

# Compassion for Pregnant and Parenting Teens

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## Abstract

There is what many call an epidemic of teen pregnancy in the United States today. Society views these young adults as degenerates. They are often treated poorly by family, friends, schools, churches and any number of other organizations. In this paper I will discuss how pregnant and parenting teenagers are currently treated in our society and offer suggestions of more compassionate ways of doing things.

## Introduction

By using adolescent birth rates to measure teen pregnancy, we find that the issues of adolescent pregnancy have existed throughout American history. It is nearly impossible to gain an accurate measure of teen pregnancy rates over time since not all pregnancies result in births. However, the most recent American teen birth rate of approximately 42.5 births per 1,000 adolescent females is consistent with historical trends. Nonetheless, since the 1970s, American politicians, policy makers, and social critics have condemned the apparent "epidemic of teenage pregnancy" (Vinovskis, 1988)<sup>1</sup>.

From colonial times through the late nineteenth century, the vast majority of Americans chose to marry and have children by their early to mid-twenties. Marriage and parenthood was a rational choice for people living in a society dependent on family production. Race, ethnicity, class, and region could influence individual circumstances, with rural areas experiencing the lowest age at marriage. Few people worried about teen pregnancy as long as the expecting mother married before giving birth. There was strong social pressure to marry before becoming a parent, but the high number of babies born less than nine months after marriage ceremonies shows that many young couples taking their marriage vows were already expecting a child. State codes outlining minimum-age-at-marriage laws followed English common law that permitted girls as young as twelve to marry without parental consent (Lindenmeyer, 2002).<sup>2</sup>

The ability to bear children generally established the move from childhood to adulthood for most females. The ability to do physical labor marked the change for boys from childhood to young adulthood. For males, marriage marked full adult independence and its associated responsibilities. Physical capabilities and life circumstance, not age, set the dividing line between childhood and adulthood. Poor diet and common childhood illnesses delayed physical maturity

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<sup>1</sup>[http://books.google.com/books?id=knN9HzkY1pEC&printsec=frontcover&dq=Vinovskis,+1988&source=bl&ots=32zGkActUc&sig=3\\_peDZGw7chXdCeCDK4rWEIQzCM&hl=en&ei=bfSgTb2sOcmI0QHrvZyHBQ&sa=X&oi=book\\_result&ct=result&resnum=2&ved=0CB0Q6AEwAQ#v=onepage&q&f=false](http://books.google.com/books?id=knN9HzkY1pEC&printsec=frontcover&dq=Vinovskis,+1988&source=bl&ots=32zGkActUc&sig=3_peDZGw7chXdCeCDK4rWEIQzCM&hl=en&ei=bfSgTb2sOcmI0QHrvZyHBQ&sa=X&oi=book_result&ct=result&resnum=2&ved=0CB0Q6AEwAQ#v=onepage&q&f=false)

<sup>2</sup>[http://books.google.com/books?id=SrCzCbs17z0C&pg=PA31&lpg=PA31&dq=For+Adults+Only:+The+Anti-Child+Marriage+Campaign+and+Its+Legacy.&source=bl&ots=GRcp825hnt&sig=Qpe40Fj77vys3nvJUMhiW51qpgg&hl=en&ei=r\\_6gTYqMLsex0QHJ-OibBQ&sa=X&oi=book\\_result&ct=result&resnum=2&ved=0CBwQ6AEwAQ#v=onepage&q=For%20Adults%20Only%3A%20The%20Anti-Child%20Marriage%20Campaign%20and%20Its%20Legacy.&f=false](http://books.google.com/books?id=SrCzCbs17z0C&pg=PA31&lpg=PA31&dq=For+Adults+Only:+The+Anti-Child+Marriage+Campaign+and+Its+Legacy.&source=bl&ots=GRcp825hnt&sig=Qpe40Fj77vys3nvJUMhiW51qpgg&hl=en&ei=r_6gTYqMLsex0QHJ-OibBQ&sa=X&oi=book_result&ct=result&resnum=2&ved=0CBwQ6AEwAQ#v=onepage&q=For%20Adults%20Only%3A%20The%20Anti-Child%20Marriage%20Campaign%20and%20Its%20Legacy.&f=false)

for many. The majority of girls did not reach menarche until sixteen or seventeen years of age. Many boys took strenuous jobs early in their adolescence, but few could earn enough to support a family until their early to mid-twenties. This combination of biological, social, and economic factors limited pregnancy and parenthood for most teens (Lindenmeyer, 2002).

By 1900, things began to change. The move to an industrial economy had radically changed everyday life for many Americans. Improved health conditions and better economic opportunities for young males in the Progressive Era encouraged a growing number of couples to marry and become parents in their teens and early twenties. Interestingly, this trend toward early marriage and parenthood ran counter to the social definition of adolescence that had become increasingly popular among urban middle-class families. Since the 1820s, a growing number of middle-class parents had been sending their adolescent children to high schools. Advocates of the urban-middle-class-family ideal maintained that adolescence was a distinct period of life separate from adult responsibilities. They encouraged parents to leave their teenaged children in school instead of sending them to work or allowing them to marry (Vinovskis, 1988).

In 1904, G. Stanley Hall formally defined the broad psychological and physiological parameters of modern adolescence in his two volume work, *Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion, and Education* (1922).<sup>3</sup> Hall concluded that the teen years were a time of unavoidable physiological and psychological chaos. While it was normal for teens to think about sex, Hall cautioned that adolescents were too immature, both physically and psychologically, to engage in sexual intercourse or become parents. Many child welfare reformers agreed. New child labor laws, compulsory education legislation, the establishment of juvenile courts, efforts to control teen sexuality, and countless other age-specific policies reflected new social attitudes defining modern adolescence. A growing number of teens, however, resisted the new restrictions on their autonomy. In 1900, less than 1 percent of males and 11 percent of females fourteen through nineteen years of age were ever married. During the next six decades the age of first marriage and subsequent parenthood continued to fall for both males and females. In the 1930s the Great Depression temporarily slowed the trend, but the postwar years saw a dramatic rise in early marriage and teen pregnancy rates. The 1940s, 1950s, and 1960s included the twentieth century's highest teen birth rates (respectively 79.5, 91.0, and 69.7 per thousand). By 1960, nearly one-third of American females had their first child before reaching age twenty (Boonstra, 2002).<sup>4</sup>

The 1970s, 1980s, and 1990s reversed this trend. In the face of rising divorce rates, more college graduates, and reliable birth control, growing numbers of young people chose to delay marriage or not to marry at all. At the same time, the average age of menarche dropped to twelve, with some girls as young as eight experiencing menstruation. Many Americans ignored the rising age of marriage, and instead focused on changes in the incidence of unwed motherhood. By the 1990s, almost 25 percent of all babies were born to unmarried women. Teen

<sup>3</sup> <http://books.google.com/books?hl=en&lr=&id=jh-eAAAAMAAJ&oi=fnd&pg=PA1&dq=Adolescence:+Its+Psychology+and+Its+Relations+to+Physiology,+Anthropology,+Sociology,+Sex,+Crime,+Religion,+and+Education&ots=ILGSuAWdZn&sig=pzT5rpFQvrFXwOmtDsozi-CEgzw#v=onepage&q&f=false>

<sup>4</sup> <http://www.guttmacher.org/pubs/tgr/05/1/gr050107.pdf>

mothers gave birth to only one-third of these infants, but the fact that black and Hispanic teens were more likely to have children outside of marriage than their white counterparts gained public attention. Furthermore, before 1970 the majority of unwed mothers gave their babies up for adoption. By the 1990s, nine of every ten teen mothers chose to keep their children and, at least for the immediate future, remain unmarried (Darroch & Singh, 1999)<sup>5</sup>.

After 1970, rising concerns about teen pregnancy and parenthood became mixed with a variety of crucial social, economic, and political shifts. A new wave of immigration spurred by the 1965 Immigration Act increased American diversity. Changes in the nation's racial policies and practices grounded in the civil rights movement became part of federal law. Legal debates over access to abortion are often centered on teens. Economic shifts fostered by the move from an industrial to a service- and information-based economy created new social problems. To many critics, unmarried teen mothers became symbols of American immorality and the growing Aid to Families with Dependent Children (AFDC) welfare program (Lindenmeyer, 2002). As Hall had theorized decades earlier, teen pregnancy and parenthood, both inside and outside of marriage, seemed unacceptable and a modern social problem.

In 1996, Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act. This new law discontinued AFDC, included incentives for using implanted birth control, and placed restrictions on federal assistance to unwed teen mothers. To supporters, one of the keys to "changing welfare as we know it" was to end federal assistance to unwed teen mothers. Teen birth rates continued to decline, between 1991 and 2005. However, according to the National Vital Statistics Report, teen birth rates increased in 2006 and 2007. Teenage birth rates in the United States are high, exceeding those in most developed countries (Hamilton, et. al, 2009).

The birth rate for U.S. teenagers 15–19 years rose in 2007 by about 1%, to 42.5 births per 1,000. The birth rate for teenagers 15–17 and 18–19 years each increased by 1% in 2007, to 22.2 and 73.9 per 1,000, respectively interrupting the 45% decline previously reported for 1991–2005. The number of infants born to this age group rose to 140,640 in 2007, up 1 % from 2006 and 5% from 2005<sup>6</sup>.

While these statistics tell us a lot, they also tell us very little. Numbers tell us nothing about the reality of being a pregnant teenager. Hollywood has glamorized teenage pregnancy with television shows such as *Teen Mom* and *16 and Pregnant*. Despite the fact that these shows are considered reality TV, they often do not depict the reality of the situation. This is why I chose to write this paper. When I became pregnant for the first time at nineteen years old, I was condemned; I was condemned by my family, by my boyfriend's family, by my employer, and by friends. When I miscarried twin girls at five months of pregnancy the condemnation did not stop and I felt extremely alone and confused. Today, over twenty years later, I still feel that condemnation and the shame associated with it. I was judged for having sex and getting pregnant when I was not married and I was judged for going to Planned Parenthood for help.

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<sup>5</sup> [http://www.guttmacher.org/pubs/or\\_teen\\_preg\\_decline.pdf](http://www.guttmacher.org/pubs/or_teen_preg_decline.pdf)

<sup>6</sup> [http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57\\_12.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf)

Furthermore, I now have teenage daughters. They often have come home from school and told me about a friend that became pregnant and was kicked out of their home. This is not the answer. I believe that our children are given to us as a gift and as such, we must love them unconditionally. Kicking a young woman out of the home because she is pregnant does not eliminate the problem, in fact, it may escalate the situation.

Currently while there are many programs available to help pregnant teens, many of these programs have specific religious affiliations, and therefore, young women are not necessarily presented with all their options. Few programs are available that will help a woman to get an abortion, if that is what she chooses. Planned Parenthood<sup>7</sup> is one of a few organizations that will counsel teenage girls on all of their options.

Typically, treatment of pregnant teens consists of medical treatment and counseling about options. While these are necessary they are not all inclusive. Pregnant teens also need counseling related to their emotions regarding their situation, society's reaction to the situation and how to deal with issues that may arise, such as the loss of family or friends.

The potential for change in how pregnant teens are treated by society is great. Programs such as Compassion House<sup>8</sup> in Arizona, and Florence Crittenton Services<sup>9</sup> are already providing compassionate care for pregnant teens. Unfortunately, such programs are not available in all communities.

What is compassion and why is it important in the issue of teen pregnancy? This paper will attempt to answer these questions by looking at teen pregnancy from several viewpoints including that of a parenting teen. There are a lot of papers available on preventing teen pregnancy. This is not one of those papers. While I think prevention is an extremely important topic, I think that we must also consider other aspects of the problem. Teen pregnancy is here, it does not appear that it will be completely eradicated since society cannot even agree on how that should be done. Therefore, this paper is about teaching society to have compassion for pregnant and parenting teens, rather than condemnation.

### Defining Compassion

Before we can discuss how to teach compassion to society we must first agree on the definition of compassion and a few basic assumptions. Psychotherapist, Shadia Duske, M.A., NCC states, "Compassion is about having a deep awareness of someone's suffering, being able to connect with them in their pain, finding a way to express this deep awareness, and finally taking action to help relieve the suffering. This action could be anything from providing resources, being a shoulder to cry on, or some other form of reaching out. Compassion is about letting go of judgment."

In his paper, *A Theory of Compassion Development*, Dr. W. David Hoisington defines compassion as consisting of two parts. The first is empathy, or the ability to hear the suffering of

<sup>7</sup> <http://www.plannedparenthood.org>

<sup>8</sup> <http://www.compassionhouse.us>

<sup>9</sup> <http://florencecrittenton.dpsk12.org>

another. The second part is taking action in some way to reduce that suffering. As Ms. Duske pointed out, there are many ways this action may take place. Sometimes it could be by simply being present in that moment for the person that is suffering. While other times it could mean taking even greater action.

Dr. Hoisington has seven basic assumptions about compassion. One, compassion is defined as empathy plus wisdom. Two, compassion is relational. Three, compassion is instinctually linked to our survival. Four, compassion follows a normal distribution in society. Five, compassion can be developed. Six, compassion directly influences well-being. Seven, compassion flourishes with support.<sup>10</sup>

While I believe all of these assumptions to be true, for the purposes of this paper I will focus on assumptions four, five and seven. However, I would encourage readers to further explore this subject by reading the [seven basic assumptions](#) on [www.compassionspace.com](http://www.compassionspace.com) as well as [A Theory of Compassion Development](#), both written by Dr. Hoisington.

Assumption four, compassion follows a normal distribution in society<sup>11</sup>. If compassion could be drawn on a bell curve, then the majority of people would fall somewhere in the middle of that curve and some above and some below. Some people exhibit more compassion than the majority and others less. Dr. Hoisington states that these differences may be due to several things, such as “differences in biological make-up, environment, training, and belief” (Hoisington, 2010).

Studies have shown that compassion is an innate human trait<sup>12</sup> (Goetz, Keltner, & Simon-Thomas, 2010). If we accept that we are born with some level of compassion and we accept that some people are more compassionate than others then we must believe assumption number five that compassion can be developed. Therefore, if compassion can be developed there must be a way for us to learn to develop our compassion and thus a way for compassion development to be taught.

Assumption seven is that compassion flourishes with support. There are several ways in which this support may take place. Dialogues on compassion, teaching, and a supportive atmosphere are needed to help society move toward a philosophy and culture of compassion. Dr. Hoisington states, “Communal discourse can offer us ways to expand our knowledge and improve our practice if we can accept the idea and move beyond the personal relational issues and the organizational dynamics that prevent it from occurring” (Hoisington, 2007). Further on in the same paper he states, “Open discourse on this has the potential for advancing our understanding and practice of compassion and moving us toward a culture of compassion.” By speaking about our experiences of compassion with even one person we are passing along what we have learned.

So, how does all this apply to the topic of pregnant and parenting teens? Ms. Duske states, “I believe it is time that we rally around this issue and work to prevent in from a different

<sup>10</sup> [http://www.compassionspace.com/Compassion\\_Assumptions.html](http://www.compassionspace.com/Compassion_Assumptions.html)

<sup>11</sup> [http://www.compassionspace.com/Compassion\\_Assumptions.html](http://www.compassionspace.com/Compassion_Assumptions.html)

<sup>12</sup> <http://www.ncbi.nlm.nih.gov/pubmed/20438142>

angle that we have been doing. Providing teenagers with comprehensive education and resources is imperative. It is time that we work with pregnant teens from a place of compassion and with the goal of helping to empower them.”

While this paper is not about prevention I believe that if we learn to treat teenagers, including pregnant and parenting teens, with compassion than we will find the incidence of teen pregnancy will decrease. Studies have shown that some adolescent females become pregnant intentionally. “The three biggest reasons I see behind purposeful teenage pregnancies are to get their guy to stay, to have someone to love them unconditionally, and to create a purpose in their lives,” says Hatim Omar, MD, director of the Adolescent Medicine and Young Parent Program at the University of Kentucky in Lexington (Lamanna & Riedmann, 2006).

If we treat a young woman with compassion this need for love and a purpose in life will be fulfilled since both receiving compassion and giving compassion increase self-esteem, self-confidence, and a sense of purpose.

### Compassion and Pregnant and Parenting Teens

Sixteen year old Lisa<sup>13</sup> sits on a kitchen chair with her two year old daughter running in circles around her. “My Mom was really good about it. She said ‘it is what it is and yelling at you won’t change it’. I can’t say she was excited about the situation but she accepted it and never once made me feel like I was bad because of it.” Not everyone was so accepting though. “I had kids walk past me in school, some that had been friends, yelling at me and calling me nasty names. It was weird! I was a slut, a whore and a piece of trash, but the father of the baby...he was idolized. Everyone thought he was just wonderful. Of course, I thought that too, until I told him I was pregnant and he disappeared.”

While Lisa’s mother was accepting other family members were not. “My father walked out on us shortly before the baby was born, I don’t think he could handle things. My Grandparents and my Aunt’s and Uncle are all extremely religious and though they said that they loved me, they treated me differently. I can’t really explain the difference but I could sure feel it. I think my mom felt it too and felt like they blamed her. But it wasn’t her fault. I was raised well, my parents taught me right from wrong, we talked about sex and the risks, but I did what I wanted, and now...well, now I’m facing the consequence.”

During our discussion Lisa talked about several of her regrets. “I regret that I won’t be going to prom. I regret that my dreams of going to college at a good art school are changed so that if I can go to college it will probably be at the community college. I sometimes resent the fact that my old friends are out partying and having fun and I am home changing diapers. Most of all I regret that I do not have any real friends anymore. I have nothing in common with the average high school girl...I am a mom.” During this conversation, the one thing Lisa never said she regretted was her decision to keep her baby.

For Lisa, the decision to keep her child was not a difficult one. “The first time I felt her kick, I knew I could never give her to someone else. She is my child.” Lisa went to [Planned](#)

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<sup>13</sup> Name changed to protect privacy

Parenthood when she discovered she was pregnant. “Planned Parenthood talked to me about all my options. They didn’t try to persuade me one way or another; they just gave me the facts and answered my questions. They were very honest with me and told me right up front, that no matter what decision I made it would be difficult, but it would be the right one for me.”

As our discussion moved to the kitchen so Lisa could feed her child, I asked her about her thoughts on compassion. “I can’t define compassion, but the first thing that pops into my head when I hear the word compassion is my Mom. Telling her I was pregnant was probably the hardest thing I have ever had to do in my entire life. I’m not sure how to explain it, but without her saying very much, I knew she did not condemn me. She truly cared about what happened to me and my baby and she supported me through the entire process. Other girls I know who got pregnant got kicked out of their houses. I asked my Mom about that once and she said that she could never kick me out because I am her daughter and she loves me and cares about what happens to me no matter what. That’s not to say she wanted this for me. But at the same time, she accepted what was happening, forgave me for my mistakes, looked past what I had done, and saw *me*. My Mom’s philosophy is that no matter how bad things seem, things can always be worse. I was pretty sure we were at the worst. But Mom never believed that. Even when my dad left us, my Mom said that things could always be worse. What could be worse than your husband walking out on you?”

The forgiveness that Lisa received from her mother was important for both of them. Lisa knows that her Mother did not condone her behavior. However, by forgiving Lisa, the relationship grew stronger so the two were able to work together throughout the pregnancy to make the best of the situation for both of them.

In his article, *Forgiveness and Compassion*, Dr. David Hoisington states, “Forgiveness is not meant to give power to any actions that enable the suffering to continue. Forgiveness does not condone any thoughts that contribute to suffering. The process of forgiveness is linked to the process of compassion and the relief of suffering<sup>14</sup>.”

This is not to say that because her mother forgave her Lisa had it easy. The pregnancy was difficult, the reaction of many of those around her hurt Lisa very much. However, having her mother’s forgiveness made it that much easier for Lisa to deal with the difficult times. By forgiving Lisa, her Mother showed that she loved her and supported her despite the situation that they were both in. Lisa knew that no matter what happened she was not alone.

The laws in Lisa’s state forbid the school from kicking Lisa out; however, school was a very uncomfortable experience for her. Other children teased her and called her names, Lisa felt that many of the teachers treated her poorly. Lisa often felt that the faculty, staff and administration at her school were doing what they could to get her to drop out of school, rather than supporting her through her difficult time. Lisa and her mother discussed alternative schooling. However, there were no alternatives available because the alternative schools in their community were strictly for kids with emotional and behavioral problems; neither of which described Lisa. Prior to her pregnancy, Lisa had been a straight ‘A’ student with perfect

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<sup>14</sup> [http://www.compassionspace.com/Papers\\_on\\_Basic\\_Compassion/Forgiveness%20and%20Compassion.pdf](http://www.compassionspace.com/Papers_on_Basic_Compassion/Forgiveness%20and%20Compassion.pdf)

attendance. She was involved in the music department, the drama club, and after school sports. Simply put, Lisa's "problem" was that she made the poor choice to have unprotected sex.

Had Lisa lived in Washington County, Arizona then perhaps [Compassion House](#) would have been a place for her to consider. Compassion House is a home for pregnant girls eighteen years of age and younger. Compassion House provides safe housing, complete pregnancy care, professional counseling and life skills training. They also address the educational and spiritual needs of the girls they serve. Co-directors and houseparents' Matthew and Jenny Voth live with the girls and work "to create a family environment rather than a group home atmosphere." Mrs. Voth says that this is the reason that the program is successful.

With such a name I had to assume that the mission of Compassion House is based on a philosophy of compassion for pregnant teens. I asked Mrs. Voth about the organizations definition of compassion and how this definition influences the treatment of the girls with whom they work. "Compassion is unconditional love for, acceptance of and sympathy for another individual in her circumstances. It is love in action, desiring to help her grow and develop towards excellence in how she views herself and her place in the world. This definition helps us remember that each of our residents needs individualized care and plans for her future. Each resident must be accepted, and not judged, at the place she is in her life, helped to dream about her future and assisted in having the tools to accomplish those dreams."

Mrs. Voth said, "I wish people could understand that when a girl becomes pregnant, no matter what decisions she makes regarding her child, she will face the consequences of her pregnancy the rest of her life. Society often feels that celebrating and supporting the teenage girl shows that you are condoning her behavior and enabling her to continue it. For example, teenage mothers struggle to finish high school; yet, many do not support on-site daycare at a high school because it "makes it easy" and encourages girls to become pregnant while in school. Instead, not having it mostly makes it more difficult for the girls to finish school, perpetuating the cycle of welfare in their families."

Lisa feels the same way. "My Mom could understand what it was like to be pregnant, but she didn't understand what it was like to be fifteen and pregnant. When she had me she was twenty-eight years old and married. The way it's "supposed" to be. Everyone celebrated, she had three baby showers. But I didn't have anyone around that I felt *really* understood what I was going through. Sure, I had a lot of support from my Mom and from Planned Parenthood. But did they understand me? I don't think so. I don't think I even understood me anymore. Every day was a struggle to figure out who I was. I felt like when I got pregnant and had my daughter I lost me...the *real* me."

The years between 13 and 18 years old are typically difficult for the average teen. Up to this stage, according to Erik Erikson, development mostly depends upon what is done to the individual. From this point forward development depends primarily upon what the adolescent does. Adolescence is a stage between childhood and adulthood. Life becomes much more complex as the adolescent attempts to find his or her own identity, struggle with social interactions, and grapple with moral issues. The task of the adolescent is to discover who he or she is as an individual separate from his or her family of origin and as members of a wider society (Erikson, 1980).

If adolescent's is so difficult for the average teenager, is it any surprise that it is so difficult for a young woman such as Lisa when you add pregnancy and parenting into the mix? Joe LaRosa understood this difficulty and decided to do something about it.

#### Vernon Regional Adult Education<sup>15</sup>

In 1979, Mr. LaRosa was the House Master of Rockville High School in Connecticut. The high school consisted of three houses with 600 students each. Between the houses Mr. LaRosa and his fellow House Master's had contests: Most Honor Roll Students, Best Attendance, etc. Mr. LaRosa was so focused on his students and on having the best that he would call students when they were not in school and ask them where they were and why they had not come to school. Through these phone calls it was discovered that girls who suddenly stopped coming to school often did so due to pregnancy. This discovery began the development of a program.

In 1982, Mr. LaRosa became Regional Director and was able to implement the program. Vernon Regional Adult Education at Rockville High School served pregnant teens and teen parents, though few males attended. The program covered fourteen towns which included eleven high schools. When the program first began it was for 16 to 19 year olds and was funded by adult education funds. Over the years the program expanded to include any high school student. Funding was provided through the state and local governments, federal grants, private grants and donations. Students were offered the opportunity to receive the Adult High School Diploma through the Vernon Board of Education, a diploma from their local high school, or their GED.

When the program began, pregnant students were not allowed to be in the high school during regular school hours. So students attended a GED program from 2 o'clock to 4 o'clock each afternoon.

However, along with his position of Regional Director Mr. LaRosa was promoted to Assistant Superintendent of Schools. Within five years of this promotion he was able to convince the board of directors to allow pregnant and parenting teens to attend school during regular hours. Students started their day later than the average student, arriving at school for 9 am. Further, the day was extended until 4 pm. From 9 to 2 students would take their core classes. The curriculum was specially designed to offer core courses in a packet program. Students were given a packet to complete, the teacher would check it and once passed, the student would continue with the next packet. This allowed for the young women to be out of school for the birth of their child and six weeks postpartum period without falling behind. From 2 to 4 o'clock the program offered classes' specific to the population of pregnant and parenting teens. For example, Manchester Memorial Hospital provided classes in CPR, child safety, immunizations and child care. Manchester Savings Bank provided finance classes to teach basic financing, such as managing a check book. Students received career guidance from social workers who assisted with information about colleges and helped students to prepare a portfolio before graduation that would help them to continue on the path they had chosen. Students also participated in community service projects which included going into the Middle Schools and

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<sup>15</sup> [http://www.vrabe.org/Content/Academic\\_Programs.asp](http://www.vrabe.org/Content/Academic_Programs.asp)

talking about their experience. Each week the girls were part of a group counseling session with a licensed psychologist where they would work on personal non-school issues.

Once the child was born, the mother would then return to the regular school system. Day care services were provided in the high school. Within Rockville High School a chemistry lab was revamped and turned into a daycare. Equipment was donated by local churches. The program had to be run by licensed providers and so the local YMCA agreed to run the day care center. Each mom qualified for state funding to pay for child care as long as she was attending school. However, there were only ten slots available due to the space limitations and therefore, if a young woman failed to attend school regularly she lost her space in the day care. Once in the regular high school, students maintained the 9 am to 4 pm schedule and remained in the after school programs.

Mr. LaRosa believes that there were two things that made this program successful. The first thing that made it successful was the girls themselves with their willingness to participate in the program and their willingness to meet with the Board of Directors so they would become more than just a name. Second was the willingness of the Board of Directors to take a chance on a group of kids that no one else wanted.

Mr. LaRosa clearly had compassion for these young women in their situation. "I wanted for them what I wanted for my own kids." He demonstrated his compassion with a story. One of the top students from a local catholic high school was referred to the program. She entered the program as a senior in high school. Upon nearing graduation the young woman wanted a diploma from her own school and had met the requirements needed by that school to get her diploma. However, due to her pregnancy the school refused saying that the young woman's behavior was immoral. The young woman brought the issue to the counseling group and they decided that she would go to the catholic school and tell them that if she did not get the diploma she would name the father of her baby and he would not get a diploma either." The group told Mr. LaRosa their plan and he decided to call the school himself. He spoke to the head Sister at the school and let her know that the student planned to come to the school that afternoon and what was going to happen. The Sister still refused to give the young woman a diploma. Mr. LaRosa offered to give her the diploma himself if they would send it to him; however, he was still refused. Mr. LaRosa smiled and chuckled as he told me that a few hours later he received a phone call from the Sister stating that she would indeed give the young woman a diploma. One can only guess what happened that afternoon to persuade the Sister to agree.

Mr. LaRosa went above and beyond to develop and implement this program. He saw the need and he felt for these young women, so he did something about it. The biggest challenges to starting this program were the educators and community members due to their disapproval of teen pregnancy.

The program appears to have since changed. Mr. LaRosa believes this is due to the availability of technology. Students can now take online courses through the public schools and stay at home while getting their diploma.

A review of the Vernon Regional Adult Education program does not at this time mention the program that Mr. LaRosa put into place.

## Changing Times

Things are different now than they were in the 1970s and 80s when Mr. LaRosa implemented the program at Rockville High School. Under federal laws like Title IX, pregnant and parenting students are protected from discrimination at any public school, or at any school that receives government funding such as many colleges, universities, and private schools. Students can no longer be asked to leave school due to pregnancy.<sup>16</sup>

While the law protects pregnant and parenting students from being asked to leave a school it does not make it easy to attend school. The law unfortunately has not changed how society views teen pregnancy.

Psychotherapist, Shadia Duske, M.A., NCC states, “In our country, teenage pregnancy is still considered taboo. There is an enormous amount of social discrimination and stigma attached to the image of a pregnant teenager. The dilemma is that even though teen pregnancy is seen as unacceptable, there are many factors inherent in our society that stand in the way of preventing it from happening in the first place. Society wants to judge pregnant teens so that society doesn't have to look at its own contributions to this social problem. Rather than providing comprehensive sex education programs, many parts of our country are still teaching "abstinence only" curricula. How can we teach our teenagers that abstinence is the only way when they are constantly bombarded by messages in the media that encourage premarital sex? In addition to the messages they are receiving by the media, they are also experiencing hormone changes and strong physical and emotional desires. Why aren't we teaching them about what is happening to their bodies and talking about sex in a more realistic way? Is it surprising that our country holds the highest teen pregnancy rate when compared to other developed countries where teenagers are being taught about birth control options? Pregnant teenagers in our society often end up experiencing isolation, feelings of guilt and shame, depression, anxiety, low self-esteem, and limited educational and job opportunities.

While there are programs available they have limited space, limited funding and are not available in every community. For those communities without such supports something else must be done. This is where compassion becomes an important element.

## What Can Be Done

I believe we must start by teaching compassion to a society that is often judgmental. To teach compassion we must talk about compassion. We must talk about our experiences with compassion and we must model a spirit of compassion. Compassion can be taught to even the very young. As a society we should begin to teach compassion in the schools. Professors, teachers, school administrators, faculty, staff and parents should be modeling compassion to their children. Medical students, law students, education students, business students, and all other students should be required to take a class on compassion and compassion development with an emphasis on the clients they serve. The greater our compassion as a society becomes the more our societal problems will decrease.

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<sup>16</sup> <http://www.cde.ca.gov/ls/cg/pp/titlenine.asp>

It is my belief, that along with speaking to others about our experiences with compassion we must as a society become more compassionate towards one another. This includes not only having compassion for others that are “like us” but also towards those that are considered the degenerates in society, such as the alcoholic, the drug addict, the criminal, and the pregnant and parenting teenager.

In 1882, four year old Florence Crittenton, daughter of pharmacist Charles Crittenton died of scarlet fever. Devastated by her death Mr. Crittenton began attending prayers meetings. At one of these meetings he met evangelist, Smith Allen. Shortly after their meeting Crittenton began going with Allen on missionary tours in the red light district of New York City. Crittenton befriended two young prostitutes. These young girls were so moved by his story that they expressed a desire to change their lives. However, in the process of helping them, Crittenton discovered there were no alternatives to life on the streets for these young women. On April 19, 1883 Crittenton opened the first Florence Crittenton home in New York City. He called it the Florence Night Mission to serve “lost and fallen women and wayward girls”. This label referenced the former prostitutes that the New York home first served, but it also reflected a widespread stigma surrounding any childbirth outside of traditional marriages at that time.

In 1893, Crittenton was joined by Dr. Kate Waller Barrett a doctor and mother of six. Dr. Barrett became the driving force behind the establishment and expansion of the Crittenton movement. In 1895, the National Florence Crittenton Mission was incorporated with Charles Crittenton as President and Dr. Barrett as Vice President and General Superintendent. The organization was supported solely by Crittenton (Kunzel, 1993).

The [National Florence Crittenton Mission](#) is still in existence today with programs throughout the United States and overseas. The mission helps the girls to complete their education, provides career counseling, parenting support and an early learning center for children of attending students. They also have a Family Engagement Center to help educate young fathers in parental responsibility.

This program was made possible because Charles Crittenton developed compassion for those women that society considered to be outcasts. He demonstrated a strong compassion that each member in society should strive to emulate.

Schools need to be teaching students at a very young age about compassion hero’s such as Charles Crittenton, the Dalai Lama, Mother Theresa, Mimi Silbert, Florence Nightingale, and Martin Luther King, to name a few. Furthermore, each individual should be encouraged to look for a compassion warrior within his or her own community. In his paper, *Becoming a Warrior for Compassion*, Dr. Hoisington states, “The term warrior guide refers to the need for strong compassion. Once the

guide decides to begin this journey with the seeker it is almost certain that the guide will face not just the need for gentle and soothing compassion but also the need for strong compassion. It is a journey where the causes of suffering, whatever they may be, are met face-to-face. They are brought into conscious awareness and then within the proper attitude of presence they are held up to

the sacred nature of well-being. Sometimes this is done like a soft gentle breeze, and sometimes it is done like a bolt of lightning from the hand of a strong warrior without intent of harm and only with the intent of moving toward well-being<sup>17</sup>” (2010).

To learn compassion we must find compassion warriors in our communities and become apprentices to them. With the right guide, our compassion can develop beyond anything we might be able to comprehend. The warrior and the one seeking compassion will walk together through the [compassion space](#) and the lives of both will be changed.

As part of teaching compassion, students and those seeking to be more compassionate should be required to volunteer in a homeless shelter, a soup kitchen, an animal shelter, a nursing home, a jail, or a hospital. This will help the student to put what he and she are learning into practice.

Furthermore, politicians at every level need to be required to complete in-service trainings on compassion and local and state governments need to be encouraged to start programs such as the National Florence Crittenton Mission in their states. If our own government begins to set an example of compassion towards pregnant and parenting teens our communities will follow suite.

Business owners and managers in all professions need to require continued education for all of their employees to include education on compassion. I believe that businessmen will find that their businesses are more productive if their employees are compassionate towards one another and towards the customers that they serve.

Each individual in society needs to develop their own compassion and then model that compassion to others. Members of society need to become more tolerant of others differences. We need to become more accepting of others mistakes and more forgiving of others wrongdoing. Each of us needs to desire the well-being of others, both in our own community, in our country and throughout the world.

Alan Deutschman, one of America’s leading authors on change, says that “People can change the deep-rooted patterns of how they think, feel, and act.” In his book, [Change or Die: The Three Keys to Change at Work and in Life](#) (2007) Deutschman explains that deep-rooted beliefs must be identified and altered to support desired changes. As such, we must each do a lot of self-exploration and identify those beliefs that cause us to treat pregnant and parenting teenagers as outcasts of society.

According to Dr. David Hoisington, the first step to developing our compassion is to accept that it is possible to do so<sup>18</sup>. This can be difficult as we look at the world around us and see a lack of compassion. However, accepting the possibility means accepting that it is possible to develop our own compassion as this is what must happen before we can help another to

<sup>17</sup> [http://www.compassionspace.com/Papers\\_on\\_Basic\\_Compassion/Step%204%20Becoming%20a%20guide.pdf](http://www.compassionspace.com/Papers_on_Basic_Compassion/Step%204%20Becoming%20a%20guide.pdf)

<sup>18</sup> [http://www.compassionspace.com/Papers\\_on\\_Basic\\_Compassion/Developing%20Compassion%20first%20step.pdf](http://www.compassionspace.com/Papers_on_Basic_Compassion/Developing%20Compassion%20first%20step.pdf)

develop their compassion. After all, one cannot be a warrior guide unless they have first been a seeker. Dr. Hoisington states,

“Discovering the possibility of compassion development means that we are open to the idea that compassion can happen and also compassion can be developed in ourselves and in others. The first part of possibility is when we can say to ourselves “I am open to the possibility that compassion could happen here and now”. The second part of possibility is that you say to yourself “I believe it is possible for me to have more compassion and to have deeper and stronger compassion”. The third part of possibility is when we can say, “I believe there is a way I can follow that will help me to do this”<sup>19</sup>(2007).

The second step in the process of developing compassion is possibility awareness. “At each moment in life there is the possibility that compassion can occur – for ourselves and for others. At each moment there is the possibility that we can either demonstrate compassion or receive compassion. The first step in developing compassion was to accept the possibility that this could happen. The second step is simply to look for that possibility, to become aware of its existence in your life at each moment. Possibility awareness means having an acute awareness of the nature of compassion possibility at any moment in your life”<sup>20</sup>(2007).

The third step in developing compassion is the attitude of presence. Dr. Hoisington describes this as a connection with someone. “After decades of research on gifted healers and mystics, combined with my personal experience, it seems that there is some universal

characteristic that can be called presence. Presence is a relational experience that is often part of compassion. It can be thought of as charisma or spiritual light, or healing touch, great bedside manner, or intense peace, or “something just moved inside me when we met”, or even “I really felt a connection”. It is definitely something that is felt, experienced, by people that meet these heroic compassionate souls. It is also described when people describe (or write about) their meetings with these people. It is not just experienced by the other person. Presence is also experienced by the deeply compassionate person...The attitude of presence is to be considered the doorway to offering someone the compassion space”<sup>21</sup>(2007).

Each member of society must be educated about these steps in compassion development and we must each individually begin to move in a forward direction to develop our own compassion while encouraging others to do the same. In this way, compassion will become a

<sup>19</sup>[http://www.compassionspace.com/Papers\\_on\\_Basic\\_Compassion/Developing%20Compassion%20first%20step.pdf](http://www.compassionspace.com/Papers_on_Basic_Compassion/Developing%20Compassion%20first%20step.pdf)

<sup>20</sup>[http://www.compassionspace.com/Papers\\_on\\_Basic\\_Compassion/Developing%20Compassion%20first%20step.pdf](http://www.compassionspace.com/Papers_on_Basic_Compassion/Developing%20Compassion%20first%20step.pdf)

<sup>21</sup>[http://www.compassionspace.com/Papers\\_on\\_Basic\\_Compassion/The%20Attitude%20of%20Presence.pdf](http://www.compassionspace.com/Papers_on_Basic_Compassion/The%20Attitude%20of%20Presence.pdf)

natural way of life for everyone. Compassion will become a normal part of life. Judgment cannot exist in the presence of true compassion.

### Summary and Conclusion

Teenagers who are treated with compassion will learn to be more compassionate towards others and towards themselves. While sex education should continue to be taught in schools, compassion education should be taught as well. Teenagers who have compassion for themselves and others have higher self-esteems and self-confidence and are therefore less likely to be involved in risky behaviors such as unsafe sex.

Compassion is not only possible, but necessary if we are to change the state of our society. Compassion not only can be developed, but must be developed for the sake of each individual in society including the pregnant teens, the parenting teens, the children of these young women and the fathers of these children. In a compassionate society there will be less teen pregnancy, fewer single mothers, fewer children in foster care and fewer cases of child abuse. These things would not exist in the presence of a true strong compassion. When one has strong compassion one thinks not of themselves but of others and of doing for others. Therefore, the typical problem of teen self-absorption would be non-existent because all members of society, including young adults would be consistently thinking of and doing for others and not just for themselves.

Until we reach such a point in society however, programs such as Compassion House and Florence Crittenton services need to be opened in each community. These programs have a proven track record for ending the cycle of teen pregnancy, of providing young women with the tools they need to move forward in their lives, and of teaching compassion through role-modeling to very deserving young women.

Everyone makes mistakes. Teenagers are no exception; however, they should not be outcasts in society due to their mistakes. Such mistakes should become opportunities for learning, but someone must be willing to step into the role of the teacher, the guide. Members of each community must step-up and develop their own compassion so that they may become role-models and guides for the younger members of society. They must learn to hold the compassion space<sup>22</sup> for others and in turn teach others to hold the compassion space.

Entering into a place of compassion changes one's perceptions, ideas and attitudes about life. Such changes must take place if we are to change our world. I envision a society that is peaceful and cohesive, with equal rights and equal opportunities, built on the basis of kindness and compassion for all.

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<sup>22</sup> [http://www.compassionspace.com/Brief\\_Description\\_of\\_the\\_Compas.html](http://www.compassionspace.com/Brief_Description_of_the_Compas.html)

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## APPENDIX A

### **Consent for Participation in Interview Research**

I volunteer to participate in research on the current social views regarding teen pregnancy versus the compassionate treatment of pregnant teens conducted by Karis Williams of the College of St. Joseph in Rutland, Vermont. I understand that the information I provide may be used in a research paper which may be published on [www. Compassionspace.com](http://www.Compassionspace.com).

1. My participation in this project is voluntary. I understand that I will not be paid for my participation. I may withdraw and discontinue participation at any time up to the point of publication without penalty.
2. I understand that if at any time I feel uncomfortable in any way I have the right to decline to answer any or all question.
3. Participation involves answering questions via email, the amount of time it takes to complete the interview depends solely on the amount of information I wish to include.
- 4a. I agree to the use of my name in the final research report for the purpose of quoting me (Initials \_JBV\_). I will be given complete recognition in the final research paper.
- 4b. I do not wish my name to be used in the final research report (Initial\_\_\_\_\_). A pseudonym may be used.
5. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and my signature (typed or written) ensures that I voluntarily agree to participate in this study.
6. I have kept a copy of this consent form for my own records.

Jennifer B. Voth \_\_\_\_\_ February 23, 2011 \_\_\_\_\_  
My Signature Date

For further information, please contact:  
Karis A. Williams [Karisbsw@yahoo.com](mailto:Karisbsw@yahoo.com)

## APPENDIX B

### **Consent for Participation in Interview Research**

I volunteer to participate in research on the current social views regarding teen pregnancy versus the compassionate treatment of pregnant teens conducted by Karis Williams of the College of St. Joseph in Rutland, Vermont. I understand that the information I provide may be used in a research paper which may be published on [www. Compassionspace.com](http://www.Compassionspace.com).

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- 4b. I do not wish my name to be used in the final research report (Initial\_\_\_\_\_). A pseudonym may be used.
5. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and my signature (typed or written) ensures that I voluntarily agree to participate in this study.
6. I have kept a copy of this consent form for my own records.

*Alandi Disher*

\_\_\_\_\_  
My Signature

02-23-11  
\_\_\_\_\_  
Date

Shadia Duske, MA, NCC  
\_\_\_\_\_  
My Printed Name

For further information, please contact:  
Karis A. Williams [Karisbsw@yahoo.com](mailto:Karisbsw@yahoo.com)