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## Multiple traumas and resilience among street children in Haiti: Psychopathology of survival

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### ABSTRACT

In Haiti, as in several developing countries, the phenomenon of street children has become a major public health issue. These children are often victims of traumas and adverse life events. This article aimed to investigate traumas experienced by street children and their coping and resilience strategies used to deal with adversities in a logic of survival, relying on a mixed method approach. A group of 176 street children, aged 7–18 ( $n = 21$  girls), recruited in Port-au-Prince, completed measures assessing PTSD, social support and resilience. Semi-structured interviews were conducted to document traumatic experiences, factors related to resilience and coping strategies. After performing statistical analyses to evaluate prevalence and predictors associated with PTSD, and level of social support satisfaction and resilience, qualitative analysis using a grounded theory approach was conducted. Results showed that street children experienced multiple traumas such as neglect, maltreatment, psychological, physical and sexual abuse. However, they also showed self-efficacy to face their traumatic experiences and few of them (less than 15%) obtained scores reaching clinical rates of PTSD, while a large majority presented a level of resilience between moderate to very high. A socio-ecological model of multiple traumas and a model of coping, survival and resilience strategies are conceptualized. Data provide a better understanding of the traumas experienced by street children, their coping and resilience strategies. Results underscore ways to develop practices to offer psychological support, social and vocational integration based on the real needs of these children, in a perspective of social justice.

### 1. Introduction

While in Latin America the phenomenon of street children began in the late 1970s and early 1980s (Glauser, 2013), it began, in Haiti, in the aftermath of the Duvalier dictatorship in 1986 and has increased significantly since the 1990s (Lubin, 2007). Street children refer to any person below the age of majority for whom the street (including unoccupied dwellings) has become their living place and/or their source of life, poorly protected and monitored by adults (United Nations Human Settlements Programme (UN-Habitat), 2007). Although there is no unanimity on this definition, street children are part of the population often considered as the most vulnerable in the world (Bony, 2016). Although their presence on the streets is often portrayed as a symbol of family ties' dislocations (Bony, 2016; Lubin, 2007), behind this epiphenomenon stand complex sociopolitical events, adverse living conditions, impoverishment of families, as well as multiple and cumulative traumas (Derivois, Cénat, Joseph, Karray, & Chahraoui, 2017;

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Gwanyemba, Nyamase, & George, 2016; Pandey, Dutt, Nair, Subramanyam, & Nagaraj, 2005). One of the constants observed in countries where children live on the streets is that the decision to do so is almost always made after a major traumatic triggering event and after successive traumatic experiences, although often accompanied by significant economic problems (Gwanyemba et al., 2016; United Nations Children's Fund (UNICEF), 2012). These children, who must be distinguished from those who work on the street and return at night to the family home, have often lived in multiple consecutive vulnerable contexts before definitively settling on the street (Fisch & Truglio, 2014).

Studies conducted among street children have shown that in addition to the economic and social insecurity experienced, they have often been the victims of neglect, psychological, physical and sexual abuse and sexually transmitted infections including HIV (Bony, 2016, Lubin, 2007; Shrivastava, Shrivastava, & Ramasamy, 2014). Nevertheless, as Asante (2016) points out, life on the streets exposes children to even more vulnerability and traumas. In addition to health-risk behaviors such as prostitution, alcohol and drug use, other traumas such as rape, beatings, injuries, kidnapping and social stigmatization can be part of their daily lives (Asante, 2016; Gwanyemba et al., 2016; International Medical Aid, 2011). Apart from being exposed to everyday violence, they can also come to display behaviors such as violence and delinquent acts (Lubin, 2007; Lucchini, 2001). Based on the experiences of street children, studies have shown that living on the street is a major public health issue that has social, physical and psychological dimensions (Asante, 2016; United Nations Children's Fund (UNICEF), 2016).

In the case of Haiti, street children have experienced other significant adverse life events and not only interpersonal traumas. They also face natural disasters that hit the country every year (Cénat, 2014). From 2004 to 2016, Haiti was hit by a dozen major cyclones and tropical storms including Jeanne, Ike, Faille, Gustave and more recently Matthew, causing hundreds or even thousands of victims each time (Cénat, 2014; Derivois et al., 2017). Living on the streets, these children are even more vulnerable because they have to cope with the torrential rains and winds accompanying these cyclones without having a safe place to use as a shelter. Since the earthquake of 2010, the seismic risk has become very present in the minds of the population (Cénat, 2014). While street children were not the most affected since they lived on the streets and were less at risk of being under the concrete of houses during the earthquake, they were not spared the events that followed (International Medical Aid, 2011). On the contrary, a large part of the population had become homeless and they had to live with the corpses strewn the streets of the affected cities (Cénat, Derivois, & Karray, 2017).

Even though behind this serious societal issue hide complex, multiple and cumulative traumas, studies conducted in Haiti have shown that street children present a lower prevalence (less than 20%) of post-traumatic stress disorder (PTSD), higher satisfaction with the sparse social support received and a higher level of resilience than children and adolescents (more than 40% of them reached clinical levels of PTSD symptoms) living with their parents (Cénat, 2015, 2014; Derivois, Mérisier, Cénat, Val, & Castelot, 2014; Derivois et al., 2017). Other studies carried out following the earthquake have shown that street children appear to display an ability to take advantage of links in their social-ecological environment to cope with their experiences on the street (Joseph & Derivois, 2016; Karray, Derivois, Brolles, & Wexler Buzaglo, 2017). However, in their case, should we talk about resilience, self-efficacy, and adaptation to life on the street, numbing of trauma effects or survival strategies? How can their life history, their traumatic experiences and socio-ecological environment help us understand the low prevalence of PTSD and the high level of resilience?

To answer these questions, this study proposes a conceptualization based on a socio-ecological theory (Bronfenbrenner & Morris, 1998), on self-efficacy (Bandura, 1982) and a socio-ecological approach of resilience (Cénat, Derivois, & Merisier, 2013; Ungar, Ghazinour, & Richter, 2013). First, it is proposed that these children and adolescents experienced traumas from their different socio-ecological living environments (family, foster family, centers and streets). Then, their specific and global strategies to deal with interpersonal and non-interpersonal traumas arise from many factors, both internal and external to themselves, that the socio-ecological model helps to better identify (Bronfenbrenner & Morris, 1998). To explore the socio-ecological model of the street children traumas and resilience, we collected information about their families, the reasons they lived on the streets, as well as their experiences of trauma on the streets. Similarly, in an integrative way, the analysis is based on their sense of efficacy (Bandura, 1982) to deal with traumas and the socio-ecological definition of resilience (Ungar et al., 2013) to better identify contextual, social and environmental factors (Cénat et al., 2013), as well as adaptive and maladaptive coping strategies. To better address these issues, the data are analyzed using a grounded theory approach (Perrin, Meiser-Stedman, Smith, & Yule, 2005).

Using these theoretical frameworks, the objectives of this study were to 1) document interpersonal and non-interpersonal traumas experienced and the prevalence of post-traumatic stress disorder (PTSD) among street children and adolescents in Haiti 2) to explore coping and resilience level and strategies they set up to deal with adversities in the logic of survival, relying on a mixed method approach. Indeed, the use of mixed methods embedded design with concurrent data collection seems more appropriate to meet the objectives of this study to provide various perspectives (Teddlie & Tashakkori, 2003). It is important to remember that in an embedded design, the goal is not to integrate the results into a global interpretation, but to answer different complementary research questions (Creswell & Plano Clark, 2010).

## 2. Methods

### 2.1. Design and sampling

We mixed quantitative and qualitative methods using an embedded concurrent design by collecting data simultaneously, in a complementary perspective (Creswell & Plano Clark, 2010; Teddlie & Tashakkori, 2003). The mixed methods allows to investigate the street children phenomenon in both etic and emic perspectives (Berry, Poortinga, Segall, & Dasen, 2002). First, the quantitative phase allowed to examine the amplitude of the factors and consequences associated with the traumas experienced in terms of PTSD,

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