

THEORY AND PRACTICE

# The sexual and mental health problems of street children: a transcultural preventative approach in counselling psychology

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**ABSTRACT** *Sexual and mental health problems are on the increase world-wide especially among street children. A high proportion of vulnerable children who live in the street suffer exploitation, poor quality of life that often lead to sexual and mental health problems. Evidence is needed on the theoretical perspectives taken to address the existing gaps in counselling psychology research and practice on the plight of street children. It is also important to identify interventions that could be implemented to prevent the expansion of sexual and mental health problems among street children. Because of paucity of evidence in counselling psychology, an attempt has been made to highlight the risks factors associated with street children such as sexual exploitation, engaging in unsafe sex at an early age, promiscuity, unplanned pregnancy which tend to lead to mental health problems. Case studies are presented that illustrate the importance of a preventative transcultural approach in counselling psychology.*

## Introduction

The conceptualization of street children, sexual development and mental health are complex. Traditionally, the dominant theoretical perspectives seem to be related to medical risks such as delinquency, sexual and mental health problems that are often addressed on how they can be cured rather than how they can be prevented. According to Murray and Lopez in the Department of Health (1994) street children are defined as delinquent, as being concerned with significant risks of violence, self-harm and neglect. This has offered a skewed, one-sided view of street children, their health and development. A literature review indicates that supportive evidence is greatly needed to clarify many questions such as: who are street children? Do they live in the street? Do they go to

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school? Do they work in the street? What types of problems they encounter? What are the proposed measures to take to prevent such problems?

An attempt has been made in this paper to: (1) evaluate theoretical perspectives on street children, their major problems, and (2) identify preventative interventions that could be implemented to empower street children. In reviewing relevant papers, the key concepts associated with street children are sexual and mental health problems. Examples on case studies (anonymous names) are provided from real life stories to illustrate the clarification of key concepts used and the importance of a preventative transcultural approach in counselling psychology.

### **Street children**

'Street children' is an elusive concept that is not well documented in the literature. It still appears as a hidden problem covered under broad terms, given explanations such as delinquents, dropouts and truants. There are projects around the world by non-governmental organizations (NGOs) calling street children runaways. Cullinford (1999) classifies runaways into four categories: runaways who want to assert their rights but often return home; runaways as manipulators who live in the streets for a while but return home; runaways as retreatists who come from families where there is an unbearable conflict and the only rescue is the street; endangered runaways who leave home because of abuse or torture.

The retreatists and endangered are the runaways who are defined as 'street children' because they live in the street. Duncan *et al.* (1994) explain that these children often use drugs and alcohol, and resort to homicide, robbery, rape and abuse in order to survive the street. Girls are often involved in prostitution and drug dealing. Rocha (1995) explains that street children engage in acts to support themselves. They confirm when in their mother's womb because they come from poor families that sold them before birth. Promises are made to sell them when they are developing as foetuses, especially in countries where contraceptives are scarce and mothers are subject to illiteracy, unemployment and poverty (Matamala, 1993). Babies are sold, stolen left in the streets in countries where contraceptives are illegal and reproductive self-determination prohibited (Matamala, 1993; Geasler *et al.*, 1995).

Harsh living conditions and illiteracy seem to increase parents' irresponsibility to care for children sexual health and development. Matamala (1993) reports that in many countries, 260 infants die in the first year of life for every 1000 that are born alive. A great epidemic of infant malnutrition, sickness and death are spreading in 'poor countries' leading many children to escape to the street because there is not enough food at home (UNICEF, 1992). Yamamoto (1997) also specifies that poverty may have untoward consequences on street children as they get involved in substance abuse and violence. Street children seem to run away from home because they are unhappy or abused at home. The street seems a better alternative but most often children are vulnerable and suffer from sexual and mental health problems. Foy *et al.* (1996) specify that 50%–100% of sexually exploited children have internalizing mental health problems such as fears, anxiety and excessive distress. The behavioural manifestations of being in the street seem

to have symptoms such as phobias, eating disorders and truancy that often lead to problems in adulthood.

### **Sexual and mental health problems**

Sexual problems are defined as engaging in risky sex without consent, which often is done through coercion and manipulation (Fisher, 1986). Research findings show that street children are exposed to sexual problems that often lead to drug addiction, depression and suicide when growing up in depleted neighbourhoods, poor homes with no family stability and scarce educational opportunities (McLyod, 1996). One of the most striking aspects to sexual risks in childhood is related to unplanned, unsafe sex that might lead to unwanted pregnancy, sexual abuse, rape, child prostitution, promiscuity and serial sexual exploitation. Street children come from many different cultural backgrounds, for some sexual problems are a taboo, enforced by subordination to conforming rules and norms that are silently laid down by socio-cultural demands with no clarification.

Figures released by the British Medical Association revealed that sexually transmitted infections (STI) increased by 2000 (Oser and Ayankoya, 2000). Street children are often left at the hands of external powers in the street that exploit their lives such as pushing them to sell drugs or engage in prostitution. There are conflicting views worldwide in the review of literature on sexual problems. They often referred to as birth control, menarche, pregnancy, reproduction, and miscarriage contraceptives, monitoring periods, sexual hygiene. At other times, they are associated with abortion, rape, sexual abuse, venereal diseases or prostitution (Seaman, 1980). On the Indian subcontinent, Sathyamala *et al.* (1986) clarify that sexual problems are related to the performance of reproductive functions (Ostrow, 1990). Street children's sexual problems are affected by the cultural norms in society. Ehrenreich and English (1973) note that some cultural systems seem to use their power to control and exploit, rather than inform young people about their health and sexuality. This has left many street children feeling vulnerable and powerless not knowing how to manage their sexuality and health.

Mau (1992) gives the interesting explanation that sexual problems are linked to dimensions related to alienation. These are explained as powerlessness, social estrangement and meaninglessness. Street children often feel powerless when they are sexually exploited and abused in the streets. Some of them feel unable to change their situation. Ostrow (1990) explains that HIV infections affect many street children. Many suffer because of the lack of access to clinical and counselling services that are not easily provided for street children. Usually they are arranged into specialities in many countries for elderly, adults and the disabled. Most of these services directly or indirectly are affected by children's problems. Rouf (1997) explains that children's health is the least important in service provision which often leads to a tragedy. Research has shown that street children are vulnerable, sensitive and in need of adequate support. Leifer (1977) stresses the importance of counselling especially when children at the prime of growth spurt when pregnancies are unplanned. Access to transcultural approaches in counselling services for street children need to be implemented.

### **A preventative transcultural approach**

Since the existing cultural diversity of street children populations as well the culture-specific problems related to sexual and mental health problems, a preventative transcultural approach is proposed. Oser and Ayankoya (2000) explain that it is crucial to implement system prevention, service support designed to enhance development and empowerment for street children. In the same vein, Alladin (2002) explains that counselling transculturally is viewing clients with an understanding of different ways of being, for example communication, world views, different patterns of self disclosure that are relevant to their cultural backgrounds.

By focusing on preventative transcultural approaches, it is possible to take street children's concerns to the public policy level. According to Snowdon and Cheung (1990) a transcultural approach is essential with vulnerable populations, especially street children because of their cultural diversity, ethnically, linguistically and socially. Because of the importance of the transcultural approach on accessibility to clients, mother tongue, and increase in minority communities where street children are helped. Clients' cultural background such as their values and traditions need to be taken in consideration to reduce psychological distress and the importance of this has been highlighted by Guernina (2002).

An illustration of some of the above issues are shown in the following case studies by indicating the importance of transcultural prevention approach.

#### *Case study: N*

N is a 16-year-old Italian–British, who left her family because of social pressures. She tried to live with her friends in London, did not have any money and started living in the street. She became pregnant and had twins. N did not want to have any children. She reported, 'I hate myself because of the rape, I am not prepared to have children, I never had any maternal instinct. Having twins inside me is tiring, dissatisfying and horrifying'. She had to leave her studies and reported that depression, anger and hate for her and others was indescribable. She gave the twins to the hospital because she felt incapable. N made a decision not to have children which was imposed on her when she was raped and was not given the choice to have an abortion, 'I desperately wanted an abortion but I was refused any talk about it, I was badly treated as if it were my own fault'.

Fear and anxiety seem to play an inevitable part in street children's sexual lives, who often feel ill-prepared and not trained to take on the responsibility of being a parent. Fisher (1986) stresses that parents will have a lot of growing up to do before adjusting to caring for a baby. If partners are not ready for parenthood, the experiences of being a parent affects their personality, self-concepts and the demands of life may alter their personality. Leifer (1977) explains that when pregnancy is planned, women are more likely to adjust to the pregnancy and worry about the foetus rather than their own health. Adolescent girls whose pregnancies are unplanned become shaky and develop mental health problems such as anxiety, depression and suspicion. As it is shown in R case, these mental health indices are aggravated by the lack of adequate services specialized in counselling street children.

*Case study: R*

R is a 17-year-old girl from Ireland who lived on the streets in London for 4 years. She was forced into getting involved in taking drugs, alcohol and then living with a drug addict who was 50 years older. She had a baby via Caesarean. She reported: 'I did not know what it means to have a child, I was scared and hated everything in my life. I lived in a cloud that was black, horrible and messy. I hated carrying the baby who gave me pains and aches every day because it felt like an incest pregnancy and the feeling of being forced to have intercourse with a man who is the age of my father. He was married three times before me and divorced all of them. I begged my parents to let me return home but they were afraid I might dishonour the family and dismissed me. This baby is a person, I think, but I do not know what to do with it. There is no food and hope the baby will die soon'.

Children living in the street are compelled to get pregnant against their will, which expose them to devastating mental health problems. According to Alexander (1984) 90% of adolescents who become parents do so involuntarily. Social influence, peer pressure, public morality, economic poverty seem the main norms in influencing female adolescent's unplanned pregnancies. Arcus (1986) stresses that inadequate knowledge of sexual health and economic hardship are the main factors in becoming pregnant, Fisher (1986) notes that children have little idea of what is required when they are in the street as it is shown in S case.

*Case study: S*

S, a 17-year-old Romanian refugee, suffered from clinical depression and left home when she was 15. 'I like my parents but I never forgave them for not giving me the necessary skills to cope with life and live on my own'. She found a room for rent with a landlady who was always drunk. Consequently, S got very lonely and unhappy and went to live on the street. She met Robert who seemed to have given her some confidence and filling the gap of loneliness. Although she did not love him, she did not seem to have any choice except staying with him. She said 'I had only two options, either being on the streets or live with Robert. I did not like either but I chose the latter'. S got pregnant even though she was taking the pill. A scan showed that she was pregnant and she decided to have an abortion. 'I tried all methods not to get pregnant, I hated sexual intercourse, myself and life in general. Going through an abortion is so humiliating and there is not psychological support. The clinics, especially the private ones, are after your money. Because I was suicidal after the abortion and there was no one to support me, I had to fill in the gap in my life by becoming pregnant again'.

The main identifying themes in the case studies presented relate to sexual exploitation and lack of informed choices and counselling. This raises a plethora of dilemmas for adequate health service provision for street children. The transcultural model is useful because it provides the psychological foundation to understanding the cultural background of street children and diversity of their values and beliefs. In the context of this paper, it is viewed that this approach is relevant because it tends to challenge medical assumptions and tends to focus on providing support that is adequate to the cultural background of individuals. At the core of the concept of transcultural preventative

approach is the concept of empowerment as defined by Wilson (1996). In his view in order to empower individuals, it is important to change them so they become a bridge to community connectedness and social change.

Street children come from different cultural backgrounds as shown in the case studies. The multiple fragmentation of the transitions made in their lives and lack of family appear to aggravate their mental health. The patterns of explanatory health beliefs by street children require counselling services with a preventative, transcultural approach. This might give more accurate meanings to the cultural rituals in the family background of street children. Transcultural family therapy has been more adequate in drawing on personal and cultural resources of the client (for example, Guernina, 2002). The transcultural approach seems appropriate as it does not focus on the intrapsychic and blame the individual but takes into consideration cultural upbringing, religious background, family norms and values, ethnicity and how these variables affect the person's health. Through the examination of case studies using a transcultural approach it might be possible to recommend the following strategies to use in counselling street children. It is important to clarify cultural dilemmas related to linguistic, cultural problem encountered by street children. MacCarthy (1988) explains that children from different cultures encounter different cultural values and unfamiliar symbolic systems such as attitudes towards seeking help. Transculturally based services would formulate services provision for street children that do match clients' cultural needs.

As a successful model to follow for street children, the Nafsiyat intercultural therapy model seems appropriate. Kareem and Littlewood (1992) stress the importance of cultural empathy in meeting client's cultural needs and the ability to respond cross-culturally.

## **Conclusion**

A wide variety of prevention programmes need to include appropriate knowledge about sexual development. In order to deal with ethical issues, it is important to take groups of children from different communities. The more education and counselling street children receive about sexual and mental health problems, the more able they are to adjust to transitional changes in their lives. The transcultural model is particularly useful because it focuses on the broader issues of street children that are rooted in the cultural system such as poverty, lack of opportunity to access education and health awareness.

The transcultural approach is to empower and strengthen street children to make them believe in their choices and decisions. Many street children are exposed to social and medical powers that devalue their health and expose them to feelings of alienation and inadequacy. Sexual and health needs need to be formulated in their sociocultural context. Adequate measures are needed world-wide to address access to making informed decisions for street children. Significant empirical work is needed to improve the different systems that care for street children, their sexuality, and their health in the light of current knowledge.

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