

THE CHANGIN DEVELOPMENTAL DYNAMICS OF CHILDREN IN
PARTICULARLY DIFFICULT CIRCUMSTANCES:
SOME EXAMPLES OF STREET AND WAR TRAUMATIZED CHILDREN

BY

LEWIS APTEKAR

A PAPER PRESENTED AT
THE NEW YORK ACADEMY OF SCIENCES WORKSHOP ON
CHILDHOOD AND ADOLESCENCE IN CROSS-CULTURAL PERSPECTIVE

OCTOBER 27-28, 2000

NEW YORK, NEW YORK

MAILING ADDRESS:

Lewis Aptekar
Department of Counselor Education
San Jose State University
San Jose, California
95192-0073
email, laptekar@email.sjsu.edu

October 23, 2000

THE CHANGIN DEVELOPMENTAL DYNAMICS OF CHILDREN IN
PARTICULARLY DIFFICULT CIRCUMSTANCES:
SOME EXAMPLES OF STREET AND WAR TRAUMATIZED CHILDREN

BY

LEWIS APTEKAR

INTRODUCTION:

Today I will be talking about two categories that comprise a large part of what UNICEF called children, "in particularly difficult circumstances". The term itself describes children whose suffering indicates the highest risk to mental health, and the two categories I want to focus on today are children traumatized by war and street children.

In the last 15 years since UNICEF began using the term "children in particularly difficult circumstances", the kinds of experience that children on the streets have had has changed. Street children from their original perspective have suffered from prolonged deprivation or family violence at home and are poor, and therefore forced to go into the streets to earn money and to survive. Street children are often combined with working children whose labor exploitation can be excessive.

In the year 2000 there are children on the streets who have been war and disaster victims as well the serious problem, particularly in some cultures of children in the streets who have AIDS or children on the streets who are orphaned because of AIDS. These children are not the ones that UNICEF originally to referred to as street children. Nor are they characteristic of the children that UNICEF now labels street children.

The point is that we need to be careful about who it is we are talking about when we use the term street child.

One place to start figuring out who today's street children are is with the definition of childhood and adolescence. Many people in the West have a concept of child development based on an ideal child who is seen as innocent and in need of constant attention. Although this child might commonly be found in certain cultures, to incorporate this concept of children across cultures poses problems.

There are many instances of what appear to a Westerner to be unusually harsh forms of training for early independence in the developing world. Many 10 year old children, are

for example expected (and may be capable) to earn a living, take care of their own basic needs and contribute to the general welfare of their family, yet they are not (and perhaps should not be) given the privileges and responsibilities of adults. Is their society in compliance with the international law of UN Right of the Child and are they therefore abused? Are they street children?

When people of material comfort work with street children many preconceived ideas about children, which are often ethnocentric and filled with morality, can be challenged. For example, it is far too easy for a person from the West to use Western morality and assume that the parents of street children are abusive. Whereas in the West abusive parents are seen as having mental disorders, and they abuse in ways, which deliberately hurt the child in non- Western cultures abuse often comes less from parents than from society. Take for example, the numerous instances of how political contexts, invoking the "superior interests of the state", have led to the most painful forms of child abuse. During the "Dirty War" in Argentina children were tortured in front of their parents in order to motivate the parents to offer information to the state. Children in Iran were given the status of martyrs after serving as human shields in war against Iraq. In these cases abuse comes under state authority.

The importance of the state is also evident in the case of China's one-child policy. Children born to families that already have a child are "out of plan" amount to nearly 40% of the annual births. Yet, by virtue of the state's policy they do not officially exist. Hidden by parents who fear sanctions for having an excess birth, an unknown number remain unregistered, and therefore deprived of social services. As a result of the one child policy, the gender distribution has been modified by the increase in the level of female infanticide and differential abortion. Thus, while Chinese parents positively desire a child's birth, the birth is simultaneously defined by the state in stigmatizing terms. This is another example where child abuse, which leads to street children is not solely the result of the wrongdoing of a few psychopathological parents, but of a state policy, resulting in wide spread problems.

BE CAREFUL ABOUT DEFINING STREET CHILDREN:

Having mentioned all of these caveats we are ready to examine the figures of UNICEF. For many years they have said that there were 300 million street children in the world. This figure defines street children according to two dimensions, the time spent in the street and the absence of contacts with responsible adults. In short their definition characterizes street children as prematurely living and working without parents, a bit like premature adults.

What UNICEF has in mind under this definition is that street children come from poor families, almost always headed by women living in urban areas of the developing world. I will follow this general definition in this talk, although I want to add a third dimension, one that makes it possible to understand street children's survival strategies and to which I think is important in adolescent development. To do this is to take the child and adolescent's world-view into account. When we do this street children emerge as social actors who develop a specific "microculture" that comes from balancing what they need

to survive with wide-spread cultural reactions that often impinge upon the m.

Using the child's subjective experience breaks down the monolithic view that presents street children mainly as victims of abuse or neglect, or as delinquents ready for re-education. It also helps us look more into their strategies for coping. For example, in one study of street children in Guatemala "living conditions on the street [were] often better than those at home." The malnutrition was worse among working children living with their parents than among street children living on the streets. The same in South Africa where street children ate better as well as escaping the daily abuse they faced at home. These positive coping strategies have been found in many cultures. In Brazil street children had a higher degree of intelligence, and were less likely to abuse drugs than their poor stay at home counterparts. In Bogota, Colombia street children were found to immerse themselves in a network of caring and supportive friendships. So it is possible that instead of succumbing to abuse or neglect, becoming a street child might also be a move toward early independence, (even if premature and filled with difficulty), an adolescence begins earlier than what we in the West would consider ideal.

Research has shown that rather than being abandoned, street children almost always leave home in a measured manner, initially staying away for a night or two, then step by step spending more time away from home (Aptekar, 1988, 1994, 1997). Gradually the amount of time they spend with other children increases, yet contrary to common belief they rarely totally break family ties. As many as 90% of street children in many developing cultures maintain contact with their families, and most of them contribute a portion of what they earn to them. They are in essence living in two worlds, one characterized by childhood dependence and the other as adult independence.

These factors make it difficult to see street children and working children as two distinct groups. It is probably more accurate to see them along a continua. Today I will focus less on the end of the working children who while living at home are exploited in the work place either because they are too young to be working or because their working conditions are unsafe or exploitative. India and several other Asian countries have often been the brunt of public exposure of this, I am thinking of the children forced to make carpets for example, and who as a result lose their health and childhood. So I am not speaking of poor children who are forced to earn something so their families can eat even though the line between child labour, which might be seen as abhorrent in the West and child exploitation in the developing world is not easy to manage.

Who then are we talking about when we use the term street children? Essentially, they are young people, too young from their society's perspective, who are living with out parental or adult supervision in the cities of the developing world. This is still too general. It is far too common for example to refer to street children, instead of street boys and street girls, and thus the differences between the genders are minimised. The predominance of street boys, 90% in many African countries, over 80% in Jamaica and other Caribbean countries, and more than 75% world wide is particularly important since in most other cultures girls are more likely to be abandoned and abused than boys. If being a street child (of either gender) is the result of neglect or abuse then one would

expect a much higher proportion of girls.

In order to talk further about this gender bias it is necessary to mention a bias in describing the families where street children allegedly come from. These biases are apparent in the three common hypotheses that have been advanced about the origins of street children. These are (1) that urban poverty leads to a breakdown of family and moral values, (2) that street children come from aberrant families who abandon, abuse, or neglect their children, and that (3) street children result from the adverse effects of modernisation. Note that all point to family dysfunction as the major reason for the existence of street children.

I recently visited a mother of four boys and two girls in Nairobi who lived with four of her six children in one room no bigger than a small bedroom in a middle class home. Two blankets hung up by clothespins divided the room. Behind one blanket was the mother's loft, behind the other, three levels of shelves, each of which was used for a bed. In one corner was a small one-burner propane stove that was surrounded by two pots and a stool. The only source of light in the house was from the front door. Open sewage ran from the front door, through the walkway, down to the front of the house, where it met the drainage from other homes.

The woman was nearly able to support herself and her children by selling illegal beer. She never attended school, had no job skills, and was illiterate. Her two oldest boys, half-brothers well into their teens, both lived and made a living on the streets. They came home periodically, usually with some gift, and were very welcome. Their mother had taught them that the time they could stay at home without making a contribution ended shortly before puberty. The male children accepted this. They preferred the streets to their homes, particularly when they could come home when they needed to.

One cultural interpretation of this mother's situation would describe her as irresponsible and immoral. However, she can also be seen as coping adequately. She taught her two oldest boys to make their own way, she found a means to feed the other four children at home, and fulfilled her hopes of educating as many of her children as possible by using the sale of illegal brew to pay the children's school fees. In short the children's period of dependence ended early and their adolescent independence was accelerated.

To pejoratively label these families, in large part because the mothers have developed their own cultural criteria for supervision and protection of their children which is different than those espoused by the middle and upper social classes, is to compound rather than solve the problem. Not only does the pejorative attitude condemn the hard effort of mothers, it dismisses the fact that unmarried mothers can raise children without a husband, as well as discounting the judgement of street children who have left unhealthy homes, such as girls who have been physically or sexually abused.

I contend that the cultural notion, which claims that single poor mothers are, by virtue of being single and poor, irresponsible and incapable of raising moral and productive children, represents a culturally ethnocentric point of view. Among the families that

produce street children there are a wide variety of competencies and for the most part the families are adequately coping with extreme poverty. At the heart of the problem is the reluctance of accepting an accelerated path toward adulthood.

GENDER DIFFERENCES:

As we begin to talk about street boys and street girls, rather than street children, then the notion of erroneous notion of family deviance become much easier to see. I want to suggest that most (but not all) street boys are taught by their mothers to cope with the necessity of having to make do in a very limited economic environment by becoming independent at a far earlier age than the dominant society deems appropriate. Thus when compared to other poor boys and to the other boys in the family he street boys are the more resilient, the less resilient boys being unable to leave home. The opposite situation exists for street girls. Mothers teach girls how to cope with the vagaries of poverty by staying at home, and out of the streets. Thus, street girls (for the most part) are often more psychopathological than their sisters who stay at home.

Consider Pleasant, a mother of a street child in one our studies, but someone who I believe fits the mode in many cultures. She was 28 years of age and had been married by common law to a night watchman for five years. Together they had four children (three boys and a girl) whom they supported until about two years ago, when he began like the majority of other men in his culture, to drift away from his family. To Pleasant this did not come as a surprise, "this is what most men do". By the time he left completely she had developed strong ties to other women in her neighbourhood whose husbands had also left them. ("This is what women do.") These women helped each other with many things, including, when necessary, with food and gaining access to medical care.

By the time Pleasant's oldest boy, Mbisa, had his sixth birthday he was accustomed to playing in the streets with older boys in the neighbourhood. Mbisa had plenty of time to practice taking care of himself as his mother rarely supervised his whereabouts by keeping him within sight or shout. After his father left (and the household income dropped) the boy began to drift further from his home and go into other neighbourhoods to park cars, clean windows, and find other sources of income which he brought home to his mother's great delight. Pleasant worked on and off as a domestic worker, and showed her oldest daughter, Dominion how to take care of household chores. By the time Dominion was seven years of age she would fetch water, make fires, and cook most meals.

When Pleasant and Mbisa were bringing home income there was enough money to pay, at least on occasion, for school fees for the two younger boys. When, Dmisa, a man she had known from her up-country community moved in with Pleasant their combined incomes kept the two younger boys in school for longer periods of time, and even allowed Mbisa to back to school.

Pleasant knew of the ups and downs of a woman's economic and romantic situation. She was as aware that her boyfriend would move out, (or that she would kick him out) as she

was of the demise in the relationship between herself and her common law husband. She knew what the economic implications of these changes would be. Without additional family income the two younger boys would have to leave school and go to the streets like Mbisa to find some income. As she told us, only complete financial destitution or the utter demise of her mental health would lead to sending Dominion to the streets. (Some women did have daughters begin in the streets, but an older child supervised the daughters, and the mother would make every effort to see that her daughter was not abused.) By understanding how women like Pleasant, in the context of their positions as the heads of impoverished households, cope with poverty and with the men they live with is it possible to understand the mental health of street boys and girls.

The developmental dynamics of the genders are substantially different. At 12, or 13, or 14, years of age a boy's body image changes to that of an adult. The public no longer perceives them as cute and worthy of pity, but instead they are looked upon as dangerous. This public perception forces the boys who beg, or who do such make work jobs like cleaning car windows or helping park, or look after parked cars into the same kind of work as other poor adult males. This included work for trade, piece meal work, or intermittent salaried employment.

Girls began street life much later than boys, usually not before they are 10 years of age. Even though they may appear to be alone, they are most often being supervised by an older sibling. As girls became pubescent they are perceived (and evaluated) in sexual terms. By the time they are young women they follow in their mother's footsteps by having children, often many and by different men, who as a rule do not view them as legitimate wives, and thus not worthy of continued financial support.

Because boys are expected to bring income into the house, and thus go to the streets to do so, while girls are expected to stay at home and help out with the household chores, the street boys and street girls relate to their families of origin differently. It is common for street boys to remain connected to their mothers, indeed they often contribute part of their incomes to them. The girls because they are on the streets and not in the home often have more difficult and distant relationships with their families of origin.

Taken together, all of the above information suggests that street boys commonly are on the street because they have been brought up to be independent while street girls are on the streets because they are fleeing a very difficult situation. Their mental health is therefore considerably worse than that of the boys. Considering that all over the developing world as many 90% of street children are male we can say that contrary to popular opinion the vast majority of street children are not psychopathological, or otherwise delinquent and drug abusing. Many have developed adequate coping strategies, which allow them to function at least as well as their poor counterparts who pass less time in public view. These coping strategies include finding a niche in the economic market, which gives them sufficient income to eat and clothe themselves. They are also able to find and take advantage of programmes that serve them, being sufficiently informed about their physical health to stay reasonably healthy, forming close friendships with peers, and maintaining some form of connection to their family or origin.

Before I go on to the important task of understanding how street children are of both genders are perceived by the public and how these perceptions influence their development I want to mention something about street children in the developed world. I do this because the reasons for being on the streets, and their family dynamics are so different.

COMPARISONS BETWEEN STREET CHILDREN IN THE DEVELOPED AND THE DEVELOPING WORLD:

In the developed world, one quickly notes that there are more female than male street children and when one looks into the background of these children, one discovers that they many do not come from poor one parent family. Instead their origins are often middle class and their family structure is what might be considered the ideal nuclear family, with two parents and a couple of siblings. In these cases there are two factors which push the children out of their families. At home these children live under abuse that comes from one or more of their psychopathological parents or guardians. This is why as I also mentioned before, there are more female street children in the developed world. Females are more likely to be abused than males.

One factor that seems to account for a good deal of the male street children in the developed world is homosexuality. In several studies adolescent males were simply either afraid to come out to their parents and fled, or if they did come out they were forced out. Because the street boys were not raised for early independence as they were in many developing countries they do not have the skills or experiences to help them cope without parents and their mental health is considerably more precarious than their male counterparts in the developing world.

In the developed world there are also far fewer street children. This has less to do with mental health of families (which may in fact be less than families of the developing world) than it has to do with the power of the civil community. In the developed world the state is wealthy enough to police the streets, as well as having enough facilities to put children in confinement who will not conform to the rules and regulation of child development.

Before going back to the far larger public health problem of street children in the developing world let me make one more comment about street children in the developed world. The comment really comes in the form of a question, are the delinquent gangs found in the West street children? They are living at home, however misguided that home may be so I do not consider them street children, although clearly they represent a large public health problem. I can use the words thief and thug to describe the differences of behaviour of street children in the developing and developed world. For the most part street children in the developing world are more likely to take advantage by cunning than power. The opposite is the case in the developed world, particularly if you consider delinquents gangs who are well armed as street children. It is almost as if lack of war in the developed world is compensated for by the violence found there.

Finally there is a parallel between the developed and developing world with regard to public opinion. In both cases public opinion comes from the top and moves downward into the populace. This has two important consequences for street children all around the world. The first is that teenagers are living more and more under an international culture that comes from the West, mostly from movies, music, and the multinational corporations. No matter where one goes, to the most remote places on the earth and no matter how poor the people are there, one always seems to find some evidence of this. Recently I was taken to a small rural Indian village a day north of Bombay and discovered that not only was there extreme poverty but that the village had a communal satellite dish. This gave street children the opportunity to idealise what they saw. It is clear that one of the easiest ways to make a conversation with a street child in the developing world is to talk about Nikes, or the latest rock group in London or New York. No matter how poor they may be they find a way to get these goods, or more likely to adjust what they have to look like them.

The second fact about public opinion that affects street children from the top down is that societal attitudes toward them are based on the morals of people who have more wealth than they have. As we know in much of the developing world the gulf between the well to do and the poor is extreme. In Latin America, for example, the families of the elite and the masses have different family traditions. Among elite Latin American homes, fathers are present and powerful. Boys learn to respect his authority. In contrast, among the poor in Latin America it is common to have women at the center of families. Boys in these families are raised not so much to respect authority as for an early independence from home. Much of the negative attitude toward the street children in Latin America comes from the ethnocentric perception that street children are not beholden to proper male adult authority.

STREET CHILDREN AND THE VEIL OF PUBLIC OPINION:

Almost all the research that has been done with street children has led to the conclusion that as difficult as the life is for street children, the worst problem the children face is from the public. In the case of girls this often takes the form of sexual abuse, in the case of boys it often takes the form of hostility. In many places in the world, street and working children have been assassinated for no more than petty crimes and haughty behaviour. In fact, the number of street children killed in Brazil supersedes the total casualties in the civil war in Lebanon.

I remember Simon, a child of 15 years of age, who was murdered by a police reservist. So many poor unkempt children had already been mistreated that his demise would not have aroused much concern except that he was shot five times at point blank range, kicked into the gutter, and then spat upon. Evidently, Simon had stolen a signal lens from a parked car. There were no other complaints about Simon. No one said that he was belligerent or that he assaulted anyone.. How was it that Simon's relatively minor crime aroused such anger in the police officer?

What was it about this boy that aroused such anger? Was he seen in the context of a grand menace? Was he used as a warning to the larger group of street children? Ironically, the connection between Simon and the larger group of street children was not as clear as it might have seemed to the reservist. Simon was a street child, but he also had loving parents who were full of grief and who were present at his funeral. In their mourning they talked about his good character, his sensitivity to others, and his contributions to his family and younger siblings.

Like the majority of people in many parts of the world, it appears that the reservist construed a scenario about street children that did not include loving parents, or good character. The connection between adequate "parenting" and lack of character is the main point the dominant culture makes about the origins of street children. In fact, street children, in nearly all cultures in the world, have become symbols of moral judgement because they violate the norms that most cultures give to children. They do this by not being under the same roof as their parents, by working instead of going to school, and by assuming the right to enjoy the fruits of their work as they chose (such as consuming drugs). What makes the climate so volatile is that the phenomena of children taking on the roles of adults are peaking at a time when many societies are moving from traditional codes of conduct. These codes related to birthrights and long accepted roles of authority to societies where conduct is based on rational values, democratic choices, and a world-wide culture based on the western entertainment media.

Like the alleged murderer of Simon, who seemingly quickly (and falsely) made a connection between large-scale societal problems and the petty problems of minor delinquency caused by some street children. Other murderers of street children justify their actions in self-righteous moral terms, seeing themselves as heroes in cultures rapidly approaching moral decay.

Street children have become cultural scapegoats portrayed as carriers of all the large scale social problems, including inequality of income, changing family values with concomitant alterations in the roles of men and women, and the reduction in personal security in the context of an overly romanticised past. Only when the vastness and complexities of this situation are confronted will the hostilities be reduced. There is an old African saying, "if you want to get to the root of a murder, you have to look for the blacksmith who made the panga". This is to say that if you want to help street children it is not the street children or their families, but the culture where they live that needs the help.

The press will not be much help. They dramatise the "bad boy" image of street children and intimidate the public. The image emphasises worse case scenarios, such as the youngest children on the streets, the severely intoxicated, and the most delinquent. While this approach sells newspapers (and raises money) it does not contribute to an accurate assessment of the problem. It has become widespread in many African countries to hear that street children are carrying syringes filled with contaminated HIV positive blood and are threatening anyone who refuses to give them money with lethal injections. Not one

case of this alleged behaviour has actually ever authenticated, yet the public's perception of this is that it is a common occurrence.

According to the press, which has contributed to the predominant cultural point of view street children are psychopathological, delinquent, carriers of AIDS, and drug abusing. I propose that this is an ethnocentric bias, and that most, but not all, street children function adequately, given their circumstances. No where is the negative point of view expressed more than in the alleged connection of street children to drug abuse. Because I have witnessed so many children inhaling glue yet still maintaining their ability to cope with demands of the streets I began to think there was more to their use of inhalants than the explanations most commonly given. These included the use of drugs to self medicate fear and depression, to kill hunger, to provide strength to live in difficult circumstances, or as indications of a pathological need for immediate gratification.

One evening I was visiting street children in the "Little Mogadishu" section of Nairobi. There were about a dozen boys on a small island of refuse in the middle of a busy roundabout inhaling glue. Around them sped a steady onslaught of traffic. I observed them through the traffic, as did other pedestrians. All I could see were many pairs of eyes peering over noses covered with paper bags or shirtsleeves. It occurred to me that as the others and I watched the boy's eyes, the boys were also watching us.

To me the most impressive phenomenon about these scenes was not that one or two boys had obviously overdosed (even those these would be the boys most likely to be presented in the press and most likely to leave a lasting impression on most observers). The most impressive aspect for me was that as every street boy in the group was inhaling, every passer-by was consumed with interest. Each group eyed the other as if they were shopping in a market filled with exotic goods. The two were interwoven, making me think that the psychological value of using the drug was less important to the vast majority of these boys than its social value.

Knowing that the boys were very adept at manipulating public opinion, it was no accident that every passer-by saw the boys using the inhalants. In fact, if they had wanted to advertise their consumption they could not have developed a better strategy. Kenyan street boys come from traditional cultures where initiation into adult roles is a powerful experience, and one that is held in full public view of all the elders in the community. Staring down the pain of circumcision in front of one's parents and elders is needed to become a successful initiate. Similarly, part of the wide use of inhalants in public can be seen as a way of declaring adult status to the community.

The boys were also using inhalants to initiate and enhance friendships. In their traditional cultures, boys are raised with other boys in age cohorts. Ties between them are lifelong and intimate. The boys need and want this intimacy, and sharing in inhaling glue while in full public view of adults who do not approve builds group solidarity.

The combination of social, psychological, and cultural factors related to the use of inhalants by street boys is not fully considered before drawing conclusions about what

effects the use of inhalants have on the boys' mental health. If all the reasons for the use of inhalants were considered, and the emphasis was placed on observing the boy's coping skills, and not on sensational account of drug abuse, we would find that most of the boys who use drugs do not fall to them. Indeed the alleged inevitable connection between street children and drug abuse is more of an accusation that serves to diminish the children's capacities than it is a culturally free statement of their mental health..

By way of a summary I have talked about the UNICEF category of children in particularly difficult circumstances, which includes street children as one of many sub categories. This makes for some confusion in the year 2000 because there are children from many of these sub categories who are living on the streets. This makes it difficult to know which group we are talking about when we talk about the topic of street children. Street children are children who work and live in the urban cities of the developed and developing world without adult supervision. The numbers are so much greater in the developing world where poverty is the main factor that contributes to their going to the streets that I have centred this talk on them. Among them there are differences between street boys and girls that should not be ignored, boys being trained to leave home at an early age while girls were often forced from home. I said that many of the boys cope adequately by finding friendships with others, and seeking out programs that serve them. The girls have more difficulty. I said that for both groups their biggest problem was the public who often looked down upon them even to the point of treating them with extreme hostility, including sexual abuse and physical torture, in some cases leading to death. In fact the degree of hostility they face from the public is so exaggerated that it must be deep-seated, namely ingrained in middle class family and civic values.

In short what we learn from street children is that the period of adolescence is determined more by the dominant society's definition of appropriate behaviour for people under the age of majority. Adolescence, is less a period of status related to the well being or the capabilities of teenagers, than it is of extraneous cultural factors that come from other societal factors.

Street children by assuming the right to live as they choose have taken on many of the qualities associated with adulthood, (either attending or not attending school, entering public restaurants for something to drink or eat, by becoming intoxicated when and where they desire, and by working to support themselves). They have done this in full public view. As a result they have received sanctions, in many cases of immense proportion. We can help with this by educating the public about young children assuming adulthood earlier than certain cultural expectations allow. If we can do this we might be able to negotiate a peace in the troubled space where the children assume adult roles, and where the public views and responds to them with such fear and anger.

One task ought to be redirecting public concern, but unfortunately all but a handful of the tens of thousands of people devoted to helping street children work directly with poor children to change their behaviour, leaving the important work of changing society's attitudes toward poor children almost completely neglected. Whether this is because direct care is easier to administer and evaluate than community development is not clear,

but whatever the reason for ignoring public health, the difficulty of changing the public's perception is not easy.

PART TWO

War trauma and developmental differences: A case study in Kaliti camp Ethiopia

The second part of the talk describes how the developmental process is altered for children traumatized by war. Since the end of the Second World War the frequency of wars has increased, and there have been more and more civilians casualties. Nearly 90% of the war related deaths during the last decade occurred to non-combatants and of them more than half were children (UNICEF, 1986). In last dozen years more than two million children have been killed in wars, and nearly 5 million more had been disabled. Add to this another 12 million children who were made homeless and another million orphaned or living without their parents (UNICEF, 1996). Furthermore the horrors of these wars where rape and decapitation of children and women were documented as a purposeful war policy have increased. Far from being senseless or irrational, war had become more rational, at whatever human costs it is designed to win. These costs include targeting health workers to prevent health care, destroying schools to prevent education, and ruining places of religion to prevent a spiritual life.

In the small corner of the world where I worked the statistics were grim. More than a million and half Ethiopians died from 1974 when the late Emperor was deposed until 1990 when peace seemed to be at hand, most of them civilians (Endale, 1996). There were also 400,000 Ethiopian war returnees from the Sudan and nearly a half a million Somali war refugees living in Ethiopia. Add another half a million Sudanese refugees and 110,000 Ethiopian returnees from the wars in the west with Sudan. Then figure an additional 350,000 Somalian refugees and 450,000 Ethiopian returnees from the wars in Somalia and the Ogaden in eastern Ethiopia (UNICEF, 1996).

As I present information about a group of war-traumatized displaced Ethiopian adolescents we will learn how the adult's of one sub-society under war related stress, made compromises about children's and adolescent's rights and responsibilities which helped young people cope with trauma. The data is based on 18 months of ethnographic field work with a group of Ethiopian students, and from administering standardized and non-standardized psychological tests in a shelter called Kaliti camp near Addis Ababa, Ethiopia. The results indicate that although there was psychopathology (more so among the young men than the young women) there were important mediating factors.

Before talking more specifically about Kaliti, let me mention briefly the psychological symptoms of post-traumatic stress disorder (PTSD) and then review some of the existing literature, which points out that two factors impinge upon reactions of war traumatized children and adolescents.

The classical symptoms PTSD are recurrent distressing mental imagery (either expressed through sleep disturbance, intrusive daytime thoughts, and/or phobic response) and an

over aroused startle response represent (See the Diagnostic Statistical Manual IV-TR of the American Psychiatric Association, [2000] or the World Health Organization ICD-10 [1992] for further information). These symptoms represent the kernel of the definition, but as will show they do not manifest themselves in among the participants of this study.

The two relevant factors in the literature, which relate to this study are (1) the way adolescents' perceive the traumatic events and (2) different cultural manifestations of mental stress. The latter, for example, was found in studies of highly traumatized Cambodian children and adolescents living as refugees in the USA (Kinzie, et al. 1986; Sack et. al., 1986). The participants of these studies were severely traumatized having experienced the death of family members. They witnessed the killings of relatives, they were beaten, and were starved. Yet the authors found there was no simple or direct relationship between the specific reported traumatic experiences in Cambodia and the degree of psychopathology.

Sack et al, (1996) explained that the relative absence of the Western symptoms of PTSD was related to the participants' past cultural reactions to education and teachers. The American schoolteachers helped these youngsters find part time jobs. They promoted Cambodian culture in their schools, and provided ample opportunities to help them learn about American culture. Under their cultural framework it would have been impolite not to adjust to school since their teachers were doing so much to help them. In fact, the authors contrasted this resilient approach with what has been found in the West where adolescents are more likely to respond to trauma by acting out in delinquency and drug abuse. Wisely, the authors realized, that although their responses were not in line with the traditional Western definition of PTSD, they were still under a great deal of post traumatic stress.

As Rutter (1990), points out resilience (and by inference, mental disorders) is not merely a fixed reaction to particular traumatic events, as if the amount and severity of trauma could be added and then used to predict behavior. Instead reactions to trauma are mitigated or exaggerated by the person's perception of events. Among adolescents from Ireland, (Conroy, 1987; Hosin & Cairns, 1984) Palestine (Baker, 1990; Punamaki, 1988; 1989), and South Africa (Straker, 1991), those who believed their cause was just and fighting for it appropriate had much less psychopathology than the traumatized adolescents in the same circumstances who did not have political convictions.

In short, to get to the bottom of who copes and who doesn't it is necessary not only to understand how the participants viewed their daily lives, but also the unique cultural manifestations of post traumatic stress. It is this perspective that I present next in relation to my fieldwork in Kaliti.

LIFE AMONG THE PEOPLE IN KALITI CAMP:

In 1991, Asab and Asmara fell to the Eritrean's People's Liberation Front (the EPLF is now the ruling party in Eritrea) which forced Ethiopian men and their children to leave. The women, considered Eritreans, were placed into a horrendous dilemma, and forced to make a nearly instantaneous decision. They could stay in Eritrea with their extended

families, which meant saying good-bye to their husbands and children who were considered enemies in Eritrea, or they could join their husbands and children on the long uncharted march back to Ethiopia through the Danakil Depression. In the Danakil Depression there is no vegetation or water, and temperatures reach 140 degrees Fahrenheit in the shade. Natural hot springs produce steam that obliterates the view. Volcanic rocks spew hot fumes, producing a real life image of Dante's inferno.

The journey was even worse than everyone feared. For those who walked, the important thing was to make progress. However slowly they moved, it was always necessary to move forward. After the early morning hours, the heat beat down, and the wind began to blow. Before the middle of the day the marchers shuffled, and suffered in silence. For many, their feet gave out and they tied cardboard on them so they could carry on. The sun would not relent. As they scanned the sky for relief planes, they kept walking. They tried not to look at the old, the infirm, or the small children whose parents could no longer carry them, because they knew they could not help them, nor watch their agony, nor participate in their death. There was only energy for self-preservation. When they stopped at the end of the day, the bereaved tried to enlist the strongest to bury the dead. Most of the dead were not buried. Water finally was dropped from a helicopter. The parents sent their children to fetch it. Many of these survivors who are now in the later teens and early twenties know they survived when their younger siblings and grandparents did not, simply because they were stronger.

The approximate size of Kaliti camp (including living areas, public play areas, the school room, the committee room, the two latrines, the stores, and all other communal areas) was about 4,125 square meters, or slightly less than an acre (4,840 square yards). Given the current population of 2,076, if the camp were one square mile there would be nearly a million people living in it. The density of living space (about one person per 3.18 meters) meant that if you took a step in any direction you would either meet another person or be forced to take a side step. (In fact, this was in excess of the population density of the Warsaw ghetto at its most crowded time [Goldhagen, 1996]).

SOME SPECIFICS ABOUT THE ADOLESCENCE IN KALITI:

In addition to the ethnographic information, we have some quantitative measure of trauma among the adolescents of Kaliti. Because this study was part of a larger epidemiological survey we had access to the complete list of Kaliti inhabitants. In this list there were 835 people from ages twelve through twenty-five (40% of the total population). Each of the 835 young people was then randomly assigned a number and selected to participate in the study. The final sample of 108 participants (86 male, 40 female) who answered our questionnaire, that we constructed to include demographic information and reliability checks. The mean age was 17.7 years (SD=8.41). We were able to obtain 72 valid responses to the Trauma Event sub scale of the Harvard Trauma Questionnaire (HTQ) and 104 valid responses to the Symptom Check List-90-Revised (SCL-90-R).

We divided the sample into two nearly equal groups, those from 12 through 16 and those from 17 to 25 years of age. The ages of the younger group at the time of the march (which was the time of the acute trauma) were six through ten. The ages of the older group during the march were 11 through 19. This meant that at the time of the march there were considerably developmental differences between the two groups.

Examination of the percentages of the participants who experienced each type of trauma revealed that nine of ten people lost property, seven of ten suffered from lack of water, and six of ten from lack of food. Nearly half were sick. While a third witnessed the death of a family member and nearly a third felt that they were near death themselves, it was because of the severity of the environment they were forced to march through, rather than direct attack from soldiers. Indeed a quarter compared this experience to torture¹.

¹ For further information see Aptekar, L., Paardekooper, B., & Kuebli, J., Adolescence and youth among displaced Ethiopians: A case study in Kaliti camp. (in press, 2000). Childhood.

In this study we found that the higher the number of different traumas experienced on the HTQ the higher the intensity of psychopathology (PSDI) on the SCL-90-R ($r = .45$, $p < .01$) and the higher the global psychopathology (GSI scores, $r = .35$, $p < .01$). These results were not only as expected, (the larger the variety of traumas the more intense psychological symptoms and greater overall psychopathology), but they also served as a measure of reliability of responses from our participants.

We had considered the possibility that participants might purposely show themselves as more traumatized or psychopathological than they really were, on the assumption that this would bring them more services. However, the significant correlations above suggested that they did not do this

The results further revealed significant differences between the age groups. The older group reported experiencing a significantly greater variety of traumatic experiences ($M = 5.02$) on the HTQ than did the younger group ($M = 3.56$), $t(54) = -2.60$, $p < .05$. Likewise the older group experienced more intense symptoms on the SCL-90-R (Mean PSDI score = .38) than did the younger group (Mean PSDI score = .29), $t(98) = -2.73$, $p < .01$. Older adolescents also had higher global psychopathology scores (Mean GSI score = .12) than did the younger adolescents (Mean GSI score = .08), $t(94) = -2.46$, $p < .05$. There were also significant gender differences. The males showed a higher number of traumas on the HTQ (Mean = 5.04), $t(53) = 2.09$, $p < .05$, as well as more intensity of trauma ($M = .38$), $t(102) = 2.36$, $p < .05$ on the SCL-90-R than the females ($M = .30$).

We offer several possible explanations for the differences. The older group had a greater ability to intellectually comprehend what was happening (they were between 11 and 19 years of age when they left Eritrea). They could understand death without first having to see it on the faces of their caregivers. The younger group, which was from six to ten years of age at the time of the march, on the other hand rose or fell to the tune of the well

(Insert table #1 about here)

Given their terrible ordeal on the march and their current living situation a case could have been made to expect a good deal of psychopathology. In fact, throughout the study we went from believing they were suffering from PTSD, to believing they were not, and later coming up with a broader, and we believe more accurate assessment of PTSD, one that would encompass their psychosocial problems, which finally we could not dismiss as benign. These subtler, yet still debilitating, psycho-social manifestations of trauma, included many physical symptoms as well as elective mutism, hysterical blindness and other dissociative disorders like shaking and falling down. We found that these symptoms were related to anxiety, which is also considered the source of post traumatic stress reactions. We also found that not everyone in the camp suffered or coped in the same way.

On the other hand, as we became better acquainted with these adolescents, we were surprised at how well they were coping. Rather than falling to cynicism and despair about what might become of them, they worked toward conventional futures, by striving for salaried employment and hoping to create families. There was very little delinquency and virtually no drug abuse, nor many of the Western signs of PTSD.

We offer two other reasons for the relative lack of psychopathology on the tests. One is that it was difficult to diagnose the degree of psychopathology on Western tests given the different manifestation of symptoms. The second was due to the adolescent's view of

being of their parents or guardians. In fact many more of the younger group than the older group were able to stay with their parents. As Aptekar & Boore, (1990) point out, being with parents during traumatic times is an extremely important mitigating factor for young children.

While the younger group experienced tragedy through the eyes of their caregivers, the older group was forced to confront the existential experience and to come to their own understanding, an understanding that could help them make sense of what was happening to them. Many times they had to do this alone, or knowing their parents were unable to protect them (see Gabarino, Kostelny, & Dubrow, 1991a; 1991b for the devastating psychological difficulties of the inability of parents to protect their children).

During the march, the enemy perceived the older boys as potential soldiers. Their peer groups were dispersed, and bonding between young men was discouraged, sometimes with violence. Indeed when we ran chi-squares on gender differences for the frequencies of different types of trauma reported on the HTQ, we found that boys more than girls received torture ($\chi^2 (df=1) = 6.50, p. < .05$), imprisonment ($\chi^2 (df=1)=5.09, p. < .05$), and injury ($\chi^2 (df=1) = 4.82, p. < .05$). Furthermore, in comparison to the younger group, a greater percentage of the older group reported experiencing nearly all of the 15 traumas mentioned on the HTQ, often overwhelmingly. More than one in ten of our sample was imprisoned, but in every instance they were older males. Developmentally, at the very time the older boys needed their peer community, they were deprived of it.

their circumstances, and to the community's openness to allowing a nontraditional life style. The adolescents compared their development to that of their parents and to other poor youth in Ethiopia. The community granted fully adult status to adolescents in spite of behavior that in the past would have relegated them to a permanently low social status.

TRADITIONAL ADOLESCENCE IN ETHIOPIA:

Traditional Amhara believed that basic human nature was aggressive and people were untrustworthy by nature. Unless children received physical discipline during their formative years, they would not be properly socialized. Children learned this the hard way, by considerably difficult physical (and verbal) attention. It was not uncommon for a child to remain standing holding a candle for light while his parents ate. He or she would not have considered turning around, facing their parents, and eating with them until asked to join. In fact, children rarely talked directly to their parents, and if they did, it was expected they would speak in a very soft voice (Pankhurst, 1990).

By seven or eight years of age, children of both sexes began working as assistants to their parents. Boys did simple farming chores and by the time they were in the early teens they were helping with plowing and harvesting. Girls began with gathering wood and cooking. By the time they reached menarche they were capable of full household responsibilities. Yet, in spite of the accomplishments of both genders, they remained completely under the firm discipline of their parents.

There were no ritual ceremonies among the Amhara or Tigrey that marked puberty, although there is a descriptor, *watat* that describes ages twelve to eighteen. During this time preparation for marriage and avoiding inappropriate behavior which might risk marriage was vigilant. The unmarried of both genders were not allowed to associate in peer groups. Unwed teenage girls stayed at home guarded by their mothers, while unwed teen-age boys were in the fields with their fathers. The opinions of *watat* were never considered important, nor were their interests and desires taken into account. Because traditional marriage was not between two adults, but between two families, it was considered an insult for a young man or woman to choose his or her spouse, rather than to accept the choice one's parents made.

Youth traditionally started at age 18 and did not conclude until age 30. Adult status, when the woman became a *set*, and the man a *saw*, involved several criteria. These included marriage, establishing a life in one's own household, and becoming a member of the community. (There are several types of community associations, which insure that when there are times of need the less well off will have access to community support. The two most important are the burial association [*edirs*] which provides enough resources for every community member to receive a proper funeral, and the credit association [*equb*], which helps provide resources when they are necessary).

Adults were also expected to be good Christians, characterized mostly by fasting and obeying the dietary laws, and by showing respect in the form of obedience to one's elders and to people of higher status, including those who represented the government and the church. Adult status did not mean that men or women could abandon their obligations

toward their parents – on the contrary, these obligations were at the heart of adult responsibility (Pankhurst, 1990). “Obedience and politeness are the overriding goals in bringing up children among the Amhara (LeVine, 1965, p. 266).”

ADOLESCENCE IN KALITI:

Many days when we arrived in camp we heard music and saw young people dancing and singing. They would dance the Amharic Iskista, the Southern Ethiopian, Wolaita, and the Eritrean Blain. They courted each other through sexually suggestive movements. No matter how poor they were or how many traumas they encountered, many of them told us they found some way to find pleasure. In fact what was most impressive was how these adolescents and youth were so thoroughly enjoying one another.

Many of the adolescents in Kaliti, as they eagerly told us, will not only choose their own marriage partners, but physical puberty will have little bearing on the age of marriage. They will choose their partners because of love. The expectation - or at least the hope of those we talked with in Kaliti - was to avoid divorce, both distinct changes from tradition.

We were told by some adolescents that virginity in Kaliti was still considered important, but most of them said it was not nearly as important as in the traditional upbringing. And even having children out of wedlock did not prevent a young Kaliti woman from marrying, although it was problematic for her. While all the women mentioned in the study have been circumcised, only one woman planned to have her daughter circumcised.

The Kaliti adolescents said they believed in Western science and medicine yet they also told us they maintained their traditional beliefs. Solomon, who was gravely ill for several years before passing on at the age of twenty-two went through as much Western medicine and as many Western doctors as he could before he sought out a natural healer. He saw many of the traditional beliefs (such as the evil eye) to be old fashioned and out of touch with reality. It was only his desperation to stay alive that led him back to traditional medicine.

This is not to say that Kaliti adolescents were not proud of their culture. They repeatedly expressed to us how proud they were of being Ethiopian, and showed this by many of their behaviors. They dressed traditionally for special occasions and they observed many of the old ceremonies. Although they were comfortable with knife and fork in eating western meals, they were far more likely to eat traditional food with their hand while sitting in community around the common basket. They knew the traditional dances and songs along with the modern ones, and they enjoyed them all. They maintained their devotion to the Ethiopian Orthodox Church, and wanted their children to be religious.

At the same time they were proud of their culture, adolescents in Kaliti also had a stake in the international youth culture. Western sports heroes, Hollywood movie stars, and other media moguls were as apparent on the walls of the tents of Kaliti adolescents as they are in the bedrooms of adolescents living in the West. No matter how poor the Kaliti adolescents may have been, the T-shirts and shoes they wore shared the same logos as those of adolescents around the world. Their hairstyles were more likely to be seen on

Western television than among rural Ethiopians. Many Kaliti adolescents went to the local hotels to watch movies piped in with satellite dishes, while their rural counterparts might not have seen a television more than once or twice. The few words they might know in English were drawn from international culture.

Thirty four percent of the adolescent boys and 28% of the adolescent girls in Kaliti had nine or more years of schooling. In contrast, in 1986 only 5.3% of the potential 5.5 million adolescent students in Ethiopia were enrolled in secondary school (Ofcansky & Berry, 1991). In Kaliti, parents encouraged education for both sexes. Several of them told us they believed education benefited the person, made them worth more as people even if education didn't have a financial prospect.

Thus Kaliti adolescents continued in their Amharic tradition of respect for authority, particularly their parents, but were on the other hand moving into a modern international adolescent culture, including more freedom for both genders, and one that respected secular education.

The relative lack of psychopathology was due in part to the adolescents' ability to take some solace in comparing themselves to other Ethiopians so many of whom were as impoverished as they and to their parents' adolescence. By comparison they felt they had much to be thankful for. They told us that by the time their parents were ten or so they were restricted to their homes and the women were always under supervision until their husbands were chosen for them. They recalled that their parents of both sexes were routinely prevented from playing with the opposite sex and even of playing among their own gender. Their fathers worked under the direct guidance of their fathers. If they were allowed to play with other boys they were considered to be straying from their chores. These adolescent participants comprehended and told us of their relative benefits of living in close community with many other adolescents.

Their parents helped them. The community granted young people more personal choices of life style. Instead of being encouraged to stay in same gender groups highly controlled by their parents, adolescents were allowed to interact with one another across gender lines. They were given authority to actively respond to their circumstances. Community leaders told us that allowed more of an easygoing interchange between adults, adolescents and youth than they had experienced when they were young. This helped young people living in such a high density of living space less a burden.

The importance of the community in aiding the mental health of war traumatized adolescents has been found among Rwandan genocide survivors (Geltman & Stover, 1997). These authors reported that ultimately how the participants of their study would come to terms with their experience would depend less on traditional mental health services based on trying to help individuals work through what they had been through than on the community's ability to change. Among Eritrean orphans traumatized by war and famine (Wolff, et al., 1995) what accounted for their well being was not individual counseling, but the child centered group care they received. This care was characterized by changing traditional roles of community responsibility.

Traditionally taking care of those who were in need was a role assigned to elders, but in Kaliti it was taken over by adolescents. By helping others they were able to help themselves. This is consistent with the literature. Folkman (1997) reported that the act(s) of providing care to terminally ill patients who the care giver has a close loving relationship with is not only a depressing and difficult psychological process, it also brings with it positive mental health. That is both the good and the bad exist together. The caregivers in caring for and coming to terms with the grim reality of their loved ones, actually found they were also maturing and finding their own meaning in life. The caregivers engaged in and were successful in fulfilling their personally meaningful goal of helping their loved one die in dignity. As Frankl (1963) pointed out among holocaust survivors adequate mental health (even in relative terms) came to those who were able to create some redeeming value from the loss that was so omnipresent. More recently, Miller (1996) found a lack of PTSD among Guatemalan refugees in Chiapas, Mexico. He suggested that the reason for this was the personal meanings they found in their circumstances.

GENDER DIFFERENCES

While there were reasons for mitigating mental health problems it was clear that many young people were far from carefree. Almost everyday, the older boys could be seen in large numbers, often 20 or more, in one of the two tearooms in the camp, playing a card game called “conqueror” with the older men for 10-cent coins. They sat together hour upon hour, sharing the few cigarettes between them, while dropping the card or pairs of cards to the bamboo table with exaggerated yet routine bodily movements, almost like a nervous tic. The only interruption was the shuffling of the double deck for the next game. They languished in a kind of developmental no-man’s land, hanging around with the men, but not quite growing into adulthood.

With no work to be had, and no secure future to contemplate, they could not but be influenced by their elders whose lack of hope (either because of their own trauma, or because there was no work to be had) spread a listless disappointment over every moment. In the tearoom these boys did not come to grips with the grim reality of having little opportunity outside of government whim, nor did they move to find a way past their impasse. They did not talk about their dead parents, or the sights and smells of their shared traumatic memories. Nor did they acknowledge what lies outside. The latrines remain clogged, the small children unschooled, the elderly hungry and lonely.

The behavior of these young men was most conspicuous in what they did not do. They did not leave the tearooms to commence working on these problems. They did not begin an association for a common buying power in basic foods or medicines. They did nothing about the loan sharks that charged usurious rates to widows with children. In contrast, the behavior of the older girls was conspicuous in what they were doing. The girls found some work in the Food for Work program, either for themselves if they had children, or by substituting in the program for their mothers. They also eased the family burden by doing household chores and caring for relatives.

We believe the girls were less troubled in part because they were less traumatized. At the time of the march for example only 7.7% of the female sample was isolated from a family member while more than a quarter of the males experienced this isolation (see table #1). The girls were also less stressed by family disruptions, and less needy of a peer community (see Schlegel & Berry, 1991 for cross-cultural gender differences on this developmental point). They also had more options for finding some type of work, and found an easier niche in the camp, namely continuing their traditional roles as family care givers.

This is not to say that the girls were without burdens, far from it. The burden was particularly heavy for the girls who had only their mothers at home and who had to take on a larger amount of family work. The difficulty was increased for those girls who had aspirations beyond those of the traditional female. For example, female adolescents who wanted to attend school were a financial burden to their families, who had to pay school fees, supply extra clothes, and incur the indirect cost associated with the lack of possible income. Not unlike young females in other cultures, their hopes of bettering themselves increased their immediate problems, often in quite a painful way.

This was certainly the case for Eskedar, a withdrawn young woman of 17, who preferred spending most of her time working on her schoolwork. But she also had considerable family responsibilities. She lived with her brother of eight and her mother who was dying of TB. For the most part her mother was so sick she was unable to get out of bed. Eskedar knew that for her to continue school she would be consuming the minimal resources of her family, already taxed due to her mother's need of medicines and her brother's young age. Eskedar dealt with this by going to school hungry, coming home hungry, and remaining hungry while she ministered to her mother at night. Although her mother encouraged her to go to school, Eskedar obviously knew that the more she was at school, the more her mother was left without care and food. While she was studying, her mother's coughing rang through the tent, doing nothing to reduce the difficult and contradictory thoughts that sped through her mind. After several months of this tension Eskedar began to go to a friend's house after school because she could not bear to see her mother so sick at home, but she couldn't give up on her dream of getting schooling. Other older female adolescents shared her burden.

CONCLUSION TO THIS SECTION

In spite of the obvious antecedent traumas and the current needs of the displaced in Kaliti we found that to understand their situation we had not only to see their situation in relative and cultural terms, but also to accept human behavior that hit us directly in the underbelly of our humanity. The trauma they had lived through paled (at least by our standards) in comparison to what other highly traumatized war victims experienced. Pol Pot's regime murdered more than a third of the population, often with the family's participation. In Mozambique 48% of the health care facilities and 45% of the schools were destroyed. The genocide in Rwanda is too difficult to comprehend. The plain fact was that the trauma of the people of Kaliti was more like that of the 45 million other

refugees and displaced peoples in the world than it was with the far fewer but more publicized group of refugees from Cambodia, Mozambique, Rwanda, etc.

The community's openness in allowing a nontraditional life style particularly with young females who were allowed to become adults fully and with legitimacy without having to subsume the traditional subservient role of women. And those young people who were able to take an historical perspective of youth were able to find some solace in their circumstances.

Perhaps, the largest evidence of their resilience was that they took care of, and enjoyed each other. Young people were in love, and their love shed an embracing light over the poverty of the community. They danced and sang both constant reminders to everyone that happiness was still possible.

There were other aspects of adolescent development in times of war trauma that we learned from our work in Kaliti. There was a conspicuous absence of delinquency, child abuse and neglect. We believe this might be due to something the Rohners' (Rohner & Rohner, 1980) claim that child abuse will be high in places where there are many unwanted children, where the only care takers are the child's parents, where fathers are not involved in child rearing, and where families are not connected to their communities. The absence of these factors (with the possible exception of the latter) in the camp were pronounced. What we learned from this was that we in the West might well over-rate the importance of poverty on mental disorders while at the same time ignoring many moderating variables such as the ones the Rohner's have listed.

The conspicuous absence of delinquency, child abuse and neglect in Kaliti also led us to believe that we in the West might place too much attention on particular forms of family interactions that we assume to be abusive. There probably is not a child in Ethiopia who has been raised without physical discipline. Such discipline could easily be claimed to be abusive, at least in the Western context. Permissiveness, exploration of possible alternatives, giving voice to children's inquiries and demands, are simply not in cultural point of view of child rearing. Yet, being together often through thick and thin is an important aspect of cultural strength.

In Kaliti conflicts between parents and adolescents were minor. Family members continue to be united, and the community insisted on family ties, so much so that it made adult status depend upon it, even if it meant giving considerable more flexibility in defining the criteria. The new criteria not only increased the value of secular education for both genders and allowed women secular opportunities, but it also offered a far more lenient approach to accepting young men and women in all their activities.

October 23, 2000

NEW YORK PRESENTATION BIB

Aptekar, L. (1997). Street children in Nairobi, Kenya: Gender differences and mental health. *Journal of Psychology in Africa*, 2: 34-53.

Aptekar, L. (1994). Street children in the developing world: A review of their condition, Cross-cultural Research, 28 (3), pp. 195-224.

Aptekar, L. (1988) Street Children of Cali. Duke University Press, 1988.

Aptekar, L., Paardekooper, B., & Kuebli, J., Adolescence and youth among displaced Ethiopians: A case study in Kaliti camp. (in press, 2000). Childhood.

Baker, A. M. (1990). The psychological impact of the Intifadah on Palestinian children in the occupied West Bank and Gaza. American Journal of Orthopsychiatry, 60 (4), 496-505.

Conroy, J. (1987). Belfast diary. Boston: Beacon Press.

Diagnostic Statistical Manual IV-TR (2000). Washington, D.C: American Psychiatric Association.

Endale, Yonas (1996). Ethiopia's mental health trampled by armed conflict, In Allen, T. (ed.). In search of cool ground: War, flight and homecoming in Northeast Africa. pp 274-277. Trenton, NJ.: Africa World Press,

Folkman, S. (1997). Positive psychological states and coping with severe stress. Social Science Medicine, 45, 1207-1221.

Frankl, V. (1963). Man's search for meaning. NY: Washington Square.

Geltman, P., & Stover, E. (1997). Genocide and the plight of children in Rwanda. Journal of the American Medical Association, 277(4), 289-294.

Goldhagen, D. (1996). Hitler's Willing Executioners: Ordinary Germans and the Holocaust. NY: Alfred Knopf.

Hosin, A., & Cairns, E. (1984). The impact of conflict on children's ideas about their country. The Journal of Psychology, 118, 161-168.

Kinzie, J., Sack, W., Angell, R., Manson, S., & Rath, B. (1986). The psychiatric effects of massive trauma on Cambodian children: 1. The children. Journal of American Academy of Child Psychiatry, 25, 370-376.

Levine, D.(1965). Wax and gold: Tradition and innovation in Ethiopian culture. Chicago: University of Chicago Press.

Miller, K (1996). The effects of state terrorism and exile on indigenous Guatemalan refugee children: A mental health assessment and an analysis of children's narratives. Child Development, 67(1), 89-106.

- Ofcansky, T. & Berry, L. (Eds.). (1991). Ethiopia: A country study. Washington, DC: Department of the Army, Area Handbook Series.
- Pankhurst, R. (1990). A social history of Ethiopia. Addis Abeba, Ethiopia: Institute of Ethiopian Studies.
- Punamaki, R. (1988). Historical-political and individualistic determinants of coping modes and fears among Palestinian children. International Journal of Psychology, 23, 721-739.
- Punamaki, R. (1989). Factors affecting the mental health of Palestinian children exposed to political violence. International Journal of Mental Health, 18, 63-79.
- Rohner, R., & Rohner, E. (1980). Antecedents and consequences of parental rejection: A theory of emotional abuse. Child Abuse and Neglect, 4, 189-198.
- Rutter, M. (1990). Psychosocial resilience and protective mechanisms. IN J. Rolf, A. Masten, D. Cicchetti, K. Neuchterlein, & S. Weintraum (Eds.). Risk and protective factors in the development of psychopathology (pp. 181-214). Cambridge: Cambridge University Press.
- Sack, W. Angell, R, Kinzie, D., & B. Rath (1986). The psychiatric effects of massive trauma on Cambodian children: II, the family, the home and the school. Journal of the American Academy of Child Psychiatry, 25, 377-383.
- Schelegel, A. & Berry, H. (1991). Adolescence: An anthropological inquiry. NY: The Free Press.
- Straker, G. (1991). Faces in the revolution: The psychological effects of violence on township youth in South Africa. Cape Town, SA: David Phillip.
- UNICEF, (1986). Children in situations of armed conflict. E/ICEF.CRP.2. New York: UNICEF.
- UNICEF (1996). The state of the world's children: 1996. Oxford: Oxford University Press.
- World Health Organization (1992). World Health Organization ICD-10. Geneva: World Health Organization.
- Wolff, P., Tesfai, B., Egasso, H., & Aradom, T. (1995). The orphans of Eritrea: A comparison study. Journal of Child Psychology and Child Psychiatry and Allied Disciplines. 36 (4), 633-644.