, most children benefit from diverse educational materials and varied activities that appeal to visual, auditory, and experiential learning styles. Such activities can include group work, student presentations, field trips, audiovisual presentations, written and oral skill activities, discussion, and lectures (Roueche & Baker, 1986). In recent years, flexible grouping is frequently employed. It draws on both heterogeneous and homogenous grouping and recognizes that each method is useful to achieve distinct objectives. Grouping strategies include pairing students, forming cooperative and collaborative groups, modeling lessons for students, conducting guided practice, and setting up subject-based learning laboratories. A teacher may draw on any appropriate technique during a class period, day, or week. These approaches represent an attempt to adapt instruction to meet diverse student needs. Students like Anthony Bryant, with more academic skill, may model effective methods of mastering academic material for less advanced students. Meanwhile, Anthony simultaneously learns more appropriate school behavior from his socially adept peers. Furthermore, this teaching method may help Anthony strengthen peer friendships—an important potential source of support as he confronts family transitions or conflict in the future.

On the other hand, schools can contribute to the development of a negative self-evaluation by emphasizing norm-referenced testing, judging students against other people taking the test, and providing little opportunity for skill development. Thus, in addition to calling for changes in instructional strategies, multiple intelligence theory calls for movement away from norm-referenced testing and toward more comprehensive assessments of diverse areas of student performance. Such assessment includes naturalistic, across-time observation and development of self-appraisal materials such as student portfolios (Lazear, 1994). This shift, however, has occurred in tandem with the standards movement within the
United States. Most schools and states have moved away from norm-referenced testing and toward *criterion-referenced testing*, which requires all graduating students to meet certain absolute scores and requirements. At present, all states have established some form of learning standards that all students must achieve in order to graduate from high school.

**Formal Schooling and Diversity**

Students like Manuel Vega face considerable challenges in the school setting. Manuel’s ability to engage in the school environment is compromised, and many schools are ill equipped to respond to the issues confronting children like him. If Manuel is not supported and assisted by his school system, his educational experience may assault his healthy development. But if Manuel’s personal and familial support systems can be tapped and mobilized, they may help him overcome his feelings of isolation in his new school environment. Carefully constructed and implemented interventions must be used to help Manuel. These interventions could include a focus on bridging the gap between his command of the rules of the informal register of English and the acquisition of formal standard English, without destroying his Spanish language base and his Mexican cultural heritage.

Today in the United States, Manuel’s situation is not rare. About one in five elementary and high school students have at least one foreign-born parent (U.S. Census Bureau, 2001a) and in general, students are more diverse than ever before. There are many challenges facing children who have recently arrived in the United States, particularly those fleeing war-torn countries. Research suggests that immigrant and refugee children are at heightened risk of experiencing mental health challenges and school failure (Escobar, Hoyos-Nervi, & Gara, 2000; Fuligni, 1997; Guarnaccia & Lopez, 1998; Miller & Rasco, 2004; Pernice & Brook, 1996). Language difficulties and their consequences among such children are increasingly recognized. It has been established that children are best served when they are able to speak both their native language and the language of their host country (Vuorenkoski, Kuure, Moilanen, Penninkilampi, & Myhrman, 2000). The mental health status among immigrant populations, however, appears to be dependent on a wide number of factors.

In general, *acculturation*, or a process by which two or more cultures remain distinct but exchange cultural features (such as foods, music, clothing), is easier on children than *assimilation*, or a process by which the minority culture must adapt and become incorporated into the majority culture, particularly in the school environment. Communication and interaction between families and schools is always important (Bhattacharya, 2000; U.S. Department of Health & Human Services, 2000).

It is essential for schools and professionals to recognize the importance of language. Ruby Payne (2005) describes the many complex ways in which poverty in particular affects relationships between schools and children. She notes, for example, that virtually all children from nondominant groups, including lower-income Caucasian children, possess an informal *language register* that contains the communication rules needed to survive in the familial and cultural group to which the child belongs. Schools often ignore the potency of these informal registers as they work toward their mission of teaching the “formal register” of the dominant middle class, deemed necessary to survive in the world of work and school. The need for specific strategies to acknowledge and honor the “informal register,” while teaching the formal, has been identified by several literacy researchers (see Gee, 1996; Knapp, 1995). These researchers
emphasize the importance of teaching children to recognize their internal, or natural, “speech” and the “register” they use in the school environment. Identifying and mediating these processes is best accomplished in the context of a caring relationship (Noddings, 1984). By sensitively promoting an awareness of such differences in the home and school, teachers, social workers, and other adults can help children experience less confusion and alienation.

**Formal Schooling: Home and School**

Indeed, for all children, parental involvement in school is associated with better school performance (Domina, 2005). Schools serving diverse populations are becoming increasingly creative in their approaches to encouraging parent involvement, including the development of sophisticated interpretation and translation infrastructures (Pardington, 2002). Unfortunately, many schools lag behind, suffering from either inadequate resources or the consequences of exclusive and racist attitudes within the school and larger community environments (see Jones, 2001).

The link between school and home is important in poor and affluent neighborhoods alike, because school and home are the two major spheres in which children exist. The more similar these two environments are, the more successful the child will be at school and at home. Students who experience vastly different cultures at home and at school are likely to have difficulty accommodating the two worlds (Ryan & Adams, 1995). A great deal of learning goes on before a child enters school. By the time Anthony Bryant, Brianna Shaw, and Manuel Vega began school, they had acquired routines, habits, and cognitive, social, emotional, and physical styles and skills (Kellaghan, Sloane, Alvarez, & Bloom, 1993). School is a “next step” in the educational process.

The transition is relatively easy for many students because schools typically present a mainstream model for behavior and learning. As most parents interact with their children, they model and promote the behavior that will be acceptable in school. Children are taught the necessities of widely accepted social interactions, such as saying “thank you,” “excuse me,” and “please” (Comer, 1994; Payne, 2005). Many parents also teach their children the basic rules of the classroom, such as “sit in your chair” and “wait to speak until you are acknowledged.” Children from such backgrounds are often well prepared for the school environment because, quite simply, they understand the rules; as a result, the school is accepting of them. Furthermore, the school environment helps reinforce rules and skills taught in the home environment, just as the home environment helps reinforce rules and skills taught in the school environment. Research indicates that this type of home-school continuity often predicts school success (Ameta & Sherrard, 1995; Comer, 1994; Epstein & Lee, 1995; Kellaghan et al., 1993; Ryan & Adams, 1995).

In contrast, children with a distinct background may not be fluent in mainstream speech patterns and may not have been extensively exposed to school rules or materials such as scissors and books. These children, although possessing skills and curiosity, are often viewed as inferior in some way by school personnel (Comer, 1994). Children viewed in this manner may begin to feel inferior and either act out or disengage from the school process (Finn, 1989). Because the school environment does not support the home environment and the home environment does not support the school environment, these children face an increased risk of poor school outcomes.
Schools that recognize the contribution of home to school success typically seek family involvement. Parents and other family members can help establish the motivation for learning and provide learning opportunities within the home environment (Constable & Walberg, 1996; Jones, 2001). Children whose parents are involved in their education typically succeed academically (Fan, 2001; Fan & Chen, 2001; Kurtz, 1988; Kurtz & Barth, 1989; Zellman & Waterman, 1998). Unfortunately, poor communication between parents, children, and schools may short-circuit parental involvement. Traditionally, schools asked parents only to participate in Parent Teacher Association meetings, to attend parent-teacher meetings, to act as helpers in the classroom, and to review notes and written communications sent home with the schoolchild. This sort of parental participation does not always facilitate meaningful, open communication. Schools can establish more meaningful relationships with parents by reaching out to them, involving them as partners in decision making and school governance, treating parents and other caregivers (and their children) with authentic respect, providing support and coordination to implement and sustain parental involvement, and connecting parents with resources (see Comer, 1980; Dupper & Poertner, 1997; Kellaghan et al., 1993; Patrikakou, Weisberg, Redding, & Walberg, 2005; Swap, 1993).

Formal Schooling: Schools Mirror Community

As microcosms of the larger U.S. society, schools mirror its institutional structures. Thus, schools often uphold racism, classism, and sexism (Bowles & Gintis, 1976; Harry, 2006; Keating, 1994; Ogbu, 1994). As discussed, cognitive development can be impacted by cultural factors specific to second language usage and gender socialization as well as racial and class identities. Students belonging to nondominant groups have often been viewed as inherently less capable and thus failed to receive the cognitive stimulation needed for optimal growth and development. This problem has led to lowered expectations, segregation, and institutionalized mistreatment throughout the history of schooling. At the federal and state levels, from the mid-1960s through 1980, specific legislation was developed to attempt to rectify the effects of the unequal treatment of a variety of groups.

In most parts of the country, however, members of historically mistreated groups (e.g., children with mental and physical challenges, children belonging to ethnic and racial minority groups) did not receive equal treatment, and they were forced to attend segregated and inferior schools throughout most of the twentieth century. Over time, various court rulings, most prominently the 1954 Brown v. Board of Education decision (347 U.S. 483), made equal, integrated education the right of all U.S. citizens, ruling that “separate but equal” has no place in public education. However, in the past 15 years, courts at both the state and federal levels have been lifting desegregation orders, arguing that separate can be equal or at least “good enough.” As a result, today the school systems in the United States are more segregated by race than they were thirty years ago (Kozol, 2005). These court rulings as well as housing patterns and social traditions work against integrated public schooling. Schools continue to mirror the social systems with which they interact and thus often fall short of their democratic ideals. Informal segregation often persists in schools, and poor children still suffer in schools that frequently do not provide enough books, supplies, teachers, or curricula challenging enough to facilitate success in U.S. society (Kozol, 1991, 2005). The juxtaposition of inner-city and suburban schools continues to point to substantial divisions between economically rich and impoverished communities.
During all phases of childhood, children benefit from equal treatment and attention and suffer when institutional discrimination—the systemic denial of access to assets, economic opportunities, associations, and organizations based on minority status—is in place. Indeed even when African American and poor children, and children from predominantly Spanish speaking populations, were integrated into public school systems in the twentieth century, the process of tracking students assured that the vast majority of students of color and low socioeconomic status were relegated to less rigorous course sequences (Oakes, 1985; Owens, 1985). In addition, such division of students has often been based on standardized tests, which research suggests may be culturally and class biased. Students have also been divided based on school personnel reports. Such reports are often subjective and may inadvertently be based on assessments of students’ dress, language, and behavior (Oakes, 1985; Oakes & Lipton, 1992). Throughout the history of public schooling, most teachers and other school staff have belonged to dominant groups, and consciously or unconsciously, they may have awarded privilege and preference to learning styles, language, and dress that they found familiar.

In short, post desegregation, tracking has traditionally served as a two-tiered system of ongoing educational inequality. Although it is necessary to understand the complexities of tracking, including both advantages and disadvantages (see Loveless, 1999; Wang, Walberg, & Reynolds, 2004), it is equally important to recognize that special education, noncollege-bound, and nonaccelerated classes have been disproportionately populated by historically excluded students. These classes too often prepared students to work only in low-skilled, low-paying jobs. Conversely, regular education, college-bound, and accelerated classes have been disproportionately white and middle or upper class. These classes typically prepare their members for college and leadership roles. Thus, the traditional structure of public education often both reflected and supported ethnic and class divisions within U.S. society (Kozol, 2005; Oakes, 1985; Oakes & Lipton, 1992; Winters, 1993).

For an example of the dangers of tracking, consider Anthony Bryant. His behavior puts him at risk for eventual placement in specialized classes for emotionally disturbed children, even though his behavior may be a normal part of his developmental process (Hosp & Reschly, 2003). Currently, his fairly infrequent aggressive behavior seems to be dealt with by school personnel appropriately, which may prevent an escalation of the problem. Intervention with Anthony’s family members may also facilitate a consistent, positive family response to Anthony’s behavior. However, the professionals making decisions at Anthony’s school and in his community could begin to interpret his behavior as serious and threatening. Thus, Anthony faces an increased risk of placement outside the “regular” track. What could follow, through a series of steps intended by the school system to provide special programming for Anthony, is his miseducation based on a set of faulty cultural lenses that diagnose his needs and prescribe deficient remedies. The potential miseducation of Anthony is compounded by social patterns that have persisted for years and work against the success of African American males and immigrant youth in particular.

Many school systems have now recognized their historically unequal treatment of students and taken steps to reduce discrimination. One approach is mainstreaming, or inclusion, the practice of placing all children who could be assigned to special education classrooms into regular education classrooms (Sleeter, 1995). An increasingly common and innovative approach in the disability arena is the collaborative classroom. Children with and without disabilities are team-taught by both a “regular” and a “special” education teacher. Heterogeneous grouping
helps prevent students of different races, socioeconomic classes, and genders from being separated and treated unequally. Different approaches to teaching academic content are used in hopes of accommodating a variety of learning styles and social backgrounds. Teachers, students, and other school personnel receive training on diversity. And sexual harassment policies have slowly been implemented and enforced in public schools. The policies are enforced by the requirement that all schools receiving federal funds designate a Title IX hearing officer to inquire about and, if warranted, respond to all allegations of harassment in its many forms.

Schools have also begun to include, in their curricula, content that reflects the diversity of their students. As the topic of diversity has become prominent in academic and popular discourse, educational materials are increasingly likely to include the perspectives of traditionally nondominant groups. As a result, more literature and history lessons represent females and minorities who have contributed to U.S. life.

In the last decade, clear and consistent educational research in the fields of literacy education and educational theory has also begun to detail effective instructional strategies and methodological approaches. Implementation of such research findings has disrupted the “stand and deliver,” or lecture format, as the dominant approach to teaching and knowledge acquisition.

Schools located in areas with high rates of poverty have also been targeted for extra attention. Full-service schools attempt to provide school-based or school-linked health and social services for school children and their families (Dryfoos, 1994). Similarly, school-based family resource centers attempt to provide children, families, and communities with needed supports (Adler, 1993). Such provision of holistic family services illustrates public education’s continuing effort to meet the ideal of equal and comprehensive education, allowing all U.S. children equal opportunity to achieve economic and social success.

A recent development of importance is that the U.S. Department of Education has launched a major initiative to close the achievement gap of historically excluded populations with the passage by Congress of the No Child Left Behind Education Act of 2001 (NCLB) as an extension of the Elementary and Secondary Education Act. Increasingly, schools have been refocused on English Language Arts and math skill development training by the national standards movement and advanced by the requirements of NCLB and its accountability arm, but to the potential detriment of educating the whole child (Guisbond & Neill, 2004).

The NCLB has shifted federal focus to school and teacher accountability for higher achievement, which is monitored by annual “high stakes” tests (grades 3 to 8 in reading and math to start, with the addition of science and other subjects subsequently). All children must take such standardized assessments and schools are required to disaggregate their results for each of five subpopulations including gender and students with disabilities, limited English proficiency, low socioeconomic status, as well as students who are black, Hispanic, American Indian/Alaskan Native, Asian/Pacific Islander, or white. Under the provisions of the law, school districts must meet annual yearly progress (AYP) goals for both aggregated and disaggregated data sets. Districts failing to meet such goals face consequences ranging from providing extra funding for parents to acquire support services to having a school closed down for consistently missing AYP targets. An additional contemporary change is that the federal government is emphasizing the concept of “scientifically-based educational research” as a base for educational decisions. As a result, educational research has been given higher status to influence educational policy than it has received in the past.
This push for educational accountability and its impact on the lives of children is complex and highly controversial. The application of the NCLB Act standards has spurred a number of organizations and states (e.g., the National Educational Association, Michigan, Connecticut, and Utah) to either sue the federal government or sharply criticize the act for raising state achievement requirements without adequate supporting funds or as a violation of states’ rights. For children, this controversy is a moot point since the U.S. Department of Education currently shows few signs of altering expectations. The resulting adjustments to teaching methodology in order to prepare students for the annual assessments continue unabated.

However, a number of schools have adopted innovative practices designed to raise achievement of basic skills while attempting to meet the educational needs of all students. And yet only ten reform programs received the highest grade (defined as moderate or limited success) by the Comprehensive School Reform Quality Center and American Institutes for Research (2006) in their federally funded three year study of school reform programs. Two initiatives examined within this study serve as prime examples of the variety of philosophies that drive such schools. The Knowledge Is Power Program (KIPP) follows a prescription that demands that its students strictly adhere to a regimen of social behavior development coupled with long hours dedicated to mastering content-based curricula (Carter, 2000). On the other hand, Expeditionary Learning Schools (a consortium of 140 schools) immerse their students in problem-based learning that is linked to authentic experiences often consummated outside the walls of the school (Cousins, 2000; Levy, 2000). As this report suggests, most schools are struggling to balance a number of competing demands while meeting the standards of the NCLB Act. Evidence regarding the effectiveness of the NCLB Act will be examined during congressional hearings in 2007, when the act is considered for reauthorization.

Special Challenges in Middle Childhood

In the last several decades in the United States, family structures have become more diverse than ever (Amato, 2003; Fields, 2004; Parke, 2003). The percentage of children living with both parents has steadily declined during the last four to five decades. According to the U.S. Census Bureau data, in 2002, 69% of children resided with two parents, 23% lived with only their mother, and 5% lived with only their father. About 4% of children do not live with either parent, and about one-half of these children have at least one grandparent in their household (Fields, 2003).

Dual-income families are now commonplace. Economic trends have forced more and more parents of young children into the workforce in order to make ends meet. Legislation requires single parents who receive public assistance to remain engaged in or re-enter the workforce. The school day often does not coincide with parents’ work schedules, and recent research suggests that due to parental employment, more than half of school-age children regularly need additional forms of supervision when school is not in session. Most of these children either participate in a before or afterschool program or receive care from another relative (Lerner, Castellino, Lolli, & Wan, 2003). Many low- and middle-income families struggle to find affordable child care and often are forced to sacrifice quality child care for economic reasons (McWhirter et al., 1993; National Association of Child Care Resource and Referral Agencies, 2006; Wertheimer, 2003).

Unfortunately, available data suggest that the quality of child care experienced by the average child in the United States is less than ideal (Helburn & Bergmann, 2002; Vandell & Wolfe,
This fact is particularly troubling because child care quality has been linked to children’s physical health as well as cognitive, emotional, and social development (Burchinal, 1999; Hayes, Palmer, & Zaslow, 1990; Tout & Zaslow, 2003; Vandell & Wolfe, 2000). These findings apply not only to early childhood programs but also to before and afterschool programs for older children. Moreover, as children move from the early (ages 5 to 9) to later (10 to 12) middle childhood years, they are increasingly likely to take care of themselves during the before and afterschool hours (Lerner et al., 2003). Regular participation in a high quality before and afterschool program is positively associated with academic performance and in general, a significant body of research suggests that how school-age children spend their afterschool hours is strongly associated with the likelihood of engaging in risky behaviors (Lerner et al., 2003).

Inadequate child care is just one of the challenges facing school-age children—as well as their families and communities—in the twenty-first century. Others include poverty, family and community violence, mental and physical challenges, and family disruption.

**Poverty**

The United Nations Children’s Fund (2000a) is optimistic about a growing international consensus that poverty is “among the most important human rights challenges facing the world community” (p. 3). Indeed, foremost among threats to children’s healthy development is poverty, which potentially threatens positive development in all domains (see Brooks-Gunn & Duncan, 1997; McLoyd, 1998; National Research Council, 1993; United Nations Children’s Fund, 2000a, 2000b; Vandivere, Moore, & Brown, 2000). Unfortunately, it is estimated that half of the children of the world live in poverty, many in extreme poverty (Bellamy, 2004). That children should be protected from poverty is not disputed; in the United States, this societal value dates back to the colonial period (Trattner, 1994). The nature of policies and programs targeted at ensuring the minimal daily needs of children are met, however, has shifted over time, as has our success in meeting this goal (Chase-Lansdale & Vinovskis, 1995; United Nations Children’s Fund, 2000a).

In the United States, the late twentieth century brought a dramatic rise in the child poverty rate, which peaked in the early 1990s, declined for approximately a decade, and has gradually increased again during the early years of the twenty-first century (Koball & Douglas-Hall, 2006). In 2004, the national child poverty rate for the population as a whole was approximately 18%; in other words, approximately one in five children live in a family with an income below the federal poverty level (Fass & Cauthen, 2005).

As illustrated in Exhibit 5.4, Caucasian children comprise the majority of poor children in the United States. Young children and children from minority groups are statistically overrepresented among the population of poor children (Linver, Fuligni, Hernandez & Brooks-Gunn, 2004). This is a persistent modern trend; in other words, although in absolute numbers Caucasian children consistently compose the majority of poor children, children from Latino and African American families are consistently significantly overrepresented among all children in poverty. Typically, the percentage of African American or Latino children living in poverty is at least twice as high as the percentage of Caucasian children (Children’s Defense Fund, 1996; Linver et al., 2004).

In general, the risk factors associated with child poverty are numerous, especially when poverty is sustained. Children who grow up in poverty are more likely to be born with low
birth weight, to experience serious and chronic health problems, and to receive poorer health care and nutrition than children who grow up in better financial circumstances (Linver et al., 2004; United Nations Children's Fund, 2000b).

A number of perspectives attempt to explain the ways in which poverty impacts child development (Linver et al., 2004). Limited income constrains a family’s ability to obtain or invest in resources that promote positive development. Poverty detrimentally impacts caregivers’ emotional health and parenting practices. Individual poverty is correlated with inadequate family, school, and neighborhood resources and, thus, children experiencing family poverty are likely experiencing additional, cumulative risk factors. Each of these perspectives is valid and sheds light on the complex and synergistic ways in which poverty threatens optimal child development.

### Exhibit 5.4  U.S. Child Poverty Data 2005

<table>
<thead>
<tr>
<th>Race</th>
<th>Children in Low-Income Families (by Race)</th>
<th>Number</th>
<th>Children in Poor Families (by Race)</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>61%</td>
<td>6,531,529</td>
<td>35%</td>
<td>3,685,360</td>
</tr>
<tr>
<td>Latino</td>
<td>61%</td>
<td>8,843,389</td>
<td>28%</td>
<td>4,108,988</td>
</tr>
<tr>
<td>White</td>
<td>26%</td>
<td>11,094,359</td>
<td>10%</td>
<td>4,223,801</td>
</tr>
<tr>
<td>Asian</td>
<td>28%</td>
<td>823,221</td>
<td>11%</td>
<td>323,148</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Percent</th>
<th>Number</th>
<th>Age</th>
<th>Percent</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 6 years</td>
<td>42%</td>
<td>10,211,991</td>
<td>Under 6 years</td>
<td>20%</td>
<td>4,872,428</td>
</tr>
<tr>
<td>Over 6 years</td>
<td>37%</td>
<td>18,153,810</td>
<td>Over 6 years</td>
<td>16%</td>
<td>7,942,378</td>
</tr>
</tbody>
</table>

**Sources:** National Center for Children in Poverty, 2006c, 2006d.

**Note:** Low-income families are those with an income below 200% of the federal poverty level (i.e., incomes approximately twice that of the federal poverty level). Poor families are defined as families with incomes below the federal poverty level (FPL). The annual FPL is approximately $16,090 for a family of three and $19,350 for a family of four (see www.census.gov for more information).

Children who have spent any part of their prenatal period, infancy, or early childhood in poverty have often already encountered several developmental challenges by the time middle childhood begins. Children who enter, progress through, and leave middle childhood in poverty are at much greater risk of negative developmental outcomes than those who briefly enter and then exit poverty while still in middle childhood. In other words, evidence suggests that persistent and “deep,” or extreme, poverty poses the most significant threat to healthy child development (Linver et al., 2004; United Nations Children’s Fund, 2000a).

But what does it actually mean, to a child, to be poor? Being poor is a relative concept, the meaning of which is defined by perceptions of and real exclusion (Garbarino, 1992, 1995; Kozol, 2005). In most communities, one must be not poor in order to be fully engaged and included. Lack of income and certain goods deprive poor people of what is expected among
those who belong; thus, poverty results in perceived and real inabilities and inadequacies. This is the essence of relative poverty, or the tendency to define one’s poverty status in relation to others within one’s social environment. Fundamentally, then, poverty is as much a social as an economic phenomenon. The social aspect of poverty has been extended by Payne (2005) to include emotional, spiritual, and support system impoverishment in addition to economic poverty. Such deficits in the developing child’s background accumulate and result in impediments to the development of critical capacities including coping strategies. Unfortunately, income disparity—or the gap between the rich and the poor—has only continued to widen in recent years, both within and across countries around the globe (United Nations Children’s Fund, 2000b).

The meaning of relative poverty for the school-age child is particularly profound. As evidence, James Garbarino (1995) points to an innocent question once asked of him by a child: “When you were growing up, were you poor or regular?” (p. 137). As the child struggles with the normal developmental tasks of feeling included and socially competent, relative poverty sends a persistent message of social exclusion and incompetence.

Family and Community Violence

Children are increasingly witness or subject to violence in their homes, schools, and neighborhoods (Guterman & Cameron, 1997; Hutchison, 2007). Although child maltreatment and domestic violence have always existed, they have been recognized as social problems only recently. Community violence is slowly becoming recognized as a social problem of equal magnitude, affecting a tremendous number of children and families. Exposure to violence is a particular problem in areas where a lack of economic and social resources already produces significant challenges for children (Groves, 1997; Maluccio, 2006). Among children from war-torn countries, the atrocities witnessed or experienced are often unimaginable to children and adults who have resided in the United States all of their lives (see Gowen, 2001; Zea, Diehl, & Porterfield, 1997).

Witnessing violence deeply affects children, particularly when the perpetrator or victim of violence is a family member. In the United States, experts estimate that anywhere between 3 and 10 million children may be impacted each year, but no consistent, valid data source exists regarding children witnessing or otherwise exposed to domestic violence (Children’s Defense Fund, 2000; Fantuzzo, Mohr, & Noone, 2000). But being a victim of violence is even more devastating, or fatal.

In the United States, children appear most susceptible to nonfatal physical abuse between the ages of 6 and 12. Some speculate that in the United States, at least, this association may be due to increased likelihood of public detection through school contact during these years. The number of children reported to child protective services (CPS) agencies annually is staggering. In 2003, CPS agencies across the United States received 2.9 million referrals, or reports, of suspected child abuse or neglect. This figure represents a reporting rate of 39.1 per 1,000 children. CPS agencies accepted approximately two-thirds of these reports for investigation or assessment purposes, ultimately identifying approximately 906,000 children as “confirmed” victims of abuse or neglect in 2003 (USDHHS ACYF, 2005). Child neglect is consistently the most common form of documented maltreatment, but it is important to note that victims typically experience more than one type of abuse or neglect.
simultaneously and therefore are appropriately included in more than one category. Maltreatment subtype trends are relatively stable over time; victims of child neglect consistently account for more than half of all child maltreatment victims (see Exhibit 5.5).

African American and Native American children are consistently overrepresented among confirmed maltreatment victims. Careful examination of this issue, however, has concluded that although children of color are disproportionately represented within the child welfare population, studies that are cognizant of the relationship between culture and parenting practices, that control for the role of poverty, and that examine child maltreatment in the general population find no association between a child’s race or ethnicity and likelihood of child maltreatment. Thus, it is likely that the disproportionate representation of children of color within the child welfare system is caused by the underlying relationship between poverty and race or ethnicity (Thomlison, 2004).

A variety of factors contribute to child maltreatment and family violence (Belsky, 1980, 1984; Charlesworth, 2007; Hillson & Kuiper, 1994). These factors include parental, child, family, community, and cultural characteristics. Typically, the dynamic interplay of such characteristics leads to maltreatment, with the most relevant factors varying significantly depending upon the type of maltreatment examined. Thus, multiple theoretical perspectives, particularly the life course, ecological, systems, and stress and coping perspectives, are helpful for understanding situations of child maltreatment.

Not surprisingly, children who experience abuse have been found to report more unhappiness and troubled behavior than children who only witness abuse (Sternberg et al., 1993). Witnesses, in turn, report more adjustment difficulties than children who have neither been abused nor witnessed domestic violence. Because of the strong association between domestic violence and child maltreatment, however, many children are likely to experience these challenges to healthy development simultaneously (McCloskey, Figueredo, & Koss, 1995).
The impact of child maltreatment varies based on a number of factors, including but certainly not limited to, the type of maltreatment, the age of the child, and many other child, family, and community characteristics (Haugaard et al., 1997). The Centers for Disease Control and Prevention (CDC) (2005) has published a helpful overview of child maltreatment consequences, pointing out that experiencing maltreatment as a child is associated with an overwhelming number of negative health outcomes as an adult. These outcomes include an increased likelihood of using or abusing alcohol and other substances, disordered eating, depression, and susceptibility to certain chronic diseases.

Children who experience trauma, induced by either indirect or direct exposure to violence, may experience post-traumatic stress disorder (PTSD)—a set of symptoms that include feelings of fear and helplessness, reliving of the traumatic experience, and attempts to avoid reminders of the traumatic experience (Groves, 1997; Jenkins & Bell, 1997; Kaplan & Sadock, 1998). Researchers have also found changes in the brain chemistry of children exposed to chronic violence (Perry, 1997, 2006). Clearly, witnessing or experiencing violence adversely affects children in a number of areas, including the ability to function in school and the ability to establish stable social, including peer, relationships (Dyson, 1989; Guterman & Embry, 2004). Evidence suggests that perhaps as many as one-half of all children exposed to violence before the age of 10 develop psychiatric problems in adulthood (Davidson & Smith, 1990). Children who directly experience violence are at high risk of negative outcomes, but secondary exposure to violence and trauma—such as when a child’s parents are suffering from PTSD—also may lead to negative outcomes for children (Hamblen, 2002; Monahan, 1997).

In general, the intergenerational nature of family violence has been established (Herrenkohl et al., 2004). Childhood exposure to violence significantly increases the likelihood of mental health difficulties and violence perpetration or revictimization. Currently, the focus is on understanding the specific pathways of intergenerational processes (Coid et al., 2001; Heyman & Smith Slep, 2002; Lang, Stein, Kennedy, & Foy, 2004). It is clear that prolonged exposure to violence has multiple implications for child development. Children are forced to learn lessons about loss and death, perhaps before they have acquired the cognitive ability to understand. They may therefore come to believe that the world is unpredictable and violent, a belief that threatens children's natural curiosity and desire to explore the social environment. Multiple experiences in which adults are unable to protect them often lead children to conclude that they must take on such responsibility for themselves, a prospect that can easily overwhelm the resources of a school-age child.

Experiencing such helplessness may also lead to feelings of incompetence and hopelessness, to which children who experience chronic violence react in diverse ways. Responses may be passive, including withdrawal symptoms and signs of depression; or they may be active, including the use of aggression as a means of coping with and transforming the overwhelming feelings of vulnerability (Groves, 1997; Guterman & Cameron, 1997).

The emotional availability of a parent or other caretaker who can support the child’s need to process traumatic events is critical. However, in situations of crisis stimulated by child maltreatment, domestic violence, and national or international violence, families are often unable to support their children psychologically. Even with the best of parental resources, moreover, children developing in violent and chronically dangerous communities continue to experience numerous challenges to development. The child’s need for autonomy and independence is directly confronted by the parent’s need to protect the child’s physical safety. For example, hours spent indoors to avoid danger do not promote the much-needed
peer relationships and sense of accomplishment, purpose, and self-efficacy so critical during this phase of development (Groves, 1997; Hutchison, 2007).

**Mental and Physical Challenges**

Although the term “disability” is still widely used in academic discourse and government policy, many are actively seeking to change popular discourse to reflect the need to see all children as possessing a range of physical and mental abilities. The use of the term disability establishes a norm within that range and labels those with abilities outside the norm as “disabled,” which implies that group of individuals is “abnormal” and the group of individuals within the norm is “normal.” Since the latest government data (U.S. Census Bureau, 2005) suggest that 6.7% of 5- to 20-year-olds, 12.7% of 21- to 64-year-olds, and 40.5% of those people 65 and older in the United States have some form of mental or physical “disability,” such a label confines “normal” and “abnormal” to fixed categories that are not helpful to realizing a vision of a just and equal society. Just over one in ten children in the United States has difficulty performing one or more everyday activities, including for example, learning and self-care (Emmons, 2005; Hauser-Cram & Howell, 2003). Some of these difficulties are discussed below.

**Attention Deficit Hyperactivity Disorder (ADHD)**

ADHD is a commonly diagnosed childhood behavioral disorder impacting learning in the school environment. ADHD includes predominately inattentive, predominately impulsive-hyperactive, and combined inattentive-hyperactivity (American Psychiatric Association, 1994) (see Exhibit 5.6 for diagnostic criteria for ADHD). Estimates of the prevalence of ADHD among school-age children range from 3% to 12%, with highest incidence of ADHD diagnosis occurring between ages 5 and 10; compared to girls, boys are significantly more likely to receive a diagnosis of ADHD (Schneider & Eisenberg, 2006; Strock, 2006). ADHD is associated with school failure or academic underachievement, but the relationship is complex in part due to the strong relationship between ADHD and a number of other factors also associated with school difficulties (Barry, Lyman & Klinger, 2002; Hinshaw, 1992; LeFever, Villers, Morrow & Vaughn, 2002; Schneider & Eisenberg, 2006). Also, several studies suggest that the interpretation and evaluation of ADHD behaviors is significantly influenced by culturally-linked beliefs (Glass & Wegar, 2000; Kakouros, Maniadaki, & Papaeliou, 2004). In other words, the extent to which ADHD-linked behaviors are perceived as problematic varies according to individual and group values and norms.

**Autistic Spectrum Disorders**

In recent years, growing public attention and concern has focused upon autistic spectrum disorders. Among children ages 3 to 10, just over 3 per 1,000 children are diagnosed with autistic spectrum disorders; compared to girls, boys are three times as likely to receive such a diagnosis (Strock, 2004). Autism typically manifests and is diagnosed within the first two years of life; however, some children may not receive formal assessment or diagnosis until their early or middle childhood years. Like children with any special need or disability, children diagnosed with autistic spectrum disorders are extremely diverse; in particular, such children vary widely in terms of their intellectual and communicative abilities as well as the nature and severity of behavioral challenges (Volkmar, Paul, Klin, & Cohen, 2005).
Exhibit 5.6 Diagnostic Criteria for Attention Deficit/Hyperactivity Disorder

Either (1) or (2):

(1) **Inattention:** Six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:
- Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- Often has difficulty sustaining attention in tasks or play activities
- Often does not seem to listen when spoken to directly
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instruction)
- Often has difficulty organizing tasks and activities
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- Often loses things necessary for tasks or activities (toys, school assignments, pencils, books, or tools)
- Is often easily distracted by extraneous stimuli
- Is often forgetful in daily activities

(2) **Hyperactivity-Impulsivity:** Six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that it is maladaptive and inconsistent with developmental level:

**Hyperactivity**
- Often fidgets with hands or feet or squirms in seat
- Often leaves seat in classroom or in other situations in which remaining seated is expected
- Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- Often has difficulty playing or engaging in leisure activities quietly
- Is often “on the go” or often acts as if “driven by a motor”
- Often talks excessively

**Impulsivity**
- Often blurts out answers to questions before they have been completed
- Often has difficulty awaiting turn
- Often interrupts or intrudes on others (e.g., butts into conversations or games)
- Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7
- Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home)
- There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning
- The symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder and are not better accounted for by another mental disorder (e.g., mood disorder, anxiety disorder, dissociated disorder, or a personality disorder)

**Source:** American Psychiatric Association, 1994.
In general, autism consists of impairment within three major domains: reciprocal social interaction, verbal and nonverbal communication, and range of activities and interests (Holter, 2004) (see diagnostic criteria in Exhibit 5.7).

# Emotional/Behavioral Disorder

In many schools, the children perhaps presenting the greatest challenge to educators and administrators are those who consistently exhibit disruptive or alarming behavior yet do not clearly fit the criteria for a disability diagnosis. Although the U.S. Individuals with Disabilities Education Act (IDEA) includes a definition for “seriously emotionally disturbed” children, not all school professionals and government education agencies consistently agree with or use this definition (Young et al., 2004). In fact, the National Mental Health and Special Education Coalition has publicized a definition of “emotionally/behaviorally disordered” children, suggesting that this term and a set of diagnostic criteria could be used in place of the IDEA definition (see Exhibit 5.8).

### Exhibit 5.7  Diagnostic Criteria for Autistic Disorder

A. A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):

1. qualitative impairment in social interaction, as manifested by at least two of the following:
   a. marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
   b. failure to develop peer relationships appropriate to developmental level
   c. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
   d. lack of social or emotional reciprocity

2. qualitative impairments in communication as manifested by at least one of the following:
   a. delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
   b. in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
   c. stereotyped and repetitive use of language or idiosyncratic language
   d. lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

3. restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
   a. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
   b. apparently inflexible adherence to specific, nonfunctional routines or rituals
   c. stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
   d. persistent preoccupation with parts of objects

B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:
   1. social interaction, 2. language as used in social communication, or 3. symbolic or imaginative play.

C. The disturbance is not better accounted for by Rett’s Disorder or Childhood Disintegrative Disorder.

*Source: American Psychiatric Association, p. 75.*
Early identification and intervention, or provision of appropriate supportive services, are key protective factors for a child with special needs. In addition, the social environment more generally may serve as either a risk or protective factor, depending on its response to the child with a special need. Although difference of any sort is often noticed by children and adults, students with special needs or chronic illness are at particular risk for being singled out by their peers, and middle childhood is a critical time for such children. For children to acquire

**Exhibit 5.8 Diagnostic Criteria for Emotional/Behavioral Disorder or Disturbance**

**Emotionally Disturbed**

1. A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:
   a. An inability to learn which cannot be explained by intellectual, sensory, or health factors;
   b. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
   c. Inappropriate types of behavior or feelings under normal circumstances;
   d. A general, pervasive mood of unhappiness or depression;
   e. A tendency to develop physical symptoms or fears associated with personal or school problems.

2. Includes children who are schizophrenic (or autistic). The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

**Emotional/Behavioral Disorder**

1. A disability characterized by behavioral or emotional responses in school programs so different from appropriate age, culture, or ethnic norms that they adversely affect educational performance, including academic, social, vocational, or personal skills, and which:
   a. Is more than a temporary, expected response to stressful events in the environment;
   b. Is consistently exhibited in two different settings, at least one of which is school-related; and
   c. Persists despite individualized interventions within the education program, unless, in the judgment of the team, the child or youth’s history indicates that such interventions would not be effective.

2. May include children or youth with schizophrenia disorders, affective disorders, anxiety disorders, or other sustained disturbances of conduct or adjustment when they adversely affect educational performance in accordance with Section I.

**Source:** Young, Marchant, & Wilder, 2004, pp. 177–178.

Because of these definitional inconsistencies, it is extremely difficult to accurately estimate the number of school-age children falling within this population. Such estimates range from 0.05% to 6% of students.
a clear and positive sense of self, they need positive self-regard. The positive development of all children is facilitated by support at multiple levels to promote feelings of self-competence and independence (Goldstein, Kaczmarek, & English, 2002). Educating all children and adults about special needs and encouraging the support of all students may help to minimize negative attitudes and incidents (Gargiulo, 2005; Garrett, 2006).

Students who feel misunderstood by their peers are particularly likely to feel alone or isolated in the school setting. Students who are socially excluded by their peers often develop a dislike of school. Some students who are teased, isolated, or harassed on a regular basis may begin to withdraw or act out in order to cope with unpleasant experiences. Teachers, parents, and other school personnel who pay special attention to, and intervene with, students in this situation may prevent the escalation of such problems.

Children’s adjustment to special needs is highly dependent on the adjustment of those around them. Families may respond in a number of ways to a diagnosis of a disability or serious illness. Often caregivers move through loss or grief stages; these stages may include: denial, withdrawal, rejection, fear, frustration, anger, sadness, adjustment, and acceptance (Ziolko, 1993). Awareness of and sensitivity to these stages is critical for those assessing the need for intervention. Typically, parents are helped by advocacy and support groups and access to information and resources.

Families of children with special needs also typically desire independence and self-determination for their children. Family empowerment was an explicit focus of the Education for All Handicapped Children Act (P.L. 94-142) of 1975 (Gallagher, 1993), which stresses parental participation in the development of an individual education plan (IEP) for each child. The IEP charts a course for ensuring that each child achieves as much as possible in the academic realm. The need to include the family in decision making and planning is also embodied in the IDEA of 1990 (reauthorized in 1997 and 2004), which replaced the Education for All Handicapped Children Act (Hauser-Cram & Howell, 2003). The IDEA requires that the IEP includes specific educational goals for each student classified as in need of special educational services. In addition, the IDEA assures all children the right to a free and appropriate public education and supports the placement of children with disabilities into integrated settings.

Prior to this act, the education of children with disabilities was left to individual states. As a result, the population labeled “disabled” and the services provided varied greatly. Today, however, through various pieces of legislation and several court decisions, society has stated its clear preference to educate children with special needs in integrated settings (least restrictive environment) to the maximum extent possible (Gent & Mulhauser, 1993).

A recent examination of the nature of inclusion nationwide concluded that during the last two decades, students with special needs (including learning disabilities) were much more likely to be formally identified, but only approximately 15 states clearly moved toward educating students with special needs in less restrictive settings (McLeskey, Hoppay, Williamson, & Rentz, 2004). Evaluations of the impact of inclusive settings on children’s school success suggest positive academic gains for children with special needs and neutral impact on academic performance for children without identified special needs (McDonnel et al., 2003).
However, some caution against a “one size fits all” model of inclusion for all students with special needs, arguing that assessment of the optimal educational setting must be thorough and individualized. For example, some within the deaf community have argued that current full inclusion programs are unable “to meet the unique communication and social development needs of solitary deaf students” (Hehir, 2003, p. 36).

Hehir (2003) explains that while inclusion in statewide assessments has been shown to improve educational opportunities and achievement for some students with disabilities, “high-stakes” testing negatively impacts such progress if it alone is used as the basis for preventing students from being promoted a grade or graduating. In other words, standards-based reforms can positively impact students with disabilities if they improve the educational opportunities for all students. If such reforms, however, shift practice toward a system in which standardized testing is the only format through which student knowledge and capabilities are assessed, then many students, particularly those with special needs, are likely to suffer (Hehir, 2003, p. 40).

Family Disruption

Throughout history, most nuclear and extended families have succeeded in their endeavor to adequately protect and socialize their young. For too many children, however, the family serves as both a protective and risk factor due to unhealthy family attributes and dynamics. In the specific realm of family disruption, divorce was traditionally viewed as a developmental risk factor for children. Today, among U.S. children with married parents, approximately one-half experience the divorce of their parents (Amato, 2003). Between two-thirds and three-fourths of divorced parents marry a second time, and thus for many school-age children, divorce leads to new family relationships (Meyer & Garasky, 1993). The likelihood of divorce is even greater for second marriages, and approximately half of these children experience the end of a parent’s second marriage. Many children experience the dissolution of their parents’ nonmarital romantic relationships, and related attachments, without being counted in official “children of divorce” statistics or research. Although no reliable data on similar nonmarital relationship patterns exists, we can assume that similar trends exist among children’s nonmarried parents and other caregivers.

Divorce and other types of family disruption often lead to a parade of new people and situations, including new housing and income arrangements and new family roles and responsibilities (Hetherington & Jodl, 1994). Family disruption may also immerse the child in poverty (Bianchi & McArthur, 1991). As the body of research on children and divorce grows in depth and breadth, it has become apparent that divorce and other types of family disruption may detrimentally or positively impact children depending on the circumstances preceding and following the divorce (Adam & Chase-Lansdale, 2002; Amato, 2003; Gilman, Kawachi, & Fitzmaurice, 2003). For example, if divorce brings an end to seriously dysfunctional spousal tension or violence and results in positive changes within the home environment, child outcomes may be positive. Alternatively, if the divorce disrupted a healthy, nurturing family system and led to declines in the emotional and financial health of the child’s primary caregiver(s), child outcomes may be negative.

Historically, many children experienced family disruption due to the death of one or both parents (Amato, 2003). Although improvements in public health have significantly
reduced the likelihood of parental death, a substantial number of children continue to experience the death of a primary caregiver. Compared to adults, children have less cognitive and other resources to cope with death and loss (Saldinger, Cain, Kalter, & Lohnes, 1999). For children coping with the death of a parent, the circumstances of the death and the adjustment of the remaining caregivers are critical variables impacting child outcomes (Hope & Hodge, 2006; Kwok et al., 2005). Also, in recent years, a number of studies have focused upon “children of suicide.” This literature notes the potential long-term impacts of parental suicide on surviving children and identifies the ways in which outcomes may be carried through generations (Cain, 2006).

Many school-age children experience disruption of attachment relationships through other means. For example, approximately 800,000 children spend some amount of time in foster care each year (Child Welfare League of America, 2005). Some of these children spend lengthy periods of time in some type of foster care setting, while some children enter and leave foster care rapidly and only once during their childhoods, and still other children cycle in and out of their home and foster care settings repeatedly. Approximately one-third of the children in foster care at any time have been in substitute care for three years or more; approximately one-fifth of children in foster care are identified as unlikely to ever return home and are awaiting a permanent plan (Downs, Moore, McFadden, Michaud, & Costin, 2004).

Family disruption is stressful for all children. Great variation exists, however, in the circumstances preceding and following the family disruption, the nature of the changes involved, and how children respond to this type of stress. Critical factors in outcomes for children include social supports within the family and surrounding community, the child’s characteristics, the emotional well-being of caregivers, and in general the quality of care received following the family disruption. In addition, because middle childhood spans a wide age range, school-age children exhibit a wide range of cognitive, emotional, and behavioral responses to divorce and other types of family disruption. They may blame themselves and experience anxiety or other difficult emotions, or they may demonstrate a relatively mature understanding of the reasons behind the events.

Children experiencing family disruption without supports or those who have experienced difficulties preceding the disruption are most likely to experience long-term emotional and behavioral problems. Children placed in foster care or otherwise exposed to traumatic or multiple losses are more likely to fall into this group (Webb & Dumpson, 2006). These children are likely to face additional stress associated with the loss of familiar space, belongings, and social networks (Groves, 1997). However, with appropriate support and intervention as well as the presence of other protective factors, many children experiencing family disruption adjust over time (Hetherington & Clingempeel, 1992).

Risk Factors and Protective Factors in Middle Childhood

School-age children face a variety of risks that undermine their struggles to develop a sense of purpose and self-worth. These risks include poverty, prejudice, and violence (Garbarino, 1995). More generally, risk factors are anything that increases the probability of a problem
condition, its progression into a more severe state, or its maintenance (Fraser, 2004). Risk factors are moderated, however, by protective factors, either internal or external, which help children resist risk (Fraser, 2004; Garmezy, 1993, 1994; Werner & Smith, 2001). Risk and protective factors can be biological, psychological, social, and spiritual in nature, and like all influences on development, they span the micro to macro continuum (Bronfenbrenner, 1979). Dynamic, always evolving, interaction occurs among risk and protective factors present in each dimension of the individual child and his or her environment.

Resilience—or “survival against the odds”—arises from an interplay of risk and protective factors and manifests as adaptive behavior producing positive outcomes (Fraser, 2004). A variety of factors influence resilience during middle childhood. Whether a factor presents risk or protection often depends on its interaction with other factors influencing the individual child. For example, a highly structured classroom environment run by a “strict” teacher may function as a protective factor for one child while simultaneously functioning as a risk factor for another child.

The life course and systems perspectives provide tools for understanding positive development during middle childhood. These perspectives also facilitate assessment and intervention efforts. As social workers, we must recognize that resilience is rarely an innate characteristic. Rather, it is a process (Egeland, Carlson, & Sroufe, 1993; Fraser, 2004) that may be facilitated by influences within the child’s surrounding environment. Indeed, research suggests that high-risk behavior among children increases when they perceive declining family involvement and community support (Benson, 1990; Blyth & Roehlkepartian, 1993). A primary goal of the professions dedicated to child well-being must be facilitation of positive external supports for children and enhancement of the person/environment fit so as to maximize protective factors and minimize risk factors. Exhibit 5.9 summarizes major risk and protective factors identified as most relevant to childhood.

### Exhibit 5.9 Potential Childhood Risk and Protective Factors

<table>
<thead>
<tr>
<th>Risk</th>
<th>Protective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/Individual</td>
<td>Child/Individual</td>
</tr>
<tr>
<td>Prematurity, birth anomalies</td>
<td>Good health</td>
</tr>
<tr>
<td>Exposure to toxins in utero</td>
<td>Personality factors: easy temperament; positive disposition; active coping style; positive self-esteem, good social skills; internal locus of control; balance between help seeking and autonomy</td>
</tr>
<tr>
<td>Chronic or serious illness</td>
<td>Above-average intelligence</td>
</tr>
<tr>
<td>Temperament: for example, difficult or slow to warm up</td>
<td>History of adequate development</td>
</tr>
<tr>
<td>Mental retardation, cognitive delays, low intelligence</td>
<td>Hobbies and interests</td>
</tr>
<tr>
<td>Childhood trauma</td>
<td>Good peer relationships</td>
</tr>
<tr>
<td>Antisocial peer group</td>
<td>Gender</td>
</tr>
<tr>
<td>Gender</td>
<td>Mental retardation, cognitive delays, low intelligence</td>
</tr>
</tbody>
</table>

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### Risk

**Parental/Family**
- Insecure attachment
- Parent: insecure adult attachment pattern
- Single parenthood (with lack of support)
- Harsh parenting, maltreatment
- Family disorganization; low parental monitoring
- Social isolation, lack of support
- Domestic violence
- High parental/interparental conflict
- Separation/divorce, especially high-conflict divorce
- Parental psychopathology
- Parental substance abuse
- Parental illness
- Death of a parent or sibling
- Foster care placement

**Social/Environmental Risk Factors**
- Poverty/collective poverty
- Lack of access to adequate medical care, health insurance, and social services
- Parental/community unemployment
- Inadequate child care
- Inadequate housing
- Exposure to racism, discrimination, injustice
- Low-quality schools
- Frequent change of residence and schools/transient community
- Exposure to environmental toxins
- Exposure to dangerous neighborhood(s), community violence, media violence
- Few opportunities for education or employment

### Protective

**Parental/Family**
- Secure attachment; positive and warm parent-child relationship
- Parent: secure adult attachment pattern
- Parent(s) supports child in times of stress
- Effective/positive (authoritative) parenting
- Household rules and structure, parental monitoring of child
- Support/involvement of extended family, including help with caregiving
- Stable relationship between parents
- Parent(s) model competence and good coping skills
- Family expectations of prosocial behavior
- High parental expectations

**Social/Environmental Risk Factors**
- Middle-class or above socioeconomic status
- Access to adequate health care and social services
- Consistent parental/community employment
- Adequate child care and housing
- Family religious faith/participation
- High-quality schools
- Supportive adults outside family who serve as role models/mentors to child
- Presence of caring adult(s)
- Collective efficacy
- Competence in normative roles
- Many opportunities for education and employment

This discussion of middle childhood suggests several practice principles for social workers and other professionals working with children:

- Development is multidimensional and dynamic; recognize the complex ways in which developmental influences interact, and incorporate this understanding into your work with children.
- Support parents and other family members as critically important social, emotional, and spiritual resources for their children.
- Support family, school, and community attempts to stabilize environments for children.
- Incorporate identification of multilevel risk and protective factors into assessment and intervention efforts.
- Recognize and support resilience in children and families. Support the strengths of children and families and their efforts to cope with adversity.
- Recognize the critical influence of the school environment on growth and development, and encourage attempts by school personnel to be responsive to all children and families.
- Understand the important role of peer groups in psychosocial growth and development; facilitate the development and maintenance of positive peer and other social relationships.
- Understand the ways in which the organization of schools reflects and supports the inequalities present in society. Support schools in their efforts to end practices and policies, intended or unintended, that sustain and/or reinforce inequalities based on race, ethnicity, gender, disability, and socioeconomic status.
- Facilitate meaningful teacher-family-child communication and school responsiveness to children experiencing difficulties in the school environment.
- Understand the effects of family, community, and societal violence on children, and establish prosocial, nurturing, nonviolent environments whenever possible; provide opportunities for positive mentoring of children in the school and community environments.
- Become familiar with and implement best practices in areas such as trauma, loss and grief, social skill development, character education, and bullying prevention.
- Promote cultural competency, and help children and other adults recognize and respect all forms of diversity and difference.

**KEY TERMS**

- acculturation
- assimilation
- brain plasticity
- *Brown v. Board of Education*
- capital
- cerebral cortex
- character education
- deculturalizing
- direct bullying
- emotional intelligence
- indirect bullying
- individual education plan (IEP)
- institutional discrimination
- interrelational intelligence
- language register
- multiple intelligences
- oppression
- perspective taking
- precociousness
- relative poverty
- secondary sexual development
- social competence
- trauma
- zone of proximal development
Active Learning

1. In small groups, compare and contrast the risk and protective factors present for Anthony Bryant, Brianna Shaw, and Manuel Vega. Brainstorm multilevel interventions you would consider if you were working with each child.

2. Assign pairs of students to the story of either Anthony Bryant, Brianna Shaw, or Manuel Vega. Each pair should identify the relevance of the various developmental theorists, discussed in the chapter, to the assigned child, focusing on the theorist(s) whose idea(s) seem particularly relevant to the selected child. After approximately 20 minutes, form three small groups consisting of the pairs focusing on the same child. After comparing their similarities and differences, each group should report back to the full class.

3. Create a list of debate topics raised directly or indirectly in the chapter (e.g., school tracking, expansion of bilingual school curricula, educational assessment/standardized testing, federal spending or programs to address child poverty, gun control to reduce violence against children, family structure and family disruption, inclusion for children with special needs, etc.). Debates can take place between teams or individuals. Topics and “pro” or “con” designation can be assigned or chosen depending on the instructor’s desired learning outcomes for the debate. Suggested times are two minutes to present a case for each side. Each team will also have one minute for rebuttal.

4. Use task rotation for important chapter issues like community violence: (1) How does child maltreatment or trauma impact childhood development? (2) How are child witnesses impacted by acts of violence? (3) What programs might schools employ to support students impacted by violence? (4) What interventions might a social worker pursue to help families impacted by violence? Task rotation description: Questions are posted on chart paper around the room. Each group starts at a question, discusses it, writes ideas in response on the chart paper and then after a short time (less than three minutes) is stopped and rotated to the next chart. At the next chart they are given a brief period of time to review the work of the previous group and add any ideas the first group missed. The groups are stopped and rotated until all groups read and add to all issues listed on the charts. Whole group review follows.

WEB RESOURCES

Forum on Child and Family Statistics
www.childstats.gov

Official Web site of the Federal Interagency Forum on Child and Family Statistics offers easy access to federal and state statistics and reports on children and families, including international comparisons.

Child Welfare Information Gateway
www.childwelfare.gov

Site presented by the Administration for Children and Families contains information and resources to protect children and strengthen families, including statistics, prevention information, state statutes, family-centered practice, and publications.

Search Institute
www.search-institute.org

Site presented by Search Institute, an independent, nonprofit, nonsectarian organization with the goal of advancing the well-being of adolescents and children, contains information on 40 developmental assets and methods for building assets for child and youth development.
Child Trauma Academy  
www.childtraumaacademy.com  
Site presented by the Child Trauma Academy contains information on the impact of child maltreatment on the brain and the physiological and psychological effects of trauma on children.

American Association of University Women  
www.aauw.org  
Site maintained by the American Association of University Women contains information on education and equity for women and girls, including a report card on Title IX, a law that banned sex discrimination in education.