

**THE SELF-CONCEPT OF STREET CHILDREN COMPARED TO THAT OF  
PLACEMENT CHILDREN**

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## Declaration

I declare that the contents of this thesis represent my own original work unless otherwise stated.

Signed.....

J.G. Laporte

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## ABSTRACT

There has been a lot of research highlighting the plight of street children throughout the world in the past few years. A review of the literature on street children reveals that the problem is worse in developing countries. The number of street children can be expected to increase in South Africa as a result of rapid urbanisation and development. This will certainly pose a problem for the government and other organisations concerned with the welfare of street children.

In order to combat the proliferation of the number of children in the streets, concerned parties need to know more about street children before intervention and effective policies can be designed. This study was initiated to serve that purpose: to provide information on how street children perceive themselves. The information gathered and results of the study can be used by service providers to design effective intervention programmes.

Twenty street children from the Pietermaritzburg central business district and the comparison group of twenty children from a "place of safety" in Pietermaritzburg were interviewed and assessed. Children from the "place of safety" were chosen as a comparison group because their familial histories have many factors which are common to street children as well.

Assessment of the two groups of children entailed measuring the children's self-concepts by using the Piers-Harris Children's Self-Concept Scale. Human Figure Drawings were used to identify signs and levels of emotional distress using the Koppitz Emotional Indicators procedure. Furthermore, an unstructured interview was conducted with each child.

The data was analysed quantitatively using statistical sub-programs of the Statistical Package for the Social Sciences (SPSS). The following statistical tests were computed: means to measure central tendency, independent t-tests to determine the statistical significance of the difference between the two groups' self-concept scores and emotional indicators. Quatro Pro and Harvard Graphics software packages were used to analyse the data qualitatively and present it graphically.

Statistical analyses of the results reveal no significant differences between the self-concept of street children and that of the comparison group of placed children. Both groups' scores on the Piers-Harris Children's Self-Concept Scale are within the average range. This means that street and placed children's perceptions of themselves, as measured by the Piers-Harris Children's Self-Concept Scale, are similar to those of other children in the general

population.

Signs and levels of emotional distress as measured by Koppitz' list of Emotional Indicators are within the non-pathological range for both groups. This indicates that street and placed children's levels of emotional distress are similar to those found in other children in the normal population. It is therefore concluded that despite being exposed to hazardous situations and having lived in deprived and abusive situations, street children do not display significant levels of measured emotional distress. Street children are found not to be as disturbed as previously assumed by journalists and fiction writers who tend to romanticise or politicise their plight. Placed children, who also share some of the predicaments that street children have endured in terms of turbulent childhoods, do not seem to show deficits in their self-concepts and emotional functioning either.

Recommendations on how to plan intervention programmes for street children are also offered. Moreover, the standardisation of the Piers-Harris Children's Self-Concept Scale on local populations is recommended.

## Chapter 1

### Introduction

There are millions of street children in the world. It is conservatively estimated that there are about 30 000 street children in South Africa (Sboros, 1994a). These children live in the harshest of environments and are denied help by society in their attempts to survive. They are also denied five kinds of needs which Maslow (cited in Hirszowicz, 1981) regards as essential to the development and survival of all human beings. Maslow's five basic needs include the need for food, safety, love, esteem and self-actualisation. In their attempts to meet the basic physiological need for food, street children are forced to resort to theft and in extreme cases, violence. Their need for safety and security has, in cases where there is limited availability of accommodation, led to clashes among groups of street children. Groups of street children are often referred to in literature as "gangs" or "bands" (Hansoon, 1991) which provide the street child with much needed affection in the absence of their families.

Maslow regards the five basic needs as hierarchical; it is only by satisfying the preceding needs that people become preoccupied with the higher needs (Hirszowicz, 1981). This implies that street children are hampered in their desire to fulfil higher needs such as self-esteem and self-actualisation because they are denied access to satisfaction of fundamental needs. Such hindrance does not necessarily mean that street efforts of street children are geared towards the satisfaction of basic needs to the extent that they never reach a stage where they possess favourable self-esteem and self-actualise. It does mean, however, that their route to achieving these needs, is more difficult compared to other children who are well cared for in their home environments. As this study will reveal, street children, despite all the hardships and difficulties that affect their daily lives, do not despair. Instead, they are perseverant and resilient, making the best out of their situations. The street child's drive to satisfy Maslow's higher needs is indicated by their favourable self-concepts.

As already indicated earlier in the chapter, the existence of street children is not unique to South Africa. Rather, it is a universal phenomenon which is documented in history and literature. Portraits offered in Charles Dickens' (1901) "The Adventures of Oliver Twist",

Mark Twain's (1991) "The Adventures of Huckleberry Finn" and Morris West's (1995) "Children of the Sun", all present the common theme of children in the streets.

### **1.1 Background to the problem**

UNICEF established that there were 30 million street children world-wide in 1991 while more conservative estimates put this figure at 8 million (Cockburn, 1991). There are a number of problems with these estimates. First, there is no clear indication as to which types of street children have been counted. Second, there is a generic problem in counting unstable and mobile populations such as street children. The reliability with which individuals can be linked to specific places at specified times, so that an accurate unduplicated count can be made, is questionable. Third, there is also a strong motive for street children to remain hidden from officials since visibility is often likely to lead to arrest and harassment.

Street children should be regarded as part of the larger population of homeless people who, probably always present in the general population, achieve prominence in times of economic and social stress (Fischer & Breakey, 1986). As part of the street sub-culture, street children are symptomatic of larger problems which signal economic and social problems in the countries in which they occur. They also remind society of the imperfections of the human family (Dallape, 1988).

The problem of street children in South Africa has been exacerbated by a number of factors. These factors include those related to the legacy of apartheid such as poverty, lack of township infrastructure and social services leading to extensive urbanisation and high levels of political violence. Urbanisation has often been cited as the primary cause for the breakdown of traditional values such as communal living. This, coupled with unprecedented levels of political violence evidenced in this country, has led to the displacement of many families thereby leaving children to fend for themselves on the streets.

Political violence in KwaZulu-Natal (where this study was conducted) has been instrumental in creating widespread homelessness and community flux. In some instances, entire families have been wiped out as a result of politically motivated killings. Others have had their property destroyed. Consequently, many children are forced onto the streets, finding

themselves without parents and without access to any form of livelihood. King (1993) estimates there are about 1000 street children in the Pietermaritzburg central business district who are victims of violence, displacement and unemployment. A popular newspaper reported that:

Violence undoubtedly affects children's development adversely, and in South Africa where 70% of the population is under the age of 18 years, it is having a devastating effect on their future (Sboros, 1994a, p. 13).

To highlight the neglect and abuse of children in this country, Sboros (1994a) points to:

.... the destructive nature of past apartheid policies; the fact that there is no national surveillance system monitoring acts of violence against children; and the existing shortage and lack of co-ordination of resources and services aimed at assisting children affected by public violence (p. 13).

Organisations that deal with street children are limited in their efforts. They are faced with the problem of diminishing funds. Since South Africa's transition to a democratically elected government, donor agencies are of the opinion that the new government should take responsibility for the funding of its disadvantaged and marginalised citizens including street children. Furthermore, many donor agencies have looked to funding more impoverished countries with more pressing social and economic needs. In the past, organisations working with street children never received any funding from the government and were forced to rely solely on donor agencies to support their projects. The new government is currently looking into ways of collaborating with NGOs and providing them with contracts through its Reconstruction and Development Programme (RDP).

Another development that exacerbates the problem of street children is that "South Africa is having to deal with the backlash of the democratic elections, which caused some people to feel angry, insecure and violent" (Sboros, 1994b, p. 13). These feelings manifest themselves in family violence, particularly against children.

The Government of National Unity has committed itself to redressing problems of poverty, human rights and gross inequality evident in almost all aspects of South African society.

Women and children feature prominently in the government's efforts to restructure South African society and projects specific to the needs of children have been implemented nationally. These include the primary school nutrition scheme, free health care at state facilities for children aged under six and pre- and post-natal care.

In another attempt to address problems faced by children, the Goldstone Commission established an inquiry into violence against children (Sboros, 1994a). In its report titled "Inquiry into the Effects of Public Violence on Children", the Commission reveals that a large number of children have been affected by the violence prevalent in the country and that even a greater number by other forms of violence, notably domestic violence (Sboros, 1994a). In another bid to address violence against children, national children's rights organisations, caregivers and community representatives met in September 1994 to discuss strategies to protect children's rights.

## **1.2 Rationale of the study**

There is an urgent need to develop effective intervention strategies for street children since current approaches seem ineffective. This is indicated by the street children's rejection of these facilities and their proliferation in the streets. One of the reasons provided by the street children for favouring the streets over the shelters is they feel that these institutions are repressive.

Before embarking on an intervention strategy one needs to know the characteristics of the target population well. As the literature review will reveal, research on the self-concept in street children is inconsistent in its findings. Janus, McCormack, Burgess & Hartman. (1987); Miner (1991); Brennan, Huizenga and Elliot (1978); Lusk (1989); and Richter (1991) found that runaway street children have lower self-esteem when compared to children living at home. A study by Turkey and Miner (cited in Miner, 1991) did not find any differences between homeless and non-homeless adolescents on measures of the self-concept and maladjustment. According to Burns (1979), a review of self-concept studies indicates that the self-concept of street children may be lower, equivalent or even higher than that of children living at home.

Some authors have concluded that being on the streets may provide some competence training thereby cancelling out the negative effects of adverse family circumstances (Miner, 1991). These inconsistent findings stress the importance of knowing self-concept estimates of ones' target group before making any assumptions that will influence the choice of an intervention strategy. Owing to the lack of consistency in research findings, the stated hypotheses in this study will not be declared in any direction. Nevertheless, it is hoped there will be significant differences between the street children and the comparison group since the literature reveals there are many internal factors involved in children who leave home prematurely and end up living on the streets. Since there are no local norms for the Piers-Harris Children's Self-Concept Scale, the relative positions of the two sample groups will be the focus of this study.

The rationale for expecting differences between the two sample groups is that the environment in which a child lives has an impact on his/her self-concept. In particular, street children live dangerously in the streets and fend for themselves while the placement group is sheltered and presumably well cared for.

### **1.3 Aims of the study**

This study focuses on street children as a preliminary step in designing effective management and intervention programmes by investigating their self-concepts and emotional functioning. To implement an effective intervention programme, it is important to understand how a child in the streets views him/herself from his/her own internal frame of reference. Of particular interest is whether street children have any signs of emotional problems as measured by the Koppitz Emotional Indicator Scale. Finally, the usefulness of the Piers-Harris Children's Self-Concept Scale for local usage is investigated.

### **1.4 Research questions**

This study, which has multiple aims, examines the self-concept and emotional functioning in street children and a group of placed children. First, the study examines whether this population of children has a self-concept which is different from the self-concept of other children in similarly stressful situations. A stressful situation for the purposes of the study is defined as an historical background characterised by overcrowding, poverty, physical abuse, alcoholism, child neglect and rejection, and school difficulties. The study also assesses

whether street children have any significant signs of psychopathology on the Koppitz Emotional Indicator Scale. Lastly, the study investigates the usefulness of the Piers-Harris Children's Self-Concept Scale for local usage.

The study tests the following hypotheses:

**Hypothesis 1.** There will be significant differences in the global self-concept as measured by the Total Index scale of the Piers-Harris Children's Self-Concept Scale between street children and the placement group.

**Hypothesis 2.** There will be significant differences in the incidence of inconsistencies among street and placed children as measured by the Inconsistency Index of the Piers-Harris Children's Self-Concept Scale.

**Hypothesis 3.** There will be significant differences in the two groups' biased response scores as measured by the Response Bias Index of the Piers-Harris Children's Self-Concept Scale.

**Hypothesis 4.** There will be significant differences in the emotional functioning of the two groups as measured by the Koppitz Emotional Indicator Scale.

### **1.5 Definition of a street child**

In this study, a street child will be operationally defined as:

A child under the age of 17 years who has left home prematurely for a period of between six months to two years without parental permission and uses the street as his/her primary place of abode.

This definition is based on others commonly used in the literature (Barker, 1979; Homer, 1979; Richter, 1991; Cockburn, 1991). The adopted definition excludes those children on the street who are children of homeless parents living in the streets. Also intentionally excluded by design from the study are those children who are in the streets for economic purposes and continue to maintain close links with their families. This exclusion is based on the realisation that those who are in the streets for financial gain, do it to support their families and their parent-child relationships usually remain intact. In line with research conducted by Glauser (1990), the term "street children" is used as a generic term to refer to a group of children with a special relationship with the streets. These relationships are varied and may or may

not involve contact with the family.

In the review, specific reference is sometimes made to younger or older street children. The distinction between the different age groups will be clarified by referring to the street children as either children, youths or both. The term "children" is used when referring to children aged 12 and younger while "youth" is reserved for street children aged over 12. When the two terms are used, it means reference is made to both ends of the age spectrum. Although the term "street youths" is more appropriate when referring to older street children, the author will use the term "street children" in line with the literature on the subject.

Although the unit of analysis is street children as a group, reference is frequently made to the sub-group of runaway street children. These are street children who have run away from home without parental permission or knowledge. Runaway street children have been extensively studied and they constitute by far, the largest category of street children.

#### **1.6 Scope and delimitations**

Each of the two groups under study consists of twenty children as the limited scope of the study does not allow the use of a larger sample. The small size of the sample has also made it difficult to detect statistically significant differences between the two groups.

The cohort of 8-16 years was chosen to ensure that the ages of the children were not radically different and that the ages corresponded with the ages of most street children. The study will focus on the self-concept and emotional indicator (EI) scores in street and placed children. Histories of the children are considered for biographical purposes only.

The main criticism which can be directed against the use of the Piers-Harris Children's Self-Concept Scale on South African populations, especially among Africans, is that the scale was standardised on populations very different from local ones. Moreover, there is no literature in this country which indicates the successful use of such a scale with local population groups. It may be argued that both these factors, coupled with the unavailability of local norms, make this scale culturally biased.

The unavailability of collateral information has meant that in most cases the author had to rely solely on the accounts provided by the child him/herself. Hence, there was no way of verifying the information which may be distorted in some cases. Therefore, the reliability of the biographical details provided is unknown.

## Chapter 2

### REVIEW OF RELATED LITERATURE

The chapter, divided into two sections, will begin by reviewing the development of the self-concept and factors in the child's home and social environment that play a role in shaping his/her self-concept with specific reference to street children. Some of the theoretical perspectives on runaway behaviour, together with classification systems and intervention strategies, are presented.

#### Section 1

##### 2.1 The self-concept

The terms "self-concept", "self" and "self esteem" are used interchangeably in the literature. Although not synonymous, these are overlapping terms and each refers to a particular component of an individual's total personality. In an attempt to make the distinction clear, Hamachek (1978, p. 633) offers the following:

The self is that part of each of us of which we are consciously aware, the self-concept refers to that particular cluster of ideas and attitudes we have about our awareness and self-esteem is the affective component of the self.

The self-concept involves a person's global identity and incorporates all the characteristics that the person has about him/herself. Self-esteem, on the other hand, refers to how the "self" is valued or regarded: either positively or negatively. Burns (1979) defines self-esteem as "the process in which the individual examines his performance, capacities and attributes according to his personal standards and values which have been internalised from society and significant others" (p. 68).

According to Piers (1984), the self-concept is essentially phenomenological in nature; it is not something that can be observed directly but might be inferred from either self-reports or behaviour and is viewed by many writers as an organised and multifaceted phenomenon (Coopersmith, 1967; Markus & Wurf, 1987; Leung & Leung, 1992; Rosenberg & Rosenberg, 1978). The different dimensions, components or characteristics of the self-

concept referred to as self-representations, reflect the diversity of experience, attribute and capacity of any given individual. These self-representations are composed of a collection of images, schemas, conceptions, prototypes and theories (Coopersmith, 1967). Coopersmith (1967) refers to these representations of the self as "confederations or systems" differing in structure and function. Coopersmith argues that some representations are core conceptions with salient identities while others are peripheral. Central conceptions are generally more elaborate and are presumed to affect information processing and behaviour most powerfully. Peripheral conceptions, which are less elaborate, may still however, wield behavioural influence (Coopersmith, 1967). Self-representations are activated depending on the prevailing social circumstances and the individual's motivational state (Markus & Wurf, 1987).

Self-representations have also been classified in terms of global and specific components (Piers, 1984). The former reflects how an individual feels about him/herself as a total person while the latter refers to specific areas such as intellectual and behavioural components. Self-representations also differ in their origins. They are not innate phenomena. Rather, they are learnt and develop out of a myriad of experiences resulting from interaction with others and the environment (Burns, 1979). Even though this process of self-development is shaped by experience, the self-concept does not change easily or rapidly. It is rather relatively stable (Hamachek, 1978; Piers, 1984).

Generally, the self-concept has an organising function and is among the most powerful regulators of many important behaviours such as choosing a career or intimate partner. It helps to reduce ambiguity in new situations and structures behaviour toward pre-existing goals. As a result, behaviours consistent with a person's self image will tend to be favoured over inconsistent behaviours.

### **2.1.1 The development of the self-concept**

The process of self-development continues throughout a person's life (Burns, 1979). Feedback from significant others such as parents, and later teachers and peers provides reinforcement for permissible behaviour during this process of development. Veroff and Veroff (1980) divide the process of development into four stages which are outlined below. In each stage the individual has certain tasks or demands that he/she has to confront in order

to come to a successful outcome of that stage. In the first stage, which encompasses infancy, the infant's sense of self incorporates parts of the environment, encompasses those close to him/her and is situationally defined. Through interaction with others and objects and acting on the environment, the self-concept becomes more clearly defined (Burns, 1979; Hamachek, 1978; Piers, 1984). The successful outcome of this stage is that the infant sees him/herself as different from others. In the second stage, ranging from early childhood through to puberty, the child's self-concept develops from interaction with significant others. In the third stage of adolescence, the youth comes into contact with the broader social system while in the fourth, the adult is faced with the task of integrating the self-concept in relation to others and the social system.

There is disagreement amongst researchers regarding the stability of the self-concept during adolescence. Some (e.g. Erikson, 1983), argue that radical changes in self-image occur in adolescence while others (e.g. Burns, 1979; Coopersmith, 1967) see the self-concept as remaining relatively stable throughout this period. Erikson (1983) refers to adolescence as being characterised by turbulence as a result of physiological changes, psychological development and social experiences that occur during this stage of accelerated growth. This finding has been disputed by other researchers who argue that the period is not characterised by stress or turmoil but rather, the self-concept remains relatively unchanged throughout adolescence (Burns, 1979; Coopersmith, 1967).

Clearly, there are children at all ages who manifest negative self-concepts during their childhood. Some of these also manifest identity problems. It can therefore be inferred that adolescents who manifest identity disturbances are likely to be those who have always borne self-identity and esteem problems during their childhood.

### **2.1.2 Factors associated with the development of the self-concept**

An examination of literature concerned with the self-concept reveals there are conditions associated with the formation of the self-concept and self-esteem. These factors are discussed in the light of family backgrounds, physical and developmental attributes. Where possible, specific reference will be made to street children.

### **2.1.2.1 Physical attributes and developmental factors**

Coopersmith (1967) found that children who later manifest with low self-esteem had not been as advanced in their early motoric development as those who subsequently developed medium or high self-esteem. Inferior capacities of low self-esteemed individuals are therefore revealed at a relatively early age. There are children who, despite exposure to significant risk factors such as childhood trauma, show few or no signs of developmental impairment indicating that these children are resilient (This aspect will be elaborated later in this chapter). Overall, the manifestations of problematic development in children are as varied as the risk factors to which they are exposed.

The physical self is a body image and is the first distinction between the child and his/her environment. Thus, body image forms the core of the self-concept in the first few years of life. An individual's body image involves an estimation and evaluation of his/her physical apparatus in terms of social norms and feedback from others (Burns, 1979). With maturation, the child begins to control bodily functions such as walking more efficiently. As the child achieves bodily control, he/she moves beyond mastering his/her physical world. He/she begins to interact meaningfully with significant others. Thus, the self-concept becomes more differentiated and helps to guide the child in his/her interpersonal relationships. Body image is not of concern to infants and pre-scholars; it is a central concern during adolescence. This concern with body image in adolescence results from accelerated maturation that characterises this developmental stage.

There are a number of physical characteristics which are not subject to personal control or choice that could be related to self-esteem. Some of these characteristics such as beauty or height might confer enhancement by their very presence. Height is valued primarily in Euro-American culture. Others such as strength and speed might facilitate success in valued activities (Burns, 1979; Coopersmith, 1967).

There is disagreement amongst authors on the subject of self-concept as to the level of correlation, if any, between body image and self-esteem. In his study, Coopersmith (1967) found that the child's physical attractiveness was unrelated to his self-esteem. This indicated that a pre-adolescent boy's evaluation of himself was relatively unaffected by others'

judgements of whether he was handsome or not. The subjects of the study were males, and it is therefore possible that physical attractiveness is not as salient a criterion for males as it is for females. There is evidence, however that body size in males is a significant source of self-esteem among certain cultures (Coopersmith, 1967). Given the likelihood that physique tends to be associated with physical strength and prowess, these findings suggest that these factors are a more significant source of self-esteem than physical attractiveness amongst boys. Coopersmith (1967) concluded that height is not a salient, persistent criterion for determining one's worth. Being merely tall is an insufficient basis for esteem unless it is accompanied by indications of competence or worthiness in other spheres such as basketball in the USA. This is not to say persons may not experience transitory states of self enhanced esteem or devaluation when they become aware of their height or lack of it. An individual's general level of satisfaction with his/her body has been found to be consistent with his/her overall level of self-acceptance. High self-esteem thus strongly correlates with acceptance of one's physical body (Burns, 1979). Irrespective of physical appearance, an individual can subjectively and erroneously misinterpret his/her physical appearance. Such an individual will see his/her appearance in a positive light while significant others think otherwise. Furthermore, ideal body images are culturally and historically defined.

#### **2.1.2.2 Family background**

Familial conditions related to the self-concept development are discussed in depth below in the light of the fact that it is difficult to link the self-concept to a single etiological factor in an individual's family.

There is evidence to suggest that the family is the primary generating context for runaway behaviour (Adams, Gullotta & Clancy, 1985; Aptekar, 1988; Blood & D'Angelo, 1974; Brennan et al., 1978; Cockburn, 1991; Janus et al., 1987; Miner, 1991; Powell, 1987; Glauser, 1990). However, not all runaway street children experience family problems and not all children who experience family problems run away. Researchers on the subject have found the following familial conditions to be related to leaving home: short and unstable marital relationship, marital conflict often of a physical nature, reconstituted families, one-parent families, large families, familial conflict, breakdown in communication, excessive punishment, physical abuse, sexual abuse and neglect; and alcoholism (Adams et al., 1985;

Aptekar, 1988; Blood & D'Angelo, 1974; Brennan et al., 1978; Cockburn, 1991; Janus et al., 1987; Miner, 1991; Powell, 1987; Glauser, 1990). These are discussed in detail below.

Authors like Robertson (cited in Janus et al., 1987) do not link runaway behaviour among street children to any specific precipitating factor. Rather, they perceive running away as commonly caused by a stressful pattern of living rather than by an isolated event. Traumatic events with a repetitive occurrence seem to have a more depressing effect than would be achieved by more isolated dramatic episodes (Burns, 1979; Brennan et al., 1978). Miner (1991) describes homelessness in itself as constituting a continual traumatic experience. Homelessness may lead to a poor self-concept because it is often preceded by a poor parent-child relationship characterised by conflict, neglect and physical abuse. It was earlier pointed out in this section that a good parental relationship is conducive to the development of a positive self-concept.

#### 2.1.2.2.1 Child-rearing

A child's socio-economic realities and genetic attributes are determined by being the offspring of a particular set of parents. A child must abide by his/her parents' rules and is subject to their appraisal (Hamachek, 1978). Hamachek (1978) argues, "for better or for worse, a child is stuck with his parents" (p. 267).

Child rearing practises are seen as crucial in self-concept development. The self-concept is learned and much of this learning comes from significant others, particularly parents and primary care-takers. Thus, parental or primary caretakers' characteristics have a great impact on how they will raise their children. As parents or primary care-takers, they are often consistently present in the important early years and are therefore, in a unique position to influence the child. The child also has a physical, emotional and social dependence on them. Bowlby (cited in Rutter 1972) states that it is essential for mental health that the infant and young child experience a warm intimate and continuous relationship with its mother. He emphasised that arrangements for care should have regularity and continuity. Alternative arrangements might involve someone other than the mother taking care of the child. Thus, attachment is stronger when the child has a particular person to whom he/she can attach regardless of whether it is the mother or not. There is some suggestion that attachment may

be stronger when the child has fewer caretakers. In their study Janus et al. (1987) found that among street children, there was separation of siblings from one another and there was also separation from parents. In other words, these children were more likely to have had more than one caretaker in their lives and their mothers had frequently not been the primary caretaker.

A child's self-esteem is associated with the parent's or primary care-taker's level of regard for him/her. The child's self-concept reflects the view that he/she believes parents or care-takers have of him/her. Blood and D'Angelo (1974) found that mothers with low self-esteem are far more likely to maintain distant relationships than are mothers who exhibit medium and high self-esteem. Distance on the part of the mother or primary care-taker gives the child an impression that he/she is unworthy of the mother's love thereby creating lower self-esteem. Parental expression of love and approval toward a child as he/she is, is the foundation for unconditional parental acceptance.

Research has shown that the esteem of parents and the primary caretaker is positively correlated with that of their children. Coopersmith (1967) and later Leung and Leung (1992) researched how the parent-child relationship influenced the child's self-concept. Coopersmith (1967) found that mothers of children with high self-esteem tend to be high in their own self-esteem while mothers of children with low self esteem are themselves seen to be low in self-esteem and are apt to be emotionally unstable. In their study, Leung and Leung (1992) found a good relationship with parents to be associated with higher self-esteem in their offspring. In contrast, children who related poorly to their parent showed lower self-esteem and a higher delinquent tendency.

#### **2.1.2.2.2 Control**

Familial situations of children with low self-esteem indicate a lack of parental guidance and relatively harsh and disrespectful treatment. Punishment is more likely to be employed than reward. Such dominating practises tend to result in lowered self-esteem, whereas democratic practices which allow the child to take part in decision making tend to enhance self-esteem (Coopersmith, 1967). Restrictive parents are controlling, dictatorial, rejecting, and uncompromising. They determine policies without the consent of the child. Furthermore, they

refuse to tolerate deviant opinion and resolve differences by dictum and force (Coopersmith, 1967). As mentioned earlier, there are indications that these parents are themselves low in self-esteem, lack the self-confidence necessary to establish an effective family framework, and rely upon harsh treatment to exercise control over their children and resolve differences. A dictatorial parenting style has been found to be a less effective parenting approach producing pernicious side effects (Coopersmith, 1967). These parents appear to demand absolute compliance without providing the guiding limits that would indicate the type of behaviour they value and desire. The lack of standards and the accompanying disrespectful treatment that prevails in these families cause children to feel insignificant, powerless and uncertain of whether they have succeeded or not. Families with high self-esteem children use a system of reward referred to as the "mode of affecting behaviour" (Coopersmith, 1967). Where punishment is required, rather than executing harsh treatment or withdrawal of love, discipline is geared towards managing undesired responses. Coopersmith (1967) states that:

The essential features of democratic practises are clearly established policies, geared to permit the greatest possible latitude in individual behaviour, within which discussion, disagreement, and deviation are permitted without permission or coercion (p. 203).

Coopersmith (1967) describes the regulatory procedures employed by parents of children with high self-esteem as "firm, clear and demanding but cannot be termed rigid, inflexible or unduly restrictive" (p. 189). By contrast, an extremely permissive environment in which no demands are made and no rules enforced, provides only a limited definition of what is valued by significant others and society in a particular environment.

According to Burns (1979), overprotection resulting from excessive binding, undermines the child's confidence and ability to assert him/herself. Parents usually discourage any sign of autonomy in their desire to control the child. They may also become overly restrictive. Parental restrictiveness hampers the development of a child's positive self-concept as this necessarily requires increased autonomy.

A Freudian interpretation of this failure to allow children to become autonomous sees the parents' response to emergent adolescent autonomy as mediated by fear or jealousy. The

parents may begin to see the growing youth as competition and may be threatened by the fact that his/her physical and intellectual capacities are coming into full power while their own capabilities are declining (Brennan et al., 1978). These conflicts may result in a final rebellious explosion on the part of the youth. Unless parents allow the youth some autonomy, family relations may be torn apart by the escalating conflict.

#### **2.1.2.2.3 Family composition**

Physical crowding often determined by family size, has been linked with self-concept outcomes, with less physical crowding being associated with a positive outcome. As far as single parent households are concerned, Garmezy in Hauser, Vieyra, Jacobson, & Wertlieb (1989) points out that in homes where the father is absent, the mother's style of coping and compensating is a powerful redemptive variable. The number of additional caretakers is also identified as essential in mediating the effects of the stress of single parenting on the offspring. The parents' or caretaker's attitude also has a major influence on the child's psychological well being.

Early relationships with siblings and peers are of particular interest to Adler who regards the individual's place in the family constellation as a major determinant of his/her attitude and expectations (Coopersmith, 1967). Children born into families in which there are fewer offspring would presumably receive greater attention and have more intense emotional investment from their parents than children from large families (Burns, 1979; Coopersmith, 1967). Based on that, parental involvement with each child might decrease as more children are born in a family. Diminishing emotional investment in children is more likely if financial resources are limited. But Coopersmith (1967) and Burns (1979) found that children from smaller families were no higher in self-esteem than those in larger families. This would suggest that if family size does have an influence upon self-esteem, it is not a condition in isolation but is one of several interacting factors. Regarding ordinal position, a child born early in the sequence of a series of children will encounter a family environment in which there is little if any competition for attention, affection and status. Children born later find an environment in which earlier arrivals are bigger, stronger and more knowledgeable (Coopersmith, 1967). Thus, the younger child starts with a potential disadvantage of established competition, although he/she may compensate for this in other ways and be

treated equally by his/her parents.

The younger child may also be unable to compete with older children for whom high standards have been set by anxious and overprotective parents. Setting high standards for elder children may lead to lower aspirations for those born later. Other characteristics associated with birth order relate to inter-relationships. In his review of literature on the self-concept, Coopersmith (1967) found children born earlier in the sequence affiliated with others more frequently than those born later. Children born later were also more apt to be asocial, poorer in performance and schizophrenic compared to first borns. The birth of other siblings also imposes restrictions upon the parent's previous activities and freedom. During the post-natal period, the mother will have less time for her other children. This isolation of parent from child subverts the child's need for security, belonging, affection and participation in family decisions (Coopersmith, 1967). It can be concluded that given a certain set of interacting factors, older children will have better self-concepts than their siblings and that the larger the family, the poorer the self-concepts, regardless of ordinal position (Burns, 1979; Coopersmith, 1967).

The reconstitution of families has also been found to affect the self-concept negatively. In their research, Rosenberg and Rosenberg (1978) noted that children from families marked by divorce and separation were lower in self-esteem. They proposed four situations that might underlie the poor self-appraisal of the children from broken families. These are the significance of divorce in the light of societal norms, the indication of conflict, the possible negative effects of re-marriage on the child and the greater financial burdens incurred when the stability of the family is disrupted when one of its members leaves.

Reconstitution of families has been found to be a common phenomenon among families of street children (Aptekar, 1988; Janus et al., 1987). With a mother's remarriage, the child is exposed to a new adult male to whom he/she is expected to relate in a trusting manner. Less attention may be given to the child because the mother has a new partner to satisfy. Moreover, there is uncertainty regarding how the child will be accepted by the new parent and there exists a possibility of change in established values and patterns of behaviour. These changes may bring the child into conflict with the memory of his/her first parent, thereby

threatening earlier foundations of esteem. Competition between parents for the attention of the child could result in attempts to make the child take sides which may cause ambivalence and guilt. The child might also falsely conclude he/she was responsible for the discord between his/her parents.

#### 2.1.2.2.4 Familial bonds

Basic needs of adolescents include the following: love and affection, security, personal autonomy, personal recognition, respect, personal power, feelings of competence and self-worth, feelings of being understood, accepted, belonging and being approved of (Brennan et al., 1978; Blood & D'Angelo, 1974).

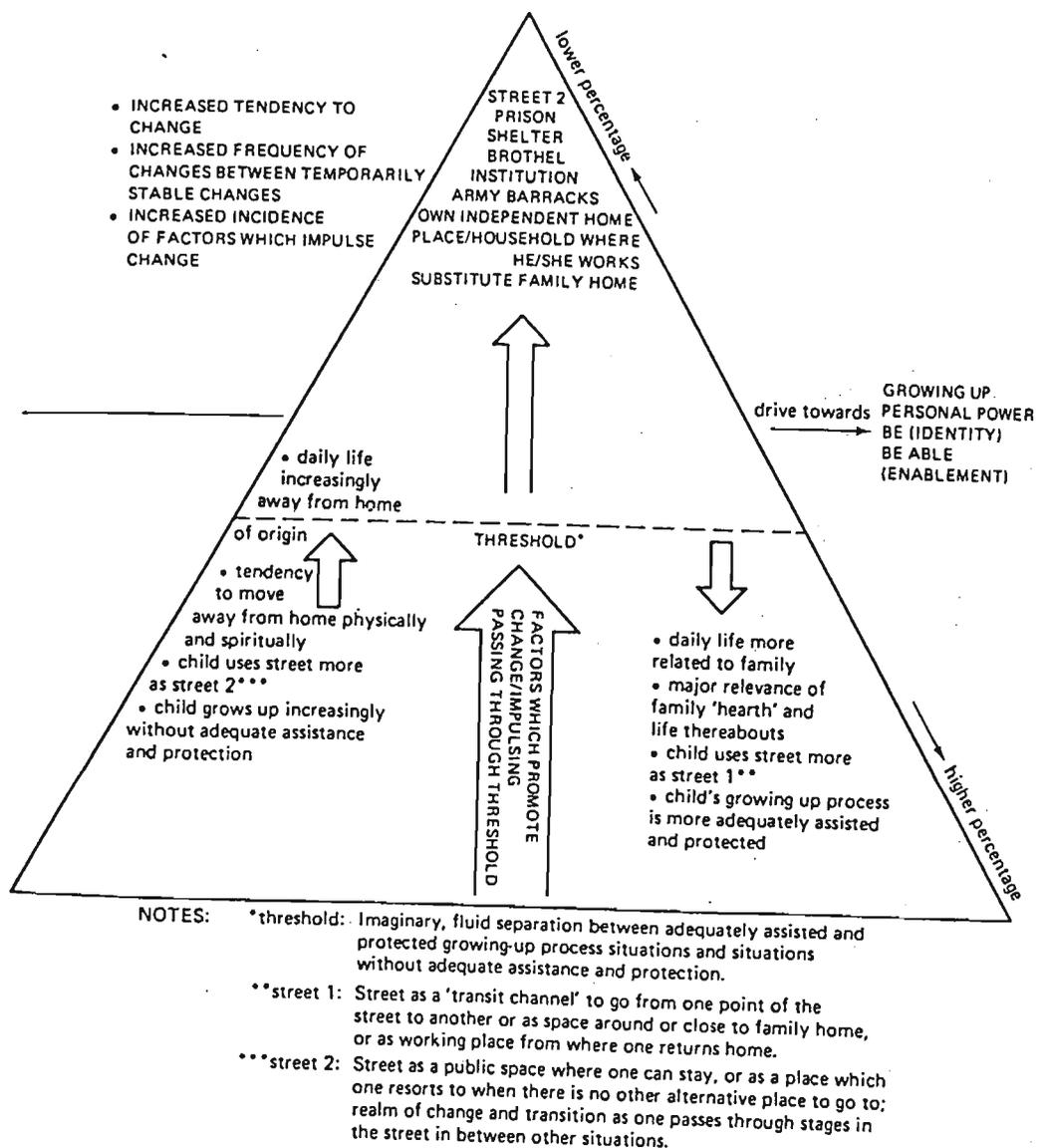


Figure 1. Moving away from home to the streets.

Reprinted from Glauser, B: 1990. Street children: Deconstructing a construct.

If these needs are met, familial bonds are strengthened. If these are thwarted and the youth holds his/her parents responsible for the failure to have these needs met, there will be conflict between the child and the parent. This conflict is deleterious to the child's self-concept and can lead to alienation or anger, setting the stage for runaway behaviour. In **Figure 1** on the previous page, Glauser cited in James and Prout (1990) refers to the erosion of existing bonds as leading to a jump in threshold from the lower to upper realm of the diagram. In the lower realm the child's life is more related to his/her natal family. The child grows up in a protected environment shielded from external influences. In the upper realm daily life is increasingly away from home and socialisation occurs in the street. Thus, the erosion of existing familial bonds is linked to runaway behaviour.

#### **2.1.2.2.5 Physical aggression and abuse**

A physically abusive family environment contributes to runaway behaviour (Janus et al., 1987; Johnson & Carter, 1980; Glauser, 1990). According to Janus et al. (1987) some of the effects of an abusive family environment may include "displays of aggression, delinquency, anxiety, depression, low self-concept, running away and deviant criminal sexual activity" (p. 35).

Abuse and neglect give the child an impression that he/she is unwanted and an unworthy individual. This leaves him/her with no reason to remain in such an environment. More often than not, the abuse is supplemented by pejorative and dehumanising insults and by demonstrating disregard for the child (Johnson & Carter, 1980). Other frustrating and stressful experiences related to the abuse include excessive assertion of power by parents, inappropriate discipline procedures, deprivation of privilege, withdrawal of love, and excessive differential treatment of siblings (Coopersmith, 1967; Johnson & Carter, 1980). Generally, the abuse has to be continuous to have a deleterious effect on the self-concept.

Society generally finds running away out of step with normative values because of the notion that it is the right of the parent to control a child. Thus, violence is often justified and tolerated in such circumstances because society believes in the sanctity of the family. Furthermore, society is threatened by the early independence of street children (Aptekar, 1988) which is contrary to the prevailing view in many cultures that a child ought to grow

up with his/her natal family (Dallape, 1988; Glauser, 1990). Families, however, are often neither present nor functional (Dallape, 1988).

#### **2.1.2.2.6 Social class**

For children, social class is ascribed rather than achieved since a child's alternatives are limited by virtue of being the offspring of a particular set of parents. Thus, social class reveals the consequence of being brought up in a given social position for a particular child. Coopersmith (1967) found no clear and definite pattern of relationship between social class and attitudes (positive or negative) towards the self. In his study, he found that though persons from upper and middle-classes were more likely to express favourable self-attitudes than persons from lower groups, the differences were neither as large nor as regular as might be expected. Rutter (1972) found that differences in parent-child communication in different classes are at least in part, responsible for the poor cognitive performance of children in the lower-classes. The reason that social status is often associated with high self-esteem is that persons in the higher-classes are perceived as more successful. Furthermore, individuals in upper-classes receive material and cultural benefits that may lead them to believe they are generally more worthy than others. Thus, children of higher-class parents may gain greater recognition, material possessions, rewards and social acceptance than the children of parents with a lesser status (Burns, 1979).

Street children come mostly from deprived economic backgrounds where unemployment and alcohol abuse are endemic (Aptekar, 1988; Cockburn, 1991; Janus et al., 1987). Coupled with a poor relationship with parents, these conditions may precipitate the development of poor self-esteem. Stress escalates in families experiencing financial problems augmenting the risk of being physically abused and running away as a consequence (Janus et al., 1987).

#### **2.1.2.2.7 Ethnicity**

There is a widely-held view that the self-esteem of disadvantaged ethnic groups is lower than that of the more privileged groups. The disadvantaged groups are regarded as likely victims of low self-concept because of discrimination, poverty, group expectations, and unstimulating environmental conditions which are supposed to lead to denigration of self-worth (Burns, 1979). Yet experimental findings in the United States reveal that disadvantaged children not

only possess positive self-concepts, but sometimes higher ones than their white counterparts (Burns, 1979). Disadvantaged children function satisfactorily in their subculture and do not seem to use Anglo society as their reference group. As such, the evaluations of their own ethnic group count more. In addition, disadvantaged groups can blame "the system" in order to insulate themselves against low-esteem. Hence, it is possible to hypothesise that lower-class blacks will manifest higher self esteem than lower-class whites, while middle-class blacks will manifest lower self-esteem than middle-class whites. Burns (1979) concluded that blacks seem to achieve low evaluations on self-concept tests in terms of the "white measuring rod". Burns (1979) argues that the cultural bias inherent in these tests is responsible for blacks achieving low scores on the self-concept tests. These low scores are then misinterpreted as indicating low self-concept.

### **2.1.2.3 Education**

The self-concept and personal academic achievement seem closely linked as it is within the arenas of educational institutions that all young people are compelled to compete. In so doing, they are forced to reveal inadequacies against externally imposed standards. Burns (1979) argues that:

Given the heavy emphasis on competition and the pressure applied by teachers and most parents on children to achieve success, it is not surprising that children employ academic attainment as an important index of self-worth (p. 275).

Children enter the school milieu with a self-concept already forming but still susceptible to modification. At school, teachers, with their expertise, authority and evaluation; and peers, begin to join parents as sources of self-information.

There is no conclusive evidence regarding the differences in self-concepts between high- and under-achievers. Attempts to isolate which variable is independent between high self-concept and academic success are inconsistent in their findings. Following a review of literature on the connection between academic achievement and the self-concept, Burns (1979) found that the positive correlation between self-concept and achievement tends to hover at the .30 and .40 level, a level of correlation not striking at all.

Combs (in Burns, 1979) found that under-achievers perceived themselves as less adequate, demonstrating a less effective approach to problem solving, exhibiting an inadequacy of emotional expression and less freedom. They also expressed more negative self-feelings than high achievers. Borislow (in Burns, 1979) was unable to detect any significant differences in self-concept between under- and high-achievers. The crucial factor seemed to be whether the student intended to strive for success or not. Those who intended to strive but under-achieved, possessed a more optimistic view of themselves as students both before and after achievement. This view is supported by Rosenberg (1965) who concluded that experiences of success are likely to lead to expectations of success.

Rosenberg (1965) found that low self-esteem persons are as desirous of success as others are, but are far less likely to expect to realise that success. Low self-esteem individuals do not believe they have the necessary capacities for success but expect their goals to remain unfulfilled and their ambitions frustrated. This pessimism, which presumably lowers aspirations, and lack of confidence will increase the likelihood of aborted or half-aborted efforts. This suggests the relationship between the self-concept and academic performance is complex with the required insertion of motivation and expectation into the formula.

A study of the self-concept also necessitates the differentiation between global self-conception and specific self-conception as a student. Thus, withdrawal from school can result from a low self-concept that does not hold the view that the child is competent or can succeed at school. It is important to note that a positive self-esteem does not necessarily guarantee academic success and achievement.

Some authors (e.g. Leung & Leung, 1992) suggest that pupils from lower-class backgrounds are under-achievers while others (e.g. Burns, 1979) argue that even though disadvantaged communities generally have lower attainment records for various socio-economic, cultural and linguistic reasons, their self-concepts are not lower than those of higher-classes.

Therefore, the "supposed" negative self-concept of lower-class minority pupils is no more than the projection of the majority culture's stereotype of them. It appears that as long as the pupil remains within his/her cultural environment, he/she seems generally well able to

maintain positive self-feelings. This results from the fact that when a pupil remains in his/her own environment, the pupil measures him/herself against his/her own people who are more similar to him/her than those from the majority cultures and higher-classes. Thus, deliberate efforts towards segregation of individuals causes the discriminated upon community to feel it is of a lower standard compared to the normative or majority group.

In their research on the link between self-concept and school, Leung and Leung (1992) found that involvement and enjoyment of school correlated positively with higher self-esteem. They also found a positive school-child relationship to be associated with better self-adjustment and lower delinquency rates. In their research on street children Howell, Emmons and Frank (1973) reported difficulties with parents, school or both long before the youth left home. Other factors that appear to worsen the educational performance of street children include poor school attendance, lack of adequate educational services, inadequate shelter and shelter instability (Rafferty & Shinn, 1991). Severe stressors experienced by street children in the educational system include amongst others; negative labelling and beatings by teachers, blocked access to receiving rewards, low grades, failure records, expulsions, and suspensions (Brennan et al., 1978). Generally, the school channels these youths with failure identities together, further labelling, stigmatising and classifying them as failures. Their parents are usually disinterested and unsupportive of conventional educational values. This parental attitude serves to damage and undermine the relationship between the youth and the educational system. Parents of runaways have also been found to be apathetic about their child's progress at school. According to Brennan et al. (1978), such children will have a weaker commitment to educational goals, lower educational expectations and very low levels of occupational aspirations. Where parents have strong concern for their child's academic achievement and success, the child's commitment to education and his/her expectations of achieving success is raised.

Glasser (cited in Brennan et al., 1978) says an inadequate parent-child relationship, a factor common among runaways, predisposes a child or youth toward failure in school. Conversely, a nurturing attitude in the home will permit a child or youth to establish the necessary emotional and personality resources to tackle problems at school, that is, a success identity. On the contrary, children or youths who are unable to gain self worth from their relationship

with parents adopt a failure identity characterised by low self-esteem, anxiety and loneliness. They also exhibit an inability to relate to people in authority and an absence of social competence (Wilson, cited in Janus et al., 1987). They are perceived by teachers as unresponsive. Teachers regard children with a failure identity with disapproval and respond to the child's or youth's difficult behaviour and lack of progress with punishment. Runaways have also been found to be less involved in social and recreational involvement at school (Brennan et al., 1978), perceiving themselves to be on the periphery of school activities. Hence, they can be said to have psychologically withdrawn from the value system on which school is based. Truancy and other delinquent acts of which the school does not approve, usually follow the child's or youth's withdrawal of commitment to school. The school may react punitively in a way that provokes further aggression from the child.

#### **2.1.2.4 Delinquency**

The chief reason for expecting self-esteem to affect delinquency is probably labelling theory. "Labelling" does not focus on the deviant individual but on societal reaction to deviance. The deviant person comes to share society's negative attitude toward him/herself by internalising society's attitudes towards him/her, thereby developing low self-esteem (Rosenberg & Rosenberg, 1978).

A rather different theoretical orientation, however, holds that youngsters adopt deviant reference groups for the purpose of enhancing self-esteem (Rosenberg & Rosenberg, 1978). In order to reestablish his/her impaired self-esteem, the adolescent labelled as deviant rejects groups which have derogated him/her and consequently turns to delinquent sub-cultures which admire his/her delinquent activities and which grant him/her respect and approval. The low self-esteem person thus engages in delinquency both in order to retaliate against the society which disdains him/her and in order to rehabilitate feelings of high self-esteem.

Rosenberg and Rosenberg (1978) examined whether self-esteem had a greater effect on delinquency than delinquency had on self-esteem. They found self-esteem to be the more powerful causal factor even when initial levels of delinquency were held constant. This result was found to be stronger amongst the lower-classes than in the upper-classes because social supports for delinquent activity may be stronger and social condemnation weaker in the

former. For the same reason, delinquency appears to damage the self-esteem of youths from higher social classes more as the higher socio-economic class contains fewer delinquent groups that serve as a source of status and social condemnation of delinquent behaviour is intense. The youth from upper-class echelons may have access to other ways of gaining self esteem.

The relative effects of self-esteem and delinquency may not be the same for girls as for boys. The girl's deviance might be more strongly condemned, thereby damaging her self-esteem. Rosenberg and Rosenberg (1978) note that, "It is possible that a successful gang leader is admired by some girls, but the successful prostitute is not admired by boys" (p. 289).

Rutter (1972) argues that while other authors hold that children who have lost one or both parents are generally seen as prone to delinquency, he found that parental death was associated with only a slight rise in delinquency. Often, the death of a father is followed by economic and social deterioration which may constitute important adverse influences on the child. Rather than the death of the parents itself, it is these socio-economic pressures which are associated with the rise in delinquency.

The association between one-parent families and delinquency is an important factor to consider in this study as most street children come from single-parent matrifocal families. It is generally held that street children are "highly delinquent" because most of them are runaways. This generalisation, however, does not hold up to rigorous investigation. Some segment of the street children population is highly delinquent while others are not much more delinquent than the overall youth population (Brennan et al., 1978).

On slum streets, physical and verbal aggression have been described as forms of self assertion. It is dangerous to be regarded as meek, easy to push around or made fun of (Foley, 1983). In this light, delinquency seems to be a strategy utilised to survive in a hostile and abusive environment. Petty crime arises out of necessity and is likely to take the form of bag snatching, shoplifting, and stripping mirrors, wipers and wheel caps from parked cars (Munyakho, 1989; Felsman, 1983). At its extreme, delinquency may involve gambling, drug trafficking and prostitution. Janus et al. (1987) found the longer the period of absence from

home, the more likely that the street child had engaged in delinquent activities.

## Section 2

The following section of the chapter reviews literature specific to the demographics of street children. In addition, internal and external factors that influence runaway behaviour in this group are reviewed. These factors play a vital role in shaping the self-concept of the street child or youth. Finally, theoretical perspectives and classification systems of runaways are discussed.

### 2.2 South African street children

In South Africa, the existence of street children was reported as early as 1917 in Cape Town. However, it was only in 1978, when the first shelter for vagrants was opened that the extraordinary number of street children was noted (Gebbers, 1990). The alarming number of children seeking food at the shelter prompted the opening of a shelter for street children in 1982.

Richter (cited in Cockburn, 1991) estimated there were over 9000 street children in South Africa aged between 7 and 16 years in 1987. The upper limit of 16 years is significant in that it is the legal age for leaving school in South Africa. Richter's sample of street children is reflective of the dynamics of a racially stratified South Africa in that her sample comprised only African and coloured children. The street children were predominantly male and this is in line with universal trends. Girls who find themselves in the streets do not stay there for long periods for various reasons. Felsman (1983) notes that:

More often, a girl who lives independently of her family is drawn instead into organised prostitution, accepting refuge and shelter of the most exploitative kind (p. 43).

Moreover, girls are socialised to remain within the home and they usually have tasks to perform in the home which strengthen their bonds to the family (Felsman, 1983). They are denied access to the more aggressive and independent role that is prescribed for young boys. In the streets girls are subjected to more social condemnation than boys, making the streets more hostile for them.

Most of the street children studied by Richter had left home before the age of 13. One third were living in the streets while two thirds were working in the streets and maintained contact with their families. A vast majority of them had moved into the city area for economic reasons. Less than 10% were orphans or homeless. Most of them blamed their parents for their lack of care and wanted to return home provided the situation improved. Reasons for leaving home were varied, usually involving the desire to escape an intolerable situation in the hope of finding a better alternative, fear of punishment for actual or accused misdemeanours, peer influence, school failure and township unrest. Most of the street children in Richter's sample were functionally illiterate and many had experienced difficulties at school. These involved difficulties relating with authority figures, truanting and failure to complete tasks and obey instructions. To curb such behaviours, teachers resorted to physical punishment. It follows then that in South Africa, street children are substantially worse off than other children. Considering the normative conditions in which middle-class children in this country live, street children are disadvantaged at three levels: first, they are children, secondly, they are Black and thirdly, they are fending for themselves.

While in the streets, street children are called by many names. They detest the term "street children" which they perceive as pejorative, preferring to be called "stroller", "drifter", and by nicknames such as "Mr Cool", "Ninja", or by their own names (Felsman, 1983). In Cape Town, street children are commonly referred to as "strollers", and in Johannesburg "amalalapyipe" (Zulu for sleeping in the pipes) or "amalunde" (Zulu for not sleeping at home). Other names by which they are known are "twilight children" and "skadukinders" (Afrikaans for twilight children).

### **2.3 The self-concept in street children**

Research concerned with the self-concept in street children does not always provide consistent findings. Street children score across the spectrum on measures of the self-concept, scoring below, in line with and higher than children at home. For instance, the sub-group of runaway street children has been described as having poor self-concepts and poor perceptions of their ability to exert influence over their environment (Janus et al., 1987; Miner, 1991).

These characteristics are perceived as indicative of poor social and psychological adjustment and decrease the youth's ability to cope constructively with stressors encountered in daily life. Contrary to these findings, other authors have found runaway street children adaptive (Gutierrez & Reich, 1981; Cockburn, 1991) and able to function effectively in the streets because of their resiliency and other factors which will be discussed with factors involved in runaway behaviour (Hauser et al., 1989). The inconsistency in results of tests given to street children may be due to the fact that there are several categories of street children which will be briefly touched on later in the chapter. Research does not always specify which category of street children is analysed. Furthermore, different measuring instruments are used in these studies possibly testing different dimensions of the self-concept in parallel studies. Inconsistent results may also result from the fact that there are various variables involved in the appearance of street children. These variables - involved in perpetual interaction - include age, gender, cultural background, personality, environment and parental characteristics. Therefore, inconsistencies may be the result of studying children from differing cultural backgrounds or environments.

## **2.4 Runaway behaviour amongst street children**

Literature on street children reveals there are internal and external factors involved in the genesis of runaway behaviour among street children. These factors are highlighted below.

### **2.4.1 Internal factors**

There are many other children who despite hardships outlined in the literature review, still remain with their families at home. Thus, internal factors, which include thinking styles and personality traits, need to be looked into when studying street children. These internal factors are responsible for individual differences.

The runaway street child has often been described as a child "who never listened", "who always asked too many questions", and "who would never do as told" (Felsman, 1983, p. 44). In short, he/she is regarded as the trouble maker with a difficult temperament. He/she is likely to be scapegoated and is constantly being given the message to move on. Thus, leaving home may be a positive, adaptive move (Felsman, 1983).

Street children's observed predisposition towards physical strength, developed agility and coordination possibly have an inherent physiological component (Felsman, 1983). Their physical endurance, boundless energy, and resistance to exhaustion and an ability to bring focused physical energy to bear on a specific task, all contribute to their active mastery of the street environment. Their vibrancy, creativity and entrepreneurial skills also contribute to their ability to survive and entertain themselves (Cockburn, 1991; Dallape, 1988). They take risks, are independent and assertive (Dallape, 1988; Lewis, 1993). One of their activities, begging, is "highly competitive, requiring stamina, intelligence and imagination" (Felsman, 1989, p. 69). In many ways, these children are functional adults (Cockburn, 1991).

According to Felsman (1989), the average age at which children leave home for the streets is 11 years and by self report, the street children in his study had first left home between the ages of 7 and 12. This range approximates Erikson's psychosocial stage of "industry vs. inferiority". This sense of industriousness involves doing things beside and with others; a first division of labour (Erikson cited in Felsman, 1989). For the street child, tasks, goals and challenges in the environment are immediate and clear. Success is tangible, providing its own rewards and satisfaction. Task failure has serious risks and may result in pain, hunger and cold, or worse, physical punishment and abuse.

While the concept of acting out is often used pejoratively and is seen as psychopathological, acting out behaviour may also be an indicator of hope and potential for success in the face of adversity (Dugan, 1989; Gluecks cited in Felsman, 1989; Miner, 1991). As Dugan (1989) contends:

Certain patterns of action and acting out in contrast to certain types of inaction, cooperativeness and restraint are factors predicting resiliency and favourable development during adolescence (p. 151).

#### **2.4.1.1 Cognitive style**

Intelligence and competence are not always measurable by standardised psychological instruments and must therefore be assessed in the economic, political and socio-cultural context in which they occur.

Following intellectual assessments of street children, Aptekar (1988) concluded that complex tasks performed daily by these children enhanced cognitive development. These tasks include many self-managed, unsupervised activities which involve a highly developed social awareness of people, and an expressed knowledge of the natural environment. According to Gutierrez and Reich (1981), the tendency to run away indicates well developed coping mechanisms and superior social skills which have been found to contribute to superior psychological outcome in those exposed to stressful situations. This fact has been proven by street children who, in spite of their histories, have made good adjustments. The problem is that although some of these children have a positive potential as upstanding members of society, they do not feel valued in social institutions.

In terms of cognitive style, street children use the "field-independence" mode (Dugan, 1989). Such a cognitive style is typified by the ability to differentiate parts of a field from their context, experiencing them as discrete from an organised background. In general, these children function more autonomously, have a more articulated body concept, and have a stronger sense of a separate identity than their peers who do not use the "field-independence" mode (Dugan, 1989). "Field independence" is considered an adaptive style for smaller, less organised social units that are necessarily attuned to immediate changes in the environment. Although a strong field independence might be maladaptive within a difficult home situation and at school, it is adaptive in the street environment and contributes to the child's ability to survive. Moreover, the demands of the street reinforce such an independent predisposition. Characteristics common in street children which conform to the "field-independence" mode include a greater freedom from fearing failure and/or defeat, and less dependence on others. Such an avoidance of helplessness and a belief in one's ability to initiate changes, contributes to a positive self-esteem and the expectation to perform well (Murphy cited in Dugan & Coles, 1989).

#### **2.4.1.2 Resiliency**

Resiliency has been defined as the capacity to bounce back or recover from disappointment, obstacle, or setback (Felsman, 1989). At the very least, resiliency requires that the child take on an active stance toward an obstacle or difficulty and perceive it as a problem that can be worked on, overcome, changed, endured, or resolved in some way. This phenomenon seems

to involve a reasonable persistence that avoids getting stuck, knowing when to give up on a task and when to temporarily redirect one's efforts. It also requires the child to have the capacity to develop a range of strategies and skills to solve a problem (Felsman, 1989).

Resiliency in disadvantaged Black children is indicated by a number of factors including a "positive sense of self, a sense of personal power rather than helplessness, an internal locus of control, and a belief in exercising a degree of control over the environment" (Garmezy cited in Hauser et al., 1989, p. 114). When viewed contextually, street children's daily survival strategies and the nature of their group life demonstrates a range of adaptive, resilient behaviour.

This section has so far dealt with the internal factors among street children. The section will now examine external factors that street children have to contend with in the streets.

#### **2.4.2 External factors: The street environment**

Adaptation in any situation is a function of the individual's unique strengths, capacities, vulnerabilities and "goodness of fit" with the demands and opportunities presented by the environment. The situation in the streets is full of significant adversity and hardships which its inhabitants must endure. Situational hardships include drugs, survival sex, criminality, poor self-esteem, alienation from family, police harassment, and barriers to reintegration (Lusk, 1989; Richter, 1991). Moreover, life in the streets consists of a nearly complete absence of privacy, supervision, education, nurturance and security. Street children, and indeed all people living in the streets, are denied the opportunity to live in a safe and stable environment. The child has to fend for him/herself and faces the predicament of protecting him/herself against the harshest elements of the physical, social and economic environment. The child is at risk of physical and emotional injury, and sexual and other criminal exploitation. In extreme cases, the child is at risk of death. Hunger, poor nutrition, depression, anxiety and behavioural problems have been identified as the most common problems among street children world-wide (Lewis, 1993; Rafferty & Shin, 1991). In South Africa, Gebers (1990) identified colds and chest pains as the main physical health problems among street children in Cape Town. Respiratory, dental, and dermatological problems; solvent (glue) abuse, and the possibility of HIV infection were also of concern. Federal and

state agencies have reported HIV infection rates of between 2-35% among street children in reformatories in the Philippines (Javis, 1992).

Street children lack any form of protection from the law in this country and so do many others in other parts of the world. Street children face brutal treatment from the police who use torture and violence to "sanitise" the streets (Agnelli, 1986; Ennew, 1986). Indeed, some of the street children's activities are vulnerable to the law because of their illegal nature. Kenya is one of the few countries that offers protection to neglected and maltreated children. There, the law has long stated that it is illegal to mistreat dependent children. In terms of the "Children and Young Personal Act", it is an offence for parents to wilfully assault, ill-treat, neglect or abandon their children (Munyakho, 1989). Such parents are liable to be arrested without a warrant. However, during the parent's incarceration, the children are left to fend for themselves. Despite such legal deterrents, the street population in Kenya is growing.

Public perception of runaways and other types of street children and the meaning generally attributed to this phenomenon is often flawed (Janus et al., 1987). They are often referred to as vagrant; a term implying a random purposeless wandering attributed to individual failure. On the contrary, the behaviour of street children is neither haphazard nor purposeless. Rather, street children's behaviours are goal-directed, coherent and represent a combined effort to meet the survival needs of food, clothing and shelter as well as ever-present emotional needs (Dugan & Coles, 1989).

The image of street children as bad or losers is perpetuated by the fact that life in the streets frequently means learning tactics, some criminal or delinquent in nature, for immediate survival. To many people, the very act of choosing the streets as a primary place of abode represents a criticism of the family as an institution. Runaways present a challenge to the belief that allegiance to one's family is vital for survival (Dallape, 1988; Glauser, 1990).

It would be expected that the adverse experiences of street children should result in negative self-concept and low self-esteem. On the contrary, living in the streets has been found to provide a growth experience which in turn counterbalances out the negative effects which prior experiences might have had on the self-concept (Cockburn, 1991; Miner, 1991).

Furthermore, acting out behaviour without features of hopelessness seems to compensate self-esteem in that it simply becomes a means of discharging negative affect onto the environment (Dugan, 1989; Gluecks cited in Felsman, 1989; Miner, 1991).

It appears that street children are vulnerable in many ways. The law which should ostensibly protect them, is as unsympathetic as the public which perceives street children as a menace.

Literature concerned with theoretical perspectives and classification systems for runaways is presented below. Intervention strategies for the runaway population of street children will also be outlined.

## **2.5 Theoretical perspectives on runaway behaviour**

Runaway street children are by far the most studied of street children. This is reflected in the relatively rich literature from psychiatric, psychological and sociological perspectives. A central question to the analysis of runaway behaviour is whether the problem lies with the individual, family or society. Regardless of which factors instigate and perpetuate the behaviour, it is certain that running away disrupts normal adolescent and family life and is often symptomatic of a deeper problem. Some authors, however, have suggested that running away is a normal development towards independence and autonomy (Brennan et al., 1978). In certain circumstances, the act can be a sensible move from a hostile environment. It may be based on a profound level of insight into the family situation. The young person may realise that his/her own growth and mental health may be crippled by remaining within the realm of a pathological family. In such cases, running away can be seen as self-rescue.

This study will focus on the following theoretical perspectives: psychiatric, socio-environmental, socio-psychological, strain theory, control theory and the integrated model.

### **2.5.1 The psychiatric view**

The psychiatric perspective traditionally focuses on a single aspect as the etiological factor involved in the genesis of behaviour thereby ignoring the effects of socio-environmental factors. This perspective follows directly from the medical model. In this context, the psychiatric view, perceives the problem of runaway behaviour as located within the

individual. Treatment usually by counselling, psychotherapy or punishment, is administered to the individual without consideration of the social context in which the behaviour occurs (Janus et al., 1987). One early school of thought stemming from psychiatric literature, saw runaways as disordered or sick, suffering from different kinds of psychopathology (Janus et al., 1987). The labelling of runaways as failures or bad, shifts attention away from the situation from which the youth flees. By dismissing the youth's behaviour as delinquent, there is a subtle denial of the conflicts inherent in social institutions which precipitate running away (Brennan et al., 1978; Janus et al., 1987).

The American Psychiatric Association (APA) classification of runaway behaviour falls within this perspective. The diagnostic category of "runaway reaction" was included as a subdivision of behaviour disorders in its second edition of the DSM (Janus et al., 1987; Jenkins, 1971; Brennan et al., 1978). The "runaway reaction", described as a "frustration response to a grossly unsatisfactory home situation", was extended to include children who had run away from home overnight or longer (Jenkins, 1971, p. 151). Typically, the "runaway reaction" was seen as reflecting a bad self-image, a sense of worthlessness, self-disencouragement and fear. The APA now identifies runaway behaviour as a component of "anti-social-conduct" disorder. This view is endorsed by several authors who generally argue that the typical psychosocial presentation of street children conforms to the main features included in the DSM 111 category of "non-aggressive, under-socialised conduct disorder" (see Appendix 1). According to Lewis (1993), these children fall within the "conduct disordered" and "anti-social personality disorder" categories. Examining the issue closer, Cockburn (1991) and (Giles, 1988) conclude that street children are likely to receive the diagnosis of "conduct disorder" due to their resistance to control.

The following are other abnormal conditions commonly associated with street children's behaviour: attention deficits often with hyperactivity, mental or at least functional retardation (Gannon, 1988), addictions to all sorts of drugs, retarded physical development from chronic malnutrition and neurological signs of varying severity, often as a result of accidents (Gannon, 1988; Giles, 1988; Lewis, 1993). In their study, Janus et al. (1987) found the symptomatology reported by physically abused runaways consistent with the diagnostic criteria of "post traumatic stress disorder", a variant of anxiety disorders (see Appendix 2).

These victims of familial violence, appear to be haunted by strong feelings regarding the running away experience. There is also evidence of reduced involvement with the external environment. Abused runaways were likely to report being afraid of going outside, feeling lonely and withdrawing from friends (Janus et al., 1987). The view of reduced involvement is also reiterated by Brennan et al. (1978) who describe runaway youths as socially isolated and unable to establish adequate peer relationships as a result of depression and low self-esteem. Leventhal (cited in Brennan et al., 1978) describes runaways as anxious, fearful, failing in school and having few or no friends.

Reports of poor impulse control are common in the literature. Leventhal (cited in Brennan et al., 1978) describes street children as having poor impulse control as a result of deficient regulatory mechanisms and the weakness to be easily influenced by peers. Beyer (cited in Brennan et al., 1978) associated this impulsivity with weakened acceptance and recognition of societal values and norms; a feature used to characterise sociopathic characters. He established that higher levels of impulsivity in runaways indicated a strong need for immediate satisfaction. Such an inability to contain impulses, could have deleterious effects on school performance which requires restraint and planning ability. However, there is evidence to suggest the runaway act is often not motivated by impulsivity. There is a pattern of breaking away in which the child runs away from home for a night, comes back only to run away again for a few days, and then a week, before leaving for months on end or forever. This pattern suggests the child or youth explores the alternative to staying at home (Felsman, 1983; 1984). The child is, therefore, not simply impulsive but has studied the situation. He/she knows a great deal about where he/she is going, having cognitively and affectively appraised street life.

The psychiatric view is limited and has subsequently been refuted by research because of its overreliance on personal pathology (Brennan et al., 1978). Other views attempt to correct the problem of too limited a perspective by identifying other factors located outside the individual which have a role to play in the genesis of runaway behaviour. These are offered below.

### **2.5.2 The socio-environmental view**

Socio-environmentalists contend that environmental factors such as poverty, rural to urban migration, civil strife, family violence, physical and sexual abuse play a central role in the genesis of the phenomenon of street children (Felsman, 1983, 1984; Lewis, 1993). For these theorists, the solution to the problem of street children lies in the modification of social conditions (Janus et al., 1987; Jenkins, 1971).

Advocates of this position tend to scorn the suggestion that the child should receive psychotherapy or any intervention. The socio-environmental view is inadequate in that it does not account for those children who have been exposed to similar circumstances but have not run away from home. An examination of the literature reveals there are many children in abusive and unhealthy situations who manifest competency and autonomous behaviour. By comparison, others who are exposed to similar stresses develop serious coping difficulties. Thus, an interactionist perspective which gives equal weight to intrinsic factors within the individual child and the environment is required.

### **2.5.3 The socio-psychological perspective**

Theories that advance a socio-psychological perspective attempt to integrate external and internal factors involved in the aetiology of premature departure from home. Such an integration avoids the narrow focus of the explanations posited by the psychiatric and socio-environmental views. Within this perspective there is a synthesis of psychiatric-psychological and socio-structural approaches which assumes that runaway behaviour results from an interaction between social conditions and the child's personality.

### **2.5.4 Psychological theory**

This argument holds that parental socialisation practices may have failed to establish bonds or commitment within the child. The absence of bonds, in interaction with certain traits in the individual and access to deviant peers, is conducive to runaway behaviour. According to the psychological theory on runaway behaviour, social and psychological bonds keep most youth tied to the home (Brennan et al., 1978).

In general, there are two types of bonds, namely, social integration bonds and personal commitment bonds. Social bonds include variables such as participation in satisfying activities, occupation of rewarding social roles, and an effective sanctioning network. Personal commitment bonds refer to internalised values, belief in the legitimacy of conventional norms, positive self-esteem, and negative attitudes toward delinquent behaviour. These two types of bonds are expected to be stronger amongst non-runaways than amongst runaways.

Existing social integration bonds and personal commitment bonds may be destroyed or attenuated. Influences that may destroy or attenuate existing bonds can appear in the home, school or other social contexts and may include frustration of the youth's needs and aspirations. Physical abuse, parental dissatisfaction, withdrawal of love and excessive constraints of the youth's autonomy, are all examples of potentially stressful situations that may destroy existing bonds. In some youths, there has never been an initial adequate development of such bonds. Leaving home, is therefore, an attempt by the individual to resolve problems arising out of the social institutions to which he/she is bound. Richter (1991) argues that, "Most leave with a sense of dismay and betrayal yet trust that their actions will contribute to the resolution of their conflicts" (p. 5).

#### **2.5.5 The strain perspective**

Strain theory has its origins in Durkheim's work. Durkheim held that most forms of deviance are psychologically normal and a result of society's failure to regulate and control people's pursuit of their social needs (Brennan et al., 1978). Later, Durkheim's theory was expanded, being informed by concerns with the social environment.

According to Durkheim, societal norms and rules lose their authority during periods of rapid social change, resulting in a state of normlessness (anomie). Home, school and the general community are the social contexts generally regarded as potential sources of socially induced strain and they serve as the primary socialising agencies for the youth. Strain theorists have focused on these institutions in identifying causes of deviance. They posit that running away is a direct result of some crises in the youth's relationships at home. Furthermore, difficulties at school, particularly when they represent a failure to live up to parental expectations, may

generate strain on conventional family relationships. Rather than an entry into an exciting adventurous life on one's own, as has been suggested by other researchers, running away is primarily an escape from an intolerable situation and a response to real or anticipated failure at home (Brennan et al., 1978).

It is imperative that the failure to live up to parental expectations or realise personal needs is preceded by an alienation of the youth from his/her parent before runaway behaviour can occur. Alienation occurs when the frustration stress is severe enough to attenuate the youth's commitment to the family and neutralise social norms which define appropriate forms of behaviour in the family. Once a youth is alienated from his/her family, the youth is in a state of psychological drift and is free from social constraints and controls; he/she is in a state of normlessness. Access to deviant peer groups with similar problems and some experience with running away, may provide the alienated youth with a learning experience and a support structure that encourages runaway behaviour. Such peer groups may also satisfy unfulfilled personal needs and individual goals, particularly when they involve needs for social acceptance, independence and a sense of personal control. For strain theorists, peer influences are not significant until one's attachment bonds to the family and conventional social norms in the family have been strained. Thus, attraction to deviant peers needs to be preceded by personal crises or failure experiences at home. Runaway behaviour and alienation from family or institutions is minimal where ties are maintained with conventional peers.

#### **2.5.6 Control theory**

Historically, control theories have been concerned with an explanation of conformity, and indirectly, deviance. Socialisation practices are central to this theory. Socialisation experiences differ considerably in terms of the development of personal and social controls. Personal controls refer to inner controls resulting from the internalisation of social norms, belief in their legitimacy and moral validity, and a personal commitment to them as appropriate guides. Social controls refer to external controls operating outside the individual which serve to reinforce conforming behaviour.

In terms of this perspective, deviance is viewed as the direct result of a failure to adequately internalise the norms and/or establish the necessary social linkages to conventional groups

which reinforce conformity to norms. Deviance also results from limited or weak social and personal controls. For the control theorist, runaways are youths whose early socialisation produced weak personal commitments and low levels of integration into conventional social groups and institutions. They seek and find personal gratification outside the family particularly when the youth is attracted to relationships outside the family. Brennan et al. (1978) assert that:

For some, socialisation experiences have been such that no personal belief and commitment to conventional norms has evolved. As such, there is no integration into conventional social groupings (p. 61).

As in strain theory, control theorists argue that if personal and social controls in the family are strong, the youth should not runaway from home even if they do have weak bonds to school, peers and community activities or work. Thus, a weak family bond is a necessary but not a sufficient cause of runaway behaviour.

### **2.5.7 The integrated model: The strain-control perspective**

The strain and control perspectives are overlapping formulations. Brennan et al. (1978) define an integrated control-strain perspective which identifies three social contexts of major significance to the adolescent: home, school and peer group. At a very general level, runaway behaviour is a result of weak social controls in these contexts. While social controls in each may be relevant, the basic assumption is that runaway behaviour is primarily a response to weak personal and social controls in the home. Due to differing socialisation practices in childhood, youths develop variable degrees of commitment to their families and integration into family roles. When there is a strong bond to the family, the likelihood of runaway behaviour is very low, regardless of the degree of social control found in the other two social settings.

When the bond to the family is absent, relatively weak or attenuated through some personal or social strain, the pressure or absence of social control in the other social contexts becomes relevant for the prediction of runaway behaviour. Brennan et al. (1978) contend that:

Sources of attenuation include sudden changes in the family structure which generates social disorganisation or crises in the home such as death, divorce,

separation, parental discord, presence of a new adult or extended family member, changes in the financial or social position, job or residence changes and perceived failure by the youth to achieve personal needs and goals (p. 68).

Sources of strain are also found outside the home, for instance, negative labelling at school or law enforcement agencies impinging upon the family. Brennan et al. (1978) postulate that the attenuation process only partially or temporarily neutralises an individual's personal or social controls. For those who have strong family bonds, the introduction of strain generates a form of alienation which encourages the use of non-conventional or deviant means for achieving conventional goals and restoring earlier relationships characterised by family cohesion. In such cases, commitment to family goals remains essentially unchanged. Running away may be a "cry for help" in the hope that running away will precipitate a solution to their difficulties. Usually, the episode will be of a short duration and will involve a voluntary return home.

In contrast, for groups that have never experienced strong bonds to their families, running away is an attraction to outside groups and social environments on which they tend to over-rely for the fulfilment of their personal and social needs. The transference of loyalties from the family to the peer group leads to premature experimentation with adult roles. Such runaway acts are often not reported by parents, involve multiple and long term runaway episodes, involuntary return and contact with police for delinquent behaviour. For these youths, running away may be precipitated by a crisis in which there are few personal investments at home. Thus, running away is a move into adulthood and freedom from parental control in a non-rewarding social context.

The integrated model generally assumes that when personal bonds to school and conventional peers are strong, runaway behaviour will be unlikely because such bonds have a deterrent effect on runaway behaviour. For youths with such bonds, running away violates accepted norms and jeopardises accrued social investments in these contexts. To the extent that the controls in one or both institutions are weak, the likelihood of runaway behaviour increases. Deviant peers provide reinforcement and support for runaway behaviour and other forms of deviant behaviour. They also play a central role in facilitating the acquisition of skills

required to sustain the new pattern of deviant behaviour.

The integrated perspective attempts to bring together the strain and control theories in explaining the genesis of runaway behaviour. It also considers both internal and external factors involved in the genesis of runaway behaviour.

## **2.6 Classification systems of street children**

Many authors who write on the subject use the umbrella term "street children" to describe a group which is not homogeneous and is in the streets for different reasons. Some researchers have tried to bring some order and conceptual clarity to the field by creating typological systems of runaways in the face of a diverse range of the behaviours, personal characteristics and motives. Brennan et al. (1978) assert that, "The challenge of providing an adequate taxonomic scheme which does justice to this diversity among runaways, however has not been met" (p. 248).

The absence of a coherent theoretical framework, the plethora of unfounded theoretical explanations stemming from different disciplines, and the variety of different socio-cultural, situational and psychological factors involved in the aetiology of runaway behaviour, has led to a multiplicity of misconceptions and fallacies.

Regarding the descriptive classification of street children, there are street children who maintain some family connection even though they spend vast amounts of time in the streets begging, parking cars and shining shoes. These children are generally in the streets for economic purposes. There are misperceptions that children who have been orphaned or physically abandoned constitute the majority of street children. In fact they form the smallest category. This myth has been fostered by journalists and fiction writers who romanticise street life. Moreover, in their attempts to gain sympathy from potential money donors, street children often tell heart-breaking stories about being orphans.

### **2.6.1 Dichotomous classification systems**

Attempts to classify different types of street children have included a system which divides runaway street children into the "running from" and "running to" groups (Brennan et al.,

1978). The "running from" class refers to those youths who are essentially escaping from unresolved personal and family problems while the "running to" group is seen as being motivated by pleasure-seeking behaviour or adventure. The former group has been referred to elsewhere as the "reactive" runaway and "escapist" runaway while terms like the "spontaneous" runaway and "romantic adventurers" apply to the latter group. According to Brennan et al. (1978), these youths have also been classified according to the number of runaway episodes they have had. There is the "multiple runaway" group characterised by high levels of both personal and family pathology and high levels of delinquent behaviour. The other type identified by Brennan et al. (1978) is the "single runaway" who exhibits less pathology in terms of personality and family dynamics. Haupt and Offord (cited in Brennan et al., 1978) differentiate between "real" runaways, who clearly intend to escape and stay away overnight and the "gesture" runaway who uses runaway behaviour as a "cry for help". The latter often voluntarily returns home within a short time.

### **2.6.2 The multiclass taxonomic system**

The Scientific Analysis Corporation devised an initial typology which designated three types of runaways: the "sick", the "bad" and the "free" (Brennan et al., 1978). The "sick" category clearly refers to the general view of the street child presented in the psychiatric and psychological literature discussed earlier. The second type focuses upon the sociopathic and delinquent behaviour of runaways and labels these youths as social deviants. This is in line with criminological and sociopathic perspectives. The final type is described within a framework of healthier motives including a search for independence, pleasure-seeking behaviour, exploration and the excitement of new experiences. This is parallel to the "running to", "spontaneous" and the "adventurers" type of runaways which have been addressed above.

Greene and Esselstyne (in Brennan et al., 1978) identify three groups of runaways. The first, the "rootless" runaway is characterised by lack of self-discipline and frequent indulgence in pleasure seeking, hedonistic behaviour, peer relationships with a marked lack of trust and impermanence. This group bears resemblance to the "adventurers" in that it is primarily motivated by unrestrained drives towards the achievement of fun and pleasure. The second group of "anxious" runaways has feelings of anxiety and powerlessness in the face of

personal and family problems. The individual runs to seek help. The final group called "terrified" runaways escapes from extremely severe situational problems and perhaps threats on their lives.

Stirlin (in Brennan et al., 1978) differentiates between three transactional modes through which runaway behaviour can be expected to result, all of which reflect pathology in the family. In the "binding" mode, the youth remains tightly bonded to the parent and the psychological ties between them are intact. There is no incidence of runaway behaviour and if by any chance it occurs, the youth will be filled with ambivalence. This type is called the "abortive" runaway because their escape attempts are half-hearted. A variant of this class is called the "lonely schizoid" runaway. Here, the youth is not only bound to the parents, but also has minimal peer associations. Given the minimal amount of peer support and the ambivalence of the bound youth, most runaway episodes are aborted. In the "expelling" mode the youth is neglected, abandoned or rejected by the parents which attenuates the bonds between parent and child. The youth moves strongly into the orbit of peers and indulges in early, causal and recurrent runaway behaviour. This type is called the "causal" runaway and there is good peer support for runaway behaviour. In the "delegating mode" the youth experiences a confusing blend of binding and expelling measures regarding his/her parents on the one hand and peers on the other hand. There is often conflict in allegiance to parents and peers. Hence, they are called "crisis" runaways.

### **2.6.3 A phenomenological typology**

In a phenomenological typology, the classification of runaway street children is divided into two general types (Brennan et al., 1978). The first incorporates those who were primarily motivated by something which their parents did; "parent-locus". The second includes those who ran away primarily as a result of their own motivations and initiative; "child-locus" motives. The latter type represents more of an inner expression of the personality of the runaway. Several subtypes have been generated from these two types. "Victims", a subtype of the "parent- locus" motive model, are distinguished by assaultive and abusive parents. They feel endangered and undefended. "Exiles" experience high levels of non-violent parental rejection. They have also been referred to as "throwaways" and "pushouts" in the literature. The "rebel" subtype is described as being involved in long standing authority struggles while

at the same time being psychologically tied to their parents. All three of these subtypes of the "parent locus" motive model fit the concept of the "running from" group.

"Child locus" runaways include the "fugitive" who appears to be escaping from some negative consequence of his/her behaviour, for example arrest, punishment, and the fear of facing parents. The "refugee" is a young person who does not have a family. He/she is escaping some institution or foster home in which he/she has been placed. The "immigrant", already somewhat mature, is psychologically independent from parents and is ready to live his/her life as an autonomous adult (Brennan et al., 1978).

The existence of apparently normal non-stressed runaways challenges the theory that there is continual tension in the families of runaways. These youths apparently have strong bonds to the family and school. According to Brennan et al. (1978) this group accounts for 20% of runaway youth. They are generally non-delinquent, healthy and are regarded as self actualising. Reliable evidence suggests that they are mostly single-time runaways and have been described as "adventurers" (Brennan et al., 1978). Themes of loneliness, boredom, and restlessness appear with high frequency in this group of runaways (Brennan et al., 1978). This implies that in the home environment, they find little stimulation or fun. The chronic pain of loneliness is evidenced in a number of highly dysfunctional coping styles including drug abuse, alcoholism, and excessive television viewing. The excessive drive to have fun could lead to multiple episodes of runaway behaviour depending on whether excitement was realised in the previous episode. According to Brennan et al. (1978) extreme pleasure-seeking behaviour could be symptomatic of people with inadequately developed identities or inadequate interpersonal behaviour. Another possible explanation for adventurous runaway behaviour is, since these youths lack clear psychopathological features, they may simply be motivated by a search for emancipation, adventure or freedom. Running away may also be a rejection of middle-class society. Rebellious runaway behaviour is common among the middle to upper-classes when youths refuse to comply with established norms and search for a new and better life. Still another possibility is that where family conflict has led to runaway behaviour, the tension is temporary and quickly resolved. To the extent that youths are being dominated by demanding parents, their escapes can be interpreted as a potentially healthy attempt to self-actualise and an escape from instability, family disruption, conflict filled

parent-child relations, scapegoating, and differential treatment of siblings.

## **2.7 Intervention strategies**

Programmes for street children are rooted in varying theories. Some assume a correctional approach while others are rehabilitative (Lusk, 1989). Cockburn (1988a) outlines three possible strategies for working with street children: containment, care and prevention. Containment which is similar to Lusk's (1989) correctional approach, usually occurs in closed institutions where children are subjected to repressive correctional practices. Such institutional confinement is regarded as a form of marginalisation (Fall, 1986). The cure approach, which bears similarity to Lusk's (1989) rehabilitative approach, involves weaning children away from the streets through rehabilitation. The approach is popular with street children's shelters and aims to gradually integrate these children into conventional institutions. The flaw of these shelters is that at times, they provide unrealistic expectations. They also develop impractical skills. Shelters also attempt to imbue street children with middle-class values and lifestyles (Cockburn, 1991).

One of the more effective shelter organisations in South Africa, "Street Wise", employs the rehabilitative approach. It has branches in Hillbrow, Soweto, Pretoria and Durban. The programme includes the teaching of basic literacy and numeracy as well as more advanced courses such as drama, art and music (Swart, 1990). Tailoring and woodwork skills are also taught. Advice is sought from specialists in remedial education and psychology. Young offenders sentenced to do community work are able to do this at "Street Wise" through the National Institute for Crime Rehabilitation of Offenders (NICRO) while a course on street law is offered by students from local universities. Education and job facilities are available to children sheltered elsewhere or still in the streets. "Street Wise" also attempts to settle these children into a more structured lifestyle. Most street children, however, oppose this endeavour vehemently. One child who had run away at the shelter explained that: "In the streets there is no discipline, there are no rules; you do what you like but sometimes you get caught" (confidential personal interview, June 14, 1993). Many street children are in and out of these institutions. They remain highly trained in surviving in the street, but not in society (Fall, 1986).

The third strategy, prevention, referred to as primary prevention in community psychology and primary health care literature, is aimed at preventing the occurrence of the phenomenon of street children by identifying the root causes of the problem. This is the least explored alternative by theorists and institutions attempting to address the problem of street children.

## **2.8 Conclusion**

This chapter has illustrated that the self-concept is a multi-faceted phenomenon shaped by a myriad of internal and external factors. A study of the self-concept has to take into account variables such as sex, race, social class, child rearing practices, aptitude, environmental and school-teacher characteristics. Literature and research on street children reveals they live in a much more stressful environment than other children even before they decide to leave home. Abuse, neglect, rejection by parents is a recurring thread in the literature that has been discussed. Further consistencies in the literature are concerned with the street child's experience of systematic failure with his/her educational, legal and employment situations; as well as substance abuse and the pressures of adolescence. Conflict in the home and school environments threaten the realisation of important needs and satisfaction including the need for security and belonging, the need for autonomy, the need for feelings of competence and self-esteem, and the need to be understood (Brennan et al., 1978).

## CHAPTER 3

### METHODOLOGY

The purpose of this study is to determine whether there are any statistically significant differences in the self-concept and emotional functioning of street children compared to "place of safety" children. In this chapter the methodology employed in the study is discussed with particular attention to the research design, subjects, data collection, instruments employed, data analyses and limitations.

#### 3.1 Selection of subjects

This study looks at two groups of children: street and placed children. The first group consisted of 20 males aged between 8 and 16 years who had been using the streets in the Pietermaritzburg central business district as their primary place of abode for at least six months but not longer than two years following a premature departure from home. The control group consisted of 20 children of the same sex and age cohort who had been resident at a local "place of safety" for less than two years.

Street girls have been excluded because none were encountered when this study was undertaken. Girls from the "place of safety" were excluded from the study to control for extraneous variables and to match the other group. The time restriction of six months to two years in the streets was adopted in order to avoid contamination by acute factors that may have precipitated the premature departure from home. The time restriction was also built into the study to control for the extraneous variable of time as it is assumed that longer periods on the street affect the self-concept differently. The external environment, in conjunction with internal factors, has a crucial role in shaping the self-concept.

Assignment to the street children group was a matter of self-selection so long as they satisfied the working definition of a street child adopted for this study. This definition required the child to be aged between 8 and 17 years. Furthermore, the child ought to have been using the streets as his/her primary place of abode for between six months to two years following a premature departure from home. Respondents were randomly selected from those who

presented themselves at the local shelter for street children during meal times. Although most street children were not resident at the shelter, they used it often as a hospitality house which provided them with food, medical care and shelter when it was too cold to sleep on the pavements. It was easy for street children to gain access to the shelter because it employs an open door policy which means street children are not penalised for moving between the streets and the shelter.

In terms of their psychological well-being, none of the selected children presented as psychotic, organic or mentally defective. The comparison group was selected so that it, as far as possible, matched the street children's composition in terms of sex, age and socio-economic status. At the placement institution, only those children without a history of being street children were selected in an attempt to restrict contamination. The children also had to have been away from home for at least six months and not longer than two years for the same reasons that the time restriction had been adopted for the street children's group.

While the groups are closely matched in terms of sex, age and socio-economic background, there are many other differences between the two groups. These include the fact that in most cases street children have departed from home prematurely in the face of adverse conditions and are exposed to the harsh environment of the streets. Their counterparts from the "place of safety", on the other hand, are usually temporarily institutionalised as a result of an adult's initiative. Whereas street children are generally actively involved in deciding to be in the streets, the comparison group has not taken proactive decisions to be institutionalised. Thus, street children are to a certain extent, active in determining their destinies while placed children are largely passive in shaping their future. "Place of safety" children are usually removed from their homes by welfare agencies when their home environment poses a threat to their well-being. An example would be an overcrowded home environment characterised by unemployment, alcoholism, child neglect and/or abuse. In other instances parents who cannot cope with the problematic behaviour of their child approach social welfare agencies and request that the child be removed from home.

The comparison group of placed children was chosen as it has many factors in common with street children. Hence, it would be a matter of comparing children who have had similar

backgrounds but are presently in different circumstances. By studying differences between the two groups, and comparing these, it would to some extent be possible to determine how the new environment has impacted on the child's self-concept and emotional functioning. The impact of the new environment is difficult to ascertain since measures of the two groups' self-concept and emotional functioning when they were still at home are not available. Nevertheless, the study will focus on differences between them.

Children from a "place of safety" were chosen over children from a local school to serve as the comparison group for various reasons. The chief reason is that local schools comprise children from diverse class locations. Different classes have been found to score differently across different variables with the higher-class being at the advantage of having its standards applied to lower-class disadvantaged communities. Thus, the use of the advantaged group as the reference group distorts the evaluation of the disadvantaged group in that they are judged according to another group's standards. In this study, both groups come from the lower socio-economic class and this is reflected in their experiences. These experiences, however, are not necessarily exclusive to their social class or social condition.

In South Africa, systematic racial segregation has determined every aspect of an individual's life from the quality of health care that a person receives through to the educational opportunities an individual has. In line with the consequences of the system of social stratification in this country, all of the street children interviewed were African. The fact that all street children belonged to one population group also reflects the cultural disintegration and family disorganisation that follows rural to urban migration pervasive among the African community. The mean age for the street children's group was 12.6 years (SD 2.2) while that of their counterparts at the "place of safety" was 12.7 (2.4) years.

### **3.2 Research design**

This study is quasi-experimental in nature. It was conducted in the vicinity of the Pietermaritzburg central business district and a local "place of safety".

The self-concept as measured by the Piers-Harris Children's Self-Concept Scale and emotional functioning as measured by the Koppitz Emotional Indicator Scale are the key

dependent variables involved in this study. The two instruments used to measure the self-concept and emotional functioning are discussed in-depth later in this chapter. The children's current place of abode is the independent variable. There are two places of abode which are of relevance to this study, being in the streets or the "place of safety".

The study involves comparing two independent groups, children on the streets and those in a "place of safety" on two dimensions; self-concept and emotional functioning. Furthermore, the study aims to test the significance of differences, if any, between the scores of the two groups across these dimensions.

The statistical package of computer sub-programs of the SPSS was used for the quantitative analyses of the data. The package was used to compute t-tests. A t-test for independent samples was computed between the global self-concept scores of the two groups as measured by the Total Index of the Piers-Harris Children's Self-Concept Scale to determine whether there were any differences. Independent t-tests were also employed to determine if there were any significant differences on the Inconsistency Index and Response Bias measures on the Piers-Harris Children's Self-Concept Scale between the two groups. The Harvard Graphics package was used for the graphic presentation of the data.

As already indicated, most of the stated hypotheses will be general or non-directional owing to the lack of consistency in research findings. Therefore, two-tailed tests will be employed to test the null hypothesis that there is no difference in means against the non-directional alternative hypothesis that there is a difference in means between the two groups.

### **3.3 Formal assessment: Instruments used**

The clinical interview, the Piers-Harris Children's Self-Concept Scale and the Human Figure Drawing (HFD) in conjunction with the Koppitz Emotional Indicator Scale were the three instruments used in the study.

The independent variable of the study, the self-concept, will be assessed using the Piers-Harris Children's Self-Concept Scale while the HFD in conjunction with the Koppitz Emotional Indicator Scale will be used to assess emotional functioning. The clinical interview

will be used to obtain the background history of each child.

### **3.3.1 The clinical interview**

An unstructured clinical interview was conducted with each child to assess the diversity and composition of his/her social network and to uncover the main reason for being on the streets. The interview was guided by the list of topics to be covered which included the child's place of origin, number of siblings at home, family composition, level of education, and reason for the premature departure from home.

### **3.3.2 The Koppitz Emotional Indicator Scale**

The Koppitz procedure employs the Human Figure Drawing to detect emotional distress. Drawings are not mediated by language and they feature prominently in studies of street children (Felsman, 1989; Swart, 1990). They are also useful for the study of personality and self image psychology. This view is supported by the psychoanalytic theory of projection (Harris, 1963). Harris (1963) argues that, "Evidence has accumulated to indicate that through his (sic) drawings, the child frequently gives outward expression of his (sic) inner thoughts and feelings" (p. 52).

Koppitz (1968) defines an emotional indicator as "a sign" on HFDs which can meet the following three criteria:

- (1) It must have clinical validity, i.e., it must be able to differentiate between HFDs of children with and without emotional problems.
- (2) It must be unusual and occur infrequently on the HFDs of children who are not psychiatric patients, i.e., the sign must be present on less than 16% of the HFDs of children at a given age level.
- (3) It must not be related to age and maturation, i.e., its frequency of occurrence on HFDs must not increase solely on the basis of the children's increase in age (p. 35).

On the list of 30 potential emotional indicators devised by Koppitz (Appendix 3), a score of zero or one is indicative of good mental health. The presence of three or more emotional indicators suggests emotional problems and unsatisfactory interpersonal relationships

(Koppitz, 1968). HFDs of children with emotional problems are expected to have three or more emotional indicators compared to those of well adjusted children. Emotional indicators are believed to reflect a child's attitude and concerns just as a child's overt behaviour and symptoms reveal much of his/her underlying attitudes and anxieties. The diagnostic significance of Koppitz 30 emotional indicators appears to be greatly enhanced when the total number of such signs on a given HFD is considered instead of each separate item (Koppitz, 1968).

The list consists of three different types of items:

The first type includes items related to the quality of the HFD; the second group of signs is made up of special features not usually found on HFDs; and the third group consists of omissions of items which would be expected on the HFDs of children at a given age level" (Koppitz, 1968, p.35).

Hypotheses associated with items scored as emotional indicators on children's drawings using the Koppitz procedure are included in Appendix 3.

### **3.3.2.1 Standardisation of the Koppitz Scale**

A list of 38 potential signs on the HFDs which were believed to possess all the characteristics of emotional indicators were originally selected. These items were derived from the work of Machover and Hammer and from Koppitz' own clinical experience (Koppitz, 1968).

Koppitz (1968) used 1856 American public school pupils of both sexes representing kindergarten through sixth grade. The composition of the sample was as follows: "one-third of the boys and girls came from low-income communities and included both coloured and white children, one-third came from predominantly white, middle-income communities, and the last third lived in high-income areas" (Koppitz, 1968, p. 10). Their ages ranged from 5 to 12 years. None of the children had gross physical handicaps and/or mental retardation.

The HFD was administered by classroom teachers to pupils as a group. Koppitz then scored all HFDs for the presence of the emotional signs. Of the 38 original signs, only 32 met the Emotional Indicator Scale criteria set out by Koppitz (1968).

### **3.3.2.2 Validity and reliability of emotional indicators on HFDs**

To establish the validity of the emotional indicators Koppitz (1968) set out to test two hypotheses which stated; "Individual emotional indicators occur more often on the HFDs of children with emotional problems than on drawings of well-adjusted children" and that "HFDs of emotionally disturbed children will show a greater number of emotional indicators on their drawings than HFDs of well-adjusted children" (p. 39). The subjects of this study were 76 pairs of public school children aged between 5 and 12 years who had been matched for age and sex. The first group consisted of 76 patients of a child guidance clinic while the other group comprised pupils from the same school, kindergarten through sixth grade (Koppitz, 1968). The HFD was administered individually by Koppitz. Results of the study show that 12 of the emotional indicators were found significantly more often on drawings of the clinic patients comprising the first group than the second group. Sixteen of the emotional signs were found exclusively in the drawings of the clinic population while two emotional signs (figure cut off by paper and the sun) failed to differentiate between the two groups of children. Consequently these items were eliminated from the list leaving a total of 30 items qualifying as emotional indicators. Two items (crossed eyes and omission of legs) were exceedingly rare but have been included in the list because of their significance as an indicator of emotional problems.

Only seven of the children in the group of clinic patients drew figures without emotional indicators. Three quarters (55) of the children in the first group showed two or more emotional indicators on their drawings compared to only four subjects in the second group. Three quarters (58) of well-adjusted children exhibited no emotional indicator on their HFDs (Koppitz, 1968). The findings of the study offered support to the hypotheses being tested by Koppitz. The findings showed that 30 of the 32 items were clinically valid emotional indicators as they occurred more frequently in the drawings of the clinic population than well-adjusted children.

### **3.3.3 The Piers-Harris Children's Self-Concept Scale**

The Piers-Harris Children's Self-Concept Scale was developed in the 1960s as a research instrument to aid clinical and educational evaluations in applied settings (Appendix 4). The scale subtitled: "The way I feel about myself" is a brief, self-report method that measures

the self-concept in children aged between 8 and 18 years (Piers, 1984).

The self-concept as assessed by this rating instrument is defined as a relatively stable set of self-attitudes reflecting both a description and an evaluation of an individual's behaviour and attributes. The Piers-Harris Children's Self-Concept Scale focuses on the child's conscious self-perceptions. The scale does not attempt to infer how the child feels about him/herself from his/her behaviour or attributions of significant others. In the scale, the term "self-concept" is used interchangeably with the terms "self-esteem" and "self-regard". In this study, self-concept and self-esteem will also be used interchangeably for the purposes of synchronising conceptual terms with those used in the scale.

Scoring the Piers-Harris Children's Self-Concept Scale involves computing the Total Index score which measures the global concept and sub-scales labelled Anxiety, Intellectual and School Status, Behaviour, Happiness and Satisfaction, Popularity, and Physical Appearance and Attributes. These clusters, which provide for a more detailed clinical interpretation, refer to specific aspects of the child's self-concept and contribute towards the child's global self-concept. The sub-scales include most but not all of the 80 items of the Total Index Scale. The various components of the Piers-Harris Children's Self-Concept Scale are considered below.

#### **3.3.3.1 The Total Index Scale**

The Total Index Scale comprises 80 first person declarative statements to be answered with a yes or no response. As such, it follows a forced choice format. The score obtained from this scale purports to index overall self-esteem and is the single most reliable measure of the self-concept. The score has a range of 0 to 80, reflecting the number of individual items responded to positively which indicates a healthy self-concept. Lower scores are associated with a lower self-concept. The low score may refer to the child's global self-concept or to a particular aspect of his/her self-concept. Average scores range between the 31st and 70th percentile.

#### **3.3.3.2 The clusters**

The *Behaviour* cluster consists of 16 items and reflects the extent to which a child admits or denies problematic behaviour. Item content ranges from specific behaviours to more general

statements concerning problem situations in the home or at school. Item responses may provide important clues about how a child views his/her problems and where these problems occur. The item responses also suggest whether or not the child assumes responsibility for these problems or externalises blame for them. A low score on the behavioural cluster suggests acknowledgement of behavioural difficulties. A high score may either reflect a lack of behavioural problems or an attempt to deny these problems. One of the items in the behavioural cluster is: "I behave badly at home".

The *Intellectual and School Status* cluster, constituted by 17 items, reflects the child's assessment of his/her abilities with respect to intellectual and academic tasks. The cluster also reveals general satisfaction with school and future expectations. This scale may be useful in identifying particular areas of learning difficulty and suggesting possible remediation. A low score on this scale suggests specific difficulties with school related tasks. An example of the items found in this cluster states: "I get worried when we have tests at school".

The *Physical Appearance and Attributes* cluster, consisting of 13 items, reflects the child's attitude to his/her physical appearance. Furthermore, the cluster indicates the child's leadership potential and ability to express ideas. This scale is more sensitive to sex differences than other clusters. The statement: "I have pretty eyes" is one of those a child has to consider in this cluster.

The *Anxiety* cluster, comprising 14 items, reflects general emotional disturbance and a dysphoric mood. Individual items tap a variety of specific emotions including worry, nervousness, shyness, sadness, fear and feelings of exclusion. Included among these items is the statement: "I am nervous".

The 12-item *Popularity* cluster reflects the child's evaluation of his/her popularity with classmates, being chosen for games and the ability to make friends. Low scores may reflect shyness, lack of interpersonal skills or personality traits which tend to isolate the child from others. In addition, some children with learning or physical handicaps may feel picked on, made fun of or simply left out of things. One statement that assesses popularity is: "I have many friends".

The *Happiness and Satisfaction* cluster with 10 items indicates a general feeling of being happy, easy to get along with, and feeling generally satisfied with life. Low scores are associated with general dissatisfaction, feelings of negative self-worth, and a longing for things to be different. They may also be an indication of a "cry for help" in some children. The statement: "I am easy to get along with" is found in this cluster.

### **3.3.3.3 The validity and reliability of the Piers-Harris Children's Self-Concept Scale**

The Piers-Harris Children's Self-Concept Scale has two additional measures which are uncovered during interpretation; the Response Bias Index and Inconsistency Index. Both of these indices are useful in determining the validity of a protocol. The Response Bias Index taps the traditional dimensions of positive or negative tendencies while the Inconsistency Index measures the extent to which the child's responses are internally consistent across individual items. False negatives may result when a child is having a significant problem as a result of being self-critical and self-aware, and consequently sets high standards for him/herself. To guard against the over-interpretation of results obtained from the Piers-Harris Children's Self-Concept Scale, only very low scores, that is, scores in the 16th percentile and below should be considered significant (Piers, 1984). Likewise, extremely high scores (false positives) may result from defensiveness or social desirability. As a general rule, scores that deviate 15 or more standard deviation units in a positive direction ( $> 65T$ ) should be interpreted with caution.

The Piers-Harris Children's Self-Concept Scale is susceptible to conscious or unconscious distortions. For this reason, it is not advisable to use it to assess the self-concept in situations where the scale is being used to influence important decisions about a child. The scale is designed to supplement skilled clinical judgements, not replace them (Piers, 1989). Nevertheless, it can be used routinely as a screening instrument in conjunction with other methods of assessing children's attitudes in high risk settings such as schools, out-patient clinics, adoption agencies, and child protection services.

### **3.3.3.4 Standardisation of the Piers-Harris Children's Self-Concept Scale**

For the Total Index Scale, the normative sample consisted of 1 183 school children from a public school in a small town in Pennsylvania in the early 1960s (Piers, 1984). The children

ranged from grade 4 through 12 and their scores were pooled for normative purposes since there were no consistent sex or grade differences noted. This resulted in a mean of 51.84, a standard deviation of 13.87, and a median of 53.43. The distribution was highly negatively skewed indicating a tendency to respond in the direction of a positive self-concept (Piers, 1984). Since the norms are based on data from one Pennsylvania school district during the early 1960s, they may have "limited generalizability to other populations" (Piers, 1984, p. 50). To highlight the importance of developing local norms Piers (1984) asserts that the standardisation issue "underscores the importance of establishing local norms for interpretation, particularly when the scale is used with children who differ in important respects from those in the normative sample" (p. 50). Norms for the cluster scales were based on a sample of 485 public school children (248 girls and 237 boys) including 279 elementary school, 55 junior high school, and 151 senior high school students. The total mean score for this sample was 56.04 which is statistically higher ( $t_{1052} = 6.26, p < .01$ ) than the Total Index mean score for the original sample (51.84). Thus, the samples are not exactly comparable, further underscoring the need for caution in interpreting these scores (Piers, 1984, p. 50).

### **3.4 Procedures**

#### **3.4.1 Data collection**

The first step involved getting as close as possible to the street children in order to gain their confidence, establish rapport and learn more about their lives and how they perceive themselves through the administration of psychological tests and informal interviews. Information was collected over a period of three months at two different locations, a local private shelter where most street children congregate during meals and a "place of safety". Information about some of the children was also gathered from the scant details contained in the demographic records kept at the shelter and the "place of safety".

Written consent was obtained from the Community Services branch of the Natal Provincial Administration for assessment of children at the "place of safety". Verbal consent was provided by the street children's shelter for those children who used it as a hospitality house even though they ordinarily spent most of their time in the streets. Informed consent was obtained from the street children and those placed at the "place of safety". Necessary

precautions were taken throughout this study to safeguard confidentiality of the research data and results.

### **3.4.2 Test administration**

All the tests were administered in Zulu and the directions were presented to the children in a language comparable to the standard procedures in English. The self-concept scale was administered after the Human Figure Drawing. It was followed by the interview.

The respondents were informed about how the results would be used and what the purpose of the study was. It was explained that the results would help the caregivers understand the children better. They were encouraged to respond as honestly as possible in an attempt to enhance reliability and validity. It was also stressed that the questions were not part of a test and that there was no wrong or right answer. Items were read to those who were functionally illiterate or had reading difficulties.

The Piers-Harris Children's Self-Concept Scale had been translated into Zulu by a Zulu teacher and it was that version that was administered (Appendix 5). Materials needed for administration were a lead pencil, eraser and the scale booklet. At both institutions, the administration occurred in a room free from distractions. In view of the amount of time needed to conduct the interview and administer the two tests, it was not feasible to interview street children while they were in the streets. The street environment would not have been able to offer a distraction-free environment vital for conducting psychological tests. Moreover, the sensitive nature of the material evoked during the interview made it impossible to conduct these in the streets. Some respondents were brought to tears when circumstances surrounding street life were explored. The Piers-Harris Children's Self-Concept Scale responses were hand-scored with a stencil to evaluate general and specific dimensions of the self-concept as delineated in the scale. An overall assessment of the self-concept is reflected in three summary scores: total raw score, stanine score and true score. For a more detailed clinical interpretation, the six cluster scales of Behaviour, Intellectual and School Status, Physical Appearance and Attributes, Anxiety, Popularity, and Happiness and Satisfaction were also scored and interpreted. Their results are briefly mentioned in the next chapter as they do not yield any significant differences. Interpretation was based on individual item

responses, the cluster scales, and the Total Index score. Test data were also integrated with information from the interview and other sources. Unfortunately, sources of collateral information were limited as the subjects under study had been alienated from family, school and community and significant others were not readily accessible.

In accordance with the Koppitz (1968) procedure for detecting emotional distress by identifying possible emotional indicators in a drawing, each child was asked to draw a picture of a whole person on a piece of white unlined paper using a pencil. According to Koppitz, the test may be administered to children individually or in groups but all children being studied clinically should be examined individually. Initial responses to the drawing exercise included responses such as "I can't draw", "I haven't drawn for a long time", and "I have not been to school". These children were encouraged to draw regardless of the excuses made. Each child's drawing was examined and this was followed by some informal interrogation to clarify ambiguous aspects.

Each child was asked demographic questions relating to his age, level of education, family background and circumstances surrounding leaving home and living in the streets after the administration of the HFD and the Piers-Harris Children's Self-Concept Scale.

### **3.5 Limitations and problems encountered**

The author encountered difficulty when it came to differentiating between the various types of street children as identified in the literature. Glauser (1990) differentiates between "children in the street" and "children of the street". The former refers to those children who use the streets for economic purposes and the latter to children who use the streets as their habitat. Glauser's two groups share much of the same life on the streets. They also share some characteristics and do not exactly fit into either category. The literature generally, does not always specify which type of street children it describes. Glauser (1990) asserts that:

This means when talking about street children we may do so without having a clear idea about what we are talking about and, in addition, we take the risk of mutual misunderstanding (p. 143).

Clearly, this is unacceptable from both a methodological and scientific point of view. It is clearly impossible to create sound policy for street children in the absence of an accurate description of a street child. To limit the types of street children under study, only those children who had left from home because of perceived family conflict and other adverse conditions were selected. Those who had been thrown out or asked to leave by parents or caretakers were excluded.

The study might be criticised for including children from the "place of safety" instead of ordinary school-going children. Critics who perceive the two groups in the study as similar will point to the lack of differences in the dependent variables under study. Yet, the use of ordinary school-going children from non-strained family backgrounds also has its own problem. The two groups are from the outset different and more often than not, the standards of the advantaged group are used to the detriment of the disadvantaged group. Hence, the advantaged group usually finds itself scoring more points on dimensions such as self-concept.

The greatest difficulty in measuring the self-concept results from the fact that each person's self-concept is private, personal and not directly observable. It is helpful to remember the self can only be studied through the perceptions of another. Clearly, no one has intimate access to another's internal world. One can, however, infer through self-reports and observations. An individual's own report of the self is open to distortion which is either involuntary or deliberate.

The use of the Piers-Harris Children's Self-Concept Scale proved tedious because as a self-report format it requires cooperativeness, time, some literary and verbal abilities which are often under-developed among street children. In some cases the children had to be assisted in recording their responses. In this way, a self-report scale seemed inappropriate and time consuming for children with low literacy levels. The scale is also not useful for children prone to distortions, for which street children are notorious. Aptekar (1989, p. 430) found that "getting accurate information from these children was difficult as they lived by their wits and developed an extraordinary capacity to present themselves in ways that served their needs". The Piers-Harris Children's Self-Concept Scale is only a screening instrument and should be supplemented by other data such as observations from significant others to

corroborate and investigate the scale results. For street children, the only source of collateral was the shelter itself which relies on information given by the child.

The intent of the scale employed in this study is not particularly disguised. Thus, the scores are subject to conscious and unconscious distortion by the child, usually in the socially desirable direction. Critics of self-reports believe that while the self-concept is what an individual believes about him/herself, the self-report is only what he/she is willing and able to disclose to someone else. However, self-reports do reveal pertinent characteristics of the self and provide insight into how a child views him/herself. Although the scale has been used on other ethnic groups elsewhere, it has never been used on the African community in South Africa. The norms are based on data from a school in America which invoke the issue of cultural relativity. The cross-cultural validity of this scale is unknown. Moreover, the standardisation sample was of a high educational status, with pupils' educational status ranging from grade 4 through to 12. Despite the lack of appropriate local norms, use of the Piers-Harris Children's Self-Concept Scale provides useful information. Such information is generated when analyses are based on the relative positions of street and placed children.

The sample data of 40 children used in the study appeared to be too small to provide for adequate statistical analyses and detection of statistically significant differences. There needs to be a large data base for detection of such differences and generalisation to the whole population. The findings of the study cannot be generalised to the general population of street children since street girls are not included in the design. Therefore, generalisation can only be made to the male population of street children who in fact comprise the majority of street children.

The unavailability of collateral information has meant that in most cases the author had to rely on the accounts provided by the child himself. Hence, there was no way of verifying the information which may, in some cases, be distorted. Therefore, the reliability of the biographical details provided is unknown.

### **3.6 Summary**

Data for this study were gathered primarily through the use of a self-concept scale, human figure drawing and unstructured interview. The respondents are African males aged between 8 and 16 years. Independent t-tests were used to test for statistically significant differences between the two groups on the self-concept and emotional functioning.

## CHAPTER 4

### ANALYSES OF RESULTS

This chapter presents the biographical data of the two groups under study and the results of the tested hypotheses.

#### 4.1 Biographical data of the realised sample

##### 4.1.1 School

On average street children and the comparison group of children from a local "place of safety" had three years of education. This level is low when the age range of the children (8-16) is taken into consideration. Nevertheless, street children were expected to be of a lower educational standard since the literature suggests their histories are marked by difficulties at school (Brennan et al., 1978). Since both groups of children are behind in schooling for their ages, it is concluded that low levels of education, difficulties and disruptions in schooling are common among children who come from families characterised by problems.

##### 4.1.2 Family contact

In line with research conducted by Richter (1991) and Felsman (1983), half the street children in this study had contact with their families. Only 10% of the children in the placement group had such contact. Twice the number of placed children (30%) had no parents compared to street children (15%). In this study, none of the street children lacked family contact as a result of being lost.

##### 4.1.3 Family constellation

Table 1

Type of family of origin

Group	No parents	Single mother	Reconstituted	Both parents
Street ch.	3 (15%)	11 (55%)	1 (5%)	5 (25%)
Placed ch.	6 (30%)	5 (25%)	2 (10%)	7 (35%)

In this study, the majority (55%) of street children came from matrifocal single-parent homes (see Table 1). Sometimes, maternal relatives form part of the family since the mother remains at home and usually never gets married. Fifteen percent (3) of the street children did not have both parents as a result of parental death while only 25% (5) had both parents and 5% (1) came from a reconstituted family. A reconstituted family is a family unit that has a new adult member as a result of a relationship with the mother or father. In the comparison group, 30% (6) did not have both parents as a result of parental death, 35% (7) had both parents, 25% (5) came from matrifocal family units while 10% (2) came from reconstituted families. As indicated in Table 1, the number of street children from single-mother homes is more than twice as high compared to placed children. This means the incidence of single-parent families is higher among street children. The average number of siblings among families of street children was four compared to three for placed children. Street children appear to come from homes with slightly more children although this was not tested for statistical significance.

#### **4.1.4 Prison record**

Although street children often report harassment by police, only two children in this study had been in prison for loitering or other misdemeanours which are traditionally not considered a crime. A high number of children at the placement had been placed in prison (40%) while alternative placement was being arranged or while awaiting trial. Only one child in the placed group had committed a crime.

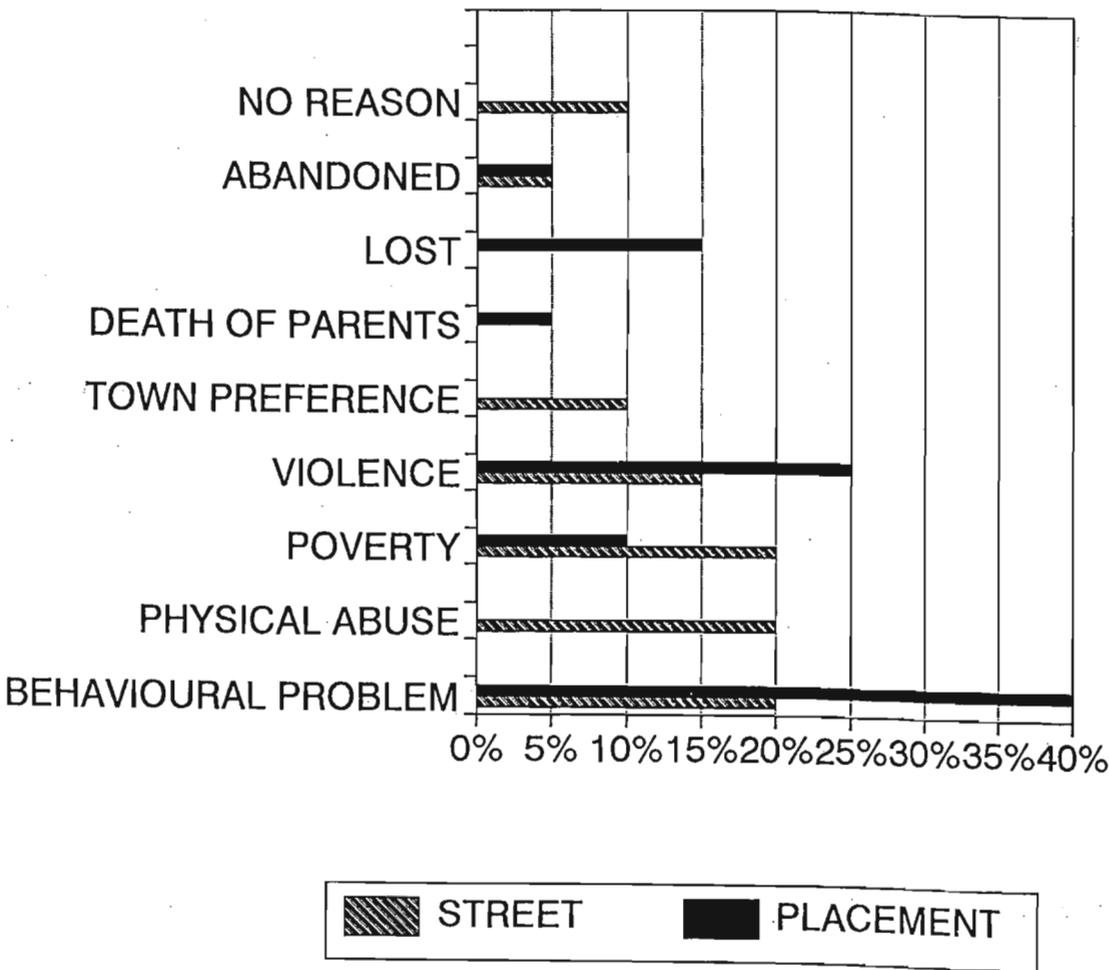
#### **4.1.5 Location**

A majority of street children (13) in this study came from Pietermaritzburg and surrounding areas while the rest (7) came from rural parts of KwaZulu-Natal. None of the street children had come from outside the KwaZulu-Natal region.

A majority of placed children (12) came from the rest of KwaZulu-Natal while six came from Pietermaritzburg. The rest (2) did not originate from KwaZulu-Natal.

**4.1.6 Primary reason for being in the streets and place of safety**

As **Figure 2** below indicates, 15% of the street children simply had no homes to return to as a result of displacement that had been caused by political violence in KwaZulu-Natal. Some (20%) chose not to return home as a result of physical abuse and other adverse conditions such as poverty (20%). Others (20%) manifested behavioural problems at home and parents had difficulties controlling them which eventually culminated in a poor parent-child relationship and the child's running away from home.



**Figure 2.** Primary reason for being in the streets and place of safety.

Ten percent said they did not have any particular reason for leaving home while the same proportion said they simply preferred to be in town where they had friends. This highlights

the importance of peer relations as an influence on runaway behaviour. Only one child had been abandoned. A higher proportion of placed children (40%) was put in the "place of safety" primarily as a result of behavioural problems. This was followed by 25% which had been displaced as result of violence within the province. Another 15% had been lost and was put in the "place of safety" while their relatives were being sought. Poverty (10%), parental death (5%) and abandonment (5%) were other reasons for being placed at the "place of safety".

## 4.2 Comparing street and placement children on self-concept

### 4.2.1 The global self-concept

**Hypothesis 1:** There will be significant differences in the global self-concept as measured by the Total Index scale of the Piers-Harris Children's Self-Concept Scale between street children and the placement group.

A t-test for independent samples was computed between the street children and placed children's Total Index mean scores to determine whether there were significant differences between the two groups (see Table 2). Hypothesis 1 is thus rejected as there are no significant differences between the two groups' Total Index mean scores.

Table 2

### Data on the Piers-Harris Children's Self-Concept Scale scores of the two groups

Scale	Street group mean	SD	Placed group mean	SD	t	p
Total Index	52.85	12.87	53.25	13.64	0.10	.924
Behaviour	11.20	3.00	11.50	3.05	-.31	.756
Intellect. and Sch.	11.90	3.91	11.10	3.56	0.68	.503
Physical Appear.	8.45	2.64	7.45	2.89	1.11	.274
Anxiety	6.85	2.83	7.35	2.56	-.58	.563
Popularity	7.05	2.17	6.80	2.17	0.38	.719
Happiness and Sat.	6.75	2.83	7.05	2.15	-.43	.669
Inconsistency Index	5.35	2.52	4.15	3.00	1.37	.178
Response Bias	42.90	6.22	39.80	7.62	1.41	.167

**Hypothesis 2:** There will be significant differences in the incidence of inconsistencies among street and placed children as measured by the Inconsistency Index of the Piers-Harris Children's Self-Concept Scale.

In line with the main finding, there were no significant differences between the street and placement children on the following sub-scales of the Piers-Harris Children's Self-Concept Scale: Behaviour ( $t_{38} = -.31, p > 0.05$ ), Intellectual and School Status ( $t_{38} = 0.68, p > 0.05$ ), Physical Appearance ( $t_{38} = 1.11, p > 0.05$ ), Anxiety ( $t_{38} = -.58, p > 0.05$ ), Popularity ( $t_{38} = .36, p > 0.05$ ), and Happiness and Satisfaction ( $t_{38} = -.43, p > 0.05$ ) (see Table 2).

#### 4.2.2 Measures of inconsistency in the two groups

As already pointed out in the method chapter, the Inconsistency Index measures the number of inconsistent or highly unlikely responses. A protocol with a high Inconsistency Index should be interpreted with caution. Such a profile may also be invalid.

Table 3

#### Cumulative frequency of the Inconsistency Index of the two groups

Inconst. index	Street children	Cum.freq%	Placed children	Cum.freq%
0	1	5	0	0
1	4	25	1	5
2	3	40	1	10
3	2	50	1	15
4	1	55	1	20
<b>5*</b>	<b>2</b>	<b>65</b>	<b>4</b>	<b>40</b>
6	1	70	5	65
7	4	90	3	80
8	0	90	1	85
9	1	95	1	90
10	1	100	1	95
11	0	100	1	100

\* Cut off point. Scores above 5 indicate a high probability that the protocol is unreliable.

Using an independent t-test to test for differences in the Inconsistency Index means of the two groups, no significant difference was found ( $t_{38} = 1.37, p > 0.05$ ). As a result it was concluded that no significant differences exist in the level of inconsistencies between the two groups as measured by the Inconsistency Index. Thus, Hypothesis 2 is rejected. Data on the Inconsistency Index scores are shown in Table 2 and 3.

In the placement group, 12 of the children had inconsistency indices above 5, tending towards unreliability. On the same measure, 7 street children had scores above 5. Therefore, these results have to be viewed with caution.

#### **4.2.3 Measures of biasness in the two groups**

As already highlighted in the previous chapter, the Response Bias is a measure that assesses whether an individual has responded to the Piers-Harris Children's Self-Concept Scale items in a positive or negative direction.

**Hypothesis 3:** There will be significant differences in the two groups' biased response scores as measured by the Response Bias of the Piers-Harris Children's Self-Concept Scale.

An independent t-test computed on the Response Bias scores to test for differences between the two groups found no significant difference ( $t_{38} = 1.41, p > 0.05$ ). Hypothesis 3 is thus rejected. Normative data on the Response Bias scores are shown in Table 2.

#### **4.3 Comparing emotional functioning in the two groups**

**Hypothesis 4:** There will be significant differences in the emotional functioning of the two groups as measured by the Koppitz Emotional Indicator Scale.

Table 4  
Emotional Indicator scores of street and placement children

Group	Mean	SD	t value	Deg. of freedom	2-tail prob.
Street ch.	2.05	1.54	-.43	38	0.667
Placed ch.	2.25	1.40			

An independent t-test computed on Emotional Indicator scores to test for differences in the emotional functioning of street and placement children group revealed no significant difference ( $t_{38} = -.43, p > 0.05$ ). Hypothesis 4 is thus rejected. Data on the Emotional Indicator scores of the two groups are shown in Table 4 (previous page) and 5 (below).

**Table 5**  
Significant Emotional Indicator scores in the two groups

Number of Emotional Indicators	Street children	Placed children
0	1	4
1	6	4
2	5	4
3	5	4
4	1	3
5	2	1

Note. Scores greater than two are indicative of emotional problems.

#### 4.4 Summary

This chapter has provided the results of the study and these are discussed and interpreted in the following chapter.

## CHAPTER 5

### DISCUSSION OF RESULTS

This chapter focuses on the meaning of the results in terms of the rationale, aims, hypotheses and underlying theoretical concepts of the study.

#### 5.1 The validity and reliability of the Piers-Harris Children's Self-Concept Scale data of the two groups

The Piers-Harris Children's Self-Concept Scale is in a self-report format and self-reports are methodologically subject to many distortions. Street children are also notorious for providing erroneous information which further confounds the issue and decreases the reliability of data.

##### 5.1.1 The Inconsistency Index

The Inconsistency Index is based on the supposition that certain pairs of responses are inconsistent, contradictory or at least statistically unlikely (see Appendix 6). This index is designed to detect random-pattern responses on the scale. Records of children who give a great many such responses are more likely to be invalid than the records of children who make few or no such responses. A disproportionate number of items for the Inconsistency Index comes from the Behaviour cluster. Thus, a high Inconsistency Index also suggests that responses to the Behaviour cluster are inconsistent. Responses to the remaining sub-scales of the Piers-Harris Children's Self-Concept Scale may or may not be inconsistent.

Table 6

Inconsistency Index scores of the two sample groups and the normative sample<sup>#</sup>

Variables	Number	Mean	SD
Street children	20	5.35	2.52
Placed children	20	4.15	3.00
Normative sample	237	1.47	1.80

<sup>#</sup>The normative sample was made up of American children. The sample size was also much larger than the sample size of the study.

The Inconsistency Indices of both sample groups under study as indicated in Table 2 are not significantly different ( $t_{38} = 1.37, p > 0.05$ ). Hypothesis 2 is thus not supported as there are no significant differences on the Inconsistency Indices of the two groups. Furthermore, the Inconsistency Indices of the two groups under study are comparable to those of the normative sample (see Table 6). It has already been pointed out that the standardisation sample is not representative of local populations. Therefore, the Inconsistency Index may not be an accurate reflection of whether or not the children responded randomly. Means for the Inconsistency Index scores for street children and placed children are 5.35 and 4.15 respectively while that of the normative sample is 1.47. Tests of significance across the three groups were not carried out.

The cumulative frequency table (see Table 3) reveals 35% of street children responded randomly while that figure stands at 60% for placed children. These results should be interpreted with caution. Three items which are labelled as inconsistent by Piers (1984) were not regarded as such by street children. As such, for most of them, three items which for them were compatible, are scored as inconsistent in terms of established norms. The following pairs point to this inconsistency:

- a. Item 4 - I am often sad (Yes)/Item 50 - I am unhappy (No)
- b. Item 4 - I am often sad (Yes)/Item 52 - I am cheerful (Yes)
- c. Item 5 - I am smart (Yes)/Item 21 - I am good in my school work (No)

For the above items to count as inconsistent, they need to be responded to in the keyed direction. The children were probed for clarification regarding these statements which appeared to be contradictory. For example, regarding the pair constituted by items 4 and 50, the children said although they were generally or often sad, they were happy for several reasons at the time of assessment. For some, it was because the testing itself made them feel worthy. For others, it was rewarding to be included in the study. Regarding the pair constituted by item 5 and 21, the children said that being smart in the streets or other situations, did not necessarily mean brilliant in the classroom. This highlights the fact that our society uses academic excellence and intelligence interchangeably. Clearly, the number of children obtaining high Inconsistency Index scores may have been the result of interpreting apparent inconsistencies differently from the normative sample. The failure of

the Inconsistency Index in this regard points again to the need for a scale that is adapted for local populations. Without such an appropriate scale, invaluable data may be invalidated. In terms of the current norms, reliability of the data from the self-concept scale is low because of the high number of subjects with inconsistent items (Street children = 35%, Placed children = 60%).

### **5.1.2 The Response Bias**

Results of the study indicate that a negligible size of children in both groups had scores conforming to either a negative or positive direction on the Response Bias. There are no significant differences on the Response Bias scores of the two groups ( $t_{38} = 1.41, p > 0.05$ ).

In the placement group, only one respondent (5%) had a negative Response Bias. The negative Response Bias indicates that an individual responded to a majority of items in a negative direction. The equivalent (5%) had a positive Response Bias. Similarly, only one street child (5%) had a positive Response Bias. None, however, had a negative Response Bias. Thus, it can be concluded that as far as the Response Bias is concerned, there are no indications that street children are more prone to distortions compared to children from a "place of safety".

The lack of conformity to either a negative or positive Response Bias could be attributed to the built-in mechanism of the scale designed to avoid a response set in either direction on the scale.

## **5.2 The self-concept in street children**

The question of whether street children have a high or low self-concept is influenced by a number of important factors, including the child's history. Personal history may enhance or prejudice the street child's self-esteem. For instance, runaway street children who have been sexually abused score lower in terms of self-concept when compared to runaways who have not been sexually abused (Janus et al., 1987). Because of the small size of the sample, it was not possible to use variables such as sexual abuse, economic status and level of parent-child conflict to discriminate between street children who had different experiences. The size of the sample may be regarded as the reason for the lack of differences between

the two groups.

In this study, street children scored within the average range on the Piers-Harris Children's Self-Concept Scale. Furthermore, the two groups' scores were not significantly different on the following Piers-Harris Children's Self-Concept Scale measures: Total Index, Behaviour, Intellectual and School Status, Popularity, Happiness and Satisfaction, Physical Appearance and Attributes, and Anxiety sub-scales. On all the measures, both groups scored within the average range.

These findings indicate that street children and temporarily institutionalised children have global self-concepts which are not statistically different and are within the average range. This lack of significant difference may be attributed to the similarities in the two groups' familial backgrounds and histories. Although the sample groups are not compared with the normative sample, it is interesting to note that the scores of the two sample groups are not radically different from those of the standardisation sample, as can be seen from Table 7. Significance tests were not computed on the data of these groups. The normative sample also consists of a larger sample, more than 10 times the size of the sample groups used in this study.

Table 7

A comparison of the Piers-Harris Children's Self-Concept Scale scores of the two groups and the normative sample<sup>#</sup>

Piers-Harris Sub-scale	Street children*		Placed children**		Normative sample***	
	Mean	SD	Mean	SD	Mean	SD
Behaviour	11.20	3.05	11.50	3.05	10.86	3.42
Intellectual and Sch.	11.95	3.70	11.35	3.19	11.70	3.70
Physical Appearance	8.20	2.64	7.35	2.89	8.47	3.24
Anxiety	6.75	2.83	7.40	2.56	10.43	2.97
Popularity	7.00	2.17	6.80	2.17	8.22	2.88
Happiness and Sat.	6.75	2.83	7.15	2.15	8.03	2.24
Total scale	52.85	12.86	53.25	13.64	56.27	12.62

<sup>#</sup>Normative data are based on a sample of American children

\*n = 20. \*\*n = 20. \*\*\*n = 237.

Research concerned with the self-concept in street children does not always provide consistent findings. Street children score across the spectrum on measures of the self-concept, scoring below, in line with and higher than children at home. For instance, the subgroup of runaway street children has been described as having poor self-concepts and poor perceptions of their ability to exert influence over their environment (Janus et al., 1987; Miner, 1991). Some of the reasons for obtaining inconsistent results are the lack of a conceptual framework regarding street children, the different circumstances under which street children live and the variety of cultural backgrounds they come from.

Adaptation in any situation is a function of the individual's unique strengths, capacities, vulnerabilities and "goodness of fit" with the demands and opportunities presented by the environment. The situation in the streets is full of significant adversity and hardships which its inhabitants must endure. Results yielded by the Total Index Scale, the most reliable measure of the Piers-Harris Children's Self-Concept Scale, are in line with research conducted by Gutierrez and Reich (1981) and Cockburn (1991). These researchers found that street children are adaptive and able to function effectively in the streets because of their resiliency and other factors (Hauser et al., 1989). The street children under study were able to cope constructively with stressors encountered in daily life as indicated by their ability to search and find food, seek alternative accommodation albeit in the street and engage in some economic activities such as washing and parking cars. Although there were no indications of poor social and psychological adjustment, the Koppitz Emotional Indicator Scale detected emotional problems in more than half the children in both groups. This point will be elaborated upon later in the section dealing with emotional functioning in street and placed children.

Problems with authority figures at school (Janus et al, 1987), poor academic performance (Rafferty & Shin, 1991) and lack of commitment to school activities (Brennan et al., 1978) are documented in literature as some of the problems experienced by street children. Despite the fact that both groups used for this research were disadvantaged educationally having experienced disrupted education, the children tended to evaluate themselves averagely on the Intelligence and School Status sub-scale. That is, they evaluated themselves using the academic standard they were at and not where they should have been

in terms of their age. This is in line with findings by Borislow in Burns (1979) who was unable to detect any significant differences in self-concept between under-achievers and high-achievers. The crucial factor seemed to be whether the student intended to strive for success while at school. Those who intended to strive but under-achieved, possessed a more optimistic view of themselves as students both before and after achievement. This view is supported by Rosenberg (1965) who concluded that experiences of success are likely to lead to expectations of success. Thus, the group of street children in this study perceived themselves as doing well academically because they were optimistic. However, these findings are based on self-report and not direct observation.

Unfortunately, there are no local African norms with which to compare the findings of this study. Other factors that might indeed be considered when discussing educational achievement are IQ, social class, parental interest and class-room observations. Not all of these factors were available for this study.

The psychiatric perspective regards street children as delinquent, manifesting various forms of problem behaviours without considering environmental factors (Janus et al, 1987). The generalisation that street children are highly delinquent does not hold up when the issue is examined in depth. Some segment of the street children population is highly delinquent while others are not much more delinquent than the overall youth population (Brennan et al., 1978).

Only 20% of street children in the study reported behaviour problems at home and parent-child conflict which culminated in their running away from home. On the other hand, twice the number of placed children (40%) were at the place of safety as a result of behavioural problems. Nevertheless, the Behaviour subscale of the Pier-Harris Children's Self-Concept Scale shows no evidence of such problem behaviour which may be due to the self-report nature of the scale. The study therefore concludes that street children do not report more problem behaviours than placed children. This is further supported by the fact that the comparison group also achieved scores not significantly different from those of the street children on the Behaviour sub-scale ( $t_{38} = -.31, p > 0.05$ ). However, this conclusion is based on self-report data and not independent observation. Self-report data can be confounded by

issues such as self-desirability, thereby reducing the reliability of the data.

The juvenile system may provide the final push into delinquency for street children who land in prisons charged with vagrancy because, there, they have increased contact with highly delinquent youth. It is essential to discriminate between delinquent and non-delinquent youths to avoid contamination and labelling (Janus et al, 1987) and preserving self-worth. In this study, only two children had been held in prison for loitering.

Psychiatric literature has also suggested that street children are motivated by impulsivity which in some cases is cited as the reason for running away in the face of minor difficulties. None of the street children in the study had left home accidentally and without plans. Instead the departure from home was clearly intended as a result of various factors such as unfavourable family conditions and political violence. Rather than being motivated by impulsivity, the children usually left their home for a short period of time only to return to the streets again for even longer periods. This is in line with research conducted by Felsman (1983). About 10% of the street children were in the streets because they had friends there, magnifying the importance of peer relationships among street children. According to Davies (cited in Foley, 1983). It is these peers who have a great influence on how a street child perceives him/herself. Research conducted by Richter (1991) found that half of the street children under study had left home in the company of friends further indicating the importance of peer influences in breaking away from home and living in the streets.

The presented biographical details of the studied sample of street children are similar to the ones reported by other authors elsewhere (Felsman, 1984; Aptekar, 1989; Richter, 1989).

Past research has indicated that a higher than chance proportion of youths who run away from home come from large single-parent homes characterised by parent-child conflict, deprived economic backgrounds and reconstituted families (Felsman, 1983; Janus et al., 1987; Aptekar, 1988; Richter, 1989; Cockburn, 1991). Felsman (1983) reported that when the children left home, nearly three quarters of them did not have their biological father in the home but that 84% had their biological mother at home. The family situation of street

children in this study is comparable to that of children studied by Felsman (1983) and Aptekar (1989). Of the 20 street children studied here, more than half (11) were from single-parent homes. The average number of siblings in street children's biological families was one more than that of placed children.

Some street children keep in touch with their families while pursuing their day-to-day activities in central business districts. Half the street children in this study maintained family contact compared to only 10% of the placed children. The reason for such a low incidence of family contact among placed children is the fact that these children are usually removed from their families as a result of family problems. As such, contact is allowed only when conditions are favourable. Moreover, 15% of the children in the placement group had been lost meaning there was no family member or relative to contact.

Twice the number of placed children (30%) had no parents compared to street children (15%). This may be the result of the fact that welfare organisations are more likely to intervene by removing children from an adverse situation resulting from parental loss or absence. Therefore, this study reveals that children who lack care as a result of parental absence are twice as likely to be found in a placement than in the streets. This may account for the small percentage (15%) of orphaned children in the streets.

Although it is often publicly assumed that street children are abandoned by their families and that they have little knowledge of their parents, information about the family situation of the children in the street sample indicates that only 1 of the 20 children had no known family member to contact. This child's parents had been killed for their political involvement. He was neglected by his caretaker who subsequently took him to town and left him there.

It appears that street children will converge on the nearest biggest town for a livelihood because it is economically more viable than smaller towns or villages. Moreover, larger towns and cities tend to be more anonymous and permissive. In small towns and rural areas, street children may be subject to strong condemnation. In this study, seven children had come from nearby rural areas within the KwaZulu-Natal province to make a living in the

city centre of Pietermaritzburg.

There is a classical and entrenched view that the self-esteem of disadvantaged ethnic groups is lower than that of whites. These groups are regarded as likely victims of low self-concept because of discrimination, poverty, group expectations, and unstimulating environmental conditions which are supposed to lead to denigration of worth (Burns, 1979). Experimental findings in the United States reveal disadvantaged children not only possess positive self-concepts, but sometimes higher ones (Burns, 1979). All of the street children who participated in the study were African, the most disadvantaged of South African population groups. Contrary to the classical and entrenched view that the self-esteem of disadvantaged ethnic groups is lower than that of whites, street children scored within the average range on the Piers-Harris Children's Self-Concept Scale.

Social status is often associated with high self-esteem because persons in the higher-classes are perceived as more successful and receive material and cultural benefits that may lead them to believe they are generally more worthy than others (Burns, 1979). All of the children in both groups of the study came from lower-class backgrounds and they scored within the average range on the Piers-Harris Children's Self-Concept Scale. This finding is in line with research conducted by Coopersmith (1967) who found no clear and definite pattern of relationship between social class and attitudes (positive or negative) towards the self.

### **5.3 Services for street children**

According to Brennan et al. (1978), only a very small segment of street children makes use of shelters. In this study, the shelter did not provide a service for boys older than 14 years of age. Moreover, most of those for whom it was intended to provide a service, shunned it. Because the shelter had an open door policy, a majority of the boys used it for washing, storing their belongings and for obtaining food when begging did not suffice.

Some street children remain in the streets where their freedom can be exercised even though it sometimes means living under dangerous circumstances without protection. The value that street children give to their freedom further fuels the myth that they are uneducable,

delinquents, born of bad seed and beyond sustained help (Felsman, 1983). It is not uncommon for street children to have been in some form of care or containment at child care schools, children's homes, foster placements, "places of safety" and other shelters. Many youths placed at shelters by social agencies run away despite the risks of living in the streets. Police officers who return a runaway to a shelter will often see the same child in the streets a few hours later. In this study, one child had run away from a "place of safety", five others had run away from a local shelter and still five others had been refused accommodation at the shelter service after they had turned 14 years of age. Surprisingly, no alternative accommodation arrangements had been made for those above the age limit. The phenomenon of movement from shelter to shelter could not be studied because there was only one shelter in Pietermaritzburg when this study was conducted.

Literature concerned with street children and their use of shelters suggests that children frequently change shelters (Felsman, 1983; 1984; Richter, 1989). These children are seen as preferring the street as a primary place of abode without due consideration to what alternatives are available to them and at what cost. Such a preference is somewhat suggestive of the ineffectiveness of shelters in terms of what they are trying to achieve, namely; reduce the number of children in the streets. In addition, change of shelters is portrayed in a negative light suggestive of an unstable character due to the fact that different interpretations of mobility are assigned to the different classes. Richter (1989) argues that, "The upper and middle classes are seen as exercising their freedom of choice if they walk out of an agency they do not like its care and go to another one" (p. 8). The lower-classes are denied the ability to manipulate choices which are offered to the middle and upper-classes. Instead lower-classes are regarded as drifters with unstable traits trying to avoid responsibility. Society acts as if the poor and powerless should be grateful for whatever is done for them, whether they like it or not (Felsman, 1984; Richter, 1989).

Programmes that adopt the open door policy preserve the child's autonomy and sense of liberty. The child is free to enter or leave as he/she pleases within the appropriate limits determined by the shelter. For some, like in this study, the shelter is a hospitality house; a source of regular meals, a clean change of clothes on occasions and when sought out, a sympathetic ear or sleeping place.

The freedom of life in the streets appears to be a powerful attraction for some street children. The five street children who were in the streets after running away from the shelters, said they had left the shelter in order to assert their freedom. Despite hazards in the streets such as lack of medical treatment, arrests and police harassment on the street, the street children said they did not want to be subjected to the same constraints and repression from which they had run away. They felt better off in the streets than in the shelter. The implication of these children's views of the shelter is that something needs to be done to improve the image of shelters if the aim is to attract street children to use more of these shelters.

The child-care workers at the shelter also had difficulties keeping their charges off the streets. Most of the street children placed at the shelter wandered in the streets days on end without coming back, when begging provided good money. The children only returned when they needed food, to wash or if it was too cold to sleep outside.

The downfall of most social and legal agencies that deal with runaways is their adherence to conventional detention and return policies. These policies, ironically, often set the stage for repeated runaway episodes. It appears mental health professionals who may detect a running away history during an intake evaluation have seldom been trained to investigate the relationship between the child's or youth's runaway behaviour and apparent psychological problems. At the shelter where the children were interviewed, there were no resident social workers or psychological services available to the street children. The shelter relied on government social workers for the placement of the children. While awaiting placement, however, the children would continue to shift between the streets and the shelter, thereby becoming skilled in street survival.

In a perfect world, the optimum situation would be to reunite all these children with their families. Our world, however, is less than perfect (Janus et al., 1987). Returning home for some children would only mean further problems since it means returning to the same crisis situation they have tried to escape. Janus et al. (1987) contend that:

Our system of dealing with runaways is often unsuccessful in many respects, partly because it seldom is able to address the cause to runaway behaviour, differentiate

among levels and intensity of running away or work cooperatively with other disciplines to coordinate and intervene effectively with the family and the community (p. 117).

#### **5.4 Emotional functioning in street and placement children**

The use of drawings as a method of developing a therapeutic alliance has been deemed useful in clinical intervention with traumatised children. The drawings have been found helpful in reducing tension and trauma during self disclosure and subsequent therapy. The process of drawing also provides an indirect and less threatening way of developing rapport. Janus et al. (1987) assert that:

The indirect task oriented structure of the drawing experience appears to defuse the anxiety generated by direct one to one contact with an adult, anxiety that would likely be particularly high in troubled youths who come from severely disturbed family environments (p. 85).

Table 5 shows that a majority (65%) of street children had two or more emotional indicators compared to 60% of their counterparts at the "place of safety". Nevertheless, none of the children in both groups had more than five emotional indicators on their drawings. This indicates that although there is some emotional distress in these children, it is not pathological. The difference between the two groups is not statistically significant ( $t_{38} = -.43, p > 0.05$ ). It is therefore concluded that there are no differences in the emotional functioning of street children when compared to children from a "place of safety".

In this study, street children obtained an average of 2.25 emotional indicators (SD = 1.5) compared to 2.05 (SD = 1.4) among the comparison group of placed children. These scores are lower than what would be expected of children generally regarded as troubled and still surviving in adverse environments. Miner (1991) describes homelessness in itself as constituting a continual traumatic experience. Other hardships faced by street children include drug abuse, survival sex, criminality, alienation from family, police harassment and brutality, lack of security and privacy, barriers to reintegration, and so on (Lusk, 1989; Richter, 1991). The child has to fend for him/herself and faces the predicament of protecting him/herself against the harshest elements of the physical, social and economic

environment. The results of this study are consistent with those found by others (Aptekar, 1988). The average for Aptekar's (1988) sample was 2.7 (SD = 1.7) with a median of 2. In Aptekar's group, 27% of the street children had no emotional indicators, while the remaining 72% had two or more emotional indicators.

The percentage of those children with scores indicating emotional problems, that is, scores greater than two, should be considered within the context of both the high risk environment from which they come and their familial background. High emotional indicator scores might reflect the child's disadvantaged childhood experiences rather than a sign of pathology. Nevertheless, each child with a significant number of emotional indicators needs to be assessed more carefully for further intervention. In fact the high emotional indicator scores on the HFD may have been the product of the testing situation, thereby reflecting anxieties provoked by the testing itself. In regular classrooms, children comprising 11-30% of the sample have been found to have a clinically significant number of emotional indicators on their HFDs. Furthermore, non-pathological, environmentally deprived children had more signs of emotional pathology on their HFDs than did healthy middle-class children (Koppitz, 1968). Therefore, the results of this study are consistent with those reported by Koppitz (1968).

## 5.5 Summary

It would be expected that the adverse experiences of street children should result in negative self-concept and poor emotional function. On the contrary, living in the streets has been found to provide a growth experience which in turn counterbalances the negative effects which prior experiences might have had on the self-concepts of these children (Cockburn, 1991; Miner, 1991). This view is supported by findings of this research. Street children have average self-concepts. Although the average number of emotional indicators is slightly more than two among street children, there are no indications of psychological dysfunction.

Compared to temporarily placed children, street children do not perceive themselves differently on the different concepts under study. There are no significant differences in the two groups' self-concept measures on the Piers-Harris Children's Self-Concept Scale and all its sub-scales. Furthermore, there are no indications that street children are more

susceptible to distortions than placed children. There is no evidence of significant differences in the two groups' emotional functioning.

Biographical details of the street children's group are consistent with the ones documented by other authors globally for example Aptekar (1989) and Felsman (1984). Street children prefer not to be bound by a constricting environment such as that found in shelters. Such environments tend to remind them of the repressive environments escaped when they left home. Constrictive policies in shelters may be said to be responsible for street children not favouring them.

## CHAPTER 6

### CONCLUSIONS AND RECOMMENDATIONS

This research is a preliminary attempt to address the paucity of interventions tailored to the specific self-concepts of street children. This will be difficult to do.

#### 6.1 Street children's functioning

In line with current literature on street children (Gutierrez & Reich, 1981; Cockburn, 1991), this study has found that street children have average self-concepts. The study found no signs of pathological levels of emotional distress in street children. Furthermore, there are no indications that the street children suffer from any overt pathology. The lack of such pathology may be the result of the fact that street children have been found to be internally motivated (Dugan, 1989; Rotter in Wintre & Crowley, 1993). The lack of overt pathology may also be a sign of resilience. Other indications of resilience in street children's lives include the fact that they are able to persist with difficult tasks. In addition, they have an ability to recover from setbacks.

No differences were noted when street children were compared with temporarily institutionalised children on the following aspects: emotional functioning as measured by Koppitz' list of Emotional Indicators and the self-concept as measured by the Piers-Harris Children's Self-Concept Scale. The lack of differences between the two groups is largely due to the fact that the street children and the placed children under study, have had similar familial backgrounds and experiences characterised by instability, poverty, abuse and crowding.

Although the lack of overt psychopathology in street children paints a positive picture, when this is coupled with the number of children who had a significant number of emotional indicators, it shows that street children need to be nurtured like other children who remain in caring families. This should not be taken to mean there are no deeply disturbed street children but that the incidence is very low. It is also not as much of a trend as it has been assumed by certain authors who subscribe to the psychiatric view described in the literature review of this study.

Street children share a similar familial background with the comparison group of children from the "place of safety. Despite this similarity, placed children continued to live under harsh circumstances at home until they were removed by welfare agencies and placed at the "place of safety". Thus, it can be said that environmental conditions are a necessary condition but are not sufficient to explain the phenomenon of street children as they do not account for why other children sharing similar experiences do not run away. This also highlights the vital role played by internal factors such as physiology, coping mechanisms, resilience and intelligence in the genesis of runaway behaviour (Felsman, 1984). Unfortunately this study did not aim to study such individual differences in the children under study.

An interactionist perspective which gives equal weight to intrinsic factors within the individual child and the environment is required in explaining runaway behaviour as it is evident that the environment alone does not account for why children in similar circumstances do not run away. This is provided by the strain-control perspective which looks at the interface between internal and external factors in explaining why children run away from their homes and live in the streets. The perspective contends that runaway behaviour results from an interaction between social conditions and the individual personality of the child. Relationships with significant others assume a very important role in this perspective.

The street children in the study have been subjected to various adverse circumstances both at home and in their communities during their childhoods. These circumstances include amongst others, political violence and negligence by their primary caretakers. They also come from families characterised by the presence of many siblings, instability, low socio-economic status, and various social problems such as alcoholism and physical child abuse. These adverse circumstances are also abundant in the streets. Street children continue to face harsh treatment and harassment while in the streets conducting their day-to-day business from the police and members of the public who perceive the children as a menace to society. The various factors that have been outlined above provide ample reason for street children to score below average on measures of the self-concept. Yet, this study has found otherwise. For these street children, it appears that street life has enhanced cognitive

growth as suggested by Aptekar (1988). The street children's activities are unsupervised and yet these activities are completed with precision and competence. They seem more aware of their environs than other children of their age. The majority of street children interviewed seemed more mature than their chronological ages as indicated by taking care of themselves without any supervision. This level of maturity can be attributed to the street children's high level of independence. The street children have to fend for themselves while their counterparts at home continue to live protected lives and remain primarily dependent on their parents.

## **6.2 Locality**

The study found that street children associate themselves with certain geographical areas. These areas are likely to be places where resources such as food and shelter are available for the survival of street children. In the study, a majority of the street children are from the city of Pietermaritzburg, its bordering towns and rural areas. In the city, street children are able to make a living out of begging and performing other income generating activities such as parking cars and shining shoes.

The time restriction of 6-24 months adopted for this study, did not allow for testing differences in the self-concept in children who have spend varying amounts of time in the streets. Nevertheless, the study of street children who have spent less than two years in the streets seems to be appropriately addressed by looking at their familial backgrounds rather than the street environment. It can therefore be concluded that each street child's self-concept depends on his/her history rather than his/her current circumstances in the first two years in the streets. It is possible that street experiences may start to have an effect on the self-concept after the expiry of the two-year period used as the restriction period for inclusion of street children in the study. The reason for expecting such change to manifest after more than two years is that the self-concept is a fairly stable concept that requires a long time to change.

On self-concept measures, street children from affluent families usually score above street children who come from low socio-economic backgrounds like the study sample. Street children from affluent families usually leave home as a result of a crisis situation only to

return within a short period of time. Street children with such advantaged backgrounds are expected to have higher self-concepts than the average street child who has had a troubled childhood for various reasons. Children who come from affluent family backgrounds may as a result of their parents' social status, perceive themselves as worthier than those coming from the lower-classes.

### **6.3 Recommendations**

#### **6.3.1 Conceptualisation**

It seems important to overcome the stereotype of street children in general as representing a homogenous group of "problem" children with the same essential characteristics. The term "street children" has been applied to many children who have had a variety of different life experiences. The term tends to wrongly categorise them all together into a single mass of children with a series of common histories and problems while failing to take into account their differences (Aptekar, 1989). Moreover, there are confusions as to which street children are referred to in literature concerned with street children. It is therefore recommended that those working with street children come together for the purposes of bringing order and conceptual clarity to the field. This would entail creating typological systems which may vary from country to country. It would also create common understanding.

#### **6.3.2 Standardisation of the Piers-Harris Children's Self-Concept Scale**

The translated version of the Piers-Harris Children's Self-Concept Scale seems of little value in measuring the self-concept in African children of this country. This is indicated by the significant number of children with a significantly high Inconsistency Index and Response Bias. It is therefore recommended that the Piers-Harris Children's Self-Concept Scale be standardised on African children using the different official languages.

#### **6.3.3 Implications for intervention**

Recommendations regarding work with street children and intervention strategies useful in working with street children are offered below.

### **6.3.3.1 Identification of problems and risk factors**

“The adult who is aware of an adolescent’s emotional problem early in its development is in a position to be of inestimable help (Gallagher, 1976, p. 51)”.

Many problems experienced by the youth - if identified early - can be resolved in a very short time. Such identification of emotional problems is necessary and attention to high-risk situations seems feasible. A multiplicity of early warning signs such as withdrawal from usual activities and delinquency have been identified in various social contexts and personal feelings, attitudes and beliefs in runaway youths (Brennan et al., 1978). Identification of these warning signs could prevent runaway behaviour.

Parents and teachers could be informed to be more aware of the pre-conditions associated with runaway behaviour. This would require the development of a behaviour checklist. Such checklists provide a summary of the general indices which are clearly and significantly associated with the emergence of runaway behaviour. For example, Brennan et al. (1978), cite the most predictive variables of runaway behaviour. These include negative labelling by parents, absence of nurturance between child and parent, high delinquent behaviour among the youth’s peer group and a negative attitude toward school. These are compounded by political violence in South Africa.

### **6.3.3.2 Contextualising the problem**

In any intervention, the cause of the problem should not be seen as emerging from the individual. Rather, the origin of the problem should be viewed as embedded in the complex interaction which occurs between characteristics of the child or youth and those of his/her social contexts. The very issues that make it difficult for these youths to remain at home such as denial of autonomy by parents, also make it difficult for the runaway to respond to help. Before intervention can commence, the professional needs to recognise that these youths come from families that lack organisation and structure. The youths have not been encouraged to strive for independence. Therefore, these youths can be expected to experience difficulties adapting to the structured surroundings of the youth shelters. They will associate the new experiences of planned intervention and structured living with the

inconsistent, rigid rules of the families they have left behind. Consequently, they may displace the anger and aggression they feel toward family members and direct it at those who attempt to intervene.

Street children often come from families lacking in the ability to express concern and support. As a result, they may appear manipulative, secretive and untrusting. They will be unlikely to accept or understand the care and concern offered by professionals (Brennan et al., 1978). During intervention, it is increasingly difficult for street children to enter a disciplinary relationship with adults in charge of shelters and various institutions that offer services to street children. This is because they have become habituated to evergrowing independence in thought, speech and action. Some have also been involved in abusive relationships, making it difficult for them to perceive attempts to get closer to them as benign. They have developed a sense and mistrust of adults following neglect, harm or abandonment.

#### **6.3.3.3 The legal system**

The juvenile system and law enforcement agencies are highly inadequate in dealing with street children. In fact their role is seen as damaging since incarceration could lead to the child's subsequent exposure to delinquents, a criminal subculture and further negative labelling. These experiences may be very debilitating to the uncontaminated youth's pride and self-concept. This is especially so if these youths are managed as if they have committed delinquent acts. The implication is that agencies involved in the provision of services for children in the streets need to screen out those children who are not involved in large amounts of delinquent behaviour. Furthermore, law enforcement agencies need to involve welfare agencies which specialise in family problems. If the primary problem stems from the family, it would seem reasonable to employ professionals trained to deal with the problems of runaway youth who have committed unlawful acts rather than the police or courts.

#### **6.3.3.4 The political system**

The previous National Party government with its political system of apartheid was somehow responsible for generating the problem of street children and being passive towards finding

solutions to the problem. It is clear that unless the government takes a direct interest in street children, anything done by Non-Governmental Organisations will just be a “scratch on the surface”. Political leaders should be obliged by society to play an important role as policy makers to eliminate the causes producing unemployment, poor housing and consequently, street children (Dallape, 1988).

#### **6.3.3.5 Educational programmes**

Many shelters, including the one used by street children in the study, have their own educational programmes within their premises. The problem that they encounter is that the street children, however, prefer to be involved in their street activities during the day. The problem may be solved by taking these schools to the streets where the youths are. Street schools exist in the Philippines and are based on the recognition of the economic importance of being in the streets for street children (Balannon, 1989). Such schools are made out of easily assembled materials to ensure mobility and they are erected near places where street children conduct their day-to-day business.

#### **6.3.3.6 Objectives for intervention**

Designers of intervention programmes should aim to encompass the following objectives in their implementation of intervention programmes for street children. Attempts should be made to strengthen non-deviant social relationships especially in the family and school. This process calls for the willing participation of parents. Members of delinquent groups tend to be characterised by social disability in that they lack intellectual and interpersonal skills, and knowledge of the job market (Brennan et al., 1978). Therefore, training deviant groups in these skills could reduce the runaway rate among this population. Also, control theorists (Hirschi, 1969; Brennan et al., 1978) have suggested that lack of attachment and respect for parents tends to spread to other adult authorities and conventional institutions in general. Families can make an invaluable contribution as far as fostering respect is concerned. Within the family, the main objective would be to thoroughly integrate the youth back into his family by providing success experiences, and minimising rejection and emotional anger. An attempt to open up more reasonable disciplinary practices and rewarding roles such as participatory problem solving, decision making and home maintenance for the youth would also help in the integration process (Brennan et al., 1978).

Higher levels of delinquency are associated with attachment to unconventional peers and it goes without saying that “idle hands are the devil’s workshop”. Therefore, efforts should be made to minimise the youth’s exposure to delinquent peer associations because delinquent culture provides the child with the opportunity to learn antisocial sentiments, runaway behaviour, rationalisations that support running away, and the skills for survival in the streets (Brennan et al., 1978). If youths cannot occupy their leisure time in meaningful ways, they are likely to engage in delinquent activities, if only such activities offer a measure of excitement (Hirschi, 1969). Participation in meaningful and rewarding social roles tends to insulate youth from involvement in anti-social behaviour and runaway behaviour by specifically giving him/her a positive stake in conventional roles and behaviour (Brennan et al., 1978). Attempts should be made to transfer such success-oriented roles to the youth’s social contexts. The structured channelling of youths into more positive affiliations can limit exposure to delinquent peers.

Intervention programmes need to target schools because delinquency has been highly associated with negative school practices such as negative labelling and expulsion. These youths are stereotyped into failures within the school environment. Human beings respond to labels, categories and definitions as if they are embodied in a certain reality. Thus, when one is tagged as bad or delinquent, one tends to react accordingly. The school and the juvenile system are of particular concern in this definitional process because their labelling systems are more formal, visible and generally more long-lasting. Institutional labelling is potentially more harmful than the labels employed by the more informal peer and family institutions (Brennan et al., 1978). When a youth has been negatively labelled, he/she loses any commitment to valued societal norms and goals; the positive striving for rewards has been thwarted and is perceived as pointless. This leads to disengagement and a turn towards deviant behaviour. Therefore, interventions should aim towards the engagement of youth into society by showing there is access and a purpose in striving for certain societal values, beliefs and goals.

Intervention should go further to modify attitudes, beliefs, normative values and other internal commitment bonds of the youth. Psychotherapy strategies should aim to reorganise the youth’s attitudinal as well as his/her belief system. Earlier findings reveal that “runaway

youth have many negative and few positive attitudes, beliefs and values” (Brennan et al., 1978: 313). Feelings of normlessness, anger, aimlessness, low self-esteem, and societal estrangement all represent a plethora of broken commitments to the conventional institutions of school, family and society. Internal bonding is a strong force in keeping youth tied to conventional institutions.

Maximum efficiency can be achieved by individual counselling which emphasises the building of social integration bonds (Brennan et al., 1978). This approach decreases the blame and stigmatisation typical of individual psychopathology models which see the problem as located within the individual at the expense of excluding the equally important social environment.

There seems to be marginal value in providing extensive psychotherapy to a youth if his/her physically abusive and rejecting family situation remains unchanged. In such cases the youth should be prepared for independent living. Such independence requires that the youth undergo skills training so that he/she is better equipped to fend for him/herself. Furthermore, many families have not encouraged the runaway youth to develop skills that would allow him/her to succeed on his/her own. He/she may be lacking the necessary skills needed to survive as a responsible adult and may have difficulties forming relationships. Consequently the youth may not be ready to live on his/her own and would have to be housed in a shelter until he/she has learned the necessary survival skills.

Focus of interaction with this type of intervention will be on the main social institutions in which a child is involved. These include the family, school and other conventional institutions and significant others in the community.

#### **6.4 Service provision for street children.**

Ideally shelters should provide emergency shelter, competent counselling, and referral arrangements regarding the following: educational opportunities, employment, skills training, medical and legal resources. Resources for long term living arrangements should also be investigated.

Shelters which leave their residents to drift into the streets after their time at the shelters has expired, are not helping the youth in terms of their long term goals. They only provide a service aimed only at seeing to the youth's physical needs of food, shelter and health care in the short term. Existing shelters need to be supported by a system of long-term placements (Janus et al., 1987). Once the youth's immediate physical needs are met, it would be ideal for the shelter to have their own consultants - or consultants from other agencies - to assess the runaways' problems (Janus et al., 1987). Each intervention would be tailored to suit the individual youth and his/her age group. The most important goal will be to determine whether or not the youth is running away from an unsafe and unstable environment. Shelters also need to train their staff in data gathering methods so that each child at least has a personal file.

Implementation of any programme can be expected to be difficult in the initial stages because of the problems that these youths have in establishing rapport and in communicating with adults in authority. Communication will be easier when these youths are responded to in a manner that gives them a sense of control. Allowing the youth to feel in control of an intervention imparts the feeling that he/she can make decisions (Janus et al., 1987; Brennan et al., 1978). Shelters need to integrate their residents back into society by organising skills training and long-term accommodation. They should also bear in mind that creative, resilient children are poor candidates for highly organised environs or step-by-step procedures (Cockburn, 1988b).

### **6.5 Future research**

The subject of street children needs careful investigation and better informed social action particularly when informing current public opinion. Public recognition of the myriad skills that many street children have - rather than seeing them as delinquent, pitiful, or carefree - will certainly contribute to seeing them more accurately and in a more positive light. This in turn will help to direct intervention efforts more appropriately. According to Cockburn (1988b), one of the major shortcomings in supplying services to street children is that these resilient children have not been studied to see how they have managed so well. As a result, such intervention efforts need to be tailored with the street child's point of view and frame of reference in mind. Furthermore, street children need to be involved as active participants

in intervention programmes.

A positive future for these children requires public recognition that runaway behaviour represents more than a reaction of adventurous youth. It is rather symptomatic and characteristic of the larger social problems. Intervention should look beyond the individual child and adopt a more holistic approach that would consider other forces in society at large linked to the occurrence of street children. Moreover, it requires the involvement of the communities from which the street children come. Johnson and Carter (1980) argue that:

The cure for running away and other forms of delinquency rooted in alienation and rejection requires that communities creatively harness youthful vitality in the service of meaningful goals (p. 487).

Some communities have become so externally oriented that they always blame the “system” for their misery without taking any initiative to pull themselves out of the poverty trap (Dallape, 1988). Instead, they choose to live in a state of apathy and passivity. Interventions to combat this apathy would encourage the community to take responsibility for their lives in order to improve their situation. The community needs to be organised, informed about street children, their living situation and which of their needs can be provided for by the community.

The use of the Pier-Harris Children’s Self-Concept Scale proved inadequate in this study. The scale needs to be modified and standardised to cater for local populations because the current version is not reliable when used on African children. An expansion of the Piers-Harris Children’s Self-Concept Scale from a dichotomous yes or no to a five-point one would seem a sensible development (Burns, 1979).

There needs to be attempts to discriminate finely between different groups of street children. It is also imperative to work closely with the communities from which the street children come rather than rely solely on information subjectively provided by the child/youth. Use of an untroubled sample in terms of familial background may provide a clearer picture of how street children would compare with ordinary children. Moreover, it may provide local norms for the scale. Another study could also investigate various factors

other than being in the streets, such as sexual abuse and parent-child conflict, since these factors have been found to affect street children's self-concept (Janus et al., 1978). One could also look at differences that distinguish between the child or youth who abandons his/her family and his/her siblings who often remain at home to endure hardships without attempting to escape these. It has been noted that street children's physical and emotional health are superior when compared to their siblings at home (Aptekar, 1989). These characteristics put street children at an advantage over their siblings. Therefore, it can be hypothesised that the most resilient children in any given family, rather than starve at home and put additional strain on the family, may actually leave home to fend for themselves in the streets.

The self-concept is relatively stable (Ennew, 1986; Hamachek, 1978; Piers, 1984). In order to detect changes in the self-concept, a study that measures street children's self-concepts at the entry point into street life and several years later is needed. Such a study would determine whether there has been a decline in the child's self-concept since he/she left home. Alternatively, a cross sectional study could compare and contrast the self-concept of new comers in the streets and those who have spent many years in the streets.

There is a definite need in the country to address marginalised populations such as street children. The new government has pledged to concentrate on helping marginalised people help themselves through the Reconstruction and Development Programme during its reign. It has also established a Youth commission.

## **6.6 Conclusion**

There is paucity of literature on street children. This study, which has multiple aims looks into the self-concept of street children. The study also investigates their emotional functioning. Children from a local "place of safety" were used for comparative purposes. Each of the two groups comprised 20 children. The study employed the Piers-Harris Children's Self-Concept Scale to measure self-concept while the Koppitz Emotional Indicator Scale was used to assess emotional functioning. Street children and the comparison group of placed children scored within the average range on the Piers-Harris Children's Self-Concept Scale. Some of the children in both groups had scores indicative

of emotional problems on the Koppitz Emotional Indicator Scale. However, there were no statistically significant differences between the two groups on both self-concept and emotional functioning measures.

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# APPENDICES

## APPENDIX 1

### Diagnostic criteria for Conduct Disorder, Undersocialized, Nonaggressive

#### Diagnostic criteria

A. A repetitive and persistent pattern of nonaggressive conduct in which either the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by any of the following:

- (1) chronic violations of a variety of important rules (that are reasonable and age-appropriate for the child) at home or at school (e.g., persistent truancy, substance abuse)
- (2) repeated running away from home overnight
- (3) persistent serious lying in and out of the home
- (4) stealing not involving confrontation with a victim

B. Failure to establish a normal degree of affection, empathy, or bond with others as evidenced by no more than one of the following indications of social attachment:

- (1) has one or more peer-group friendships that have lasted over six months
- (2) extends himself or herself for others even when no immediate advantage is likely
- (3) apparently feels guilt or remorse when such a reaction is appropriate (not just when caught or in difficulty)
- (4) avoids blaming or informing on companions
- (5) shows concern for the welfare of friends or companions

C. Duration of pattern of nonaggressive conduct of at least six months.

D. If 18 or older, does not meet the criteria for Antisocial Personality Disorder.

Source. American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (2nd ed.).

## APPENDIX 2

### Diagnostic criteria for Post Traumatic Stress Disorder

- A. The person has been exposed to a traumatic event in which both of the following were present:
- (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
  - (2) the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behaviour
- B. The traumatic event is persistently reexperienced in one (or more) of the following ways:
- (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. **Note:** In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
  - (2) recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content.
  - (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma-specific reenactment may occur.
  - (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
  - (5) physiological reactivity on exposure to internal or external cues they symbolize or resemble an aspect of the traumatic event
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) for the following:
- (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
  - (2) efforts to avoid activities, places, or people that arouse recollections of the trauma
  - (3) inability to recall an important aspect of the trauma
  - (4) markedly diminished interest or participation in significant activities
  - (5) feeling of detachment or estrangement from others
  - (6) restricted range of affect (e.g., does not expect to have a career, marriage, children, or a normal life span)
- D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
- (1) difficulty falling or staying asleep
  - (2) irritability or outbursts of anger
  - (3) difficulty concentrating
  - (4) hypervigilance
  - (5) exaggerated startle response
- E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

**Acute:** if duration of symptoms is less than 3 months

**Chronic:** if duration of symptoms is 3 months or more

Specify if:

**With Delayed Onset:** if onset of symptoms is at least 6 months after the stressor.

Source. American Psychiatric Association. (1994). Diagnostic and Statistical Manual of Mental Disorders (4th ed.).

### APPENDIX 3

#### Koppitz' 30 Emotional Indicators

Emotional Indicator	Hypotheses
1. Poor integration of body parts.	Instability, poorly integrated personality, poor coordination or impulsivity.
2. Shading of face.	Anxiety and a very poor self concept.
3. Shading of body and/or limbs.	Body anxiety.
4. Shading of hands and/or neck.	Anxiety over real or imagined activities involving hands and struggles to control impulses.
5. Gross asymmetry of limbs.	Poor coordination and impulsiveness.
6. Slanting figure.	Unstable nervous system or labile personality.
7. Tiny figure.	Extreme insecurity, withdrawal and depression.
8. Big figure.	Expansiveness, immaturity and poor inner controls.
9. Transparencies.	Acute anxiety, conflict or fear usually in the areas of sex, childbirth or body mutilation.
10. Tiny head	Intense feelings of intellectual inadequacy.
11. Crossed eyes.	Lack of focus and a world view that is different from others'.
12. Teeth.	Aggression.
13. Short arms.	Timidity and lack of aggression.
14. Long arms.	Reaching out towards others.
15. Arms clinging to body.	Rigid inner control.
16. Big hands.	Aggression and acting out behaviour.
17. Hands cut off.	Feeling of inadequacy or guilt over failure to act correctly or inability to act at all.
18. Legs pressed together.	Tension and a rigid attempt to control sexual impulses.
19. Genitals.	Serious psychopathology involving acute anxiety and poor impulse control.
20. Monster or grotesque figure.	Self-perception of not belonging to society.

21. Three or more figures drawn.	Poor school achievement and brain damage.
22. Clouds.	Feeling threatened by the adult world, especially parents.
23. No eyes.	World out of focus.
24. No nose.	Tendency to withdraw and shyness.
25. No mouth.	Feeling of anxiety, insecurity and withdrawal including passive resistance.
26. No body.	Serious psychopathology reflecting mental retardation, cortical malfunctioning, severe immaturity due to developmental lag or emotional disturbance with acute body anxiety and castration fear.
27. No arms.	Anxiety or guilt over socially unacceptable behaviour involving the arms or hands.
28. No legs.	Intense anxiety and insecurity.
29. No feet	General sense of insecurity and helplessness.
30. No neck.	immaturity, impulsivity and poor inner controls.

Source. Koppitz, E. (1968). Psychological evaluation of children's human figure drawings.

## APPENDIX 4

### The Piers-Harris Children's Self-Concept Scale

# "THE WAY I FEEL ABOUT MYSELF"

## The Piers-Harris Children's Self-Concept Scale

Ellen V. Piers, Ph.D. and Dale B. Harris, Ph.D.

Published by

**wps** WESTERN PSYCHOLOGICAL SERVICES  
Publishers and Distributors  
12031 Wilshire Boulevard  
Los Angeles, California 90025-1251

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Age: \_\_\_\_\_ Sex (circle one): Girl Boy Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher's Name (optional): \_\_\_\_\_

**Directions:** Here is a set of statements that tell how some people feel about themselves. Read each statement and decide whether or not it describes the way you feel about yourself. If it is *true or mostly true* for you, circle the word "yes" next to the statement. If it is *false or mostly false* for you, circle the word "no." Answer every question, even if some are hard to decide. Do not circle both "yes" and "no" for the same statement.

Remember that there are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark the way you really feel inside.

TOTAL SCORE: Raw Score \_\_\_\_\_ Percentile \_\_\_\_\_ Stanine \_\_\_\_\_

CLUSTERS: I \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_ IV \_\_\_\_\_ V \_\_\_\_\_ VI \_\_\_\_\_

have nice hair .....yes no  
 often volunteer in school .....yes no  
 wish I were different .....yes no  
 sleep well at night .....yes no  
 I hate school .....yes no  
 I am among the last to be chosen for games .....yes no  
 I am sick a lot .....yes no  
 I am often mean to other people .....yes no  
 My classmates in school think I have good ideas .....yes no  
 I am unhappy .....yes no  
 I have many friends .....yes no  
 I am cheerful .....yes no  
 I am dumb about most things .....yes no  
 I am good-looking .....yes no  
 I have lots of pep .....yes no  
 I get into a lot of fights .....yes no  
 I am popular with boys .....yes no  
 People pick on me .....yes no  
 My family is disappointed in me .....yes no  
 I have a pleasant face .....yes no

61. When I try to make something, everything seems to go wrong .....yes no  
 62. I am picked on at home .....yes no  
 63. I am a leader in games and sports .....yes no  
 64. I am clumsy .....yes no  
 65. In games and sports, I watch instead of play .....yes no  
 66. I forget what I learn .....yes no  
 67. I am easy to get along with .....yes no  
 68. I lose my temper easily .....yes no  
 69. I am popular with girls .....yes no  
 70. I am a good reader .....yes no  
 71. I would rather work alone than with a group .....yes no  
 72. I like my brother (sister) .....yes no  
 73. I have a good figure .....yes no  
 74. I am often afraid .....yes no  
 75. I am always dropping or breaking things .....yes no  
 76. I can be trusted .....yes no  
 77. I am different from other people .....yes no  
 78. I think bad thoughts .....yes no  
 79. I cry easily .....yes no  
 80. I am a good person .....yes no

*For examiner use only*

	1-20	+ 21-40	+ 41-60	+ 61-80	= 1-80 Total
I	_____	_____	_____	_____	_____
II	_____	_____	_____	_____	_____
III	_____	_____	_____	_____	_____
IV	_____	_____	_____	_____	_____
V	_____	_____	_____	_____	_____
VI	_____	_____	_____	_____	_____
Total Score	_____	_____	_____	_____	_____

## APPENDIX 5:

The translated Piers-Harris Children's Self-Concept Scale  
Indlela engi zizwa ngayo. Phendula yebo noma hayi

1. Esikolweni kuhlekiswa ngami	Yebo Hayi
2. Ngingu muntu ojabulile	Yebo Hayi
3. Kunzima ukuthi ngenze abangani	Yebo Hayi
4. Ngisuka ngi dangele ngesikhathi esiningi	Yebo Hayi
5. Ngihlakaniphele	Yebo Hayi
6. Nginamahloni	Yebo Hayi
7. Ngibanovalo uma utisha angibuza umbuzo	Yebo Hayi
8. Ngi kathazwa hi ndlela e ngi bukeka ngayo	Yebo Hayi
9. Umangimudala, ngizoba umuntu obalulekile	Yebo Hayi
10. Ngiya khathazeka uma sihlolwa esikolweni	Yebo Hayi
11. Angidumanga	Yebo Hayi
12. Ngiziphethe kahle esikolweni	Yebo Hayi
13. Ngibalulekile emndenini wasekhaya	Yebo Hayi
14. Ngihlupha umndeni wami	Yebo Hayi
15. Nginamandla	Yebo Hayi
16. Nginemicabango emihle	Yebo Hayi
17. Ngibalulekile kumndeni wami	Yebo Hayi
18. Ngesikhathi esiningi ngithanda izinto zenzeke ngendlela yami	Yebo Hayi
19. Ngikwazi ukukhanda izintongezandla zami	Yebo Hayi
20. Ngizinekela masishane	Yebo Hayi
21. Ngiphuma phambili ngomsebenzi wesikole	Yebo Hayi
22. Ngenza izinto ezimbi eziningi	Yebo Hayi
23. Ngidweba kahle	Yebo Hayi
24. Ngihamba phambili emculweni	Yebo Hayi
25. Ngiziphethe kahle esikolweni	Yebo Hayi
26. Ngithatha isikhathi ekuqedeni umsebenzi wesikole	Yebo Hayi
27. Ngibalulekile edlini yethu yokufundela	Yebo Hayi
28. Nginovalo	Yebo Hayi
29. Nginamehlo amahle	Yebo Hayi
30. Ngiyakwazi ukuma phambili e kilasini ngikhulume	Yebo Hayi
31. Ngiya phupha esikolweni	Yebo Hayi
32. Ngihlupha ingani zasekhaya	Yebo Hayi
33. Abangani bami ba thanda imibono yami	Yebo Hayi
34. Ngesi khathi esiningi ngingena e nkingeni	Yebo Hayi
35. Ngithobela umthetho wasekhaya	Yebo Hayi
36. Ngine nhlanhla	Yebo Hayi
37. Ngihlala ngi hlupekile emcabangweni kaningi	Yebo Hayi
38. Abazali bami bangifuna okuningi	Yebo Hayi
39. Ngithanda lento engiyona	Yebo Hayi
40. Izinto zenzenga ngingekho	Yebo Hayi
41. Ngine zinwele ezinhle	Yebo Hayi
42. Ngiyazinekela esikolweni	Yebo Hayi
43. Ngifisa ngathi ngabe ngihlukile	Yebo Hayi
44. Ngilala kahle ebusuku	Yebo Hayi
45. Ngizonda isikole	Yebo Hayi
46. Ngikhethwa muva emidlalweni	Yebo Hayi
47. Ngihlala ngigula ngesikhathi esiningi	Yebo Hayi

48. Ngiphatha abantu kabi	Yebo Hayi
49. Esikolweni, abangani bacabanga ukuthi nginemibono emihle	Yebo Hayi
50. Angi jabulile	Yebo Hayi
51. Ngina bangani abanangi	Yebo Hayi
52. Ngingu muntu ojabulile	Yebo Hayi
53. Angazi izinto eziningi	Yebo Hayi
54. Ngimuhle	Yebo Hayi
55. Ngikhuthele	Yebo Hayi
56. Ngizithola ngilwa ngesikhathi esiningi	Yebo Hayi
57. Ngidumile ebafaneni	Yebo Hayi
58. Ngiyahlushwa	Yebo Hayi
59. Ngiphoxe umndeni wami	Yebo Hayi
60. Ngino buso obujabulisayo	Yebo Hayi
61. Mangithi ngizama okuthile konke kuyonakala	Yebo Hayi
62. Ngiyahlushwa ekhaya	Yebo Hayi
63. Ngiphuma phambili emidlalweni	Yebo Hayi
64. Ngihlala ngiwisa izinto	Yebo Hayi
65. Emidlalweni, ngiyabuka, angidlali	Yebo Hayi
66. Ngikhohlwa engikufundile	Yebo Hayi
67. Kulula ukungijwayela	Yebo Hayi
68. Ngino laka	Yebo Hayi
69. Ngidumile emantombazaneni	Yebo Hayi
70. Ngifunda kahle	Yebo Hayi
71. Ngithanda ukusebenza ngedwa	Yebo Hayi
72. Ngiyamu thanda ubhuti/usisi	Yebo Hayi
73. Nginomzimba omuhle	Yebo Hayi
74. Ngivamise ukuba novalo	Yebo Hayi
75. Ngiwisa ngiphula izinto nge sikhathi esiningi	Yebo Hayi
76. Ngiyathembeka	Yebo Hayi
77. Ngihlukile kwabanye abantu	Yebo Hayi
78. Nginemicabango eminingi emibi	Yebo Hayi
79. Ngikhala kalula	Yebo Hayi
80. Ngingu muntu olungile	Yebo Hayi

## APPENDIX 6

### Inconsistency Index items

Item	Direction of keyed response	Item	Direction of keyed response
1. My classmates make fun of me	Yes	58. People pick on me	No
2. I am a happy person	No	50. I am unhappy	No
3. It is hard for me to make friends	Yes	11. I am unpopular	No
3. It is hard for me to make friends	Yes	46. I am among the last to be chosen for games	No
4. I am often sad	Yes	50. I am unhappy	No
4. I am often sad	Yes	52. I am cheerful	Yes
5. I am smart	Yes	21. I am good in my school work	No
5. I am smart	Yes	53. I am dumb about most things	Yes
11. I am unpopular	No	51. I have many friends	No
14. I cause trouble to my family	No	25. I behave badly at home	Yes
14. I cause trouble to my family	Yes	59. My family is disappointed in me	No
22. I do many bad things	No	25. I behave badly at home	Yes
25. I behave badly at home	Yes	34. I often get into trouble	No
25. I behave badly at home	Yes	35. I am obedient at home	Yes
25. I behave badly at home	Yes	48. I am often mean to other people	No
25. I behave badly at home	No	59. My family is disappointed in me	Yes
26. I am slow in finishing my school work	No	53. I am dumb about most things	Yes
33. My friends like my ideas	No	49. My classmates in school think I have good ideas	Yes
35. I am obedient at home	Yes	76. I can be trusted	No
39. I like the way I am	No	43. I wish I were different	No

46. I am among the last to be chosen for games	Yes	63. I am a leader in games and sports	Yes
50. I am unhappy	Yes	52. I am cheerful	Yes
58. People pick on me	No	51. I have many friends	No
63. I am a leader in games and sports	Yes	65. In games and sports, I watch instead of play	Yes
64. I am clumsy	No	75. I am always dropping and breaking things	Yes

---

Note. Both items in a particular row must be responded to in the keyed direction for the item to count. Based on a sample of 485 public school children.