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Demographic Correlates of Poly-Victimization in Street Children of Lahore City

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The purpose of this study was to determine the prevalence and demographic correlates of poly-victimization in street children of Lahore city. Through purposive sampling a sample of 77 street boys was collected from Lahore city with the help of three government and private organizations working with street children. The sample included only boys within the age range of 9 to 13 years (M=10.66, SD=1.26) who have been residing on streets for more than one month. Juvenile Victimization Questionnaire and Demographic Questionnaire were used for assessment of poly-victimization and its correlates respectively. The results indicated that the most common type of victimization was Conventional Crime and it was found that there is a significant relationship of poly-victimization with physical health of street children. These findings highlight the importance of research on the prevalence of poly-victimization and have implications for the policy makers to develop improved services for this vulnerable group.

Keywords: Poly-Victimization, Demographics, Street Children.

The expression "street children" was acquainted in 1980s with allude to the children who live or invest noteworthy measure of time in the city of urban territories to battle for themselves or their families through different occupations. This likewise means children who are insufficiently ensured, managed or looked after by mindful grown-ups. street children could be seen as a minor who seems, by all accounts, to be without sufficient assurance in the boulevards (Deb, 2006). United Nations (2010) reported that the estimate population of street children worldwide is 150 million.

Information on the geological appropriation of street children gauges a surmised number of 40 million street children in South America, 25 million in Asia, 10 million in Africa and approximately 25 million in Eastern and Western Europe. While the biggest concentration of road kids are accounted for in Latin and South America, South Asia is home to a percentage of the biggest quantities of street children on the planet (UNICEF, 2012).

The quantity of street children in Pakistan is evaluated to be between 1.2 million to 1.5 million. These street children wind up in the city because of numerous elements including, neediness, disregard, family issues, common fiascos and relocation, viciousness in homes and schools and absence of satisfactory business, training and social welfare frameworks (UNICEF, 2012).

A study on street children conducted by an organization showed that approximately 70% of the children from a total of 1575, living on the streets were between the ages 9 to 16 years. From this age range the highest number of street children was in the group of 11-16 years of age. The study indicated that most of the children on streets were Muslims. About 70% of street children were never enrolled in schools while the remaining 30% were educated up to middle school. The physical and mental health of street children was easily vulnerable to different types of mental and physical illnesses due to their direct or indirect exposure to unfavourable environmental conditions (UNICEF, 2012). Another study indicated that different circumstances cause the reason for children to leave their homes i.e. physical/sexual violence, poverty, death of parents, broken families etc. These children are mostly in the age range of 9 to 15 years. The street children get some common types of illnesses in Pakistan. Skin infections,

injuries on different body parts, disabled organs, and malnutrition and an increased risk of HIV are common (Ali, Shahab, Ushijima, & Muynck, 2004). A private NGO conducted a research on the conditions of street children in Pakistan. A total of 1139 children with age range of 10-18 years were recruited as sample from 10 cities of Pakistan. The major proportion belonged to 13-15 years of age. About 73% were illiterate while 22.5% educated up to primary school and 1.2% was above primary levels. Primary reasons for leaving home were parental punishment, physical or sexual violence, parental fights, etc. The health status of street children showed that about 67.7% of the children complained of at least one type of illness in the current scenario. The most common problems were stomach upset (34%) internal and external infections (25%), fever (21%) and skin infections (14.5%). Some complaints of small intensity were also reported, which included headaches, flu, cough, generalized weakness, and unspecified aches (Towe, Zafar, & Sherman, 2009).

Child Poly-Victimization

Poly-victimization may take the form of child abuse and neglect, peer and sibling victimization, exposure to conventional crime, physical, sexual, emotional, psychological maltreatment or parental abuse, bully at home, school, communities over relatively brief time span (Finkelhor, Turner, Richard, & Hamby, 2011). Poly-victimization, which alludes to introduction to abnormal states and various manifestations of exploitation (e.g. physical abuse, sexual misuse, companion harassing, and neighborhood savagery), may have considerably more hurtful and less reversible impacts on exploited people (Finkelhor, Richard, & Heather, 2007).

Child's exposure to conventional incorporates nine sorts of exploitation i.e. burglary/ theft, demolition of property, assault somebody with or without an item or weapon, endeavored assault, undermined assault, seizing or attempted kidnapping, and hate crime or bias attack (i.e. an assault on a children with a reason, as on the grounds that offer sample, the kid's or guardian's skin color, religion, physical issue, or perceived sexual introduction, being gay person, and so forth.). Then again child abuse alludes to four sorts of victimization; being hit, kicked, or beaten by a grown-up (other than beating on the bottom); mental or psychological mistreatment; disregard; and abduction by a guardian or parental figure i.e. custodial impedance (Finkelhor, 2009)

On the other hand, when negative interactions occur between peer members, the extreme forms emerge, so the children are victimized by other children in peer group, in the form of physical attacks and hostile and abusive words, gestures, or acts. Peer victimization, particularly when it is persistent and repeated, put the children at risk for a number of psychological, emotional, physical, behavioural and academic difficulties (Radford, Corral, Bradley, & Fisher, 2013). Neglect is an example of neglecting to accommodate a children's fundamental needs. It is misuse through oversight; of not doing something bringing about noteworthy damage or danger of critical mischief. There are four sorts of disregard: physical disregard, restorative disregard, instructive disregard and enthusiastic disregard. Physical disregard is disappointment to give sustenance, weather appropriate dress, and supervision, a protected and clean home (Canada Correctional Investigator, 2011).

Method

The purpose of the research was to study the demographic correlates of poly-victimization in street children.

Research Design:

A correlational research design was employed to study the demographic correlates of poly-victimization of street children in Lahore city.

Sampling Strategy:

Purposive sampling was used on the basis of some characteristics i.e. age and duration on streets and willingness of the participant to participate in the study.

Participants:

A sample of 77 boys who were living on the streets of Lahore for at least one month, falling in the age range of 9-13 years (M=10.66, SD=1.26) were included as participants of the study.

Table1. The Demographic Characteristics of the Participants and their Frequencies and Percentages (N=77)

Demographic Variables	ƒ	%
Education		
Primary	61	79.2
Middle	5	6.5
Uneducated	11	14.3
Religion		
Islam	76	98.7
Christianity	1	1.3
Residence before on streets		
Footpath	9	11.7
in a house as worker	3	3.9
slum residence	11	14.3
with sibling	28	36.4
with other relative	26	33.8
Reason of runaway		
arrested by police	3	3.9
Caregiver left me alone	14	18.2
Death of parents	17	22.1
Death of relative	2	2.6
Difficult home environment	5	6.5
Lack of resources	5	6.5
Physical abuse	28	36.4
Second marriage of parent	2	2.6
without reason	1	1.3
Occupation		
Yes	75	97.4
No	2	2.6
Type of occupation		
Beggar	12	15.6
Car wash	8	10.4
Massage	5	6.5
Sell things on roads	24	31.2
Shoe polish	10	13.0
Work at shop	16	20.8
No occupation	2	2.6
Person living with		
Alone	1	1.3
with brother	4	5.2
with cousin	1	1.3
with friends	15	19.5
with maternal aunt	1	1.3
with other boys	46	59.7
with owner of workshop	5	6.5
with uncle	5	6.5
Relationship with people you are living with		
Healthy	50	64.9
Limited	15	19.5
Unhealthy	12	15.6
Problems on streets		
Beaten by others	17	22.1
Lack of resources	14	18.2
Multiple reasons	26	33.8
No problem	12	15.6
Theft	8	10.4
Use of Drug		
No	55	71.4
Yes	22	28.6
Type of Drug		
Cigarettes	19	24.7
Glue	2	2.6

Smell of kerosene oil	1	1.3
Nil	55	71.4
Participants' Physical Illness		
No	57	74.0
Yes	20	26.0
Nature of Physical Illness		
Abdominal pain	1	1.3
Fever	8	10.4
Physical weakness	11	14.3
Nil	57	74.0
Mental Illness in Family		
Yes	6	7.8
No	71	92.2
Nature of Mental Illness in Family		
Addict father	1	1.3
Mad brother	2	2.6
Mad father	2	2.6
Mad uncle	1	1.3
Nil	71	92.2

Note. *f* =frequency. %= percentage.

Inclusion criteria

- Only boys were included in the present study.
- Boys living and sleeping on streets in Lahore city at least for the last 30 days.
- Boys living on street and having no or minimal contact with their families.
- Only boys within age range of 9-13 years were included.

Measures:

Socio-Demographic variable questionnaire. It was developed by the researcher to get the demographic information of the participants that included their age, education, source of income, familial problems, living arrangements, religion, history of drug abuse and mental illness.

Juvenile Victimization Questionnaire Youth Lifetime (JVQ). The instrument measures the exposure to different types of victimization and violence (Hamby & Finkelhor, 2004). Juvenile Victimization Questionnaire is a most rigorously constructed measure for poly-victimization, abuse and exposure to violence. It was developed through extensive reviews by experts, with appropriateness for children aged 8 to 17 (Hamby & Finkelhor, 2001). JVQ consists of five subscales, which covers five aspects of violence among children and adolescents. The five subscales are: (1) conventional crime; (2) child maltreatment; (3) peer and sibling victimization; (4) sexual victimization; and (5) witnessing of, or indirect, victimization. The reliability of the translated version of JVQ also showed a good Cronbach's alpha. The poly-victimization subscales i.e. conventional crime consisted of 8 items (α = .30), the child maltreatment subscale consisted of 4 items (α = .51), the peer and sibling victimization subscale consisted of 6 items (α = .19), the sexual victimization subscale consisted of 7 items (α = .78) and the witnessing or indirect victimization subscale consisted of 9 items (α = .45). Cronbach's alpha for the 34 items was .78, which showed that the Juvenile Victimization Questionnaire was found to be reliable measure for the sample of the present research.

Procedure:

In the initial stage questionnaires were translated into the Urdu language by using the standard procedure of translation. The questionnaires were given to four Psychologists for forward translation. After forward translation the translated tools were given to two professionals for backward translation. After translation these questionnaires were reviewed by two psychology professionals. Firstly, to find out the feasibility of research proposal and the understanding as well as the time taken in the

administration of the questionnaires, a pilot study was conducted. A total of nine street children were independently approached from different places of Lahore. Three of them were from Ravi Bridge, three from Multan road traffic signal, one from moon market and one from a hotel of Iqbal Town. Two of them refused to participate and one left the interview incomplete, so only five boys were interviewed. It was found that the questionnaires were easy to understand for the boys who were studying in schools in the supervision of the same NGO while it was a bit difficult for illiterate boys. However, during the pilot study phase it was found that for the standard administration of the questionnaire it is more helpful to recruit children, who are taken into custody of any NGO. For data collection different NGO's in Lahore working for street children were approached. Data was collected from a total of 77 boys, 40 from Idara-Aagosh, 32 from GODH and 15 from Sahil NGO.

Results

Juvenile Victimization Questionnaire (JVQ) consists of five modules viz. conventional crime, child maltreatment, peer and sibling victimization, sexual victimization and witnessing or indirect victimization. Scoring was done at the module level so if a child had even faced a single event of the specific module then it means he had experienced that type of victimization in his life time. The questionnaire was dichotomously coded, only on the basis of "yes" or "no". First, participants were coded as having experienced the victimization based on their raw self-reported frequencies (Finkelhor, Hamby, Turner & Ormrod, 2005).

Table 2. Frequencies and percentages of victimization categories according to the age of the participants (N=77)

Victimization Categories	Age of the Participants									
	9 years (n=17)		10 years (n=22)		11 years (n=13)		12 years (n=20)		13 years (n=5)	
	f	%	*f*	%	*f*	%	*f*	%	*f*	%
CC	17	100	22	100	13	100	20	100	5	100
CM	17	100	20	90.9	13	100	18	100	4	80
PSV	17	100	22	100	13	100	20	100	4	80
SV	11	64.7	15	68.2	7	53.8	17	53.8	4	80
WIV	17	100	22	100	13	100	20	100	4	80
JVQ Total	17	100	22	100	13	100	20	100	5	100

Note. *f* =frequency. %= percentage. CC= Conventional Crime; CM= Child Maltreatment; PSV= Peer and Sibling Victimization; SV= Sexual Victimization; WIV=Witnessing and Indirect Victimization; JVQ Total= Juvenile Victimization Questionnaire Total Scores

The descriptive analysis reveals that almost all street children belonging to various age groups have experienced at least one type of victimization in his life time.

Table 3. Pearson product moment correlation of demographic variables with poly victimization (N = 77)

	Age	Duration on streets	Use of drug	Mental illness	Physical illness	Conventional Crime	Child Maltreatment	Peer/Sibling Victimization	Sexual Victimization	Witnessing/ Indirect Victimization	M	SD
Age	--	.45**	.26*	-.17	.01	.40**	.00	-.04	.12	.15	10.66	1.26
Duration on streets		--	.07	-.07	-.10	.03	.21	-.03	.05	.05	23.52	14.49
Use of drug			--	.10	-.04	.22	.04	-.01	.21	-.01	.29	.45
Mental illness				--	.09	-.01	.14	.08	.05	.19	1.97	.16
Physical illness					--	.00	-.35**	-.14	-.20	-.21	.26	.44
Conventional Crime						--	.19	.13	.38**	.37**	4.88	1.49
Child Maltreatment							--	.38**	.40**	.50**	2.51	1.10
Peer/Sibling Victimization									.28*	.34**	3.16	1.23
Sexual Victimization									--	.39**	2.25	2.14
Witnessing/ Indirect Victimization										--	5.09	1.74

Table 4. Frequency and Percentage of each type of Victimization in Street Children of Lahore city (N=77)

Poly-victimization Modules	*F*	%
Conventional crime		
Victims	77	100
Non-victims	00	00
Child Maltreatment		
Victims	72	93.5
Non-victims	05	6.5
Peer and sibling victimization		
Victims	76	98.7
Non-victims	01	1.3
Sexual victimization		
Victims	54	70.1
Non-victims	23	29.9
Witnessing and indirect victimization	76	98.7
Victims	01	1.3
Non-victims		

Note. *f* =frequency. %= percentage.

All types of victimizations are reported by the participants with the highest number of children reporting conventional crime and the lowest numbers reporting sexual victimization.

Table 5. Age, Duration on Streets, Drug Use and Physical Illness as Predictor of Poly-Victimization (N= 77)

Poly-victimization			
Variable	B	β	95% CI
Constant	9.50		[-1.247, 20.256]
Age	.87	.20	[-.229, 1.970]
Duration on Streets	-.01	-.04	[-.108, .078]
Physical Illness	1.01	.08*	[-1.706, 3.731]
Drug Use	-3.19	-.26	[-5.916, -.477]
R^2	.07		
F	2.44		
ΔR^2	.11		
ΔF	2.44		

* p<0.05, ** p<0.01, *** p<.001

Discussion

A total sample of 77 boys was included in the study, falling in the age range from 9 to 13 years. Finklehor et al. (2005) described that the youth age (8-14) is the age of best measurement for poly-victimization on JVQ, as the increase in age may change the types of response and victimization. Descriptive statistics were run on various demographic variables i.e. age, education, duration on streets, physical illness, mental illness, drug abuse etc. The age wise analysis revealed that poly-victimization was reported by all age groups of street children (9-13 years) included in the present study. The overall calculations of the victimization indicated that all the children have experienced conventional crime, while the second most experienced victimization was peer and sibling victimization and witnessing or indirect victimization. On the other hand, the third most experienced was child maltreatment and sexual victimization was the least experienced of all. The age categories showed that there is no difference of age in experience of victimization. These findings are consistent with the results of Finklehor, Shattuck, Turner, Ormrod, and Hamby (2010) study, which indicated that the conventional crime is the most prevalent type of victimization than all other types of victimization. In another study, it was seen that the most recurring type of victimization was conventional crime or violence while the least reported victimization was sexual assault (Radford, 2013).

The results stated that the age and duration on the streets are likely to predict the poly-victimization in street children. The results of Table 4 indicated that in demographic predictors only physical illness was the predictor of poly-victimization. Similar results were found in the study conducted by Cyr, Chamberland, Lessard, Wemmers, Delphine, & Gagne (2013), which showed that physical health was linked with child victimization. The physical health predicted child victimization in a way that the physically weak children may be more susceptible for abuse of various forms since they are unable to defend or protect themselves and hence become more vulnerable to victimization. Finklehor and co-workers (1995) also indicated that physically ill or handicapped children are more susceptible to be victimized than healthy children.

The significant measure of exploration exhibits that kids who are victimized, have a tendency to be physically frail, with have low self-concept, and in this way show low levels of mundanely and social abilities, suffer from internalizing problems (e.g., depression, anxiety), and experience some externalizing issues (e.g., hyperactivity, misconduct, however not particularly high or low levels of animosity). There additionally exists a littler group of longitudinal studies that demonstrate to us whether these elements happen before victimization. As may be normal, physical weakness is a danger figure, that happens before and can set up conditions for victimization (Card, 2008).

There were a few limitations to this research that should be acknowledged. The data was collected by purposive sampling strategy so the results are not generalized for overall population of the street children in Lahore city. The results could be a better explanation of the city if random sampling was used.

The data was collected with the help of only private NGO's working with children, thus, the lack of cooperation of government NGOs that consist of large number of homeless youth was a limitation. Data from all government and private NGO's would better implicate the results if they were to be generalized over Lahore city.

Nevertheless, the response rate for the study was good, but the willingness of child to share personal problems with the researcher specifically about sexual abuse may affect the results and the rates of victimization reported are underestimates of the true prevalence.

Conclusion and Implications

From demographic predictors, physical health was the key predictor of poly-victimization and age was the main predictor of mental health. Increase in age causes more mental health problems than in younger age, although age was not a predictive factor for being abused. However, children of all ages were abused and have chances of being abused equally. Overall, the results indicated that poly-victimization has strong demographic correlates among street children of Lahore city.

This study can help the NGO's and institutions working for the child protection and development in understanding the problems of the street children. It can also be helpful for policy makers to develop effective programs for the prevention of victimization and rehabilitation of street children. This study can also create awareness among the government and authorities about the condition and challenges faced by the street children. At clinical level, the implications of the present study can help the health sector for better treatment of abused children. These findings are preliminary and need to be replicated and validated by further researches. Street children are the neglected components of our society so this study will trigger the focus of further researches on them.

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