

Chapter 5

Street Children in Latin America

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Abstract

Street Children in Latin America examines the phenomenon of street-connected youth in Latin American countries, in particular, associations with mental illness and substance abuse. Children may be street-connected for many reasons, including being homeless. However, many street children do have family homes to return to, and their unsupervised presence in the urban environment is a consequence of their need to work. Nevertheless, exposure to traumatic events is extremely common among street children, some of which is due to family dysfunction, but also to the vulnerability associated with living or spending long periods in the urban environment. Evidence is limited, but street children in Latin American countries appear to be at high risk of developing posttraumatic stress disorder, depression and anxiety disorders. Substance abuse is also a considerable problem, further challenging the mental health of street-connect youth. For geographical reasons, cocaine use is particularly associated with street children in Latin America. Inhalant abuse is also problematic, but as with other substances, this may be more associated with homeless street children as compared to domiciled and working children. Overall, street children in Latin America face a great number of challenges and risks to their mental health, most of which are consequences of the various correlates of extreme poverty, including lack of available mental health care, vulnerability to abuse, and family dysfunction.

Keywords: street child; street connectedness; childhood poverty; youth homelessness; Latin America; posttraumatic stress; childhood trauma; PTSD; mental illness; substance abuse

Introduction

In many cities around the world, particularly those with lower economic development, children can be observed seemingly unsupervised in the urban environment. They are sometimes working, for example, shining shoes or selling newspapers, or they may be involved in petty crime, street gangs, or sex work, amongst many other contexts. The heterogeneity of the population is such that all that links them is their youth, their presence in urban environments, unsupervised by adults, and the context of poverty (1). They are frequently referred to as ‘street children’ in English, or several related terms such as ‘street-connected youth’. The term ‘street children’ clearly encompasses young people in an extensive range of life contexts and unfairly lumps children working hard to help their families together with petty criminals and street gangs. Nevertheless, a street child is the commonly understood expression used by researchers and NGO workers alike (2).

Considering the heterogeneity within the concept of ‘street children’, a further distinction is useful. Some street children are described as being *of-the-street*, i.e., those who are living independently in the urban environment with little contact with families and support services. Such children are homeless, and in fact, may be roofless, e.g., rough sleeping in public places. The homeless of-the-street children can be contrasted with children *in-the-street*, being those who spend much time unsupervised in the urban environment, but do have family-based or other adult-supervised places to return to. Many working children in Latin American cities fall into this latter category. There appear to be far more in-the-street children than of-the-street children in Latin American countries (3).

Due to the extreme informality of street children’s lives, and their preponderance in countries with limited census and social welfare services, estimates of the numbers of street children have tended to be mere guesswork. A figure of 100 million globally for the prevalence of street children (broadly defined), and growing, is sometimes given. However,

this is acknowledged as being so unreliable as to be described as a myth by the Consortium for Street Children (4). More recently, a regression-based approach based on reliable studies from select countries has estimated the worldwide prevalence of children of-the-street (e.g., literally homeless) aged 10-14. This estimated that there are between 10 and 15 million globally (5), with a significant number of these in Latin American countries. This is probably the most reliable estimate of the overall prevalence, but only estimates the most severe form of youth street-connectedness, and only within a relatively narrow age range.

Poverty, family dysfunction, and abuse

At a gross socio-geographical level, street children are mainly associated with what is sometimes referred to as the Global South, meaning low and middle-income countries in Asia, Africa, the Caribbean, and Latin America. The factors contributing to street involvement of youth in these countries are similar to those in developed countries, where they would commonly be referred to as runaway or homeless youth. Although multifactorial, the most important factors appear to be poverty, family discord, and abuse, suggesting that whether in developed or developing countries, children use street connectedness to escape unfavourable domestic conditions (6). Nevertheless, there are some differences between the phenomena of non-domiciled youth in developing and developed countries. In the latter, runaway or homeless youth tend to be older, to be a balance of boys and girls, and are more likely to come from non-poverty backgrounds. In comparison, children in the street in developing countries (7) are usually younger children, boys, and from extreme-poverty backgrounds (8). Nevertheless, escaping from family discord appears to be a common feature to both.

Indeed, there is ample evidence that street-connected youth in developing countries suffer high levels of mental illness, substance dependence, and are vulnerable in general to

victimization (8). It is tempting to blame the street context for the high levels of psychopathology, and although that is almost certainly part of the picture, the socioeconomic background is also of great relevance. Research conducted with street-connected youth in several areas of Brazil (mean age 14.2) suggested that physical abuse, poverty, and family dysfunction are closely linked (9). Indeed, psychiatric assessments of 351 street-connected youth (mean age 12.5) in Sao Paulo, Brazil, most of whom were living in supervised group homes, found that virtually all had been neglected by their parents. In contrast, about 58% had experienced early physical or sexual abuse (10). Another study of 260 male and 15 female homeless street children in Ecuador (mean age 13.7), found that all of the females and 29% of the males had left home to avoid sexual abuse, with an additional 30% of the males citing physical abuse as the reason for leaving (11). Mental health was not measured in the Ecuadorian sample, but almost all of the children were daily users of inhalant, marijuana, and cocaine-based products, indicating significant psychological problems. In the Sao Paulo sample, 89% were diagnosed with psychiatric disorders.

Abuse seems to also be relevant for domiciled street children living with their families. Another large study in Sao Paulo, this time of 126 street-working children (mean age 10.5), compared them to non-working siblings. As expected, scores on scales measuring psychopathology were high in the street workers. However, so were levels of reported childhood traumas, including sexual and physical abuse. When parental abuse was taken into account statistically, being a street worker was unrelated to levels of psychopathology (12). This suggests that for many street-working children, dysfunctional family conditions are more psychologically toxic than the street connectedness. Further analysis from the same sample reported that there were very few differences between exposure to urban violence between the working children and the non-working children, but that the working children were more maltreated at home compared to their non-working siblings (13). Over the longer

term, childhood exposure to physical and sexual abuse is linked to adult homelessness and maladaptive psychosocial traits (14). Therefore, this can hinder attempts to escape street connectedness.

Indeed, it is likely that many children in Latin America who move fully into street-living, i.e., homelessness, progress from being children in-the-street, e.g., street workers (8), and do so to avoid poverty, abuse, and violence in their homes, families or neighbourhoods. Ethnographic work with street children in Rio de Janeiro, Brazil, supports this, with children describing a gradual process in which they would spend time in the street situation, but return home at night. This allowed them to adapt to the street situation step by step before spending most of their time effectively homeless in the streets. In most cases, there was no individual crisis in which they became 'runaways' (15).

Nevertheless, the progression to street connectedness necessarily exposes children to victimization in other forms. In general, attitudes to street children among the public are unsympathetic and often hostile and stigmatizing (2). Further, state violence against street children is well recognised. In one notorious case, armed men opened fire on a group of 50 street children sleeping rough in front of the Candelaria in Rio de Janeiro, Brazil. Many were injured, and three died instantly, while three others were abducted and driven away to be shot elsewhere. The gunmen were later discovered to be military policemen (16). Such extreme cases are rare, but harassment and violence against street children by police officers are frequently reported in several Latin American countries (17). A study of 124 of-the-street youths (mean age 14.4) in La Paz, Bolivia, found that 21% reported assaults by police officers, including some sexual assaults, and almost all reported generally tricky relationships with the police, involving derogatory statements, assaults and financial extortion (18). However, it should also be noted that security forces are by no means the only perpetrators of assaults on street-connected youth. In the La Paz study, 36% of the children also reported

being assaulted by other street children. In general terms, those children living in the streets are vulnerable to abuse and assault from many different sources, including vigilantes, older gang members, and sex-trade clients.

In addition, working in the urban environment, unsupervised by adults, is a form of street connectedness that exposes children to abuse. A large study of 584 children (mean age 11.9) working in four Latin American cities (Bogota, Lima, Quito, and Sao Paulo) reported on the patterns of work and risks. A majority of the children were selling items in the streets, helping to park vehicles, or begging, and worked an average of 39 hours per week. Two-thirds were attending school in addition to their jobs. A quarter of the sample reported being physically or mentally abused while working (defined as being beaten, stabbed, choked, humiliated) (3). About 40% had suffered an injury while working (defined as cuts, burns, traffic accidents etc.) severe enough to prevent them from continuing to work for the day (19).

Posttraumatic stress

Given the high levels of exposure to potentially traumatic events amongst Latin American street children, it should not be surprising that high levels of posttraumatic stress have also been reported. In an institute-based sample of street children in Mexico City (mean age 14.9), about 50% were considered to have at least moderate levels of posttraumatic stress and exposure to traumatic events (20). Similarly, an institution-based sample of former street children (mean age 13.5) in Quito, Ecuador, found a prevalence of probable posttraumatic stress disorder of 60% (21). These prevalence estimates are much higher than generally found in homeless adolescents in developed countries (22).

Nevertheless, one other study in Latin America has reported lower levels of PTSD in a street child sample. This study of children of-the-street (mean age 13.9) in Port-au-Prince,

Haiti, reported a prevalence of 15% for probable posttraumatic stress disorder, in association with high levels of psychometrically measured resilience (23). This is a relatively low level considering that all the children reported significant traumatic experiences, including the Haitian earthquake of 2010, and the levels of posttraumatic stress disorder were said to be lower than in non-street-connected Haitian children (24).

The differences in prevalence estimations between Mexico, Ecuador, and Haiti, are likely partly due to the different measurement methods used. However, the resilience suggested in the Haitian research may also be a contributing factor. The samples in Mexico and Ecuador, which revealed high prevalence, were of institution-based street children. It is possible that the most resilient children remain on the street and do not seek out assistance from charitable services. In support of this, there is a significantly lower prevalence of posttraumatic stress disorder in Haitian youths who are living in the streets because of extreme poverty (often born to parents who were themselves homeless), compared to similar youths living in the streets because of family breakdown, or from having left domestic service. (24). Unfortunately, there are no other studies from Latin America on posttraumatic stress in street-connected youth. However, studies from other parts of the world do tend to suggest high levels of posttraumatic stress disorder in street children (25, 26). A study in Burundi (Africa) revealed that current street children had significantly higher severity scores for posttraumatic stress disorder than children who had lived in families but now resided in a care centre for vulnerable youth. Former street children displayed intermediate levels, and children living with their families had the lowest levels of severity (26). This suggests that youth street connectedness is indeed a risk factor of posttraumatic stress disorder. Interestingly, in the same study, it was suggested that appetitive aggression (i.e., an interest in and pleasure from violence) by street-connected and other at-risk youth may have protective effects for the development of mental illness and may even be seen as a resilience strategy.

This is equivalent to suggestions that involvement in extreme violence by soldiers ‘inoculates’ them against the development of trauma-related psychopathology (27).

Cognitive development and cognitive reserve

In contrast, street-connected youth may be at a relatively increased risk of the development of posttraumatic stress due to cognitive factors. Many street children have limited access to education, and in combination with other challenges to their psychological and neurological development, tend to develop poor cognitive skills, in comparison to more privileged children. A review of this phenomenon reported a relatively consistent pattern of low intelligence test performance in street child samples, equivalent to performing about one standard deviation below normative data (28). This may increase the risk for posttraumatic stress among street children as a low cognitive function is consistently found to be a pre-trauma risk factor for the development of posttraumatic stress (29). However, it should also be noted that research in Ecuador and Bolivia suggests that although street children score below the levels of non-street children, the critical factor appears to be poverty in general, not homelessness *per se* (30, 31).

Nevertheless, the low cognitive ability probably provides less cognitive reserve, which, in addition to being a risk factor for posttraumatic stress, is also a risk for the development of depression in adolescents (32). To this, we can add high levels of childhood traumas experienced by street-connected youth that contribute to the development of multiple psychiatric disorders through increasing externalising and internalising behaviours (33). These factors may put street-connected youth at enhanced risk of developing mental disorders. Indeed, high levels of psychopathology, including hopelessness, depression, self-harm and suicide, have been described in street children samples from around the world (8).

Affective disorders

Despite this, the evidence for psychopathology among populations of street children in Latin American has been somewhat equivocal until recently. Although medically-orientated reports have implied poor mental health of street-connected youth, few have used established assessment tools. Further, ethnographic-orientated research has tended to emphasise the strength and resilience of street children, rather than illnesses, suggesting surprisingly good psychological health. Notable in this respect, in the Latin American context, has been highly influential work published by Lewis Apter on his research with Colombian street children. He described 56 of-the-street children in the city of Cali (mean age 11.6), reporting that they were surprisingly emotionally healthy (34). However, the projective tests used to decide this, Human Figure Drawing to derive a measure of emotional functioning, and the Bender-Gestalt to obtain measures of ego strength are of dubious validity (35). This may be why Apter failed to detect mental illness in his sample. The few studies using accepted psychiatric assessments have tended to show the opposite, significant levels of affective and other disorders in Latin American street children.

A previously mentioned study of 351 street-connected youth in Sao Paulo, Brazil, included psychiatrist administered assessments for ICD-10 behavioural and mental disorders. The children and adolescents were all referred from group homes or the courts to a day centre that also provided psychiatric outreach. Of all the referrals, 89% were positive for at least one psychiatric disorder, including 35% positive for mood disorders, 16% positive for Attention Deficit Hyperactivity Disorder (ADHD), and 9% positive for anxiety disorders (10). A large sample of street-working youths (mean age 10.5), also previously mentioned, in Sao Paulo, Brazil, was screened with the Strengths and Difficulties Questionnaire, and those who scored positive (at a low threshold) were assessed with the Schedule for Affective Disorders and Schizophrenia for School-age Children, which is designed to identify probable

psychopathology according to DSM-III-R and the DSM-IV criteria. Using this procedure, it was estimated that around 31% of the overall sample were positive for at least one DSM psychiatric disorder (12).

Depression and anxiety were also measured in the sample described previously in Haiti. In that research, validated self-report scales of affective disorder were used: The Child Depression Inventory (based on the Beck Depression Inventory) and the Beck Anxiety Inventory. Overall, using standard cut-off scores for psychopathology, 13% of the street children were positive for anxiety, and 30% were positive for depression (24). These are seemingly high-prevalence figures, although the authors downplay them, suggesting that they may be lower than in youth in general in Haiti, considering the research was conducted four years after the 2010 earthquake, which devastated the country.

Overall, there is minimal reliable data on the mental health status of street-connected youths in Latin American countries. But what does exist, suggests high levels of diagnosable psychiatric disorders, in particular, posttraumatic stress disorder, depression, and anxiety.

Substance abuse

Another important feature of the mental health of street-connected youth is substance abuse. A globally-focused systematic review of substance abuse by street children reported generally high levels, with the most common substances being tobacco, inhalants, alcohol and marijuana (8). The pathways to substance abuse by street-connected youth are complex, but research from Brazil mainly associates history of sexual abuse with increased risk (9).

Within Latin American countries, cocaine-based substances are also frequently associated with street-connected youth (11, 36, 37), probably more so than in other parts of the world. This reflects easy availability and lower purchase costs due to widespread cocaine production in several Latin American countries. A study of 310 street-connected youth in Sao

Paulo, Brazil, recently estimated that, after tobacco, crack cocaine was the most frequently abused substance (38). It was used by about 44% of their sample. In some cases, street children may become involved with cocaine use by working in the actual production of the drug (11).

However, inhalant use is also prevalent, and it is considered to be at epidemic levels in low and middle-income countries (8), including those in Latin America. The use of inhalants and glue-sniffing is particularly attractive to street-connected youth due to the ready accessibility and low cost. A study of substance use patterns among in-the-street children (mean age 14.4) in La Paz, Bolivia, reported that 40% were glue-sniffing, and the majority had been doing so for several years. Even more of the children reported the abuse of paint thinner as an inhalant, with 88% reporting its use, again the majority had been using it over several years (18). A study in Tegucigalpa, Honduras, reported similarly high levels of glue sniffing. In that study, the prevalence of glue-sniffing was 53% in of-the-street children (mean age 13.1), but was very low (<1%) in a sample of in-the-street working children (mean age 9.9) (39).

It is likely that substance abuse is most consistently associated with children in the direst socioeconomic situations, those who are literally homeless, i.e., of-the-street, and less frequently associated with in-the-street children such as street workers. A study in Ecuador with of-the-street children (mean age 13.7) who lacked almost any adult supervision reported a rate of solvent abuse at 98% (11). A different study in Ecuador of former street children (mean age 13.5), mainly former street-workers, reported that only 19% reported ever having tried glue sniffing (21). Nevertheless, this is still a high figure considering their ages. In comparison, rates of solvent abuse among Ecuadorian secondary school children are generally quite low, with rates for past-year usage of comparable age groups being less than

3% (40). In fact, in general, across Latin America, the rates of solvent abuse in school children are considerably lower than those observed in street-connected youths (40).

Sniffing glue and other inhalants likely has an element of self-medication, given the high rates of trauma and mental illness associated with street connectedness in Latin American youth. However, it is has been proposed that solvent and glue abuse has other functions, such as providing activities to aid cohesion within peer groups, as well as providing a way to fend off hunger and make users feel less vulnerable, which may make it easier to deal with conflict or criminal encounters (41). Hence, in some cases, substance abuse can be seen as a response to the extreme-poverty situation faced by street-connected youth.

Access to mental health care

Street children in Latin America clearly have complex mental health needs, often in fact potentially dual diagnoses involving both mental health and substance abuse issues. Unfortunately, they are often the least likely to receive the care they need. This is partly due to their informal lives, often unknown to public health agencies and charitable services, and without the means to pay for private medical care. It is worth noting here the inverse care law proposed by Tudor Hart in 1971, which proposes that the availability of health services varies inversely with the needs of the populations served (42). Street children are a particularly potent example, with very high demands, but very little access. The inverse care law is a general feature of health care provision, and according to the proposer, is exacerbated by market-driven medical services; such systems are the predominant health care models in Latin American countries (43). Due to the wide wealth gap in most Latin American countries, the extremely poor, including street children, often find health care inaccessible.

Conclusions

In summary, street children in Latin America, like those in other parts of the world, are a very diverse group of youths. Common themes concerning their mental health are high exposure to potentially traumatic events, including sexual and physical abuse, and related to this, high levels of posttraumatic stress disorder. In addition, levels of other disorders, particularly depression and substance abuse, are observed. However, it should also be recognised that due to the huge variety of life contexts, most generalizations about the problems of ‘street children’ should be avoided. Some street-connected youths in Latin American countries are involved with gang activity, crime, substance abuse. On the other hand, many are not, and are defined as street children mainly because of their need to work at a young age, as a consequence of their families’ low socioeconomic status. As young people in the urban environment, the only thing that links the various ‘street children’ is extreme poverty, which can be seen as the fundamental source of the high rates of observed psychopathology.

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