

Prevention and Ecology: Teen-Age Pregnancy, Child Sexual Abuse, and Organized Youth Sports¹

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A multilevel ecological analysis of issues that impact on children and families is advocated as the best theoretical framework for conceptualizing preventive interventions. Teen-age pregnancy and child sexual abuse are discussed as targets of preventive intervention: the former being an issue about which we have much information that has not been adequately used, whereas the latter is one about which we have too little information to be mounting the sweeping prevention programs that are rapidly coming into existence. Organized youth sports is then discussed as a neglected societal vehicle for prevention.

Prevention has arrived in the parlor of mental health or, at the very least, is knocking at the front door. Inspired by advances in the prevention of physical disorders (e.g., Maccoby & Alexander, 1979) and fostered by a general shift toward interactionism in psychological theory (Goldfried, 1980; Mischel, 1977), mental health services have adopted prevention as an organizing principle (President's Commission, 1978). Since the Community Mental Health Act of 1963 and Caplan's (1964) adaptation of the public health concepts of primary, secondary, and tertiary prevention, a wide array of mental health services have been dubbed "preventive." Approaches as diverse as

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standard therapeutic treatment and social action have been considered under this same theoretical umbrella (Bloom, 1978; Cowen, 1977). Institutionalization is "prevented" by drug maintenance of patients in the community; crime is "prevented" by neighborhood watch programs; disruptive young children are "prevented" from further school problems by tutoring programs.

Although prevention is not based on a solid set of theoretical principles and proven approaches (Price, Bader, & Ketterer, 1980), the general goal of prevention, i.e., short-circuiting the onset of disorders by early or global intervention, is as difficult to argue against (President's Commission, 1978) as it is to define operationally. Fortunately, refinement of general prevention notions is presently occurring. Accounts of successful prevention efforts have been collected and critiqued (Felner, Jason, Moritsugu, & Farber, 1983; Heller, Price, Reinharz, Riger, & Wandersman, 1984; Munoz, Snowden, & Kelly, 1979; President's Commission, 1978; Price, Ketterer, Bader, & Monahan, 1980; Rappaport, 1977; Roberts & Peterson, 1984), attempts at definitional boundaries for types of prevention have been offered (Albee & Joffe, 1977; Cowen, 1977, 1980, 1982; Forgays, 1978; D. C. Klein & Goldston, 1977), and spirited debate has begun about the overall value of a primary prevention approach (Albee, 1981; Eisenberg, 1975; Herbert, 1979; Lamb & Zusman, 1979; Rappaport, 1981). With the establishment of the Center for the Study of Prevention at the National Institute of Mental Health in 1981 and the development of prevention units in several state human services departments (e.g., California, Michigan, Virginia), prevention is in the process of assuming a major position in the field of mental health.

Being primarily rooted in a public health, epidemiological approach, the basic goal of prevention is to reduce the population-wide incidence of a specified problem (Heller et al., 1984). Unfortunately, epidemiological analysis does not adequately confront the issue of problem selection, so important in addressing social problems. The determination of what incidence level of a social problem is required to warrant attention or how that problem is best framed for consideration are areas of considerable political and personal, rather than theoretical, judgment (Caplan & Nelson, 1973; Seidman, 1978). Indicators of social problems (e.g., underachievement of black children; exposes of sex abuse in day care centers) are sources of extensive debate. Also, reliance on a multifactorial causation model (Price, 1974), although theoretically sound, creates a vast pool of potentially causative constructs. Thus, even if the selection of the problem reflects wide consensus, there is no guarantee that the constructs examined in relation to it would show any consistency. Although somewhat facetious, Kessler and Albee's (1975) comment that everything from titanium paint to venereal disease can be considered relevant to primary prevention captures the inherent difficul-

ty; namely, the sorting out and refinement of constructs related to prevention is a massive undertaking (Lorion, 1983; Price & Smith, 1985).

A primary population target for preventive interventions has been children and their parents. Early intervention and parental educational programs have as their primary goal, healthier and happier children who as a result will become the productive citizens of tomorrow. The public schools have also been major settings for developing preventive interventions because the vast majority of children attend them. The purpose of this address, however, is not to summarize the literature surrounding these interventions. Rather it is to focus attention on the need for multilevel ecological analyses of issues that impact on children and families in order to increase the likelihood that effective preventive interventions can be mounted.

In order to accomplish this task, I selectively discuss three issues. The first two are clear social problems. For the past decade, *teen-age pregnancy* has been described as an "epidemic" (Alan Guttmacher Institute, 1976). It has been totally resistant to solution, and, if anything, it may be becoming more serious. In contrast, *child sexual abuse* has come to occupy center stage only recently as a mental health issue of sizable proportions (Haugaard & Reppucci, 1986). In regard to teen-age pregnancy, we have much information from multiple sources that could be brought to bear on the problem but often for various political, social, and value reasons the information has not been used. In comparison, well-meaning mental health professionals and public advocates have instituted prevention programs for child sexual abuse that go well beyond the sparse empirical data base. The third issue is not considered a social problem at all but rather is a neglected social phenomenon that is currently having great impact on the youth of America, *organized youth sports*. In contrast to teen-age pregnancy and child sexual abuse which are targets of prevention, organized youth sports constitute a widespread societal institution that impacts on vast numbers of children and families and may be a vehicle for prevention.

Perhaps, it is worth noting that there are numerous other issues that I could have selected for discussion; the selection of these three rests mainly on personal interests. Moreover, I emphasize that the discussions are not comprehensive reviews of the topics. A word of caution is also warranted. By advocating an ecological approach to these issues, and by implication to other issues of concern to children and families, I am not naively suggesting that effective solutions are readily apparent. Rather, I am suggesting that diverse multilevel perspectives are critical in order to resist the tendency to adopt simplistic solutions to inherently complex issues. Also it is especially important to note that an ecological perspective (e.g., Bronfenbrenner, 1979; Garbarino, 1982; Kelly, 1968; Rappaport, 1977) is both dynamic and interac-

tive in that it emphasizes that both individuals and settings develop and change over time.

TEEN-AGE PREGNANCY

One of the most serious deficiencies in the research on adolescent pregnancy has been the lack of a coherently articulated comprehensive theoretical base. The result has been a wide assortment of findings, interpretations, and case studies but a paucity of empirical data that can either help to understand adolescent contraceptive behavior in its complexity or to plan and implement effective prevention programs. The vast majority of published studies speculate about the etiological bases of certain *individual's* behavior and concentrate on the characteristics of the teen-agers which place them at risk for pregnancy. For example, psychiatric explanations focus frequently on unconscious motivations and psychopathology (e.g., Babikian & Goldman, 1971). Society's role in these pregnancies, or fertility "mistakes," is rarely addressed since it is generally considered the responsibility of any sexually active individual to contracept competently. Yet, this individually focused research has not adequately explained why contraceptive nonuse is so flagrant among teen-agers who have adequate knowledge and access to contraceptives and do not display abnormal patterns of behavior in other aspects of their lives, nor has it generated adequate prevention methods.

Equally narrow is the overly rationalistic *environmental* perspective that prevention efforts simply need to expose adolescents to more information and provide greater access to contraceptives. Both perspectives have a myopic focus on isolated aspects of the individual or the environment which neglect the social ecological and developmental context of adolescent sexual behavior. The ecological perspective that I advocate requires examination across levels including individual, family, and society. In the following discussion, I touch on each of these. Unfortunately, except in passing, this forum does not allow time to discuss the equally important economic and political issues. (For more extended discussion, see Reppucci, Mulvey, & Kastner, 1983.)

Investigators who examined the developmental aspects of sexual identity (e.g., Cvetkovich, 1980; Fox, 1977) have described the process by which adolescents internalize our societal moral values during socialization to the extent that guilt or, at minimum, mixed emotional reactions accompany the initiation of sexual intercourse, especially for females. Since more than 50% of adolescent females in the United States are sexually active by the time they finish their teen-age years (Zelnik & Kantner, 1980), it appears that guilt does not prevent sexual intercourse but instead discourages contraception because it represents double deviance—sexual intercourse with premeditation

(Fox, 1977). This conceptualization suggests that prevention programs might be developed to help adolescents accept their sexuality. However, fear exists that such programs may communicate approval of sexual activity and thus generate strong public opposition. From this perspective, it can be argued that moral conflicts at the societal level restrict preventive interventions to resolve the moral conflicts of individual adolescents, and this may be partly responsible for contraceptive nonuse and adolescent pregnancy.

Keeping sexual education within the province of the family is one alternative advocated by many concerned citizens. However, most parents have difficulty discussing sexuality with their teenagers. One reason often given is that they will be seen as encouraging sexual activity (Brody, 1986). In an attempt to investigate this issue empirically, Laura Kastner (1979) formulated a doctoral dissertation that had 237 females (ages 15–19) from low-income homes complete an extensive questionnaire regarding all aspects of sexuality and contraceptive use as part of their annual checkup at an adolescent medical clinic. Of this group, 130 had experienced sexual intercourse and 107 had not. Within each of these two groups there were girls who had received information about sexuality and contraceptive use from their mothers. There were no statistically significant differences that indicated an increase in sexual activity as a result of this increased communication and information. However, the data strongly suggested that among sexually active girls, those who had discussed sex openly with their mothers and had had it treated as a healthy and normal part of life were significantly more likely to use contraceptives than those who had not discussed it with their mothers. These data suggest that a causal linkage connecting open discussion of sexuality and the provision of contraceptive information with increased sexual activity may be more myth than reality.

Although acceptance of sexuality is only one of several possible precursors of contraceptive use (Luker, 1975), it is probably one of the least addressed areas in prevention models. Recommended goals, such as increasing the dissemination of information and access to contraceptive services, despite their limited utility, are obviously not as threatening or abstract as a focus on acceptance of sexuality. Moral objections to adolescent sexual activity constitute the most sensitive core of the societal outrage about adolescent pregnancy. Adolescent sexuality commonly evokes such uncomfortable and confusing feelings that both professionals and parents can lapse into a “conspiracy of silence” (Monsour & Stewart, 1973). Educational curriculum focused on such concerns as adolescent pregnancy, abortion, and contraception conceals or avoids discussion of the behavior that makes these topics relevant in the first place—sexual intercourse.

During the past decade, several studies have explored facets of the adolescent’s social ecology that related to contraceptive use by investigating relationships with parents, peers, and sexual partners (Akpom, Akpom &

Davis, 1976; Cvetkovich, 1980; Fischman, 1975; Fox & Inazu, 1980; Furstenberg, 1976; Kantner & Zelnik, 1973; Kastner, 1979; Lindemann, 1974; Schinke, Gilchrist, & Small, 1979; Settlage, Fordney, Baroff, & Cooper, 1973). Usually these investigations have been embedded in studies ranging from surveys to program evaluations and lacked a coherent theoretical perspective. However, the value of their "ecological" focus is evidenced by results that indicate that communication and discussion about sex with parents and both same and opposite sex friends facilitated adolescents' contraceptive use. An ecological approach to prevention appears promising because it suggests that ways of enhancing those resources that already exist in the adolescent's environment could be developed.

A natural extension of examining the ecological roles of family and peer systems involves consideration of the impact of societal attitudes and values on contraceptive behavior among adolescents. Adolescents predominantly create their impressions about society's moral values on the basis of their experience with people in common settings like the home, school, church, and community. Although adults from these settings may convey a sense of disapproval of sexual activity for teen-agers, mass media is a potent influence that reflects a confusing set of values. Witness the *Newsweek* cover story of a few years ago entitled, "Teenage Sex: The New Morality Hits Home" (Gelman et al., 1980), or listen to the lyrics of popular songs or attend almost any recent teen-age movie, e.g., *About Last Night*. Sexuality is exploited flagrantly in the very society that has prohibited contraceptives from being advertised. Adolescents receive contradictory messages which inevitably contribute to their conflicts about sexual morality. Although this is obviously a difficult area of research, it is important to recognize the extent to which adolescents must process extremely complicated information in order to make decisions about their sexual behavior. Moreover, approaching the problem without a broader awareness of the many social and psychological pressures creating such a situation greatly limits our view of research and prevention potentials.

Indirect "advocacy" for adolescent contraceptive use has occurred through changes in social policy and legal decisions (*Griswold v. State*, 1965; *Eisenstadt v. Baird*, 1972) which have helped both to increase the enrollment of adolescents in clinics and to enrich the sex education curriculum in many schools (Jaffe & Dryfoos, 1976). However, the limited effects of these changes are evident in the concomitant high rates of pregnancy, clinic dropouts, and contraceptive nonuse. This is not surprising given the number of opposing forces that complicate the task of adolescent contraception. They exist at every level of our culture, ranging from the cognitive and emotional development of the individual to the moral attitudes and norms of our society.

Using new information about the unique needs of adolescents in our

present society, the expansion and innovation of clinic services and sex education programs to prevent adolescent pregnancy should probably be continued as a matter of public policy. Special attention should be given to society's contribution to the moral dilemmas and guilt involved in contraceptive decision-making among adolescents. The paradox is that given the high rates of adolescent sexual activity and relatively low rates of contraceptive use, it appears that moral guilt may not be intense enough to restrain premarital sex but may indeed deter contraception. Seventeen years ago, Wagner and his colleagues (Wagner, Perthou, Fujita, & Pion, 1969) astutely observed that, "Society has increasing difficulty in imposing moral willpower based on fear; it must develop this willpower on a basis of choice, which is a more difficult task" (p.70). These authors implied that rather than being solely a function of choice, current sexual and contraceptive behavior is highly influenced by moral inhibitions that are more likely to lead to ambivalence and contraceptive nonuse than sexual abstinence.

It is not known definitively whether prevention programs designed to enhance sex education, teen-age programs at clinics, and communication about adolescent sexuality lead to a higher rate of adolescent sexual activity. However, a grave societal value judgment lies in deciding whether it is more desirable to provide viable support for these efforts or to abandon them. Hopefully, its critical implication for the future of prevention in this area will prohibit the kind of indecision, avoidance, denial, and inaction that seems to have contributed so much to the problem of contraceptive nonuse at the individual level.

The impetus for our societal focus on adolescent pregnancy has developed from a combination of sources, including our national concern about high costs of the welfare system and the moral and political polemics involved in the issue of abortion, out-of-wedlock pregnancy, and the greater prevalence of sexual activity among younger teen-agers. Perhaps even the upsurge of Evangelism, the Moral Majority, and moral conservatism in the Reagan era has helped fuel the fire. Presently, with the focus of media and literature on the epidemic of adolescent pregnancy rather than the ecological phenomena that are so integrally related to it, we have been distracted from some of the key issues that create and maintain this social problem.

CHILD SEXUAL ABUSE

Two years ago, the issue of child sexual abuse was dramatically brought to the public's attention when the elderly grandmother, Virginia McMartin, and six employees of her Los Angeles day care center were indicted for sexually abusing 125 children over a 10-year period (Leo, 1984). Soon thereafter,

another much publicized case involved indictments against 24 adults, including parents, who were accused of sexually abusing over 50 children in Jordan, Minnesota. This case ended with acquittals and dropped charges and many legal questions unanswered (Crewdson, Emmerman, & Orintz, 1985). *Newsweek* ran a cover story on child sexual abuse in May 1984, and *Life* ran a similar story in November. The Public Broadcasting System televised a four-part series on prevention of child sexual abuse (Rovner, 1984). "Sixty Minutes," "20-20," "Nightline" news programs featured reports on child sexual abuse. In a word, public attention was riveted.

Equally important for the purpose of this address is that I was personally riveted. Over the past several years, I have collaborated with Mindy Rosenberg on research relating to etiology and prevention of child abuse (Rosenberg & Reppucci, 1983, 1985) but intentionally avoided the issue of child sexual abuse. I have also pursued a variety of issues relating to children and the law (e.g., Reppucci, Mulvey, Weithorn, & Monahan, 1984) and teach a graduate seminar on "Mental Health, Law, and Children." In addition, I have been a strong advocate of psychologists involving themselves in research and action related to the public interest (Reppucci, 1985), and much of my career as a community psychologist has involved preventive interventions with children. Thus, the issue of child sexual abuse was one that I felt that I should no longer avoid. What I have learned over the past year is how little is actually known about this problem (that is to say, there is an exceptionally sparse base of well-executed empirical research) and yet how willing mental health professionals are to intervene even if, at times, it means becoming part of the problem, e.g., by using improper questioning techniques to elicit responses to be introduced into evidence at trial.

Since September 1985, Jeffrey Haugaard, a graduate student colleague, and I have been reviewing the literature on child sexual abuse, its etiology, treatment, and prevention, in order to prepare a comprehensive book on this topic. One goal has been to determine whether a certain type or types of intervention programs have been shown through systematic research to be effective with victims and their families. Unfortunately, while we found a small body of research focusing on the etiology, prevalence, and effects of child sexual abuse (e.g., Browne & Finkelhor, 1986), we found that empirical research on the treatment and prevention of child sexual abuse is practically nonexistent. There is virtually no information that demonstrates the relative benefit of one type of clinical treatment program over another, or, for that matter, the value of a particular treatment program over nothing at all. Writings from a treatment perspective tend to be solely descriptions of various clinical interventions, based on the author's personal theories and clinical experiences. Consequently, the reader has only his or her own logic, and perhaps some personal clinical experience, with which to judge what is presented.

To be fair, I should note that we approached the literature skeptically. We did not want merely to be told that something was true; rather, we wanted to be shown that it was true. However, I should also note that we are not skeptical about two areas: the devastating effect that child sexual abuse has had on some children, and the value of clinical descriptions of the treatment of victims. Our skepticism stems from our belief that the knowledge gained from both systematic investigations and clinical accounts are necessary for the formulation of effective treatment programs. The concern is that, at the present, we have only the pieces of the puzzle provided by the clinical accounts; the pieces that need to be provided by empirical research are almost entirely missing.

We continued our review by examining primary and secondary types of prevention programs. Most of the secondary programs have involved efforts to treat child victims in a more sensitive fashion that reduces stress on them from both the child protection and criminal justice systems, or the passage of new laws by many states providing for special qualification of child victims as witnesses, exclusion of spectators during testimony by child victims, videotaped depositions, and the use of closed-circuit television (Bulkey, 1985; Melton, 1985). Although I am extremely interested in these innovations, I limit my comments to current primary prevention efforts to keep child sexual abuse from ever occurring at all.

Most primary prevention programs have been designed for use with elementary school children, although more and more are being designed for preschoolers as well. These programs are generally concerned with the following themes: educating children about what sexual abuse is, broadening their awareness about who possible abusers are, teaching that each child has the right to control the access of others to his or her body, describing a variety of "touches" that a child can experience—which are good, bad, and/or confusing, stressing the idea that each child has the right to say no to adults who want to touch them in a way that makes them feel uncomfortable, teaching that some secrets should not be kept, and stressing that the child should tell a trusted adult if touched in an inappropriate way, and should keep telling someone until something is done to protect the child (Conte, Rosen, Saperstein, & Shermack, 1985; Finkelhor, 1986). The issues are approached through a protective, rather than sexual, standpoint; a stance that at least one knowledgeable observer, Finkelhor (1986), considers a major flaw with these programs. He suggested that by excluding sexual material, children may believe that adults really do not want to discuss more intimate types of sexual activity in which they may find themselves. Moreover, given the goals that the programs hope to accomplish, they are, in many ways simplistic in conceptualization and design, often neglecting the developmental levels of the children and differences in social and cultural conditions in which they live.

Types of programs include slide presentations, movies, plays, discussions, and role play; various types of printed material such as pamphlets or comic books may also be distributed. A few programs have evaluated the effectiveness with which the children learned the material presented during the program. These evaluations have usually consisted of pre- and postintervention interviews (Conte et al., 1985) or questionnaires (Plummer, 1984; Ray & Dietzel, 1984). The results tend to show that the children answer more questions correctly at the posttesting, but there are no data, even from individual cases, that this information has been useful in warding off any type of abusive sexual behavior. In addition, in one study of 69 fifth-grade children (Plummer, 1984), questions about breaking promises, whether molesters were often people whom the child knew, and who was to blame if the child was touched in a sexual way, were significantly less often correct at an 8-month follow-up assessment.

In another evaluation, a play was presented to teach children the difference between appropriate and inappropriate touching and that sexual abuse can occur within a family (Swan, Press, & Briggs, 1985). Vignettes were used to assess appropriate and inappropriate touching. There were no differences because the elementary school subjects were correct in a very high percentage of the time on the pretest. However, the children did answer correctly that sexual abuse can occur within one's family significantly more often on the posttest. Interestingly, this evaluation was the only one in which any attempt was made to evaluate negative effects. Both the children and their parents were asked about the children's reaction to the program. Only 7% of the children said that they did not like it, and only 5% of the parents said that their children had shown any adverse reactions, such as "loss of sleep or appetite, nightmares, or expression of fear."

At first glance, this seems like a very small proportion. However, statistics from two of the major studies of prevalence (Finkelhor, 1979; Fritz, Stoll, & Wagner, 1981) suggest that only about 8% of girls before puberty have experienced some sort of *overt* sexual contact, whereas less than 5% of boys of the same age have experienced similar behavior. Moreover, 60% of the reported cases involved only one occurrence. Although any occurrence of child sexual abuse may have negative impact upon the victim, there is little hard evidence of such impact in either the short- or long-term except in extreme cases usually involving violence and/or continuing abuse. If these figures are accurate, then the seemingly small percentage of adverse effects from the preventive intervention may be more significant. They may indicate that at least some children experience negative side effects from the interventions themselves. There is no comparable evidence that the interventions have aided the target groups of children likely to experience some form of child sexual abuse. Clearly, evaluation research focused on more than answering questions correctly at posttesting is needed.

In reality, we do not know whether preventive programs are working, and we are not sure that they are causing more good than harm. It must be recognized that most preventive programs are based on several untested assumptions. First, that there is general agreement among professionals and laypersons as to what constitutes child sexual abuse. In fact, although there are some behaviors that all of us could perhaps agree constitute child sexual abuse, e.g., an adult having sexual intercourse with a child under the age of 10, there are many behaviors that might fall into a large gray area, e.g., a parent is nude in front of a child. In this latter example, would the age and sex of the child or adult or the values of the family make a difference? In the literature, no consistent definition of child sexual abuse has been used nor has it been determined that such a definition could be agreed upon by concerned professionals. Currently, Jinger Atteberry-Bennett and I are conducting a study using eight short vignettes ranging from "parent hugs a child" to "parent sleeps in the same bed with the child" to "parent has sexual intercourse with the child" in which the age (5, 10, and 15) and sex of the child is varied with sex of the parent. These vignettes have been given to samples of protective service, mental health, probation, and legal professionals, as well as to a sample of parents. Preliminary results suggest that there are wide variations between groups regarding what is and is not considered sexual abuse as well as what type of treatment, if any, is recommended in each case. Moreover, mental health professionals appear to define more behaviors as sexually abusive than any other group.

Related to the problem of definition is the second assumption, i.e., that we know what types of skills make a child less susceptible to sexual abuse. Research into the incidence of child sexual abuse as well as its definition clearly suggests that sexual abuse comes in many forms. It may be that valuable skills for preventing one type of abuse are not useful in preventing another very different type, and that the type of skills may vary with age of the child and the situation in which the abuse occurs. A third assumption is that the child is able to transfer the knowledge gained from the programs into effective action when needed. This has also not been shown. All of us are aware of situations in which we acted quite differently than the way we knew we should act, or would have said we would act if answering a questionnaire. This may occur even more for young children caught in the very difficult situation that sexual abuse generally creates.

A final assumption is that there are no unintended negative consequences of the prevention programs, or, at least, the negative effects are insignificant when compared to the positive effects. As I have already suggested, this may not be the case. Do the programs overload children with suspicion and fear? Do the programs about the incorrectness of some forms of touching adversely affect the children in their comfort with nonsexual physical contact between themselves and their parents or other adults, or in exploratory

sexual play between themselves and other children? We do not have answers to these questions, and there is little evidence that they are even being asked by the preventers!

As I mentioned previously, child sexual abuse is currently in the forefront of public awareness. As a society we are appalled by the practice. We assume that we are all in agreement as to what we are talking about, and we want it eradicated. As professionals interested in the well-being of children, we want to bring our professional knowledge and expertise to bear on this problem. Yet if the truth be known, we are very much operating in the realm of values rather than in the realm of scientific fact. Recently (Reppucci, 1985) I argued that psychology has both substantive and methodological knowledge to give away in the public interest. In the case of child sexual abuse, we have some knowledge, and we can make many educated guesses. Yet the political and social context calls for answers that we do not have. As a result, too many of us are jumping on the bandwagon of prevention and change regarding this problem without giving adequate attention to the possible unintended consequences of this action.

I am an advocate of preventive interventions, especially where children are concerned. But I am also an advocate of bringing about change that is based on at least a modicum of information from systematic empirical investigation. In the case of child sexual abuse, we are not ready to move toward primary prevention programs of the sort that are currently sweeping the country. Although some children may be helped by these programs, they may be creating problems for many others and for their families. Nevertheless, many of us are strongly advocating these programs to a fearful public without emphasizing that there may be negative side effects for some children. At the very least, we should be conducting careful longitudinal outcome research, which we are not. I am not suggesting that we do nothing, but I am suggesting that what we do, we evaluate carefully, and that we disclose to the public what we do not know at this time about the impact of these programs. In sum, I wholeheartedly agree with Judge Bazelon's (1982) chastisement of psychologists for their "sins of nondisclosure," and his exhortation to psychologists in the public arena that:

The public arena . . . is a place where awesome decisions must be made on the basis of limited knowledge and groping understanding. The mind-set (of disclosure) I urge you to bring to the public arena should therefore combine the scientist's ease in admitting uncertainty and the clinician's tolerance of pragmatic decisionmaking. It should combine the scientist's rigor with the clinician's appreciation of the broader human context. I know this is a tall order, but I also know that nothing else is acceptable. (pp. 119-120)

ORGANIZED YOUTH SPORTS

American culture places an extremely high value on organized sport. Professional sports, aided by extensive television coverage, have become American's most popular form of entertainment, and with sports leaders becoming national heroes to the current generation of American youth, there has been a parallel and dramatic downward extension in the explosion of organized youth sport for children. Although participation peaks at ages 12 to 13 (Seefeldt, Gilliam, Blievenicht, & Bruce, 1978), thousands upon thousands of 5- and 6-year-olds are now participating in scooter basketball, T-ball, soccer, and swimming, to name but a few.

More than 20 million children (Magill, Ash, & Smoll, 1978) aged 6-15 participate annually in one or more organized extrascholastic sports activities in the United States, at a cost of over \$17 billion dollars (Martens, 1978). This level of participation makes youth sports a pervasive influence on the development of today's children; one that is "changing the course of childhood" (Ash, 1978). Only the family, the school, and television, have more contact time than sports with children who are participants. Thus youth sports programs constitute an important community subsystem (Smoll & Smith, 1978) that should be scrutinized for many reasons, not the least of which is its potential impact on development and socialization, and consequently as a possible vehicle for preventive interventions. Yet, even rudimentary descriptive statements by objective observers are hard to find. Few social scientists of any ilk have devoted more than cursory attention to the impact of youth sports on children, their families, and their communities. Among community psychologists, only Danish (1983) has even begun to focus on this issue.

The origin of organized youth sports in the United States can be traced to the emergence of boy's work groups as a preventive intervention of the social welfare system in the last decade of the 19th century. In attempting to provide leisure occupation for young boys to keep them out of trouble, these groups began using sports and other recreational activities (Berryman, 1978). As sports became increasingly popularized during the early 20th century, voluntary agencies increased their involvement in children's sports. In the late 1930s, involvement increased even more when schools refused to sponsor such programs because of professional educators' disapproval of highly competitive sports for children. The "work groups" were joined by the YMCA, Boy Scouts, and Boy's Clubs in providing supervised recreation for boys (Berryman, 1978). Also in 1939, the first Little League baseball organization was established as a community project involving less than 200 players.

During the 1940s, educators continued to warn against the stress of competition and the focus on external rewards that distracted from the intrinsic value of sports. Despite these warnings, organized youth sports continued to expand and gain in community and parental support. For example, by 1977, Little League baseball boasted 2.26 million participants, yet represented only about half of those children playing organized baseball in this country (Martens, 1978).

Today, youth sports are a common phenomenon. Municipal governments sponsor all sorts of youth leagues through their recreation departments. YMCA programs have expanded to accommodate tens of thousands of children in sports ranging from basketball to gymnastics, swimming to soccer. Private national organizations emulating the success of Little League have developed, e.g., Pop Warner football enrolls more than a million participants annually and registered youth hockey teams had increased to more than 10,000 in 1976 (Burchard, 1979). Positive societal attitudes toward and interest in sports have clearly fueled the growth of these programs.

This emergence of massive sports institution for children has created strong opinions, both pro and con, and there has been a proliferation of articles on the subject. The proponents of organized youth sports programs argue that, through participation, children develop desirable traits, such as cooperativeness, assertiveness, enhanced self-esteem, a sense of competence, and leadership, that they learn coping skills, develop motor coordination, and acquire healthy attitudes towards physical activity which help promote physical fitness, besides being involved in leisure time pursuits which "keep them out of trouble" (Martens, 1978; Smoll & Smith, 1978). The critics counter these claims with assertions of their own: There is an unhealthy emphasis on winning; young children are faced with excessive physical and psychological demands; adult control and supervision of games reduce opportunities for children to make their own decisions and assume leadership roles, and the high degree of structure dampens children's creative and spontaneous behavior and takes away the "fun" (Gelfand & Hartmann, 1978; Martens, 1978; Seefeldt et al., 1978; Smoll & Smith, 1978). Regrettably, as Smoll and Smith (1978) have pointed out:

Neither proponents nor critics of youth sports have much in the way of solid scientific evidence to support their claims. There has been an abundance of opinion and pontification and a paucity of soundly designed empirical research. (p. 4)

The sociologists, Loy, McPherson, and Kenyon (1978), concluded that sport serves as a model of the moral framework of American culture by mirroring the dominant value system of society. They equated the American Sports Creed with the American Dream, both representing a model of the American success ideology: *high aspirations within a competitive ethos are heavily valued*. This ideology is viewed as an inherent part of all regulative

social institutions in the United States, if not all Western nations. Such prominent patriots as General Douglas McArthur, and Presidents John F. Kennedy and Gerald Ford have echoed this endorsement of sport as a major socializer and character builder of future generations (Coakley, 1978).

Reviewers of the socialization effects on youth sport (Loy & Ingham, 1973; McPherson, 1978; Stevenson, 1975) have all concluded that (a) increasing numbers of boys and girls are being encouraged by parents, peers, coaches, and the media to become youth sports participants (Lewko & Greendorfer, 1977); and (b) there is little, if any, valid evidence that participation in sport is an important or essential element of the socialization process, or that involvement in sport teaches or results in the learning of specific outcomes that might not be learned in other social milieu. Nevertheless in a 1975 survey of the general population, Spreitzer and Snyder (1975) found that 73% of men and 78% of women disagreed or strongly disagreed with the statement that "Sports are not particularly important for the well-being of our society." Other questions from the survey brought out the beliefs that youth sports promote good citizenship, respect for authority, self-discipline, and fair play, all outcomes that have not been confirmed. Thus there appears to be an unsubstantiated bias in our society in favor of sports and youth sports. One possible explanation for this bias, which is supported by the Spreitzer and Snyder survey, is that a very high level of personal satisfaction derived by adults from sports may diffuse to expectations that sports are valuable for and satisfying to children.

This is not to say that children are entirely being pushed into sport by eager adults. Deveraux (1976) reported that 75% of interviewed children not participating in organized sports (all of whom thought themselves not good enough to make a team) would go out for a team if they thought they would make it. Scanlan and Passer (1978) observed that sports competition is important to boys (no mention of girls) because it provides an opportunity to use motor abilities and be evaluated by significant others (parents, teammates, and coaches) at an age when motor skill development and social evaluation are critical developmental issues. Sherif (1978) observed that competition, cooperation, helping behavior, sympathy, and prejudicial hostility all emerge at about the age of 6. Since youth sports offer a context in which there is opportunity for the expression and development of all these categories of behavior, they should intrinsically be attractive to children working on acquiring and elaborating these behaviors, almost without regard to content (type of sport). Moreover the organization of youth sports by age, sex, individual vs. team activity, etc., provides an unending series of naturally occurring experimental contexts for studying the development of these behaviors.

Yet, judging from the relatively large volume of scholarly writing on the topics of "family," "school," and "peers," in comparison to that on "youth

sports," one is led to the conclusion that, at present, the majority of social scientists do not accord the youth sports experience much, if any, importance as a social environment that impacts on individual development. I contend that youth sports environments, although not necessarily unique in their socialization impact, do provide a major ecological context for the development of today's youth, and that for many children, youth sports experiences may assume disproportionate significance in their psychological and social development. In addition, they have frequently dictated the scheduling of family life, including mealtime conversations, innumerable car pools, and other adult involvements. In a study by Rowe and Reppucci (1983) of a group of middle-class parents of children involved in youth sports, the parents estimated that a minimum of 5 hours per week was spent in some activity relating to youth sports.

This extraordinary level of voluntary involvement by parents and children suggests that youth sports may harbor many opportunities for prevention and enhancement. Just as the original boys work groups were developed to "keep the boys out of trouble" and the Police Benevolent Associations used boxing to channel the aggression of acting-out youth, a conscious attempt could be made to use youth sports as a preventive intervention. Although there is little systematic evaluation of the effects of these early interventions, Schafer (1969) did examine the relationship between sports participation and delinquency. He found no differences in delinquent activity between middle-class male adolescents who were active in organized sports and those who were not, but he did find that among lower income blue-collar youth, those involved with sports displayed significantly less delinquent activity than their nonparticipating counterparts. Segrave and Chu (1978) also found that high school male athletes were less delinquent than nonathletes and that participation in athletics acted as a greater deterrent to juvenile delinquency among lower class than among higher class athletes.

In a less systematic example, I am personally familiar with a situation in which a coach who had extremely good rapport with youth was asked to intervene with three middle-school boys whose aggressive behavior was disrupting the entire eighth grade and whose grades would ensure their failure. The coach convinced these boys to try wrestling under his direct supervision. The boys became hooked. About 5 weeks after this activity began, there was a serious classroom aggressive incident involving the boys. At this point, the coach cancelled wrestling for 2 days and let the boys know that this sort of behavior was unacceptable if they wanted to continue to wrestle. To make a long story short, the boys' behavior improved markedly, their grades rose from D's and F's to C's, and there were no more serious incidents. Two years later, the boys were on the wrestling team in high school, and their grades had remained at the C level but also with occasional B's. Five years have now passed. All of the boys received their high school diplomas. Two are now in college and the third has a full-time job.

Finally, with the vast increase in involvement of girls in these activities during the last decade, a major question becomes, "What will be the effects on sex role socialization?" Will youth sports help prevent some of the more controversial aspects of femininity, such as nonassertive behavior, fear of competition, self-attributions of lowered effectiveness, and higher levels of depression and learned helplessness? The opportunity exists for sound ecologically based research on this important topic if only researchers will take advantage of this naturally occurring societal change.

Unfortunately, as Orlick (1974) has pointed out:

For every positive psychological or social outcome in sports, there are possible negative outcomes. For example, sports can offer a child group membership or group exclusion, acceptance or rejection, positive feedback or negative feedback, evidence of self-worth or lack of evidence of self-worth. Likewise, sports can develop cooperation and a concern for others, but they can also develop intense rivalry and a complete lack of concern for others. (p. 12)

Thus, for some children youth sports experiences may indeed be extremely positive and psychologically enhancing, whereas for others they may be negative and psychologically damaging. The parameters that determine these outcomes warrant systematic investigation even though as an element of popular culture, sports for children have not sought justification on the basis of research conclusions.

Rick Seidel, a graduate student working with me, is currently pursuing a dissertation that attempts to examine the impact of participation in different types of youth sport settings (i.e., tryout Little League baseball and tryout traveling soccer vs. recreational, nontryout, baseball and soccer) on 9-year-old boys self-perceptions of competence. As far as we can determine, this is the first systematic attempt to examine the changes in competence perception as a direct result of youth sports participation.

In summary, there are several reasons for the scientific study of youth sports: (a) the level of participation makes youth sports a pervasive influence on the development of today's children (Seefeldt et al., 1978), (b) economic and time commitment impacts on our society are considerable, (c) cultural ideology is being tacitly and effectively transmitted by participation, (d) the sports institution receives considerable endorsement despite lack of positive evidence about assumed outcomes, (e) youth sports offer a convenient context for children to develop a range of behaviors in the competitive-cooperative domain, and (f) the use of youth sports as a preventive intervention may hold great promise.

CONCLUSION

Adopting an ecological perspective to various social problems of youth and to societal institutions that affect youth and their families should in-

crease our awareness that factors beyond our usual specific disciplinary conceptualizations must be considered. As mental health professionals concerned with the delivery of effective services to children and their families, we cannot be content with our current techniques of individual and family therapy and counseling. In too many instances, this arsenal has proven ineffective.

In a study of perceptions of appropriate services for juvenile offenders, Ed Mulvey and I (Mulvey & Reppucci, 1984) found that service providers from three agency types: social service departments, juvenile court service units, and community mental health centers, consistently and overwhelmingly named individual and family therapy as the ideal, real, and most effective services. The fact that there is scant empirical evidence to justify their optimism for these sorts of interventions as an effective treatment of delinquent behavior (M. W. Klein, 1983; Sechrest, White, & Brown, 1979) clearly has had little impact. They were viewing the issues through a traditional lens and apparently could not conceive of other solutions even in situations where they were asked to conjure up ideal ones. If mental health professionals applied an ecological and preventive approach, there may be an increased likelihood of finding more resources in local communities that are not now considered a form of treatment. For example, awareness of the magnitude and possible benefits of organized youth sports might have provided an additional option for these service providers to consider.

Caplan and Nelson (1973) have argued convincingly that problem definition yields problem solution. For example, definition of the teen-age pregnancy problem as residing in the individual female teen-ager will produce an individually oriented change effort, whereas one that focuses on the context in which the teen-ager is embedded will likely produce more systems-oriented interventions. The ecological perspective clearly highlights the importance of dealing with both the individual and his or her immediate and more extended social environments. As another example, S. Danish (personal communication, 1986) is currently involved in a project using prestigious male athletes to help adolescent males realize that pregnancy prevention is a joint responsibility. Thus, as we move toward an increased emphasis on prevention rather than cure, our interventions must become broader in scope and context. This can happen only if we increase the power of the lens through which we view the issue.

Teen-age pregnancy and child sexual abuse are two among many other "burning" social issues that community psychologists and other social scientists are called upon to help prevent. The complexity of such issues is often frustrating and frequently avoided when searching for the most effective intervention to mount. A careful ecological examination has the potential to prevent myopic analogies from producing narrowly conceived prevention efforts. Moving primary prevention from a dream toward a reality requires the adoption of this more powerful lens.

REFERENCES

- Alan Guttmacher Institute. (1976). *Eleven million teenagers: What can be done about the epidemic of adolescent pregnancies in the United States*. New York: Planned Parenthood Federation of America.
- Akpom, C. C., Akpom, K. L., & Davis, M. (1976). Prior sexual behavior of teenagers attending rap sessions for the first time. *Family Planning Perspectives*, 8, 203-207.
- Albee, G. W. (1981). Politics, power, prevention, and social change. In J. M. Joffe & G. W. Albee (Eds.), *Primary prevention of psychopathology: V. Prevention through political action and social change*. Hanover, NH: University of New England Press.
- Albee, G. W., & Joffe, J. M. (Eds.) (1977). *Primary prevention of psychopathology: I. The issues*. Hanover, NH: University Press of New England.
- Ash, M. J. (1978). The role of research in children's competitive athletics. In R. A. Magill, M. J. Ash, & F. L. Smoll (Eds.), *Children in sport: A contemporary anthology*. Champaign, IL: Human Kinetics Publishers.
- Babikian, H. M., & Goldman, A. (1971). A study in teenage pregnancy. *American Journal of Psychiatry*, 128, 11-115.
- Bazelon, D. L. (1982). Veils, values, and social responsibility. *American Psychologist*, 37, 115-121.
- Berryman, J. W. (1978). The rise of highly organized sports for preadolescent boys. In R. A. Magill, M. J. Ash, & F. L. Smoll (Eds.), *Children in sport: A contemporary anthology*. Champaign, IL: Human Kinetics Publishers.
- Bloom, B. L. (1978). Community psychology: Midstream and mid-dream. *American Journal of Community Psychology*, 6, 205-214.
- Brody, J. E. (1986, April 30). Guidelines for parents of teen-agers who are, or are about to be, sexually active. *The New York Times*, p. C12.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge: Harvard University Press.
- Browne, A., & Finkelhor, D. (1986). The impact of child sexual abuse. A review of the research. *Psychological Bulletin*, 99, 66-77.
- Bulkley, J. (1985). Evidentiary and procedural trends in state legislation and other emerging legal issues in child sexual abuse cases. *Dickenson Law Review*, 89, 721-749.
- Burchard, J. (1979). Competitive youth sports and social competence. In M. Kent & J. Rolf (Eds.), *Primary prevention of psychopathology: III. Social competence in children*. Hanover, NH: University Press of New England.
- Caplan, G. (1964). *Principles of preventive psychiatry*. New York: Basic Books.
- Caplan, N., & Nelson, S. (1973). On being useful: The nature and consequences of psychological research in social problems. *American Psychologist*, 28, 199-211.
- Coakley, J. (1978). *Sport and society: Issues and controversies*. St. Louis: C.V. Mosby.
- Conte, J. R., Rosen, C., Saperstein, L., & Shermack, R. (1985). An evaluation of a program to prevent the sexual victimization of young children. *Child Abuse and Neglect*, 9, 319-328.
- Cowen, E. L. (1977). Baby-steps toward primary prevention. *American Journal of Community Psychology*, 5, 1-22.
- Cowen, E. L. (1980). The wooing of primary prevention. *American Journal of Community Psychology*, 8, 258-284.
- Cowen, E. L. (1982). Primary prevention research: Barriers, needs and opportunities. *Journal of Primary Prevention*, 2, 131-137.
- Crowdson, J., Emmerman, L., & Orintz, E. (1985). Child Abuse mystery stuns midwest town. *The Washington Post*, p. A12.
- Cvetkovich, G. (1980, September). *Towards a theory of psychosocial development and fertility control*. Paper presented at the annual convention of the American Psychological Association, Montreal, Canada.
- Danish, S. (1983). Musings about personal competence: The contributions of sport, health, and fitness. *American Journal of Community Psychology*, 11, 221-240.
- Deveraux, E. C. (1976). Backyard versus Little League baseball: The impoverishment of children's games. In D. M. Landers (Ed.), *Social problems in athletics*. Urbana: University of Illinois Press.

- Eisenberg, L. (1975). Primary prevention and early detection in mental illness. *Bulletin of the New York Academy of Medicine*, 51, 118-129.
- Eisenstadt v. Baird, 405 U.S. 438, 92 S. Ct. 1029, 31 L. Ed. 2d 349 (1972).
- Felner, R., Jason, L., Moritsugu, J., & Farber, S. (Eds.). (1983). *Preventive Psychology: Research, Theory and Practice*. New York: Pergamon.
- Finkelhor, D. (1979). *Sexually abused children*. New York: Free Press.
- Finkelhor, D. (1986). *Child sexual abuse: A sourcebook*. New York: Sage.
- Fishchman, S. (1975). The pregnancy-resolution decisions of unwed adolescents. *Nursing Clinic of North American*, 10, 217-227.
- Forgays, D. G. (Ed.). (1978). *Primary prevention of psychopathology: II. Environmental influences and strategies in primary prevention*. Hanover, NH: University Press of New England.
- Fox, G. L. (1977). "Nice girl!": Social control of women through a value construct. *Signs: Journal of Women and Culture in Society*, 2, 805-817.
- Fox, G. L., & Inazu, J. K. (1980). Patterns and outcomes of mother-daughter communication about sexuality. *Journal of Social Issues*, 36, 7-30.
- Fritz, G. S., Stoll, K., & Wagner, N. N. (1981). A comparison of males and females who were sexually molested as children. *Journal of Sex and Marital Therapy*, 7, 54-59.
- Furstenberg, F. F. (1976). *Unplanned parenthood: The social consequences of teenage childbearing*. New York: Free Press.
- Garbarino, J. (1982). *Children and families in the social environment*. New York: Aldine.
- Gelfand, D. M., & Hartmann, D. P. (1978). Some detrimental effects of competitive sports on children's behavior. In R. A. Magill, M. J. Ash, & F. L. Smoll (Eds.), *Children in sport: A contemporary anthology*, Champaign, IL: Human Kinetics Publishers.
- Gelman, D., Weathers, D., Whitman, L., Abramson, P., Maitland, T., & Copeland, J. (1980, September 1). Teenage sex: The new morality hits home. *Newsweek*, pp. 48-53.
- Goldfried, M. R. (1980). Toward the delineation of therapeutic change principles. *American Psychologist*, 35, 991-999.
- Griswold v. State, 381 U.S. 479, 85 S. Ct. 1678, 14, L. Ed. 2d 510 (1965).
- Haugaard, J., & Reppucci, N. D. (1986). *Child sexual abuse: A review of the research for the clinician*. Richmond: Virginia Treatment Center for Children.
- Heller, K., Price, R. Reinharz, S., Riger, S., & Wandersman, A. (Eds.). (1984). *Psychology and community change: Challenges of the future* (2nd ed.). Homewood, IL: Dorsey Press.
- Herbert, W. (1979). The politics of prevention. *APA Monitor*, 10, 5, 7, 8, 9.
- Jaffe, F. S., & Dryfoos, J. D. (1976). Fertility control services of adolescents: Access and utilization. *Family Planning Perspectives*, 8, 167-184.
- Kantner, J. F., & Zelnik, M. (1973). Contraception and pregnancy: Experience of young unmarried women in the U.S. *Family Planning Perspectives*, 5, 21-35.
- Kastner, L. S. (1979). *Adolescent perceptions of personal and ecological factors predicting contraceptive use: A multilevel, multivariable study*. Unpublished doctoral dissertation, University of Virginia, Charlottesville.
- Kelly, J. G. (1968). Toward an ecological conception of preventive intervention. In J. Carter (Ed.), *Research contributions from psychology to community mental health*. New York: Behavioral Publications.
- Kessler, M., & Albee, G. W. (1975). Primary prevention. *Annual Review of Psychology*, 26, 557-591.
- Klein, D. C., & Goldston, S. E. (Eds.). (1977). *Primary prevention: An idea whose time has come*. Washington, DC: U.S. Government Printing Office.
- Klein, M. W. (1983). Where juvenile justice meets social service: Social intervention with troubled youth. In E. Seidman (Ed.), *Handbook of social intervention*. Beverly Hills: Sage.
- Lamb, H. R., & Zusman, J. (1981). Primary prevention in perspective. *American Journal of Psychiatry*, 9, 1-26.
- Leo, J. (1984, April). Someday I'll cry my eyes out. *Time*, pp. 72-73.
- Lewko, J. J., & Greendorfer, S. L. (1977). Family influence and sex differences in children's socialization into sport: A review. In D. M. Landers & R. W. Christina (Eds.), *Psychology of motor behavior and sport*. Champaign, IL: Human Kinetics Publishers.

- Lindemann, C. (1974). *Birth control and unmarried young women*. New York: Springer.
- Lorion, R. P. (1983). Evaluating preventive interventions: Guidelines for the serious social change agent. In R. Felner, L. Jason, J. Moritsugu, & S. Farber (Eds.), *Preventive psychology: Research, theory and practice*. New York: Pergamon.
- Loy, J. W., & Ingham, A. (1973). Play, games, and sport in the psychosocial development of children and youth. In G. L. Rarick (Ed.), *Physical activity: Human growth and development*. New York: Academic Press.
- Loy, J. W., McPherson, B. D., & Kenyon, G. S. (1978). *Sport and social systems: A guide to the analysis, problems and literature*. Reading, MA: Addison-Wesley.
- Luker, K. (1975). *Taking Chances: Abortion and the decision not to contracept*. Berkeley: University of California Press.
- Maccoby, N., & Alexander, J. (1979). Reducing heart rate disease risk using the mass media: Comparing the effects on three communities. In R. F. Munoz, L. R. Snowden, & J. G. Kelly (Eds.), *Social and psychological research in community settings*. San Francisco: Jossey-Bass.
- Magill, R. A., Ash, M. J., & Smoll, F. L. (Eds.). (1978). *Children in sport: A contemporary anthology*. Champaign, IL: Human Kinetics Publishers.
- Martens, R. (Ed.). (1978). *Joy and sadness in children's sports*. Champaign, IL: Human Kinetics Publishers.
- McPherson, B. D. (1978). The child in competitive sport: Influence on the social mileau: In R. A. Magill, M. J. Ash, F. L. Smoll (Eds.), *Children in sport: A contemporary anthology*, Champaign, IL: Human Kinetics Publishers.
- Melton, G. B. (1985). Sexually abused children and the legal system: Some policy recommendations. *American Journal of Family Therapy*, 13, 61-67.
- Mischel, W. (1977). On the future of personality assessment: *American Psychologist*, 32, 246-254.
- Monsour, J. J., & Stewart, B. (1973). Abortion and sexual behavior in college women. *American Journal of Orthopsychiatry*, 43, 804-814.
- Mulvey, E. P., & Reppucci, N. D. (1984). Perceptions of appropriate services for juvenile offenders. *Criminal Justice and Behavior*, 11, 401-422.
- Munoz, R. F., Snowden, L. R., & Kelly, J. G. (Eds.). (1979). *Social and psychological research in community settings*. San Francisco: Jossey-Bass.
- Orlick, T. D. (1974). An interview schedule designed to assess family sports environment. *International Journal of Sport psychology*, 5, 13-2.
- Plummer, C. (1984, August). *Preventing sexual abuse: What in-school programs teach children*. Paper presented at the Second National Conference for Family Violence Researchers, Durham, NH.
- President's Commission on Mental Health. (1978). *Report to the President*. Washington, DC: U.S. Government Printing Office.
- Price, R. H. (1974). Etiology, the social environment, and the prevention of psychological dysfunction. In P. Insel & R. H. Moos (Eds.), *Health and the social environment*. Lexington, MA: Heath.
- Price, R. H., Bader, B. C., & Ketterer, R. F. (1980). Prevention in community mental health: The state of the art. In R. H. Price, R. F. Ketterer, B. C. Bader, & J. Monahan (Eds.), *Prevention in mental health: Research, policy and practice*. Beverly Hills: Sage.
- Price, R. H., Ketterer, R. F., Bader, B. C., & Monahan, J. (Eds.). (1980). *Prevention in mental health: Research policy and practice*. Beverly Hills: Sage.
- Price, R. H., & Smith, S. S. (1985). *A guide to evaluating prevention programs in mental health*. Washington, DC: U.S. Government Printing Office.
- Rappaport, J. (1977). *Community psychology: Values, research, and action*. New York: Holt, Rinehart & Winston.
- Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology*, 9, 1-26.
- Ray, J., & Dietzel, M. (1984). *Teaching child sexual abuse prevention*. Unpublished manuscript.
- Reppucci, N. D. (1985). Psychology in the public interest. In A. M. Rogers & C. J. Scheier (Eds.), *The G. Stanley Hall Lecture series* (Vol. 5). Washington, DC: American Psychological Association.

- Reppucci, N. D., & Mulvey, E. P., & Kastner, L. (1983). Prevention and interdisciplinary perspective: A framework and case analysis. In R. Felner, L. Jason, J. Moritsugu, & S. Farber (Eds.), *Preventive psychology: Research, theory and practice* (pp. 234-244). New York: Pergamon.
- Reppucci, N. D., Mulvey, E. P., & Weithorn, L. A., & Monahan, J. (Eds.). (1984). *Children, mental health and the law*. Beverly Hills: Sage.
- Roberts, M. C., & Peterson, L. (Eds.). (1984). *Prevention of problems in Childhood: Psychological research and applications*. New York: Wiley.
- Rosenberg, M. S., & Reppucci, N. D. (1983). Abusive mothers: Perceptions of their own and their children's behavior. *Journal of Consulting and Clinical Psychology, 51*, 674-682.
- Rosenberg, M. S., & Reppucci, N. D. (1985). Primary prevention of child abuse. *Journal of Consulting and Clinical Psychology, 53*, 576-585.
- Rovner, S. (1984, September 17). Children: Confronting abuse. *The Washington Post*, p. B5.
- Rowe, K., & Reppucci, N. D. (1983). Organized youth sports: A family analysis. In N. D. Reppucci (Chair), *Organized youth sports: An ecological approach*. Symposium conducted at the meeting of the Southeastern Psychological Association, Atlanta, GA.
- Scanlan, T. K., & Passer, M. W. (1978). Anxiety-inducing factors in competitive youth sports. In F. L. Smoll & R. E. Smith (Eds.), *Psychological perspectives in youth sports*. Washington, DC: Hemisphere.
- Schafer, W. E. (1969). Participation in interscholastic athletics and delinquency: A preliminary study. *Social Problems, 17*, 40-47.
- Schinke, S. P., Gilchrist, L. D., & Small, R. W. (1979). Preventing unwanted adolescent pregnancy: A cognitive-behavioral approach. *American Journal of Orthopsychiatry, 49*, 81-88.
- Sechrest, L., White, S. O., & Brown, E. (Eds.). (1979). *The rehabilitation of criminal offenders: Problems and prospects*. Washington, DC: National Academy of Sciences.
- Seefeldt, V. D., Gilliam, F., Blievenicht, D., & Bruce, R. (1978). Scope of youth sport programs in the state of Michigan. In F. L. Smoll & R. E. Smith (Eds.), *Psychological perspectives in youth sports*. Washington, DC: Hemisphere.
- Segrave, J. O., & Chu, D. B. (1978). Athletics and juvenile delinquency. *Review of Sport and Leisure, 3*, 1-24.
- Seidman, E. (1978). Justice, values and social science: Unexamined premises. In R. J. Simon (Ed.), *Research in law and sociology* (Vol. 1). Greenwich, CT: JAI Press.
- Settlage, D., Fordney, S., Baroff, S., & Cooper, D. (1973). Sexual experience of younger teenage girls seeking contraceptive assistance for the first time. *Family Planning Perspectives, 5*, 223-226.
- Sherif, C. (1978). The social context of competition. In R. Martens (Ed.), *Joy and sadness in children's sports*. Champaign, IL: Human Kinetics Publishers.
- Smoll, F. L., & Smith, R. E. (Eds.). (1978). *Psychological perspectives in youth sports*. Washington, DC: Hemisphere.
- Spreitzer, E. A., & Snyder, E. E. (1975). The psychological functions of sport as perceived by the general population. *International Review of Sport Sociology, 10*, 87-93.
- Stevenson, C. L. (1975). Socialization effects of participation in sport: A critical review of the research. *Research Quarterly, 46*, 287-301.
- Swan, H. L., Press, A. N., & Briggs, S. L. (1985). Child sexual abuse prevention: Does it work? *Child Welfare, 64*, 395-405.
- Wagner, N., Perthou, N., Fujita, B., & Pion, R. (1969). Sexual behavior of the adolescent. *Postgraduate Medicine, 46*, 68-72.
- Zelnik, M., & Kanter, J. F. (1980). Sexual activity, contraceptive use and pregnancy among metropolitan-area teenagers, 1971-1979. *Family Planning Perspectives, 12*, 230-237.