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Homeless and Working Street Youth in Latin America: A Developmental Review

Marcela Raffaelli

University of Nebraska-Lincoln, U.S.A.

Abstract

In most Latin American countries, a substantial proportion of children grow up in circumstances of extreme deprivation and early independence. These include "street youth", youngsters who work and sometimes live on city streets in developing countries. Most street youth research has been conducted from an applied perspective and emphasizes service and policy needs. Little developmental research has been conducted with street youth, and the long-term impact of street life is largely unknown. This review synthesizes empirical findings on the developmentally-relevant experiences of sub-groups of street youth in Latin America. It includes research in four areas: social networks, daily survival, health status, and psychological well-being. Directions for future developmental research in each area are identified, and recommendations for practitioners and policy-makers are presented.

Resumo


Key words: Homeless; Street youth; Latin America
Palabras clave: Deambulantes; Jóvenes de la calle; América Latina

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In many Latin American cities, children as young as seven or eight can be found engaging in a variety of survival activities—selling candy or newspapers, washing cars, shining shoes, entertaining passers-by, begging, scavenging, and stealing. Although these "street youth" have become a focus of attention in both the popular and academic press, they have been largely ignored by developmental researchers. Lack of a developmental perspective has resulted in a failure to consider the long-term impact of street life. In an attempt to begin remedying this gap, this review synthesizes what is known about the developmentally-relevant experiences of street youth, identifies directions for future developmental research, and makes recommendations for how psychologists can help address this social problem.

Estimates of the number of street youth worldwide range from several million to over one hundred million (UNICEF, 1989, 1993). The range in these estimates results in part from inadequate data and in part from definitional confusion (Hutz, Bandeira, Koller & Forster, 1995), as several sub-groups of street youth have been identified (Barker & Knaul, 1991; Lusk, 1989). The largest group (about 75% of street youth) consists of children "in" the street (working youth), who work at street-based jobs but maintain family ties and return home on a regular basis. Some investigators divide working youth into family-based street workers, who live at home full-time, and independent street workers, who reside on the street part-time to be close to their workplace (Lusk, 1992). About a quarter of street youth are children "of" the street (homeless youth), who spend all or most of their time on the street, seldom or never seeing their families and surviving as best they can. These youngsters have attracted the most media attention (Larmer, 1992). Recently, a third group of street youth has been recognized, consisting of children of homeless families; little is known about these youngsters (Lusk, 1992).

On a structural level, the primary cause of street youth in Latin America is poverty and the stress it imposes on families (Carrizosa & Poertner, 1992; Lusk, 1992; Peralta, 1992). Contributing factors include high birth rates, rural-to-urban migration, inadequate housing, economic stagnation, unequal distribution of income, and the absence of government assistance programs (Barker & Knaul, 1991; Branford & Kucinski, 1988). On an individual level, there are many pathways that lead children to the streets. In many cases,
children are exposed to the street environment gradually, initially accompanying parents or older siblings who engage in street work and then venturing out alone (Aptekar, 1988; Barker & Knaul, 1991). A subset of these children eventually leave home to live on the street full time (Aptekar, 1994; Lusk, 1989, 1992; Peralta, 1992). For some youngsters leaving home is a sudden event precipitated by parental death or another specific event whereas for others the process is more gradual, with youngsters fluctuating between living on the street and at home and gradually spending more time on the street (Felsman, 1989). More boys than girls are found on the streets; this is partly because impoverished girls are likely to remain in the home, caring for younger siblings, or are employed as domestic servants (Aptekar, 1994; Barker & Knaul, 1991) and partly because street girls are often labeled "prostitutes" and excluded from research on "street youth" (Barker & Knaul, 1991).

The magnitude of the street youth problem and the distressing plight of these youngsters has led to a service-oriented literature with an understandable focus on addressing youths’ immediate needs. However, in order to develop appropriate social policies and intervention programs, we must look beyond the immediate situation of street youth and consider the long-term impact of street life. It is only by systematically examining the developmental experiences of impoverished youth, and assessing the risks and possible benefits of living or working on the street, that sound policies and interventions can be developed. As a first step in this process, this paper reviews the empirical literature on Latin American street youth to delineate what is currently known about the developmentally-relevant experiences of homeless and working street youth.

METHOD

Published and unpublished materials were obtained by conducting literature searches of electronic psychological, medical, and social work databases (e.g., PsychLit; MedLine); checking the references of articles with a focus on street youth; requesting recent publications from researchers in the U.S. and Latin America who had previously published in this area; and corresponding with researchers and practitioners met while conducting field research. The literature search was conducted initially in 1995 and updated
### Table 1

**Summary of Empirical Studies of Street Youth in Latin America: Single Sample or Grouped Presentation of Data**

<table>
<thead>
<tr>
<th>Author/s</th>
<th>Location</th>
<th>Size</th>
<th>% Gender</th>
<th>Age</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aptekar (1988, 1989a)</td>
<td>Cali, Colombia</td>
<td>56</td>
<td>100% male</td>
<td>7-16 Average 11.6</td>
<td>Street children in diagnostic center</td>
</tr>
<tr>
<td>Asociación Salud con Prevención</td>
<td>Bogotá, Colombia</td>
<td>30</td>
<td>60% male</td>
<td>14-25</td>
<td>Homeless children</td>
</tr>
<tr>
<td>Barker, 1991</td>
<td>5 countries</td>
<td>272</td>
<td>100% female</td>
<td>Ages unspecified</td>
<td>Street children</td>
</tr>
<tr>
<td>Felsman (1989)</td>
<td>Cali, Colombia</td>
<td>300</td>
<td>Unspecified</td>
<td>Under 16</td>
<td>Street children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25</td>
<td>Unspecified</td>
<td>5-16</td>
<td>Homeless youth</td>
</tr>
<tr>
<td>Hutz, et al. (1995)</td>
<td>Porto Alegre, Brazil</td>
<td>97</td>
<td>69% male</td>
<td>9-16 Average: 12.3</td>
<td>Homeless children</td>
</tr>
<tr>
<td>Lebensztajn et al. (1986)</td>
<td>Sao Paulo, Brasil</td>
<td>143</td>
<td>74% male</td>
<td>9-17</td>
<td>Homeless children</td>
</tr>
</tbody>
</table>

*Indicates that age patterns are examined*
<table>
<thead>
<tr>
<th>Author/s</th>
<th>Location</th>
<th>Size</th>
<th>% Gender</th>
<th>Age</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myers (1989)</td>
<td>Asunción, Paraguay</td>
<td>199</td>
<td>88% male</td>
<td>8-16</td>
<td>Street workers</td>
</tr>
<tr>
<td></td>
<td>Lima, Perú</td>
<td>215</td>
<td>86% male</td>
<td>6-14</td>
<td>Street workers</td>
</tr>
<tr>
<td></td>
<td>11 states in Brazil</td>
<td>1,096</td>
<td>98%</td>
<td>5-18</td>
<td>Working and non-working street</td>
</tr>
<tr>
<td>Oliviera (1990)</td>
<td>Cochabamba, Bolivia</td>
<td>967</td>
<td>88% male</td>
<td>4-18</td>
<td>Working (79%) and non-working (21%) street children</td>
</tr>
<tr>
<td></td>
<td>Sao Paulo &amp; Curitiba, Brasil</td>
<td>71</td>
<td>68% male</td>
<td>8-18</td>
<td>Street children</td>
</tr>
<tr>
<td>Tyler et al. (1991)</td>
<td>Bogotá, Colombia</td>
<td>94</td>
<td>100% male</td>
<td>5-17</td>
<td>Street children (32 in detention; 57 % living at home)</td>
</tr>
</tbody>
</table>
### Table 2

**Summary of Empirical Studies of Street Youth in Latin America: Comparisons of Subgroups of Youth**

<table>
<thead>
<tr>
<th>Author/s</th>
<th>Location</th>
<th>Size</th>
<th>% Gender</th>
<th>Age</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campos et al. (1994)</td>
<td>Belo Horizonte, Brasil</td>
<td>379</td>
<td>77% male</td>
<td>9-18</td>
<td>Home and street-based youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14.1'</td>
<td>Average</td>
</tr>
<tr>
<td>Lusk (1992)</td>
<td>Río de Janeiro, Brasil</td>
<td>103</td>
<td>76% male</td>
<td>9-18</td>
<td>Average 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12.9</td>
<td>Family and independent street workers, children of street families, homeless children</td>
</tr>
<tr>
<td>Peralta (1992)</td>
<td>Cuidad Juárez, México</td>
<td>103</td>
<td>91% male</td>
<td>9-18</td>
<td>Average 12</td>
</tr>
<tr>
<td></td>
<td>México City, México</td>
<td>50</td>
<td>83% male</td>
<td>10-18</td>
<td>Average 13</td>
</tr>
<tr>
<td>Pinto et al. (1994)</td>
<td>Belo Horizonte, Brasil</td>
<td>394</td>
<td>71% male</td>
<td>9-18</td>
<td>Home- and street-based youth</td>
</tr>
<tr>
<td>Porto et al. (1994)</td>
<td>Goiania, Brasil</td>
<td>496</td>
<td>93% male</td>
<td>9-20</td>
<td>Average 13</td>
</tr>
<tr>
<td>Raffaelli et al. (1993)</td>
<td>Belo Horizonte, Brasil</td>
<td>379</td>
<td>77% male</td>
<td>9-18</td>
<td>Home- and street-based youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14.1'</td>
<td>Average</td>
</tr>
<tr>
<td>Rosa et al. (1992)</td>
<td>Recife, Brasil</td>
<td>160</td>
<td>Unspecified</td>
<td>9-18</td>
<td>Working and non-working youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14.1'</td>
<td>Average</td>
</tr>
<tr>
<td>Wright et al. (1993)</td>
<td>Tegucigalpa, Honduras</td>
<td>1,020</td>
<td>58% male</td>
<td>1-22</td>
<td>Market and street children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13.7</td>
<td>Average 11</td>
</tr>
</tbody>
</table>

1 Indicates that age patterns are examined
2 Same sample as Campos et al. (1994)
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in mid-1998, when this article was submitted for publication.

Comparison with other reviews (Aptekar 1994; Hecht, 1998) suggests that the search strategy yielded a comprehensive collection of the available literature.

In addition to theoretical and review articles, this review draws on nearly 20 empirical studies (some including multiple samples) conducted in Latin America. The sample population of each of these empirical studies is described in tables. Table 1 includes studies that involved one sub-group of youth or did not differentiate between homeless and working street youth and Table 2 presents studies with comparative data on sub-groups of youth. In these tables, the authors' labels for sub-types of youth were used rather than attempting to impose a standard classification scheme. The review included only studies with at least 25 respondents.

In reviewing these studies, a number of limitations were observed. First, because of theoretical, definitional and methodological differences in classifying respondents and assessing variables, it was often difficult to compare directly across studies. For example, some researchers described their population as "street children" but did not attempt to distinguish between street workers and homeless youth. Furthermore, differences were evident in methodology (e.g., some studies used structured interviews, others observations or in-depth interviews) and level of detail (e.g., some studies asked global questions about use of drugs and others asked about specific drugs), preventing direct comparisons of data obtained in different studies. A second limitation was that few researchers examined age or sub-group patterns, even when sample sizes would permit such comparisons. Third, virtually none of the published articles used statistical analyses when comparing sub-groups of youth. Finally, and perhaps most importantly, no longitudinal studies have been conducted, limiting what is known about long-term outcomes. Thus, this review should be regarded as an initial attempt to systematize a body of information and identify avenues for future research.

DEVELOPMENTALLY – RELEVANT EXPERIENCES OF STREET YOUTH

Researchers have examined a number of factors that influence the development of street children and adolescents, including social
networks, daily survival, health status, and psychological functioning and emotional well-being. These data are summarized below to reveal group patterns, and suggestions for further research in each topic area given.

Social Networks

One of the most obvious characteristics of street youth is the apparent lack of parental figures in their lives. Contrary to media depictions of street youth as orphaned or abandoned, however, most have living parents. The proportion of homeless youth who report being orphans is around 5%-7% in most samples (Asociación Salud con Prevención, 1992; Felsman, 1989; Rosa, Borba & Ebrahim, 1992; Wright, Kaminsky & Wittig, 1993), compared to 2% of working youth (Wright et al., 1993). Although they are not "true" orphans, however, homeless youngsters are more likely to experience parental death or absence than working youth. For example, one Brazilian study found that only 37.5% of homeless youth, compared to 69% of working youth, had two living parents (Campos et al., 1994); a Mexican study revealed that 8% of homeless youth, compared to 36% of working youth, were from two-parent families (Peralta, 1992).

Perhaps more importantly from a developmental perspective, researchers consistently find that many homeless youth do not maintain ties with family members even if they are alive and potentially available. Only 7% of a Colombian sample was orphaned or abandoned, but almost two fifths (39%) did not maintain a relationship with their family (Felsman, 1989). A similar proportion (36%) of Brazilian street youth had no contact with their family (Hutz et al., 1995); in another Brazilian city, only 17.5% of homeless youngsters reported daily or weekly family contact (Campos et al., 1994). Further analyses of the Campos et al. (1994) data revealed that having relatives in the same city does not necessarily give youth someone to turn to in times of trouble. Over four fifths (83%) of 152 youth who always slept on the street had family members (i.e., parents, siblings, or extended family) in the same city; however, only one fifth of these youngsters reported daily or weekly contact; 65% reported occasional contact, and 15% never saw anyone from their family. Furthermore, many youth with family members in the same city had no one to help them: 49% said nobody would protect them, 37% said nobody would give
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them a place to sleep, 24% said nobody would help them if they were hurt. Thus, having family members in the same city does not always provide homeless youth with a "safety net."

The importance of nonfamilial adults in the lives of poor children has been documented in research conducted in the U.S. (Werner & Smith, 1982), with teachers often representing the most significant nonfamilial adults. Comparative studies reveal that homeless youth are less likely to be attending school than their working peers (Peralta, 1992; Wright et al., 1993). For example, in Belo Horizonte, Brazil, half of 13-to-15-year-old workers were in school, compared to 19% of homeless youth (Campos et al., 1994). Because they are less likely to attend school, homeless youth have less access to teachers as adult role models and sources of support.

Many scholars have noted that although street youth lack traditional adult sources of support, they compensate by forming peer groups (Aptekar, 1988; Barker & Knaul, 1991; Ennew, 1994; Felsman, 1989). Research does show that homeless youth are more likely than working youth to associate with peers on the street (Campos et al., 1994; Lusk, 1992; Peralta, 1992). However, the question of whether peer groups compensate for the lack of family or other traditional sources of support and protection has not been directly examined. Indirect indications of the ability of peers to provide adequate support and protection can be gleaned from existing studies. Colombian youth interviewed by Tyler et al. (1991) formed peer groups; however, nearly two fifths (38%) said that no one had ever loved them or that they did not know if anyone had ever loved them. Homeless Brazilian youngsters were less likely than working youth to say there was someone who would give them a place to sleep, protection, or help if they were injured or sick (Campos et al., 1994). Further analyses of these data compared homeless youngsters who said they belonged to a turma (peer group) with those who did not. Among the 152 youth who always slept on the street, the 63% who belonged to a turma were no more likely than those who did not belong to have someone to give them a place to sleep (42% vs. 48%), protection (54% vs. 57%) or help if hurt (32% vs. 26%). These data suggest that for a significant proportion of homeless youngsters, peers may not be adequate sources of emotional and physical support.

The long-term impact of growing up in peer networks has also not been systematically investigated, but evidence of negative
socialization exists. For example, observers note that peer relationships often become sexualized (Bond, Mazin & Jimenez, 1992; Ennew, 1994). One study of 247 sexually active Brazilian street youth (68% homeless and 32% working) revealed that 66% had engaged in sexual activity by the age of 12 and that 81% of boys and 54% of girls had their first sexual experience with a peer (Raffaelli et al., 1993). Sexual relationships with peers are an important source of affection and comfort for street youth (Ennew, 1994), but they may also be a source of punishment and dominance (Raffaelli et al., 1993). Another potentially negative outcome of peer socialization is that peer groups often provide a context where youth are introduced to drug use and theft (e.g., Campos et al., 1994). Thus, although peer groups represent a survival mechanism for youth, they may also represent a developmental context that has negative long-term consequences.

The question of how growing up without adult support and supervision affects youngsters merits the attention of developmental researchers who study socialization processes. Future research on the social networks of street youth could examine whether family, peer, and other social resources operate in a compensatory or overlapping manner to fulfill children’s needs for affection and support; investigate why homeless youth do not make use of family members even when they are available and under what circumstances they are able to do so; and study the long-term outcomes of peer socialization.

Daily Survival

Children and adolescents who work and/or live on the streets are striving to survive in an often hostile environment. In most Latin American countries, governmental and non-governmental organizations provide services to meet street youth’s immediate needs (e.g., meals, shower and laundry facilities, sleeping space). However, given the number of youth on the street and the lack of long-term placements, many youngsters are largely responsible for their own survival. Again, comparisons of sub-groups of youth suggest important differences in everyday experiences.

Homeless youth are more likely than working youth to be involved in illegal activities, including theft and drug-dealing. For example, in Belo Horizonte, Brazil, 75% of homeless youth, compared to 15% of working youth, engaged in illegal activities
Partly because of involvement in illegal activities, more homeless youth experience arrest and institutionalization than working youth. The proportion of homeless and working youth who reported ever being arrested was 48% vs. 0.6% in Tegucigalpa, Honduras (Wright et al., 1993) and 62% vs. 15% in Belo Horizonte, Brazil (Campos et al., 1994), with similar findings reported in Rio de Janeiro (Lusk, 1992). Institutional experiences (including detention in "child welfare agencies" and juvenile prisons) were reported by 80% of homeless and 41% of working youth in Belo Horizonte, Brazil (Campos et al., 1994); in Ciudad Juárez, Mexico, 28% of homeless children, and 13% of independent street workers, had institutional experience (Peralta, 1992).

Being arrested and incarcerated exposes street youth to a variety of dangers, including torture and sexual abuse at the hands of police (Connolly, 1994). However, violence is so pervasive in the lives of street youth that arrest and incarceration are not the only sources of threat. On the streets, homeless and working youth are the target of violence from adult members of society as well as other youth (Aptekar, 1994; Childhope, 1991; Myers, 1989; Rosa et al., 1992). Over half of a Mexican sample reported "traumatic experiences" on the street, such as being beaten, mugged, or robbed (Peralta, 1992), and one fourth of a Colombian sample had been shot or stabbed (Tyler et al., 1991). Summarizing statistics from around the world, Connolly (1994) reported that the two main causes of death among street youth were trauma (usually resulting from violence) and accidents. After reviewing statistics on the killing of street youth in Brazil, Colombia, and Guatemala, Aptekar (1994) concluded that "the children have reason to fear hostility" (p. 215). The number of homeless and working street youth killed each year is unknown, but the risk of death is exemplified in one study's finding that 18
months after being interviewed for case study purposes, six (5%) of a sample of 119 homeless street youth had died (Campos et al., 1994). No other survival statistics have been published; however, an experienced youth advocate reported that in Recife, Brazil, many girls who have been on the street more than ten years "... disappear. They are arrested, or they die. They die from venereal disease, they are sent to mental institutions, they die from abortion, or in childbirth, or they kill themselves" (Vasconcelos, 1991, p. 11).

It is clear that children and adolescents surviving on the streets face serious daily challenges. Systematic research on causes of death and fatality rates among sub-groups of street youth is urgently needed. Until the fundamental question of survival on the streets is addressed, psychologists will be unable to draw conclusions about the long-term impact of street life.

Health Status and Health-Risking Behavior

Many researchers who come into contact with street youth note their apparent good health, and medical research suggests that homeless and working youth do not differ in weight (Pinto et al., 1994) or nutritional status (Wright et al., 1993). Outward similarities may be contradicted when physical examinations are performed or other health indicators assessed. One study of nearly 300 Brazilian children and adolescents revealed that more homeless than working youth had ectoparasites (37% vs. 21%) or scars (34% vs. 20%) and reported past hospitalizations (64% vs. 49%) (Pinto et al., 1994). Similar physical problems were found in homeless youth in Bogotá, Colombia (Asociación Salud con Prevención, 1992), Tegucigalpa, Honduras (Wright et al., 1993) and São Paulo, Brazil (Lebensztajn et al., 1986). Thus, youngsters may be at risk of medical problems as a result of being homeless.

Street youth may also engage in behaviors that have serious health consequences, including substance use. Studies consistently show that homeless youth are more likely to use alcohol and drugs than working youth. For example, 42.5% of homeless youth studied in Tegucigalpa, Honduras, reported using alcohol, compared to 4% of working youth (Wright et al., 1993). In Belo Horizonte, Brazil, more homeless than working youth reported lifetime alcohol use (87% vs. 66%) and current daily or weekly use (40% vs. 18%) (Campos et al., 1994). Even greater group differences are found in use of "street drugs," including inhalants
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e.g., shoemaker's glue, paint thinner), marijuana, barbiturates, amphetamines, and cocaine. In Wright et al.'s (1993) Honduran study, 57% of homeless youth, compared to 1% of working youth, sniffed glue. In Rio de Janeiro, 80% of homeless children and 61.5% of independent street workers, compared to 19% of family-based street workers, used street drugs (Lusk, 1992). Similar findings were reported by Campos et al. (1994), who also found that older youngsters were more likely to use alcohol and drugs. The convergence of research findings from various countries suggests that substance use represents a serious threat to the health of homeless youth.

Another source of risk for street youth is early involvement in sexual activity, often as the result of abuse or exploitation (Connolly, 1994; Eisenstein, 1993; International Center on Adolescent Fertility, 1991; Luna, 1991). Again, most studies find that homeless youth are at greater risk than working youth. The proportion of homeless and working youth reporting sexual activity was 44% vs. 5% in Tegucigalpa, Honduras (Wright et al., 1993); 83.5% vs. 45% in Belo Horizonte, Brazil (Campos et al., 1994); and 74% vs. 35% in Goiania, Brazil (Porto et al., 1994). As a result of sexual activity, youth are at risk of sexually transmitted infections (STIs). Among sexually active youngsters interviewed by Wright et al. (1993), 85% of homeless youth, compared to 40% of working youth, had been treated for STIs. Another study showed that the highest risk factor for hepatitis B, a marker for STIs, was living on the street as compared to at home (Porto et al., 1994). Although few studies have systematically examined the HIV status of different sub-groups of street youth, cases of HIV disease among these youngsters have been reported (Asociación Salud con Prevención, 1992; Bond, Maxin & Jiminez, 1992; Knaul & Barker, 1990; Luna, 1991; Pinto et al., 1994). Because HIV is transmitted sexually in the same way as other STIs, as the AIDS epidemic spreads throughout Latin America, HIV/AIDS will likely become an increasing threat to street youth (Luna & Rotheram-Borus, 1992; Raffaelli et al., 1993).

Sexual activity also puts young women at risk of premature pregnancy, childbearing, and abortion. One third (32%) of a sample of 272 impoverished young women from five Latin American countries had been pregnant (Barker, 1991). In a Brazilian sample of 54 sexually active street girls (most of them
homeless), 35% of 13-to-15-year-olds and 75% of 16-to-18-year-olds had been pregnant; in addition, 15% of the younger group and 41% of the older group reported at least one abortion (Raffaelli et al., 1993).

In sum, street youth are at risk of negative health consequences, and the accumulation of evidence leaves little doubt that homeless youngsters are at higher risk of these consequences than working youth. Given the multiple challenges youth confront on a daily basis, it is difficult to change behaviors that threaten long-term well-being but have short-term benefits, fulfilling survival needs and providing physical or psychological comfort (Bond et al., 1992; Connolly, 1994; Knaul & Barker, 1990). Research is needed to investigate factors that protect youth from engaging in health-risking behaviors and to identify alternative means of satisfying the multiple needs these behaviors fulfill.

**Psychological Functioning and Emotional Well-being**

In light of what is known about the effects of chronic stress, exposure to violence and lack of social support on children, it may be surprising to hear observers of street youth comment on their apparent well-being (Aptekar, 1994; Felsman, 1989). In fact, few systematic investigations of the psychological status of street youth have been conducted. One Brazilian study revealed that street children, orphans, and middle class children all reported similar levels of depressive affect (DeSouza, Koller, Hutz & Forster, 1995), suggesting that street youth may not be worse off than children in other situations. However, there is evidence of psychological distress among homeless youth. For example, less than half (48%) of 56 Colombian homeless boys scored in the "healthy" range on the Bender-Gestalt Test (assessing neurological functioning), and only 27% showed "good mental health" on the Human Figure Drawing Test (assessing overall adjustment) (Aptekar, 1989a). Two fifths of 71 Brazilian homeless youth had attempted suicide and over a third reported insomnia or night terrors (Oliveira, 1990). Finally, descriptions of Brazilian street youth by one hospital-affiliated researcher include references to psychotic behavior and personality disturbances (Eisenstein, 1993).

There are indirect indications that many youngsters surviving on the street experience high levels of stress. One is the level of drug use among street youth, which has been identified as a means of
"escape from the harsh daily realities of family break-up, poverty, hunger and homelessness" (Childhope, 1990, p. 1; see also Campos et al., 1994). Another indication is that many youth fear violence on the streets; in one study, youth rated the street as more threatening in personal and physical terms than the home or institutions (Tyler et al., 1991). Finally, when asked what life changes they desired, over half (52%) of Brazilian street youth from two cities wanted to change to a more "acceptable" lifestyle, and over 90% "absolutely did not want to remain [street kids]" (Oliveira, Baizerrman & Pellet, 1992, p. 168).

These scattered findings suggest that youth may suffer emotionally and psychologically as a result of being on the street. Little is known about age differences in psychological adjustment among street youth. One Colombian study revealed that older boys exhibited less maladjustment than younger ones, leading the author to conclude that "age and time on the streets seemed to mediate their problems" (Aptekar, 1989a, p. 435). Another interpretation of these findings is that street life takes its toll on the weak, leaving a subset of strong survivors. Given the current state of the literature, there is no way of knowing which of these interpretations is true.

DISCUSSION

The goal of this review was to delineate what is known about the developmentally-relevant experiences of sub-groups of Latin American street youth. Despite the limitations of the empirical literature on street youth, this research synthesis suggests that youngsters living and working on the streets of large cities are at differential developmental risk. These findings have implications for research, treatment, and prevention efforts aimed at addressing the street youth situation.

Across a variety of studies, homeless youth report higher levels than working youth of illegal activity and arrest, experiences of violence, health problems, involvement in health-risking behavior including substance use and unprotected sexual activity, disturbances in psychological functioning, and fragmented social networks. These group patterns do not contradict anecdotal reports of remarkable displays of coping and positive adjustment to street life on the part of individual youth. It is undoubtedly true that some homeless youth adapt to street life and prefer being on the street to being at home (Aptekar, 1994; Felsman, 1989). However, it is
important to recognize that "a strategy of adaptation that has short-
term benefits for survival may have long-term costs for an individual" (Masten, 1994, p. 19). Based on the available research, it appears that the costs of street life may be unacceptably high.

Recently, scholars have pointed out the need to focus on street youths' strengths rather than taking a deficit perspective. While it is true that homeless youth have many strengths that have not been adequately investigated (Ennew, 1994), currently available empirical data suggest that these youngsters are at heightened developmental risk. Moreover, what little information is available regarding age differences reveals that as youth grow older, they are more likely to be involved in behaviors that threaten their well-being. Research findings from different countries show that homeless youth may not cope adequately with street life, and examination of age patterns suggests that homeless youth are at increasing risk as they grow older. With age, youth are also more likely to be seen as threats; observers of street life point out that as street "children" become street "adolescents" they face decreasing tolerance from society (Aptekar, 1989b; Eisenstein, 1993; Felsman, 1989). The impact of developmental change is hinted at in research with older street youth. For example, in a recent ethnographic analysis, Diversi, Moraes and Morelli (1999) described how adolescents surviving on the streets of Campinas, Brazil, internalize negative images of street youth portrayed in the larger society, with implications for identity development and future behavior.

Unfortunately, the street youth literature is marked by the lack of a developmental perspective, limiting conclusions that can be drawn about the long-term impact of street life. Much of the research has focused on a narrow age range, and even when samples are diverse, age differences are not reported. Longitudinal research is needed to confirm the age-related patterns observed in cross-sectional research and to obtain a clearer picture of youngsters' developmental pathways. A one-time study of a sample of youth living on the street may suggest that members of the group are relatively healthy and well-adjusted, but following the same group across time may reveal a different picture. In a cross-sectional study, youth who are imprisoned, in the hospital, or "laying low" to avoid the police (events which are not uncommon in some populations of homeless youth) will be omitted from the
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sample, as will be group members who are recently deceased. Furthermore, cross-sectional research cannot delineate the pathways individual youngsters follow, limiting what can be learned about factors that contribute to positive and negative adaptation to the street. This in turn hampers efforts to help individual children cope with street life, limiting the effectiveness of service providers and intervention programs. Therefore, one major recommendation based on this research synthesis is that future research with street youth should include a consideration of developmental issues, either by following youngsters over time or by examining age differences within a sample.

There is an urgent need for intervention programs to address the street youth phenomenon. However, because the street youth problem is rooted in structural factors that lie far outside individual children and their families of origin, a two-pronged approach is necessary. There is an immediate need for programs that help youth living or working on the street cope with daily life, as well as a long-term need for programs that prevent youth from being on the street to begin with. Interventions for impoverished working children, who make up the bulk of the street youth population, typically aim to help youth stay connected to society by providing after-school programs, community centers, and recreational programs (for a review, see Raffaelli, 1997). Homeless children need intensive, comprehensive care to substitute for the families who cannot or will not provide for them (Tyler et al, 1992); this care is often provided in the form of group homes or institutional settings (Carrizosa & Poertner, 1992; Lusk, 1989). Mental health professionals play a major role in programs aimed at helping youth living or working on the street. To be successful, programs must be based on solid models of behavior and behavior change as well as on research regarding factors that hinder or facilitate youngsters’ successful adaptation. By joining forces, researchers and practitioners can increase the likelihood that intervention programs are successful.

Ultimately, however, structural changes will be necessary to improve the situation of street youth. It is clearly beyond the power of most researchers and practitioners to change the larger context within which street youth exist. However, one way to begin the process of change is to acknowledge and examine the contribution of political, social, and economic factors in research publications.
and reports. As Hutz and Koller (1999) point out, "research conducted with street children is often used to design public policies and intervention programs (p. 68)" Thus, by including structural factors in their analytic models, researchers may begin to educate policy makers and program developers.

Recently, Earls and Carlson (1999) articulated a framework to guide research and practice with disenfranchised populations, including street youth. The framework includes three components: principles of human rights, a health promotion approach, and the need for multilevel causal analysis. Consistent with the tenets of the UN Convention on the Rights of the Child (Limber & Flekkoy, 1996), the authors argue that street children are entitled "to the resources required to protect and promote their development" (Earls & Carlson, 1999; p. 72). The health promotion approach focuses on positive well-being rather than the absence of disease, and introduces the concept of quality of life as an indicator of health. Finally, when examining causes of the street youth phenomenon, these scholars articulate the need to consider multiple levels of influence, including family, neighborhood, economic, and social structures. By drawing on a comprehensive conceptual framework in their research and practice with street youth, psychologists can foster an awareness that street youth are a social as well as an individual phenomenon. By situating street youth within the larger contexts that shape their lives, psychologists can begin to promote social change to address the situation of street children and adolescents.

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* References marked with an asterisk indicate studies included in the analysis
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