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Handbook of Cross-Cultural Psychology

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HUMAN DEVELOPMENT

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CHILDREN IN PARTICULARLY DIFFICULT CIRCUMSTANCES

Introduction

The children whom UNICEF (1986) refers to as "in particularly difficult circumstances" are those whose suffering entails the highest risk to mental health. They include children traumatized by war, or natural and technological disasters, and those living and working without parents (street children). Other children face especially difficult circumstances, either from extreme poverty, severe malnutrition, forced prostitution, labor exploitation, or excessive family violence. But we dwell on those cited by UNICEF, not only because they face such drastic circumstances, but also because of the role culture plays in forming their psychological reactions.

"Children in particularly difficult circumstances" can be a culturally misleading category. It is defined mainly by outsiders who view the children as passive targets of violence or abuse. But the cultural context may shape responses to extreme stress. The children's victimization cannot be measured in absolute terms. It is more than the degree to which they have been abused, neglected, or tortured. The significance the child attaches to the trauma, which in large part is mediated by cultural factors, also determines how the child responds. Children's resilience and vulnerability cannot be explained merely by individual differences in temperament. The literature on the psychology of children in particularly difficult circumstances has described diverse and often contradictory reactions to trauma, ranging from extreme and enduring psychopathology to improved mental health. This is largely because culture influences children's responses to trauma. The child's inner resources and the social context interact with each other (Kostelny & Garbarino, 1994; ICCB, 1995).

Events, experienced in one society as traumatic, may not be problematic in another. In certain parts of Kenya and Nigeria, for instance, children are force fed by their parents. This is accomplished by holding their nostrils shut and, as the children open their mouths gasping for air, pouring gruel down their throats. Loving parents are capable of

such behavior because they see child rearing as a continual medical emergency (LeVine, 1980; LeVine & LeVine, 1981).

The question of why and how cultural factors impact a child's response to extreme trauma requires sustained investigation; research tools and paradigmatic choices influence results. Readers interested in pursuing cross-cultural research, and in knowing how programs have been evaluated in a cross-cultural context might want to consult MacPherson (1987) and Blanc (1994) for extreme poverty; Cassidy (1987) for severe malnutrition; Naversen (1989), and Bruce (1991) for child prostitution; Moorhead (1990a; 1990b), Myers (1991), and Weiner (1991) for labor exploitation; and Levinson (1989), Gelles & Cornell (1983), and Briere (1992) for excessive family violence.

Issues of cultural relativism cannot be divorced from the general study of child abuse. Abused children are victims of behaviors which inflict great harm, and intense pain or suffering. These behaviors raise questions about basic moral values, and possibly universal, or at least widespread, standards of human conduct toward children. Are there some child rearing practices that are universally reprehensible?

One concept of ideal childhood sees the child as innocent, in need of and deserving constant attention. To incorporate this concept of children across cultures, notably when asserting allegiance to the United Nations (U.N.) Convention on the Rights of the Child, poses problems, because the "best interests of the child" are defined almost entirely by adults, who may ignore the ties between the conception of rights, cultural values, and socioeconomic situations. In the first section we deal with the relativity of child abuse.

In the second section we define post-traumatic stress disorder (PTSD), particularly in assessing children's reactions to the extreme stress of war and disasters, and focus on three ways in which culture interacts with children's reactions to extreme stress. First, we discuss how culture mediates the possible range of child responses from post-traumatic stress disorder to a relatively benign reaction, and finally to actually improved mental health. Second, we focus on street children and show how they use culture to cope. Street children are not passively exposed to cultural factors. Rather, they actively use their knowledge of the socio-cultural environment to turn dismal circumstances into opportunities. They are capable of coping precisely because they are active and skilled in using cultural factors to their advantage. Third, in discussing the violence against street children, we show the effects of cultural stigmatization. In the third section, we focus on research issues and discuss potential methodological problems stemming from personal biases, which can be quite poignant when working with children in particularly difficult circumstances. We also illustrate research problems associated with the cross-cultural nature of the work, and with specific logistical difficulties of studying these children.

Ultimately, there is the question of applicability. What value is research in helping children in need? Are there cultural factors that constrain or facilitate the transfer of research into policy and practice? For example, because we consider street children as social actors, and not as passive recipients of abuse or neglect, new views of programmatic and policy applications emerge.

Child Abuse or Cultural Differences?

The United Nations Convention on the Rights of the Child has incorporated into international law the inalienable rights of all children (Queloz, 1988; Vittachi, 1986). In the process, a difficult set of questions has emerged. Principle 6 states that, "The child for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and in any case in an atmosphere of affection and of moral and material security... Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support" (Ennew & Milne, 1989, p. 45). And, Principle 10 States that, "The child shall be protected from practices which may foster racial, religious and any other forms of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood. ..." (Ennew & Milne, 1989, p. 77). These are lofty and important principles, but their cross-cultural application is quite complicated.

On the most fundamental level, the definition of childhood must be quantified in order to address any of the individual principles. For example, at what age should children be given adult responsibilities? There are many instances of what appears to be unusually harsh forms of training for early independence in the developing world. Many ten-year-old street children are quite capable of earning a living, and taking care of their basic needs, yet they are not given the privileges and responsibilities of adults (Aptekar, 1994b).

There are also problems in applying the principles of children's rights in developed countries. The United States, for example, is out of compliance with international law, because it adjudicates "children," that is, individuals under the age of 18, as adults (Cohen & Davidson, 1990). This can lead to minors spending a good portion of their lives in jail. To many cultures of the developing world, this might appear as unusually harsh treatment for children.

Another question, posed by the cross-cultural application of the Convention, concerns the point at which a child is considered to be human (i.e., the point at which life begins). In some societies, infants are not considered human until their first cry (see Segall, Ember & Ember, Volume 3, this *Handbook*). Letting them die before this time is not considered infanticide (Wagatsuma, 1981). In China, the state has condoned killing infants in times of famine. The reason given to parents is that the well-being of the state (which cannot afford too many children during famine) is more important than the parents' personal well-being (Potter & Potter, 1987; Wu, 1981). Although these examples are abhorrent to many North Americans and Europeans, it is perhaps appropriate to point out that many people view abortion as murder, even though it has legal sanction in some cultures.

In fact, stringent compliance with the Convention can result in blaming parents for child abuse, instead of addressing the causes that bring parents to make what is often a rational, but abhorrent choice. It might, for example, be difficult to understand why some poor mothers in Brazil let some of their children starve to death. But when one considers, as these mothers do, that this practice increases the possibility of survival for the majority of family members, the decision becomes more difficult to condemn (Scheper-Hughes, 1987). Many other examples, where behaviors can be considered abusive from an "outsider's" perspective have been reported (Bonnet, 1993; Breiner, 1990; Hausfater & Hardy, 1984; Hausweld, 1987; Johansson, 1984; Korbin, 1981a, 1981b; Langer, 1983; Langness, 1981; Oliver & Reardon, 1982; Olson, 1981; Poffenberger, 1981; Ritchie & Ritchie, 1981; Rushwan, 1984). Even seemingly panhuman terms, such as "maternal protection," "critical periods," "attachment" and "bonding," have been described as ethnocentric pseudo-biological descriptions by Scheper-Hughes and Stein (1987) and de Vries (1987b).

Cultural factors must also be accounted for in describing an abusive person. In a worldwide study of malnutrition, Cassidy (1987) found that where parents could not afford to give all their children full care, many parents concentrated their resources only on a few. One interpretation sees the behavior as a way of adapting to shortage of resources, and judges the mother's behavior as abusive because of the immediate consequences to the child. A longer term view can see her behavior as less abusive by taking into account the desire to maintain the survival of the lineage even at the expense of a particular child. Of course, neither view is acceptable, but the parent's behavior illustrates different cultural values, and shows that decisions although abhorrent cannot be described solely as abusive.

Until recently the profile of a child abuser in the developed world was considerably different from that in the developing world (Korbin, 1987). In the first instance, child abusers were associated with mental disorders and abuse involved deliberate attempts to hurt the child. (See Kempe & Kempe [1983] for a description of the battered child syndrome in developed countries, and Wolfner & Gelles 1993, for a profile of battering parents in the developed world.) In developing countries, this type of child abuser was not found. Recently, however, there has been evidence from New Guinea (Townsend, 1985), Zambia (Mumba, 1981), and Nigeria (Okeahialam, 1984) to suggest that child abuse, comparable to the battered child syndrome, is beginning to emerge in less developed countries. Rohner and Rohner (1980) have shown that child abuse is more likely to occur in situations where there are no caretakers besides the children's parents, (3) where there is lack of the fathers' involvement in childrearing, and (4) where families are not connected to their community. This is not to say that two-parent families engaged in community affairs, who have one wanted child and extra caretakers to care for the child will not abuse their children. It does point out the cultural specificity of this profile, and places the relative degree to which this form of abuse occurs in context.

In view of such difficulties in applying the United Nations Convention on the Rights of the Child, a cross-cultural schema is needed to help develop hypotheses about childrearing practices that would include child abuse definitions across cultures. This is no easy task, in large part because these differences are deeply embedded in a culture's moral framework, which includes harsh judgments against parents who allegedly abuse their children.

So far we have considered how cultural variations in individual care given to children can be interpreted as abusive. However, in some situations child abuse stems from state pressures or political conflicts. In these cases abuse comes under state authority, and its justification comes mainly from the abusers. The abuse described earlier may involve culturally adaptive practices, for instance, in Cassidy's example about malnutrition, but how can abuse be justified when the aim is maintenance of privileged positions of state power?

Invoking the "superior interests of the state" often leads to the most painful dilemmas regarding childrearing. 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 (Suarez-Orozco, 1987). Some children of these suspected dissidents were taken away from their parents by the state and placed in families who supported the regime (Hilton, 1990). Years later, the grandmothers of the surviving "foster" children pressured the new government to have their grandchildren returned. Should the state separate these children from the only people they had known as caretakers, even though the children were not with their biological parents (Lykes and Liem, 1990)? A similar situation of forced "fostering" occurred in Switzerland up to 1950 with Gipsy children.

During the recent war between Iraq and Iran, Iranian children willingly marched to the head of the front lines in order to trip the mines that were planted there. Their actions saved a large number of adults who would fight the infidels. The children's behavior was condoned by the state and the children were given the status of religious martyrs (Boothby, 1986). Would it, however, be an exaggeration to conclude that there can be total agreement between cultural groups on whether this behavior was abusive? Or, is this behavior reprehensible no matter what the circumstances?

The importance of the State in defining childhood is also evident in the case of China's one-child policy. Children born to families that exceeded the permitted birth quotas were "out-of-plan," and amounted to nearly 40 percent of the annual births (Stöcklin, 1992). Yet, by virtue of the state's policy, they should not officially exist (Bianco & Hua, 1989). Hidden by parents who feared sanctions, many remained unregistered and deprived of social services (Li & Ballweg, 1994). Children in orphanages and begging on the streets are mostly girls. Research is being conducted to determine the extent to which unregistered children entered a life of marginality and abuse (Stöcklin, 1993). Thus, in China, child abuse is based in institutional pressures (population control) defining what is a good child (planned) and a bad child (unplanned). Hence, the U.N. Convention on children's rights may not only be facing the problems of cultural variations or political domination, but also the adverse combinations of cultural and structural elements. While a child's birth may be positively desired by Chinese parents, it is simultaneously defined by the State in stigmatizing terms (Thireau, 1989). As a result of the one-child policy, the gender distribution of children has been modified; female infanticide and differential abortion have both increased (Aird, 1990; Hull, 1990).

Post-Traumatic Stress Disorder: Children's Reactions to Extreme Stress

Certain psychopathological reactions to extreme stress have been classified as posttraumatic stress disorder (PTSD). Imagine Franisse, a six-year-old Mozambiquan boy. Before being kidnapped by a soldier, he was made to light the match that set his family's hut ablaze. When his mother and father ran out of the house, he was forced to watch as the soldiers cut their heads off. Franisse had the typical PTSD reactions, which included recurrent and intrusive dreams and daytime thoughts of what had happened, intense discomfort when experiencing anything similar again, and avoidance of stimuli which brought up any memory of those incidents. His mind, in short, was captured by memory, overwhelmingly expressed at certain moments, completely underground at other times (Richman, Kanji, & Zinkin, 1988).

In case of a single severe trauma, a child like Franisse must learn to readjust to the fact that the world is no longer benign, or predictable. Yet, the most damaging factor to children's mental health is not a single horrible event, but multiple stressors (Cohn, Holzer, Koch & Severin, 1980; Klingman, Sagi, & Raviv, 1993; Randal & Boustany, 1990; Ressler, Tortorici, & Marcelino, 1993; Straker & Moosa, 1988; Terr, 1991; Toner, 1994; Zahava, 1988). Take the example of a 14-year-old black South African boy. In six weeks he experienced the murder of an important adult mentor, the bombing and total destruction of his home, a violent police raid of his neighborhood, exile from his community, and arrest and assault by police (Straker, 1991). In this situation he not only learned, like Franisse, that happiness is unreliable but he was also faced with the more difficult problem of losing a sense of justice, becoming simultaneously pessimistic about the future and yearning for an overly romanticized fictionalized past. Over repeated severe trauma, the person gives up hope, cannot live in the present, and becomes captive to obtrusive thoughts about the past and the future, neither of which bring resolution or peace.

The fourth edition of the Diagnostic Statistical Manual (DSM-4) of the American Psychiatric Association (1994) is the definitive classification of mental disorders in the developed world. The International Statistical Classification of Diseases and Related Health Problems (ICD) is a World Health Organization publication (1992) and serves as the definitive source for the developing world. The two reference works are compatible with one another. In either source, there is little information to distinguish different psychological reactions to single and multiple trauma. This itself is a cultural bias, because multiple traumatic events are considerably more likely to occur in the developing world, where war and disaster are common. Of the 127 wars, including civil conflicts from the end of the Second World War to 1989, all but two occurred in the developing world. Over 21 million people, a large percentage of whom were children, were killed (MacPherson, 1987). During the 1980s, a million and a half children were killed as a result of

armed conflicts, almost all in the developing world (UNICEF, 1990b). Likewise, although extreme environmental events occur in all parts of the world, 95 percent of human loss from environmental disasters occur in the developing world (Aptekar, 1994a; Lima, Pi Kent, 1987; Seitz & Davis, 1984; Shah, 1983).

Children's reactions to extreme trauma(s) are age related, and can generally be categorized into two age groups: (1) early childhood (roughly between 4 and 8 years of age), (2) childhood and early adolescence (approximately between 9 and 14 years of age) (Aptekar & Boore, 1990). Children's reactions also demonstrate many cognitive changes. They become pessimistic about the future. They repeatedly tell the story of what has happened to them without any apparent sign of emotion. They develop "omens," which are irrational thoughts devised to provide some logic to the illogical trauma they have experienced. These characteristics have been shown to occur in several cultures (see Table 11-4).

Like adults, older children with PTSD also experience intrusive thoughts of the trauma, rumination over the occurrence of another stressor, phobic avoidance of events that remind the child of the trauma, and psychic numbness. When 450 Ugandan children, two-thirds of whom had experienced the death of a parent or close relative, were asked to write essays about the time they spent under the Amin regime, they wrote with very little emotion, as if everyday life was as common as it had been before the war (Dodge & Raundalen, 1987). The same finding comes from children in Mozambique, where as many as three-quarters of the children had witnessed murder, physical torture, and rape, and more than half had been tortured themselves (de Maistre & de Maistre, 1992; McCallin, 1992b).

Older children with PTSD manifest an increased amount of symptoms unique to their developmental level, such as psychosomatic conversions, sleep disturbances (including terrifying dreams seemingly unrelated to the event)-and an increase in aggression, delinquency, and alcohol and drug abuse. These findings come from cross-national and cross-disaster studies, and include single as well as repeated traumas (see Table 11-2).

TABLE 11-1 Studies finding PTSD in early childhood

Author	Type of trauma	Place of study
Punamaki (1982)	war	Palestine
Eth & Pynoos (1985a; 1985b)	war and community violence	cross-cultural
Chikane (1986)	community violence	South Africa
Raphael (1986)	natural disaster	Australia
Chimienti, Nasr & Khalief (1989)	war	Lebanon
Lima, Pai, Lozano & Santacruz (1990)	natural disaster	Colombia
Yule & Williams (1990)	ship disaster	United Kingdom
Bat-Zion & Levy-Shiff (1993)	war	Israel and Palestine
Magwaza, Killian, Peterson & Pillay (1993)	community violence	South Africa

TABLE 11-2 Studies finding PTSD in childhood and early adolescence

Author	Type of trauma	Effects	Place of study
Punamaki (1982)	war	increased delinquency	Palestine
Grinberg & Grinberg	war refugees	increased delinquency	Central America
Hussain (1984)	war	psychosomatization	Vietnam

Frederick (1985)	natural & technologic disasters	sleep disturbance & increased delinquency	USA
McHan (1985)	war	increased delinquency	Lebanon
Galante & Foa (1986)	earthquake	increased delinquency	Italy
Handford et al. (1986)	technologic disaster	sleep disturbance	USA
Rayhida, Shaya &	war	cognitive pessimism	Lebanon
Mollica, Wyshak & Lavelle (1987)	war refugees	increased violence	South-Eastern
Mahjoub, Leyes, Yzerbyt & de Giacomo (1989)	war	psychosomatization	Palestine
Martin-Boro (1989)	war	psycho-social deterioration	El Salvador
Ronstrom (1989)	war	sleep disturbance	Central America
Baker(1991)	war	psychosomatization.	Palestine
de Maistre & de	war	psychic numbness	Mozambique
Garbarino, Kostelny & Dubrow (1992)	war refugees	increased delinquency	cross-cultural
McCallin (1992a; 1992b)	war refugees	psychosomatization	South-Eastern Asia
Cicchetti & Lynch (1993)	community violence	increased delinquency	USA
Liddell, Kemp &	community violence	increased delinquency	South Africa
Masalha (1993)	war	increased aggression	Palestine
Richters & Martinez (1993)	community violence	increased delinquency	USA
Simpson (1993) Cairns & Toner (1993)	community violence	increased delinquency	South Africa

Culture as a Mediating Variable: Non-Pathological Reactions to Extreme Trauma

Contrary to the above findings, there is considerable evidence to suggest that many children do not develop PTSD (see Table 11-3).

There are several potential explanations for these conflicting results, for example, issues of assessment. It is difficult to ascertain the differences between PTSD and non-pathological reactions to extreme trauma, because the symptoms are similar but differ in duration and intensity (Wilkenson & Vera, 1985; Wortman, 1983;

TABLE 11-3
Studies not finding PTSD following trauma

Author	Type of trauma	Effects	Place of study
Mc Whirter, Young & Majury (1983)	war	adjustment to continual violence	Ireland
Rosenblatt (1983)	war	higher moral standard	Ireland
Williams & Westermeyer (1983)	war refugees	resilience	South-Eastern Asia
Boothby (1986)	war	resilience	Ireland
Coles (1986)	community violence	improved mental health	USA
Lorenc & Brantwaite (1986)	war	no increased violence	Northern Ireland
Dodge & Raundalen (1987)	war	improved mental health	Uganda
Gibson (1987; 1989)	community violence	participation reduced stress	South Africa
Punamaki (1988; 1989)	war	active coping reduced stress	Palestine
Cairns & Wilson (1989)	war	effective use of denial	Ireland
Baker (1990;1991)	war	increased self-esteem	Palestine
Dawes (1990)	community violence	no increased violence	South Africa
Rouhana(1989)	war	improved mental health	Palestine
Garbarino, Kostelny & Dubrow (1991a; 1991b;1992)	war/community violence	enhanced sense of morality	cross-cultural
Cairns & Toner (1993)	war	coped well with stress	Ireland
Dawes, Tredoux & Feinstein (1993)	community violence	less than 10% had PTSD	South Africa
Cohn & Goodwin-Gil (1993)	war	active better than passive	cross-cultural

Wortman & Silver, 1989). Also, the symptoms of healthy stress have different cultural manifestations. For example, the degree to which denial, the use of which is helpful to some children facing overwhelming events, is tolerated varies widely among cultures (Arroyo & Eth, 1985; Cairns & Wilson, 1989; Harbison, 1983; Horowitz, 1993; Pynoos & Eth, 1984,1985).

Further, it is difficult to differentiate between the causes and the effects of trauma. In Uganda, researchers were not able to determine if the violence from the Amin era caused parents to be unsupportive of their children (because parents only had the energy to care for themselves), or if the children's post-traumatic responses to the Amin terror stressed their parents to such a degree that parental effectiveness was reduced (Dodge, 1990; Dyregrov & Raundalen, 1987). Punamaki (1989) faced the same dilemma in her study on the West Bank.

Several personality variables that are confounded with cultural factors could account for the lack of PTSD. Temperament, assumed to be predominantly biological, was found to be a significant moderator to children's

response to war and other extreme trauma (Elbedour, Ten Besel, & Bastien, 1993; Wertleib, Weigel, Springer, & Feldstein, 1990). Temperament has different effects on parents in various cultures. In most developed countries, difficult-to-care-for children are more likely to be abused (Finklehor, 1985; Muller, Caldwell, & Hunter, 1993), but among the Masaai (de Vries, 1987a) and among the poor of northeastern Brazil (ScheperHughes, 1987), the more demanding child is more likely to be attended to, while the less demanding child is deemed more self-sufficient and is left alone.

Different levels of pre-traumatic functioning might also contribute to the discrepant findings. Resilient children are better able than non-resilient children to understand, make sense of, and respond without psychopathology to stressful situations (Anthony & Cohler, 1987; Garmezy, 1983, 1986; Losel & Bliesener, 1990; Losel, Bliesener & Korferl, 1990; Rutter, 1986; Weisaeth & Eitinger, 1993; Werner, 1990; Williams & Westermeyer, 1983; Yuder, 1992). Yet, resilient behaviors, which are considered stoic or self-indulgent in one culture, have different meanings in another. Examples might include the degree to which a child withholds or expresses emotion, and which emotions can or cannot be expressed. In one culture these behaviors might imply insight, while in another, they could indicate self-indulgence. In one culture, a reaction might imply independence and initiative, and in another culture, it might suggest disrespect and brashness.

Another pre-traumatic personality factor is a person's belief system. One crosscultural study compared children of different ideological commitments who were victimized by violence in the inner city of Chicago, in the West Bank, and in Israel. The study found that among the African-Americans in Chicago, it was the militant Black Muslims who coped best with stress. Similarly, the militant Hamas on the West Bank and the extreme Zionists in Israel suffered least from stress related to armed conflict (Garbarino, Kostelny, & Dubrow, 1991b). Ideological commitment plays an important role in determining individual response to trauma. However, strong ideological commitment can also prevent compromise (Cutting, 1988; Punamaki, 1988). Protestant and Catholic children in Northern Ireland, who were ready for peace, were prevented from it when their parents did not permit a more reasoned view of the opposition (Conroy, 1987; Hosin & Cairns, 1984).

The degree to which they have overcome stress in the past also contributes to whether or not children in particularly difficult circumstances will develop PTSD to current trauma. Continual stress on Israeli children living in civil war helped them prepare for future stress (Breznitz, 1983). As the conflict in Lebanon wore on, children (and their mothers) were more affected by the long lines, shortages of food and water, difficulty of getting clothes, and finding medical and social services than they were by the war itself (Bryce, Walker, & Peterson, 1989). After a few years of the trouble in Northern Ireland, children became more upset by fights in their families than they did by the fighting in the streets (McWhirter, Young, & Majury 1983). Other studies also point to the importance of habituation (Klingman, 1992; McWhirter & Trew, 1982; Punamaki, 1982).

The most researched explanation for the lack of PTSD among traumatized children concerns the ability of parents to support their children. One cross-cultural study of children in war found that "most children can cope with horrible experiences and high levels of stress if they have a secure relationship with parents, or effective substitutes, and if these adults themselves can continue to function as sources of support and encouragement (Garbarino, Kostelny, & Dubrow, 1991a, p. xxi)." Similar findings come from many other studies (see Table 11-4). Reviews which include cross-cultural information on the value of a positive parental or adult attachment in mediating the effects of extreme stress can be found in Garmezy and Rutter (1985), Hobfoll et al. (1991), Ressler, Boothby and Steinbock (1988), and Saylor (1993).

In contrast, two studies of children in war (Dubrow & Garbarino, 1989; Punamaki, 1989), a study of children who witnessed the murder of one or both of their parents (Malmquist, 1986), and an in-depth longitudinal study of kidnapped children (Terr, 1990), suggest that even strong parental support cannot erase the horror of severe trauma.

Similar to the ameliorative effects of parental presence are studies showing that community support reduces the number of psychopathological reactions. These studies suggest that cultural factors, such as common ideological values, and shared in-group attitudes and out-group hostilities, help relieve stress. The data come from a wide variety of studies on various stressors and nations (see Table 11-5). However, cases of negative consequences of community support have also been reported. In the Israel-Lebanon war of 1982 community support actually reduced the family's ability to cope (Hobfoll & London, 1986). The authors attributed this to the tightly-knit networks within the community which helped to pass along vague information, and increased hearsay that added to anxiety. Reviews on the effects of community support in war can be found in Eisenbruch (1988), Garbarino, Kostelny and Dubrow (1991b), and Saylor (1993).

Cross-culturally a common theme that runs through the data on children who escape PTSD when faced with severe trauma is that action is more rewarding than inaction, particularly when action is associated with a "cause." Under these circumstances, participation in even horrendous events can reduce children's feel

TABLE 11-4 The ameliorative effect of family

Author	Stressor	Country
Boman & Edwards (1984)	refugees	Indochina
Lystad (1984)	disasters	developed world
Benedek(1985)	disasters	developed world
Bryce(1986)	war	Lebanon
Kinzie, Sack, Angell, Manson & Rath (1986)	refugees	Cambodian in USA
Sack, Angell, Kinzie & Rath (1986)	refugees	Cambodian in USA
Tsoi, Yu, & Lieh-Mak (1986)	refugees	Vietnamese in Hong Kong
Allodi (1989)	refugees	Latin America
Mahjoub, Leyes, Yzerbyt & de Giacomo (1989)	war	Palestine
McCallin & Fozzard (1990)	war refugees	Mozambique
McFarlane (1990)	natural disaster	Australia
Garbarino, Kostelny & Dubrow (1991a; 1992)	war refugees &	cross-cultural community violence
Ajudukovic & Ajudukovic	refugees	Croatia
Zeidner, Klingman & Itzkovitz (1993)	war	Israel

ings of helplessness and give them a sense of power and purpose. Examples come from Palestinian children who participated in the Intifada, black South African children who opposed apartheid, children who fought in the "troubles" of Northern Ireland, and children in Central America and Africa who were ideologically committed to changing their political situations (Garbarino, Kostelny & Dubrow, 1991 a). Some African-American children living in violent political circumstances adjusted by developing a high standard of moral reasoning, in large part, by seeing what was inappropriate and taking action against it (Coles, 1986). For similar reasons the mental health of street children who left abusive or neglectful homes also improved (Aptekar, 1988c; Swart, 1990b). These studies suggest that it is not just the type or degree of violence a child experiences that determines his or her psychological response. Specific cultural details mediate even the horrendous events children in particularly difficult circumstances face.

TABLE 11-5 The ameliorative effect of community support

Author	Stressor	Country
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Oliver-Smith (1977)	avalanche	Peru
Gleser, Green & Winget (1981)	flood	USA
Milgram (1982)	war	Israel
Breznitz; (1983)	war	Israel
Golec (1983)	disaster	USA
Kaffman & Elizur (1983)	war	Israel
Raviv & Klingman (1983)	war	Israel
Shisana & Celentano (1987)	war	Namibia
Ayalon & Van Tassel (1987)	war	Israel
Protacio-Marcelino (1989)	civil conflict	Philippines
Soloman (1989)	disaster	USA

Using Culture as a Coping Strategy: The Example of Street Children

UNICEF (1990a) estimated that in 1980 there were 369 million poor children under age fifteen in the cities of the developing world. Almost all of these children worked and most of them gave what they earned to their parents (Boyden, 1991; Cervini & Burger, 1991; Ennew, 1986; Myers, 1991). Working children living with and contributing to their families (children on the streets) and street children who do not live with adults and who support themselves (children of the street) are often not differentiated. This is because statistics are compiled by visual observations (both groups wear less than tailored clothes and are not perfectly clean) rather than by in-depth study of factors that could lead to determining living conditions. The result is highly inflated estimates of the number of reported street children. For many years, UNICEF held that there were 100 million street children in the world (UNICEF 1985). Estimates for Latin America alone reached between 40 and 50 million street children (Holinsteiner & Tacon, 1983; Ortiz & Poertner, 1992). These numbers would mean that more than 45 percent of all Latin America's children are street children (Ennew, 1986)! Interested readers should see Alves (1991), Lucchini (1993), and Yopo (1989), for more accurate and less dramatizing information about the prevalence of street children.

The public is alarmed by the inflated numbers of street children, and concerned by several hypotheses that have been advanced to explain street children's origins (Baizerman, 1988; Boyden, 1990). One hypothesis relates to urban poverty, which allegedly leads to a breakdown of families and moral values. A second hypothesis concerns aberrant families who abandon, abuse, or neglect their children. A third hypothesis is associated with adverse effects of modernization, including the breakdown of family values (Agnelli, 1986; de Galan, 1981; Kilbride & Kilbride, 1990; Mishra, 1989; Munoz & Pachon, 1980; Rizzini & Rizzini, 1991; Subrahmanyam & Sondhi, 1990; Suda, 1993).

The majority of research defines street children according to only two dimensions: the time spent in the street, and the absence of contact with responsible adults (Vanistendael, 1987). Yet, the child's subjective experience is essential to understand what it means to be a street child. It is only possible to appreciate street children's survival strategies by examining the social relations among street children and between them and society (Lucchini, 1993; Visano, 1990). When the child's perspective is taken into account, the children emerge as social actors, who develop a specific "microculture" that emerges from balancing what they need to survive and the widespread cultural values often impinging upon them. Grasping the street child's subjective sense of being in the street is quite important to understand him or her, and to improve social work with them (Lucchini, 1993, 1996; Williams, 1993).

Using children's subjective experiences also breaks down the monolithic cultural view that presents street children mainly as victims or as delinquents ready for re-education (Comber, 1994; Pirenne, 1989; Poloni, 1994). The objective perspective has fallen into the trap of ethnocentric assumptions. Descriptive works relying on patient and detailed analysis of children's accounts can help to understand current prejudices (see Table 11-6). Several common assumptions have become erroneously accepted, for example, that there was little difference between street and poor working children, that the street children had inferior mental health than their poor counterparts who stay at home, and that most street children have been abandoned.

Rather than being abandoned, street children almost always leave home in an intentional manner, initially staying away for a night or two, then step by step, spending more time away from home. Gradually the amount of time they spend with other children increases. Yet, contrary to common belief, they rarely break family ties completely. As

many as 90 percent of street children maintain contact with their families, and most of them contribute to family income.

Many studies illustrate the positive characteristics of street children. Even though there is some empirical evidence to suggest that the children succumb to abuse and neglect, other work has documented psychologically resilient coping strategies. In fact, the mental health of street children (particularly street boys) is better understood when their situation is seen as enabling early independence, empowerment, and familial responsibility. Similar views of the street children's mental health have been found in many places (see Table 11-6).

The claim that street children have inadequate mental health is difficult to support by research, while the claim that they have adequate mental health is difficult for the populace to accept. (A similar situation exists for these children's families who are seen quite negatively by the public, but who according to empirical studies function considerably better than the popular perceptions). Negative

TABLE 11-6 Studies of street children contradicting Popular assumptions

Author	Results	Country
Tacon (1982)	less than 10% abandoned	Latin America
Boyden (1986)	only 3% abandoned	Peru
Scharf, Powell & Thomas (1986)	leaving home improved mental health	South Africa
Espinola, Glauser, Ortiz, Ortiz de Carrizosa (1987; 1990)	better mental health than thought	Paraguay
Aptekar (1988a, 1988b; 1988c)	gradual move to the streets, do not break family ties, better mental health than poor counterparts	Colombia
Felsman (1989)	only 3% abandoned, do not break family ties, better mental health than poor counterparts	Colombia
Hickson & Gaydon (1989)	act of going to the streets improved mental health	South Africa~
Lusk, Peralta & Vest (1989)	do not break family ties	Mexico
Valverde & Lusk (1989)	do not break family ties	Costa Rica
Connolly (1990)	gradual move to the street, living better in the streets than at home	Colombia, Guatemala
Ojanuga (1990)	contribute earning to their families	Nigeria
Swart (1990a; 1990b)	as wide a range of personality as found in broad population, eat better and have less abuse on streets, going to the streets improves mental health	South Africa
Tyler, Tyler, Echeverry & Zea (1991)	high degree of autonomy and empowerment	Colombia
Jansen, Richter & Griesel	less drug abuse	South Africa

(1992)		
Lusk (1992)	better mental health than thought	Brazil
Oliveira, Baizerman & Pellet (1992)	many positive coping strategies	Brazil
Rosa, de Sousa & Ebrahim (1992)	contribute 90% of earning to family	Brazil
Veale (1992)	no evidence of deviance	Ethiopia
Wright, Kaminsky & Wittig (1993)	less malnutrition among street children	Honduras
Lucchini (1993)	high degree of autonomy, gradual move to the street	Brazil
Campos et al. (1994)	do not break family ties	Brazil
Donald & Swart-Kruger (1994)	children's health is not easily reducible to vulnerability or resilience	South Africa
Lucchini (1996)	maintain family connections	Uruguay

and largely inaccurate portrayals of mental health are seen in relation to the children's alleged drug addiction (Chadwick, 1991; Esterle, 1991; Medina-Mora, 1987; Ortiz, 1988), the amount of violence between and toward street children, the extent of their involvement in sex, and the prevalence of HIV among them (Peerun, 1994; Raffaelli et al., 1993). Most of these pejorative claims do not come from empirical research; in fact, empirical findings are considerably more positive. (For a detailed analysis of these discrepancies see Ennew [1994] and Glauser [1990].) There are at least two reasons for these discrepancies. One is connected to the cultural factors that define appropriate behavior for children, and the other to the public perception of street children, which is, in large part, dependent upon the way they are portrayed in the press.

Culture as a Stigmatizing Factor: Violence against Street Children

Families who produce street children are likely to be composed of three generations of women, often living together in the same house (Aptekar, 1988a, 1988b). Only seven percent of the street children, in a Jamaican study, had two-parent families (Brown, 1987), and 85 percent of the "parking boys" of Nairobi were brought up by a single parent in a female-headed family (Wainaina, 1981). Swart (1990b) reported that more than a third of South African street children had no information of their biological fathers.

It is not surprising that the male children in impoverished families are encouraged to begin working and contributing to family income at an early age. In short, young boys often fulfill the roles of adult men. Because street children are perceived as uncontrollable, and because they come from families with no male authority, public functionaries (who themselves often come from two-parent families with unequal gender rights and strong reliance on male authority) tend to treat street children with disdain and hostility.

Violence toward street children is also related to class and cultural differences. The elite and the masses in Latin America, for example, have different family traditions. Among the elite Latin American homes, fathers are present and powerful. Boys learn to respect their authority. In contrast, among the poor in Latin America, it is common to have women at the center of the families. Boys are raised not so much to respect authority as for an early independence from home. Much of the negative attitude toward street children in Latin America comes from the ethnocentric perception that street children are not beholden to proper adult authority (Aptekar, 1992).

Almost every study of street children, despite cultural variation, concludes that the children's greatest fear is not of going hungry or of missing the security of their family, but of police brutality (see Table 11-7). Street children have reason to fear hostility. For example, between 1987 and 1990 alone there were 1,397 violent deaths of Brazilian street children (Swart, 1990a). In fact, the total number of street children killed in Brazil has exceeded the casualties in the civil war in Lebanon (Leite & Esteves, 1991).

TABLE 11-7 Studies documenting hostility toward street children

Author	Country
Patel (1983; 1990)	India
Pereira (1985)	Brazil
McLaghlan (1986)	South Africa
Randall (1988)	London
AIDSWATCH (1989a)	Colombia
AIDSWATCH (1989b)	Brazil
Aptekar (1988b; 1994b)	Latin America, cross-cultural
Dimenstein (1990)	Brazil
Swart (1990b)	South Africa
Leite & Esteves (1991)	Brazil
Verma & Dhingra (1993)	India

One approach to understanding violence toward street children is to look at the societies that have street children, but have not reacted with such hostility toward them. This approach would investigate cross-cultural differences in attitudes toward street children. There appears, for example, to be less violence toward street children in Ethiopia and Sudan (than in any place in Latin America), where children feel that the current regime has treated them with kindness (Lalor, et al., 1992). Another approach that could be used to understand the violence toward street children is to look for cross-cultural constants. In Latin America, it has been suggested that the police are hired to get rid of street children by local shopkeepers, who perceive the children's presence to be a threat for their business (AIDSWATCH, 1989b; Dimenstein, 1990). In Kenya, semi-private policemen were hired by local business people to "take care" of the street children problem (Aptekar, Cathey, Ciano & Guardino, in press). And, in South Africa, the commercial sector advocated that street children be removed from the streets (Swart, 1990b).

It would also be worthwhile to examine cross-culturally why street children are described as being delinquent, worthy, or pitiful, but not as having PTSD. Not only would this lead to understanding the cultural values inherent in the definition of PTSD, but it might also lead to understanding why these children receive such hostility.

Whatever the method taken to research violence toward street children, it is clear that their inaccurate profile, the inaccurate perception of their relationship to the much larger group of working children, the pejorative descriptions of their families, and the children's alleged psychopathology are all influenced by cultural factors and ethnocentric or egocentric moral values. While the level of hostility varies among cultures, the primary source of hostility (the police and the petite bourgeoisie) appears to be constant across cultures (Aptekar, 1994b). Cross-cultural comparisons could help explain and hopefully reduce the degree of violence the children face.

Research Issues in Cross-Cultural Perspective

Garbarino (1993) articulated risks for observers of children involved in war. The first is to be overly objective. One could avoid emotion and be purely descriptive. He rejected this when he stood under the tree that soldiers in the Pol Pot regime used to bash in the heads of the enemy's children. The second risk is to respond with too much emotion and fail to grasp the complexity of the intellectual issues. One might fail to elucidate the multiplicity of reactions to different degrees of trauma.

These two potential risks are sometimes enhanced by the public and by the international organizations that serve children. The public wants to hear worse case scenarios or unusual cases of ingenuity rather than typical situations. Reporters, eager to find readers, follow the public's lead. Thus the press is more likely to publish feature articles than

objective news. International organizations seeking funding use their publications to make a case for financial allocations. They rely on showing the youngest, the most drug dependent, the most violent, and the most traumatized. Even though these groups are motivated by high ideals and perform excellent services, they can contribute to the existing biases against the children (Felsman, 1989; Ennew, 1994; Tyler, Tyler, Echeverry, & Zea, 1991).

Most research on children in particularly difficult circumstances holds a conception of childhood which is overly idealistic and ethnocentric. The ideal child (who is also seen as typical) is conceived as carefree, playful, and innocent. (In contrast to the adult who is worried, serious, and duplicitous). Few children in the developing world, because their lives are far from carefree, could be included in the idealized category of childhood. Does this mean that they are children in particularly difficult circumstances? This contributes to the widely differing demographic data about the numbers of children in particularly difficult circumstances.

There are several additional problems related to doing research with children in particularly difficult circumstances. First, there are larger cross-cultural methodological problems, such as defining the independent variable without cultural bias, the use of culturally free data collection instruments, and the difficulty of equating language, cognitive, and perceptual stimuli across cultures (Mileti, 1987; Segall, 1983). There is also the fact that almost all of the data come from the United States and other developed countries. Of the 297 references from a U.S. National Institute of Mental Health bibliography on natural disasters and mental health only thirteen deal with less developed countries (Ahearn & Cohen, 1984). Further, in many cases, agency personnel producing agency "research" documents do not have research training or experience. Invalid information is often passed along as scientific fact" (Wagner, 1986).

The more the children are studied in their natural habitat, the more difficult it will be to have the type of control to which empirical research aspires (Saraswathi & Dutta, 1988). Collecting data is difficult in times of war and natural disasters because the infrastructure (schools, hospitals, child care institutions, etc.) is disrupted or destroyed. Some researchers like to use archival data, but in many developing countries, there is almost no preexisting archival database.

A variety of other practical problems also exist. It is rare, for example, for children in particularly difficult circumstances to have birth certificates. In Brazil alone, there are 12 million children without birth certificates (Lusk, 1992). Given the possibility of malnutrition, and therefore delayed physical growth, it is difficult to know a child's age. In addition, it is also difficult to equate developmental periods across cultures and circumstances (Krener & Sabin, 1985; Miller, Onotera & Denard, 1983). Age determination problems are made more difficult because children in particularly difficult circumstances usually live on some form of relief from the international community. Knowing their survival can depend upon understanding the bureaucratic rules of the relief agency, it is not uncommon for a child to claim that he is seven years of age in order to get benefits meant for young children, and say that he is twelve or thirteen for another set of favorable circumstances (Aptekar, 1988b).

Whenever psychological tests are used, it is not only important to know the cultural biases of tests and testing, but also the children's age. Further, the tests have to be as independent of reading skills as possible. In the developing world, 20 million of the 100 million primary school age children do not attend school, and an additional 30 million drop out by the fourth grade (UNICEF, 1990a). The statistics are more extreme for children in particularly difficult circumstances. Supporting test data with ethnographic information is imperative, but this too is problematic. The timing of ethnographic data collection is extremely important for the study of children victimized by severe trauma. Reactions to stress are cyclical; they appear, disappear, and resurface. Without multiple time samplings it is possible to miss them. The onset of PTSD symptoms can also be delayed for years (Horowitz, 1990; 1993).

In most situations with children in particularly difficult circumstances, it is difficult to do anything but ex post-facto research. The most common method of getting pre-disaster or pre-war information from children is to interview them after the disaster and ask for their recollections. Although children's stories are valuable interpretations of their experiences, they do not necessarily reflect the actual events.

Sampling problems also abound in research on street children. For example, the majority of street children are studied in the programs that are serving them, which means that in many ways the children studied are the failures, the ones who could not make it on the street (Connolly, 1990; Ennew, 1994). Collecting ethnographic data on street children is difficult. Although it may appear that the children are free to talk and spend time with the researcher, the fact is they are busy working, and working for these children means survival. It is difficult to get their sustained attention unless they are paid (Dallape, 1987), and because employees have a tendency to pass pleasing information onto their bosses, the reports may be flawed.

Data for street children has to be collected during the day as well as the night. In Rio de Janeiro, for example, during the day the vast majority of children on the streets are boys, who work by shining shoes, washing cars, small scale vending, and so forth. At night, the percentage of girls and older children increases considerably (Lusk, 1992). The children found at night have different family situations, and the two groups of children function differently. Street children have developed an extraordinary capacity to tell stories. Lying about their ages, family background, reasons for being on the streets, and their current circumstances are common tricks and are easily given in their well-rehearsed scripts (Felsman, 1989; Leite & Esteves, 1991; Verma & Dhingra, 1993).

Collecting data from other categories of children in particularly difficult circumstances can be dangerous. In addition to the obvious problems of disease and violence, the children may be in unsafe and hard-to-access situations. It may be legally difficult to contact them due to child protection regulations, or other access difficulties typical of sensitive topics (Herzberger, 1993). In several political conflicts, it has been necessary for researchers to declare their positions before being allowed to enter the areas where the children were (Punamaki, 1989; Richter, 1991). The researcher can be faced with conflicting values having to pledge allegiance to and collect data from the side they consider to be the enemy.

There is no easy solution. However, by combining several methods, such as psychological tests and other sources of psychological assessment, including mental status interviews and open-ended questionnaires, ethnographic observations by multiple observers and in different situations and times, and by the use of secondary sources, it is possible to generate empirical information about the children with reasonable assurance. It would be helpful to clearly present to the reader the logic explaining the methods of data collection and what techniques were adopted to overcome methodological problems.

Conclusion

We began by discussing cultural relativism, showing that it was difficult to clearly define the difference between certain acceptable cultural practices and abuse. This made it problematic to apply cross-culturally the U.N. Convention on the Rights of the Child. Several of its provisions were especially difficult to implement outside of Western cultural contexts. Culturally variable assumptions about the time at which an embryo or a newborn becomes a child or when childhood ends render any universal provisions for state intervention, such as allowing the state to take away a child from abusive parents, a problematic question. The situation gets further complicated when the abuser is the state itself.

One indication of the problems associated with studying children in particularly difficult circumstances is the conflicting results of the many Studies

mentioned in this chapter. Some work pointed to the inevitable and enduring nature of PTSD for children who experienced extreme stress, while other studies suggested resilience and recovery. These discrepancies emerged from a variety of methodological issues as well as variations of culture.

In the second part of this chapter, we discussed the psychological reactions to extreme stress (PTSD), and pointed out that culture acts as a mediator to children's perceptions and reactions to difficult circumstances. Children are not just passive recipients of extreme stress. In the case of street children, there usually was no major traumatic event (beyond poverty) that reduced them to be victims. The violence endured by street children came less from the hard conditions of the street than from the societal reactions to them. Cultural factors related to culturally specific definitions of childhood caused street children to be labelled, excluded, and treated with hostility. Culture itself became the difficult circumstance. Its combination with state pressures gives rise to additional adverse effects: in China, contradicting policies (birth control and economic reforms) created a category of 'unwanted children and exacerbated cultural traits leading to discrimination against girls.

In the third part, we evidenced how cross-cultural researchers studying children in particularly difficult circumstances walk a delicate line. The closer they are to the children, the closer they place themselves in full view of the underbelly of human nature, where they must weigh at an intimate level the amount of cultural relativism that can be endured. Yet, cultural relativity can end in blind relativism, and annihilate any step toward comprehensive understanding of suffering and a corresponding definition of universally reprehensible conduct toward children. Coming to terms with the apparent dichotomy between cultural relativism and universalism is one central problem (and task) of cross-cultural researchers working with children in particularly difficult circumstances. This is no easy task, as it is both difficult to accept universalism without being considered culturally imperialistic, and difficult to accept relativism without being considered culturally naive.

There are several contributions made by cross-cultural researchers toward the well-being of street children. They have shown, for example, that street children are social actors, not merely victims (Lucchini, 1993, Invernizzi & Lucchini, 1996). Understanding the children's experiences and placing their view of life in the context of helping them has improved policy and programmatic efforts (Aptekar, 1994b; Aussems, 1991).

By pointing out the importance of cultural variables in understanding resistance to stress, cross-cultural researchers have shown that resilience is more than a fixed attribute of an individual (Rutter, 1990). Similar perspectives concerning vulnerability would also be valuable. The study of children in war has led to understanding that protective mechanisms are built up, not in the absence of stress, but like immunizations, in repeated and increased doses. This implies that children in highly stressful environments learn to cope. If so, what are the cultural factors which accelerate this phenomenon?

Cross-cultural researchers can also be helpful by showing how culture acts detrimentally in certain situations. For example, resiliency and coping are not always positive attributes. In certain cultural conditions, for instance, children fighting for extremist positions, resilience has led to more violence, because children having strong beliefs and strong cultural supports for their beliefs become more efficacious in their fighting. This, in turn, increases their self reliance, sense of positive identity, and a stronger will to achieve, all of which contribute to resilience and more destruction.

Cross-cultural studies can point out that just because nuclear families with at least one supportive parent-child relationship have been associated in the developed world with positive mental health in children, it does not mean that nuclear families are the only possible supportive context for children in all cultural circumstances. The World Health Organization (1987) has estimated that 80 million children are living without any family. Most of these children though poor, live adequately. Cross-cultural study of children in particularly difficult circumstances will increase our understanding of different family structures, thus helping children left without parents or biological family. We know, for example, very little about families of peers, where children parent each other, even though such "families" abound because of extreme stress. One group of more than 10,000 Sudanese children have lived without adult parenting for several years, moving from the Sudan, to Ethiopia, and to Kenya, yet they have not been studied to see how they cope and what they might teach us about other children living without parental support.

There are many societies where sibling relationships are more important than parent-child relationships for learning skills and psychological support (Weisner, 1989). More work in the area of family diversity can teach us not only how children in particularly difficult circumstances find "familial" support, but also how other children without supportive families could manage. It might also contribute to reducing the violence street children receive.

The adoption of the 1989 Convention on the Rights of the Child by the United Nations transformed the concept of childhood from an age in need of protection to a time that gives children inalienable rights to protection. This has, in effect, reduced the "legal" cross-cultural differences between children of various cultures. Does this increase children's problems by establishing a cross-cultural imperative based on standards found in the developed world, or does it ensure adequate care for children in all cultures? Are children all over the world entitled, independent of tradition, ethnicity, or culture, to health care, education, and culture outlined in the Convention? The answer should come from cross-cultural researchers. One of the most promising opportunities for cross-cultural researchers is to carefully examine the term "children in particularly difficult circumstances." By bringing in all that is diverse among cultural variations of children's suffering, cross-cultural studies can contribute to defining what is universal about children's rights and, therefore, help to link the rights of children mentioned in the Convention to the reality of children's lives in diverse cultural situations.

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