Kenyan Street Boys: The Effect of Individual Experiences on Psychological Well-Being

Megan Barnes, Psy,D; Charles Chege, Psy.D., Joy M. Bustrum, Psy.D., Samuel Girgius, Psy.D., T.M. Caddell, M.A., Azusa Pacific University

Abstract

Homelessness is a rampant and growing problem worldwide, and many of the world's homeless are children (Wright, 2000). With approximately 600,000 children living on the streets in Kenya, this study assessed the psychological impact of the individual experiences of Kenyan street boys. Participants included 64 Kenyan boys between the ages of 10 and 15 who had lived on the street. Participants were administered an Individual Experiences Checklist (IEC), Child Behavior Checklist for Ages 6-18 (CBCL), and the Trauma Symptoms Checklist for Children (TSCC). Results indicated that after accounting for all variance, time on the street was significantly and positively associated with increased levels of trauma. Three critical considerations for designing programs for this population emerged from this study's results: (a) Reduce the number of children working and living on the streets; (b) provide rehabilitation services; and (c) provide psychoeducation and conflict resolution to families and communities.

Keywords: street children, trauma, rehabilitation, psychological impact

Introduction and background

Homelessness is a rampant and growing problem worldwide (Wright, 2000). Compared to other age groups, homelessness is increasing more quickly among children; nearly one million children slept on the streets last night (CYC-Online, 2004). This astronomical number only considers the children who were actually enumerated and, although these figures are carefully tabulated, they underestimate the global scope of the problem. Many children move in and out of homelessness, and others are simply not accounted for (CYC-Online, 2004). Unfortunately, these problems span the globe from the United States, to India, to Africa, and beyond.

Evident negative psychological effects result from lack of basic shelter, security, access to help, supervision, and care from adults during key developmental periods of life (Koller & Hutz, 2001). As a result, many children experience life-altering negative outcomes. A significant number of children are plagued with clinical depression, anxiety, aggression, anger management issues, substance use, suicidal ideation, risk-taking behaviors, and posttraumatic stress symptoms, including dissociation (Kletter et al., 2013). In addition, there are clear and significant attachment deficits (Koller & Hutz, 2001).

Homeless children are also more likely to be less educated and attain criminal records (CRADLE, 2004; Kletter et al., 2013; Koller & Hutz, 2001; U.N. Human Rights Watch, 1997). These children have fewer skills that would allow them to flourish as they transition into adulthood. As such, they must attempt to function in society by assuming adult responsibilities even though they do not have the developmental, cognitive, or financial resources to do so (Koller & Hutz, 2001; Tol et al., 2010; United Nations Office of Drug Control & Crime Prevention, 2001).

Although many of these findings are based on data gathered in the United States, other countries are also plagued by homelessness and its subsequent negative effects. Specifically, developing nations, such as Kenya, have a growing number of homeless

children. There are a variety of factors that influence children being homeless or living on the streets in Kenya. The most prominent factors include poverty, lack of educational opportunities, rural to urban migration, social changes, political violence, and the HIV/AIDS crisis (Plummer Kudrati, & Yousif, 2007; Veale & Donà, 2003). Death or absence of a parent and physical abuse are also contributing variables (Plummer et al., 2007). For example, Veale and Donà (2003) found that it is more common for a street child to lose a father than a mother, and that 85% of street children come from female-headed households. Moreover, poverty is the underlying factor that is driving children to go out and seek work or escape their home environment that may entail abuse.

Homeless children, or street children, are prominent on Kenyan streets (CRADLE, 2004; Sorre, 2009; U.N. Human Rights Watch, 1997). In 1997, there were approximately 40,000 street children nationwide. Ten years later, in 2007, there were an estimated 250,000 to 300,000 children living and working on the streets in Kenya (IRIN, 2007). More recent studies estimated 600,000 street children in Kenya (Sorre, 2009). This substantial increase in 10 years displays the magnitude of the problem, an important issue for the country and future generations to address.

Children leave home at a very early age to live on the streets. A 2002 report found that 50% of the children on the streets of Nairobi were between the ages of 11 and 15 years (SNV Kenya and GTZ, 2002) with a mean age of 12.6 years (Veale & Donà, 2003). Results of the same study noted that at least 7% of street children are under the age of 5 years (SNV Kenya and GTZ, 2002). They experience abuse, witness violence, are victimized by government officials, and suffer from malnutrition nearly every day (IRIN, 2007; Koller & Holz, 2001; U.N. Human Rights Watch, 1997; United Nations Office of Drug Control & Crime Prevention, 2001).

Furthermore, it is important to note that the preponderance of street children in developing countries such as Kenya are boys. In Kenya, boys are expected to become independent at a young age and young girls are more likely encouraged to stay home for longer periods of time. Cultural norms play a vital role in the likelihood of boys being on

the street, particularly due to being encouraged to help support the family through work on the street (Veale & Donà, 2003).

On a daily basis, street children cope with extortion as well as verbal and physical abuse from the public and the police (IRIN, 2007; U.N. Human Rights Watch, 1997). Many children report negative treatment is their biggest fear while living on the street (CRADLE, 2004). In the course of an ordinary day, the children may be insulted, slapped, beaten, or detained without reason (CRADLE, 2004). Furthermore, the vulnerability of being alone and the lack of supervision, protection, and family makes these children highly vulnerable to sexual exploitation and sexual abuse (CRADLE, 2004). Although these risk factors have been documented to lead to negative effects, research regarding exact consequences and potential protective factors is considerably limited.

Past research on street children has indicated that these children tend to gravitate toward cities and major towns (CRADLE, 2004; Sorre, 2009; United Nations Children's Fund, 2001; U.N. Human Rights Watch, 1997). The economic opportunity is appealing because the likelihood of finding work in the city is higher. As an aside, an unfortunate consequence of finding work is that they are then less likely to stay in school as a result of long working days (Plummer et al., 2007). Changes in community and camaraderie attract the boys as well. They know there will be other street children in more densely populated areas, along with a greater availability of social services and opportunities to buy substances (CRADLE, 2004; United Nations Children's Fund, 2001; U.N. Human Rights Watch, 1997).

Among Kenyan cities, Kisumu offers a multitude of opportunities for street boys. Kisumu is the third largest city in Kenya. While an estimated 60,000 street children live in Nairobi (the largest city in Kenya), Kisumu and Mombasa host the other two largest populations of street boys due to their locations (IRIN, 2007). Children may come from all over Kenya to Kisumu because of the opportunities and community accessible to them. Specifically, Kisumu is located by Lake Victoria, which provides a large market

for fishing, buying, and selling the food caught. Street boys are continuously moving in and out of the city limits due to the response of law enforcement (CRADLE, 2004; U.N. Human Rights Watch, 1997).

As HIV/AIDS and other diseases have become more prevalent, boys are increasingly required to take the lead in providing for their families. In Kenyan culture, there is a strong expectation that sons will take responsibility for family well-being when fathers are unable to do so (CRADLE, 2004; U.N. Human Rights Watch, 1997). As past research has indicated, this leaves many young boys running to the streets to escape family pressures or trying to make money to support their families (Koller & Hutz, 2001; United Nations Children's Fund, 2001; United Nations Office of Drug Control & Crime Prevention, 2001). Children may also flee their homes if they have stolen, wronged the family, or have suffered neglect or physical abuse at home (Koller & Hutz, 2001; United Nations Children's Fund, 2001; United Nations Office of Drug Control & Crime Prevention, 2001).

Street children are ridiculed and socially exiled (CRADLE, 2004; Koller & Hutz, 2001; U.N. Human Rights Watch, 1997; United Nations Office of Drug Control & Crime Prevention, 2001). Additionally, street children have become widely known due to the illegal or socially unacceptable activities in which they participate (United Nations Children's Fund, 2001). Hussain and Khan (2013) found that street children usually have a negative public image in which they are seen as antisocial, involved in criminal activity, and difficult to rehabilitate.

To ensure their own survival, street boys are known for walking, talking, and sleeping in groups, both for community and protection (Koller & Hutz, 2001; United Nations Office of Drug Control & Crime Prevention, 2001). Police brutality is a very common experience among street boy populations (U.N. Human Rights Watch, 1997). Street boys are, in many cases, beaten by the police, taken to the juvenile jail, or both (U.N. Human Rights Watch, 1997). Unfortunately, this is also the case in other developing countries such as Pakistan. Hussain and Khan (2013) emphasized that 60% of abuse amongst street

boys involves the police. Police brutality greatly decreases the number of boys staying in one specific town over an extended period of time.

Child well-being, specifically following a traumatic experience, has become a popular area of research in recent years (Brown, Baker, & Wilcox, 2011; Feldman & Vengrober, 2011). Children were previously assumed to be resilient to traumas due to their inability to cognitively understand the severity of such events or hold them in their memory (Benedek, 1985). Psychologists and researchers alike are realizing that children are less resilient than once thought and they experience negative consequences as a result of early trauma (Brown et al., 2011; Feldman & Vengrober, 2011). Veale and Donà (2003) have extended this body of research to street children, and noted that street children have increased incidences of posttraumatic symptomatology, including bad memories, nightmares, headaches, and symptoms of anxiety. Due to the lack of research on street boys in Kenya, this kind of research, which focuses on prominent types and levels of psychological distress or traumatic symptomatology, must precede the development of useful solutions to the problems they face.

The purpose of the current study was to assess the psychological impact of the individual experience street boys in Kenya face. The term "street boys" is not explicitly limited to homeless boys (or children). Street boys may be orphaned, abandoned, or estranged from their families because they have run away. Those who are orphaned, abandoned or have run away typically live on the street full time and they may or may not have contact with their families. Street boys may also include those who work on the street during the day, either by choice or by force of the family, but return to home at night. Lastly, street boys include children whose families are homeless and live on the street as well (CRADLE, 2004). In this study, however, only boys who lived on the street full time were evaluated.

Methodology

The sample of the study consisted of 64 boys who previously lived on the streets in Kenya. Each participant was a Kenyan male between the ages of 10 and 15 years.

Participants were located through a non-profit organization (NGO) that rescues boys with the intent of rehabilitating them and returning them to their families. At the time of data collection, each participant lived at an NGO children's home full time and participated in the primary school.

Although originally created in a Western culture, the Trauma Symptom Checklist for Children (TSCC) has since been used successfully in a variety of countries and cultures, including China, Indonesia, and South Africa (Hestyani, 2006; Li et al., 2009). It was chosen for its cultural sensitivity, validity, and reliability. The TSCC consists of 54 Likert scale items presented on a 4-point continuum (0 = *Never*, 3 = *Almost all the time*) (Briere, 1996). There are 6 clinical scales on the TSCC: Anxiety, Depression, Anger, Posttraumatic Stress, Dissociation, and Sexual Concerns. Additionally, Dissociation and Sexual Concerns have two sub-scales. Higher scores indicate greater pathology on that item.

The Child Behavior Checklist (CBCL) for Ages 6-18 was used to measure a caregiver's perspective of a broad spectrum of competencies, adaptive functioning, and behavioral problems. Although originally created in a Western culture, the checklist has since been used successfully in a variety of countries and cultures including South Africa, Ghana, and Israel (Appoh, 2004; Auerbach & Lerner, 1991; Loffell, 2000). It was chosen due to its cultural sensitivity, validity, and reliability. The CBCL consists of 133 questions. It begins with a qualitative portion, consisting of 30 questions that address the child's interests and involvement in sports, activities, organization, and any chores the child may have. This portion also addresses specific concerns the parent has or disabilities the child may have (Achenbach & Rescorla, 2001).

The next section is quantitative and consists of 113 questions related to home, school, and peers. Because it is possible to only give a portion of the CBCL/6-18, only the quantitative portion was given to the caregivers. There are two sets of scaled scores: Syndrome and DSM-Oriented. Within the Syndrome Scale, there are 8 subscales: Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints, Social Problems,

Thought Problems, Attention Problems, Rule-Breaking Behavior, and Aggressive Behavior. Within the DSM-Oriented Scale, there are six subscales: Affective Problems, Anxiety Problems, Somatic Complaints, Attention Deficit/ Hyperactivity Problems, Oppositional Defiant Problems, and Conduct Problems.

Individual experiences were measured using the researcher's Individual Experiences Checklist (IEC), a 14-item questionnaire designed to gain demographic and background information about each boy. The construction of the IEC as a research instrument was informed by a combination of basic demographic information, previous literature on the experiences of street children, and consultation with the children's home. Many of the IEC items are based on the child's report; therefore, some of the answers may be less certain (e.g., length of time on the streets).

Two Kenyan college-educated males helped with translation throughout the study. The informed consent was read aloud in English, Swahili, and Luo (when requested). The Individual Experiences Checklist and Trauma Symptoms Checklist for Children were read out loud in English. When requested, these documents were also read aloud in Swahili and Luo. The researcher also gave one of the house-parents copies of the Child Behavior Checklist to complete for each child.

Results

Findings from this study indicated that, after accounting for all variance, time on the street was significantly and positively associated with increased levels of trauma. Specifically, time on the street predicted significant increases in dissociation. The longer a respondent was on the street, the higher his reported level of dissociation. Further, results revealed that boys who witnessed someone dying or being physically hurt were more likely to have sexual concerns than boys who did not. Additionally, results indicated that boys who were beaten by the police were less likely to have sexual concerns than those who were not beaten by the police.

The frequencies at which the respondents provided clinically significant TSCC scores are presented in Table 6. More boys indicated clinically significant levels of anxiety than any other scale, with 34 boys reporting this level of anxiety (54.8%). Thirty boys scored significantly on depression (48.4%), and 26 scored significantly on sexual concerns (41.9%). Twenty-six boys scored significantly on posttraumatic stress (40.3%), and 21 scored significantly on dissociation (33.9%). Of all the scales, the anger scale yielded the fewest number of boys with a clinically significant score: five respondents scored significantly for anger (8.1%).

Table 6. *Clinical Significance Frequencies*

Variable	Clinical Significance	N	%
Anxiety	**Yes**	**34**	**54.8**
	No	28	45.2
Depression	**Yes**	**30**	**48.4**
	No	32	51.6
Anger	**Yes**	**5**	**8.1**
	No	57	91.9
Post-traumatic stress	**Yes**	**25**	**40.3**
	No	37	59.7
Dissociation	**Yes**	**21**	**33.9**
	No	41	66.1
Sexual concerns	**Yes**	**26**	**41.9**
	No	36	58.1

Additional results indicated that what the house-parent perceived as social problems and thought problems, children reported as anger and sexual concerns. Results also suggested that what the house-parent reported as aggression, children reported as depression, anger,

and sexual concerns. Finally, when the house-parent reported as externalizing symptoms, children reported as anger and sexual concerns.

Discussion

The present study revealed several major findings with implications ranging from needed changes in micro interactions between children and house-parents to macro-level policy changes. The first finding was that the longer a boy remained on the street, the more likely he was to experience dissociative symptoms. Secondly, the research found a complex relationship between traumatic exposure and sexual concerns. Specifically, children who witnessed others being beaten or dying were more likely to experience sexual concerns than others who had not. However, children who were themselves beaten by the police were less likely to experience sexual concerns. Finally, the study revealed significant differences between house parents' perceptions of their children's behavior and the children's report of what they were experiencing.

The results from the current study provide valuable information for parents, the Kenyan government, mental health professionals, and non-profit organizations that provide aid to street children. The research helps illuminate how street life affects Kenyan boys, and how psychological symptoms can be identified and interpreted. It is vital these results be considered and used to help systemically intervene and effectively treat the street boys. There are potentially devastating consequences to Kenyan society and culture if the association between street life and traumatic symptomatology is unaddressed, particularly given the magnitude of boys who live on the street.

According to the *DSM-5* (APA, 2013), dissociation is a key factor in a PTSD diagnosis. All of the participants experienced traumatic exposure and, among participants, the longer a child spent on the street, the more likely he was to have dissociative symptoms. Many children on the street eat from garbage bins, sleep with little clothing, and are abused by others. These situations can result in dissociation. Dissociation allows a child to almost remove himself from the situation, to numb himself from reality, and achieve

separation between the body and the mind in that moment, which serves as a protective mechanism. However, dissociation is not a healthy coping style and can have vast detrimental results.

Dissociation can have grave consequences for a child's immediate and long-term future. It may compromise fundamental developmental processes related to learning and memory, attention, and social interaction. Clearly, this can harm boys' and young men's educational prospects (International Society for the Study of Trauma and Dissociation, n.d.). In the long term, children who cannot learn a trade will have more difficulty securing and maintaining employment in adulthood. In Kenyan culture, learning a trade is very important for defining one's professional and cultural identity, particularly for adult males (C. , personal communication, March 21, 2015).

Childhood dissociation impacts relationship formation in adulthood as well. Children who cannot effectively socially interact with others may struggle to form romantic relationships and establish families. Like professional life, family life is essential for being perceived as a beneficial member of society (C. , personal communication, March 21, 2015). Dissociation can thus derail the individual's journey to productive adulthood while also compromising the maintenance of Kenyan cultural values, which place a premium on relationships and family. The negative implications of dissociative processes demonstrate the pressing need to get these children off the streets quickly and to provide effective treatment.

The current research results also suggest a correlation between violence and sexual concerns. In this sample of street boys, witnessing someone being physically harmed or dying was significantly and positively correlated with experiencing sexual concerns. Children with elevated sexual concerns scores show signs of sexual distress and preoccupation (Briere, 1996). Sexual concerns can have their origins in a variety of traumatic exposures including pornography, child victimization, witnessing sexual acts, and sexual assault by a peer (Briere, 1996). Because many of these traumas are common

on the street (CRADLE, 2004; IRIN, 2007; U.N. Human Rights Watch, 1997), it is not surprising that several participants had substantial levels of sexual concerns.

Over 90% of the participants had experienced being caned or beaten. There is a dire need for the Kenyan police force and government to be trained to understand how their actions might negatively affect these street boys. Often times when the police brutality does occur, there are a number of other street children who witness these behaviors. Additionally, some children may use that same violent tactic on others in physical or sexual ways as a way of trying to gain mastery over a traumatic experience. This has implications for how individuals treat romantic partners, family members, and social acquaintances. Once again, the consequences of a street lifestyle have detrimental effects for the Kenyan culture and future generations.

Study results also provide valuable information for parents and caregivers and, in particular, highlight the need for psychoeducation for Kenyan parents on trauma symptoms and how they may present in children. Not only would this provide valuable information to caregivers, but it would also equip them to distinguish between normal and symptomatic behaviors so they can judge when clinical intervention may be necessary. A training or class that would provide parents with this information may systematically prevent children from ending up on the streets which would, in turn, decrease the likelihood of them dissociating or developing sexual concerns.

Conclusion

Research on street children, Kenyan children, and trauma in children in Africa is sparse. The results of this study suggest a need for additional research on the following topics: Kenyan parenting and the family system, programs that rehabilitate street children, and Kenyan culture and counseling. Applying this same protocol with larger sample sizes would further substantiate the current findings. The apparent link between sexual concerns and witnessing another person's death or injury also warrants further

examination. More research on this correlation could reveal the underlying causes and cultural dynamics that may be driving this finding.

The present study highlighted how street children are affected psychologically. There should also be research on the impact of trauma and the street experience on physical health problems (Kletter et al., 2013). As research proceeds, serious attention should be devoted to creating valid and precise instruments designed specifically for use in the Eastern African context along with further cultural and linguistic considerations.

Current rehabilitation services for street children are often lacking. More research should be focused on interventions related to substance use. Hussain and Khan (2013) noted that current programs have not been significantly able to decrease substance abuse in street children; thus, this area remains crucial to address. Finally, future research should include program evaluations to ensure we are fully realizing the benefits of interventions and treatment protocols.

Systemically, it is important to note that many of the existing tools and instruments to study trauma symptoms were originally developed for and tested on Western samples. Thus, significant cultural barriers remain in designing a study such as this one. Nonetheless, cultural sensitivity was exercised with great care and, with each additional study that takes place in the Kenyan context, researchers will become increasingly able to create and implement culturally relevant assessment and treatment protocols that are valid, reliable, and effective. Simply avoiding research in this region on the basis of the challenges it poses is not an option; the stakes are too high.

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