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Surviving in the Shadows of War: Polyvictimised children in post-conflict Angola

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ABSTRACT

This article reports on findings from a preliminary study that aims to ascertain the extent to which a group of 30 15-17 year old Angolan juvenile suspects are polyvictims, as defined by Finkelhor et al. (2005a, 2007a), and the degree to which their victimisation might be attributed to the aftermath of the country's civil war. Analysis of their victimisation identified the majority as being polyvictims. Research into the context of victimisation revealed their neighbourhoods as being of primary importance. Findings confirm a direct link between these children's victimisation and Angola's war history. The article concludes that Angolan authorities need to adopt a psychosocial approach to dealing with the traumatic experiences of these children and their social development.

Keywords: Polyvictimisation; Angola; neighbourhoods, psychosocial approaches, trauma.

INTRODUCTION

A state's obligation to protect its children from violence, maltreatment and abuse, as defined by Article 19 of the United Nations' Convention on the Rights of the Child, (hereafter UNCRC)(UNICEF UK, 1989) is fundamental, yet remains amongst the most controversial and contested areas of human rights. Between 1996 and 2001, Human Rights Watch (2001) revealed numerous atrocities against children in several countries worldwide; including violence and abuse suffered at the hands of the police, in detention correctional institutions, at school, in orphanages and in the workplace. The United Nations World Report on Violence against Children (2006) confirmed the multiple nature of such victimisation worldwide. This report adopts the definition of violence used in Article 19 of UNCRC: "all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse." The key messages of the report are that no violence against children is justifiable and that all violence against children is preventable. However, the NGO Advisory Council for Follow-up to the UN Study on Violence against Children (2011, p.2) revealed how, despite numerous commitments and promises by governments, violence against millions of children in all settings worldwide continues:

"Children continue to be humiliated, beaten, burned, and sexually abused by the adults in their lives, their parents, teachers, caregivers, and employers. Children continue to be traumatized by community violence, trafficking, exposure to domestic violence, and direct physical, verbal, and sexual assault".

Most international publications on child victimisation include examples from African countries engaged in armed conflicts (See Human Rights Watch, 1996; 2012; Women's Commission for Refugee Women & Children, 2000; Coalition to Stop the Use of Child Soldiers, 2004a). However, most of these documents look at victimisation as isolated case

studies, producing a fragmented approach which underestimates the true nature of child victimisation. There exists no unique African study of multiple experiences in various contexts, with a view to providing a holistic picture upon which to plan appropriate welfare support and prevention strategies. This article applies the polyvictimisation concept of Finkelhor et al (2005a and b, 2007a,) amongst others to sample of 30 youths from Angola's capital city, Luanda. The aims of the article are to (i) explore the nature of and extent to which, the research sample of Angolan youth are polyvictims (ii) explore the role that Angola's war history and legacy plays in their victimisation, and (iii) suggest approaches to deal with the resultant trauma experienced by these youth who are living in the shadows of war.

POLYVICTIMISATION

The concept of polyvictimisation, first coined by David Finkelhor et al (2005a) was based on a US developmental victimisation survey (DVS) of 2030 children aged 2 – 17 years. It describes the multiple and interrelated nature of child victimisation, to distinguish it from traditional child victimisation studies which customarily focus on only one type of victimisation, such as, sexual abuse. Finkelhor et al (op.cit.) argued that ignoring polyvictimisation produces a partial picture, which underestimates the burden of victimization experienced. Past research, they assert, has confirmed that multiple victimisation is common (see Outlaw et al, 2002), yet the interrelationship between different kinds of victimization have only been superficially explored. These interconnections are 'not apparent when only a few forms of victimization are assessed, (Finkelhor et al, 2005a, p 6). Furthermore, they contend that focusing on single victimisation, however repeated, may overestimate the symptoms of single victimisations and miss the larger profile of child victimisation. They maintain that focussing on a broad range of victimisations provides comprehensive

victimisation profiles affording a more holistic, comprehensive approach to children's welfare; one that would "encourage treatment that targets the full range of victimisations to which children are exposed" (Turner et al, 2010a, p.328). This enables practitioners to target families mostly in need of support and respond more effectively to curb the negative effects of children's exposure to violence,(Finkelhor et al, 2009a: 9). Most importantly: "multiple victimizations may be a sign that children are poorly supervised or socially isolated and thus unprotected targets. [Thus], multiple victimizations may be more markers than agents of the children's difficulties," (Finkelhor et al, 2007a, p. 9).

The DVS used a juvenile victimisation questionnaire (hereafter JVQ) consisting of 34 items of youth victimisation divided into five categories: conventional crime, maltreatment, peer and sibling victimisation, sexual assault and witnessing and indirect victimisation. The polyvictimised child is defined as a child that had experienced four or more different kinds of victimizations in separate incidents within the previous year, (Finkelhor et al, 2005b, p.1302). They further distinguished low poly-victims (four to six victimizations) from high poly-victims (seven victimisations or more) (ibid; see also Finkelhor et al, 2007a, p.13).

Following the National Survey of Children's Exposure to Violence (hereafter NATSCEV), the concept of polyvictimisation was further developed, (Finkelhor et al, 2011a, p. 293; Finkelhor et al, 2011b, p.3). This survey was conducted on a nationally representative sample of 4549 children ages 0–17 and their caregivers living in the United States. NATSCEV expands on the DVS by comprehensively assessing lifetime exposure; it considers additional forms of violence and includes infants in the sample. That survey asked questions about 48 types of victimization grouped under seven headings: conventional crime, child maltreatment, peer and sibling victimization, sexual victimization, witnessing and indirect victimization, school violence and threat, Internet violence and victimization, (Finkelhor et al, 2009a, p. 2).The survey revealed that whereas the victimisation of children is often explored

in terms of personal experiences, significant victimisation can also occur from witnessed events or indirect victimisation, such as abuse of family members. In addition, it was found that victimisation tends to accumulate for certain individuals with particular characteristics and living in certain environments.(Finkelhor et al, 2011b, p.4).

Most studies on polyvictimisation identify the polyvictim using numerical assessment of different victimization that occurred in separate incidents over a specified period of time, (see. Finkelhor 2007a; 2009b). Equally weighting occurrences erroneously suggest homogeneity, ignoring the differential effects that diverse forms of victimisation may have (Finkelhor et al, 2005b). Such assessment is useful in identifying youth most at risk, but could also adversely under-estimate those not yet identified as polyvictims. That non-polyvictims may not have suffered the same amount of serious victimisations as polyvictims does not necessarily make them less a victim or negate their need for welfare support. Furthermore, to date, all the studies have been conducted mainly in the USA and Canada. The definitions and findings have yet to be assessed in non-Western countries.

ANGOLA

Angola is often remembered for its lengthy internal political conflicts which began in the 1960s with its struggle for independence from Portugal (achieved in 1975), and followed by a 27-year armed political struggle for power between rival political parties. These wars, like similar conflicts in several other African countries, for example Mozambique, Burundi, Rwanda, Sierra Leone, and Liberia involved the use of children as soldiers, (Wessells, 1997; Coalition to Stop the Use of Child Soldiers, 2004 a, b; Wessells and Monteiro, 2006). Horrifying accounts of violence and atrocities against children either directly as combatants or as a result of separation from families, bereavement, forced migrations or displacement are well documented in international reports on humanitarian efforts in Angola, (Alberto, 1997;

Christian Children's Fund, 2002; Human Rights Watch, 2002; Wessells & Monteiro, 2006; IRIN, 2007).

Although the civil war ended in 2002, almost three decades of war left Angola with multiple social and economic problems (Human Rights Watch, 2003). In the post-bellum period, an estimated 16,000 children required demobilisation, (Coalition to Stop the Use of Child Soldiers, 2004b). However, as children were not classified as soldiers because of their age, they received a smaller reintegration support package than their adult counterparts (World Bank, 2003). Many children orphaned or abandoned as a result of war ended up in poverty; others abandoned the war-torn hinterland and migrated into cities where they constitute a significant proportion of the slum dwellers and 'street children', especially in the capital city, Luanda, (Veale and Dona, 2003).

In Angola, it is said that 'no man or woman has lived totally during peacetime,' (Rodrigues 2010, p 5). The Human Rights Watch report (2003, p.4) asserted that "almost every child in Angola has been affected by the conflict either directly or indirectly through their families or communities." According to the Angolan National Institute for Statistics, Instituto Nacional de Estatística, (INE, 2001 cited in Rodrigues, 2010, p.7):

"The war has forced many young people into roles they are not ready to take; many became providers and heads of households. In the early 2000's, an estimated four million households in Angola were headed by young people aged 16 to 20"

Unemployment, poverty, violent crimes, drugs and alcohol abuse and street gang activities by youths are amongst the problems in Angola associated with the aftermath of the civil war (Rodrigues, 2010). According to Rodrigues (2010, pp. 4-5), the war disrupted the agro-

economy, the foundation of subsistence and the dominant cultural mode of life for the majority of rural Angolans. In addition, increased rural- urban migration has placed intense pressure on urban social infrastructures. According to the Women's Commission for Refugee Women and Children (WCRWC, 2001) education was the most seriously compromised by the war, when several schools were destroyed. As a result of poverty, education became inaccessible to many young Angolans, unable to pay required school fees.

The prevailing image of young people in post-conflict Angola is that of a lost generation, variously described as, for example, "children broken by society," (De Boeck and Honwana, 2005); "robbed of their childhood," (Honwana, 2008, p.145), and "struggling to survive against all odds," (WCRWC, 2001, p. 2). The war had turned some children into drugged killing machines, with powers beyond their age, (UNICEF, 2006). Wessells and Monteiro (2006, p.125) claim that all Angolan youths have grown up amidst normalised violence at multiple levels and they are placed at risk of continuing cycles of violence. Honwana (2005) describes how those traditional institutions which played a significant role in the initiation of children into adulthood in Angola have been destroyed and the young people's perceptions of social reality have been distorted by the experience of war. The foregoing accounts of post-conflict Angola presuppose that Angola is one non-Western country where polyvictimisation evidence could be expected.

THE STUDY

This article is based on findings of a study of 15-17 year old juvenile suspects in Angola. Initial aims of the study were to conduct a survey of juvenile delinquents in the city of Luanda, with the objectives of acquiring an explanation of the children's delinquency from their own accounts and exploring their experiences of victimisation. The overarching aim is to investigate the extent to which Angola's history of political conflicts might have

contributed to their offending and victimisation, (see Cole and Chipaca, 2014). From the onset, it was clear the focus had to be limited because of limited reliable databases on juvenile delinquents in Angola; convicted offenders below the age of 16 are supervised in the community where access to them is difficult as official records on their whereabouts are unreliable or inaccessible; and, there are no prisons or detention facilities for young people convicted of crimes in Angola. Children over the age of 16 found guilty of imprisonable offences are given half-sentences and detained in adult prisons. Research access to such children is difficult in Africa, (Human Rights Watch, 2007). The only option left for the research is the Observation Centre, a secure accommodation in Luanda for 12 - 17 year old boys awaiting trial. No such facility for girls exists; the official perception is that girls commit less crime and those awaiting trial remain at home. If found guilty, girls under 16 are community supervised; girls over 16 are detained in an adult female prison. Consequently, gender comparisons, although not possible, were identified as a key area for future research.

THE SAMPLE

At the time of the study, February-March 2012, 75 juveniles were housed at the Observation Centre. Each was approached to participate yet, after full briefing, only 40% responded. Although they limit comparison with larger studies, numbers do not necessarily inhibit developing a full understanding of the complex nature of children's victimisation in different contexts, necessary to inform effective preventative interventions or welfare provisions for the victims. Until there are facilities for large scale surveys, curtailed due to infrastructure, the value of even limited new data cannot be underestimated. Most victim surveys in Africa have also involved small samples, and the majority of these have excluded children (for example, Chikwanha et al, 2008; UNODC, 2009; Alemika, 2010).

Most of the children (22/30) were aged 15 at the time of the study; four children were aged 16 and four were aged 17. The alleged offences were: murder (8), wounding (8), thefts (6), robbery (4), possession of a weapon (2), rape (1) and burglary (1). The majority of children (17) lived with their natural parents, 4 with relatives and 3 with siblings. The sample also included 3 orphans and 3 ‘street children’. Whereas 11 admitted to living in deprived areas of the capital, 25 of the children said that violence and youth gang activities are widespread in Luanda, irrespective of area. Finally, only 4 children were in full time education at the time of their arrests; 24 children had dropped out of education, the main reason being the inability of their parents to continue to fund their education. Two ‘street children’ are illiterate, having lost their parents during the war, when they were infants.

METHOD

The polyvictimisation studies of Finkelhor et al (2005b; 2011b) employed multiple item victimisation questionnaires. Most polyvictimisation studies have used such questionnaires (Romano, 2011; Cyr et al, 2013). In this study, a victimisation survey questionnaire was not used; the questionnaire used consisted of closed and open-ended questions on both the children’s offending and victimisation. Questions on the children’s experience of victimisation do not comprise a separate section in the questionnaire; they are incorporated as parts of other questions to facilitate disclosure of victimisations in various contexts. This approach provided a victim’s perspective, uncommon in most studies, allowing the children to explain their victimisation in their own words. As Finkelhor et al. (2005b, p.1309) note, “polyvictimisation can be effectively measured in several different ways and still serve useful clinical and research purposes”; the choice of approach depends on the objectives of the research (ibid.). They admit that some of the victimisations measured by the JVQ are relatively rare; that identifying polyvictimisation using a more limited set of victimisation

items is possible and “might be of great value to people interested in poly-victimization, but who have considerable data collection constraints” (ibid. pp. 1307-1308).

The questionnaire was administered on a one-to-one basis by multi-lingual researchers, in a secured room at the Centre, to prevent interference. No child was coerced into answering any of the questions; they were reminded at intervals of their right to leave at will. Unlike some polyvictimisation studies, the children here answered all the questions on their own. No question was put to anybody else about the children’s victimisation (see. Finkelhor et al, 2007a). In order to ensure that what the researchers recorded were true records of what the respondents said, the responses were read back to the children in both Portuguese and local languages.

One dilemma encountered in this study was classification of victimisation where the victim perceived his victimisation to be normal or culturally acceptable. For example, 16 children had experienced physical parental discipline at home but regarded their parents as simply “disciplinarians”. One actually attributed his own offending to lack of physically discipline by parents regarded as “too soft”. This study classified all acts of physical violence against a child as victimisation, but accepts that further research is needed on perceptions of children’s victimisation in non-western cultural settings.

RESULTS

Finkelhor et al (2005b: 1301-1302) identify three alternative versions of a poly-victimization measure: a Separate Incident Version (SIV); a Screener Sum Version (SSV) and a Reduced Item Version (RIV). This study adopted the SSV approach. Although the number of victimisations increases with this approach, it is more reflective of how children might have viewed their own victimisation: as individual events that are not connected. Finkelhor et al (2005b, p. 1309) also recommended the SSV as the preferred measure for those who have a

‘primary interest in poly-victimization because of its simplicity of administration’. In this questions were asked regarding the context, age at the time of victimisation and how they thought the victimisation had affected them. The children were not asked about how frequently they experienced any single type of victimisation; each victimisation was recorded individually.

The children’s accounts of victimisation were grouped under the 5 broad categories used by Finkelhor et al (2005a, p.16): any physical assaults; any sexual victimisation; any maltreatment; any property crime and, any witnessed or indirect victimisation. The respondents did not name any type of victimisation that could have existed outside these categories. In total, 24 forms of victimisation were recorded (see Table 1.)

TABLE 1

Most polyvictimisation studies define polyvictims in terms of specific numbers or numerical thresholds with seven plus incidents in a single year constituting high polyvictimisation and four to six as low polyvictimisation (Finkelhor et al., 2007a, pp.12-19).. Following NatSCEV, lifetime polyvictims were defined as respondents who had experienced 11 or more different forms of victimization in their lifetimes (Turner et al, 2010a:, p.325; see also Finkelhor et al, 2011b). Children in this study were asked to recount their experiences without any time barrier imposed; thus, it was not clear whether the victimization experiences recalled occurred during the last 12 months or within a lifetime. Thus, it was not feasible to use the thresholds suggested by Finkelhor et al. (2007a and 2011b). However, as it is important to define what constitutes sufficient numbers or types of victimization for a victim to qualify as a polyvictim in a polyvictimisation study, the threshold in this study was calculated by percentage: 20 per cent of all 24 victimisations identified were used as a

threshold, establishing polyvictimisation figure of 4.8 (averaged 4). Using this criterion, 23 children (76.6%) qualified as polyvictims; and, following Finkelhor et al (2007a)'s classification, 10 are low polyvictims and 13 are high polyvictims (Table 2)

The polyvictims in this study have suffered a broad range of victimisations in various contexts; compared with non-polyvictims, their victimisations have consisted of the most severe forms of victimisation, including the most serious forms of physical assaults (e.g. assault with a weapon and during gang violence) and sexual violence. In addition, they include children who have suffered serious abuse, maltreatment or neglect at the hands of caregivers (domestic slavery) or as a result of separation from families or homelessness. The polyvictims have also witnessed the most traumatic events including killings and bereavements in various contexts, including during the war.

TABLE 2

This study was interested in categorising the victimisations according to context: at home; at school; in the neighbourhood, and during or as a consequence of the war (see Table 3). The most common victimisation at home was the experience of property crimes; 16 children also experienced parental physical violence. Some accounts of maltreatments at home were also given: one homeless child said that he was enslaved by his aunt and another that he was starved by his uncle. Their accounts include: "I left my aunt's house because she was using me as a slave for her children. She did not send me to school. I was always doing all the domestic work whilst my cousins were attending school, so I ran away to live on the streets" (Child 1; aged 15). "My uncle smokes cannabis; he is always fighting with neighbours; he always beat me. He would not give me food. So I ran away to live on the street" (Child 3; aged 15). Two children had witnessed violence between their parents or partners; two others

reported having suffered neglect due to parental divorce. Three bereavements in the family were also reported: one child reported witnessing his mother being fatally shot by an armed gang when he was six years old and two others said that their parents died in separate fire incidents in 2003. At school, bullying was the only form of victimisation mentioned, with 16 children reporting having been bullied by peers.

The most common context of victimisations was experienced in the children's neighbourhoods. Seventeen have been assaulted by a stranger. Nineteen reported assaults involving a weapon. Some experienced peer violence: eight youth, gang members, narrated accounts of involvement in gang violence; three other children were involved in street fights they did not, allegedly, start. Five reported sexual assaults by strangers they met on the streets. Three 'street children' and four others, who said that they had lived on the streets at some point, specifically talked about neglect and abandonment resulting from homelessness. They spoke vividly about the dangers of living on the streets; one of them related stories of how he was 'chased all the time' by the police; and ended up stealing 'because you have to survive' (Child 5; aged 17). Ten children witnessed someone being violently attacked in their neighbourhoods; 13 others claimed that the assaults witnessed resulted in deaths. Other events included witnessing the rape of a child and the death of a neighbour, allegedly shot by the police.

TABLE 3

PATHWAYS TO POLYVICTIMISATION

Finkelhor et al (2011b, p. 7) argue there are four pathways for children culminating in polyvictimisation: living in a family that experiences considerable violence and conflict (dangerous families); having a family beset with problems around such things as money,

employment, and substance abuse that might compromise a child's supervision or create unmet emotional needs (family disruption and adversity); residing in or moving into a dangerous community (dangerous neighborhoods); and being a child with pre-existing emotional problems that increase risky behaviour, engender antagonism, and compromise the capacity to protect oneself (emotional problems)" (see Finkelhor et al, 2009b for details). Each pathway is believed to contribute independently to the onset of polyvictimisation, the emotional problems pathway being most prominent for children under 10 years old and the other pathways are assumed to be more predictive for older children. This study strongly supports the 'dangerous neighborhoods' pathway. However, while it is possible that children in this study may have underreported their victimization at home because of the respect for the privacy of family life that is expected in African cultures, the severity and seriousness of the victimisations experienced in their neighborhoods totally overshadows victimizations experienced elsewhere.

More importantly, the majority of these children explained their victimisations as a direct or indirect consequence of the aftermath of the war. A child gave vivid accounts of how his sister and parents were killed during the war. As he simply puts it: "All these would not have happened if I hadn't lost my parents and sister during the war" (Child 1: aged 15). Two children also recalled the traumatic effects of being briefly abandoned or separated from their parents during the war. The street children and homeless migrants from rural areas (including two who are children of ex-soldiers) blamed the war for their poverty, homelessness and victimization on the streets. They blamed their victimization to being out of school, uneducated and spending so much time on the streets. When asked what might change their lives, 22 children said "if I go back to school"

Most remarkable was the link made by the children between the culture of violence that they claimed has developed in their neighborhoods and the experience of war; many said that

neighborhood violence has become 'normal.' One child said that guns are easily available because "handicapped war veterans are not receiving enough support from the government. As a consequence, they are selling guns and bullets to young people' (Child 21; aged 16). As another child put it: "Now, there is some kind of seeing what is abnormal as normal. In Luanda, the youth easily wield any kind of weapon to resolve their conflicts and commit crime. In fact it is quite normal to resolve problems like that' (Child. 27; aged 17). As Turner et al (201, p.6) argued, for polyvictims like these, victimisation represents more of a life condition than a set of events.

POLYVICTIMISATION, TRAUMA AND PSYCHOSOCIAL RESPONSE

Despite the small sample, the experiences of children discussed above raise important questions about the plight of children in African countries that have recently experienced political conflicts. Most polyvictimisation studies emphasise the psychological or emotional development and wellbeing consequences for children. NatSCEV identified a significant level of distress amongst children classified as polyvictims, "measured by a checklist of symptoms that included indicators of anxiety, depressions, anger and post-traumatic stress disorder" (Finkelhor et al, 2007b; Finkelhor et al, 2011b, p.5; Turner et al, 2006; 2010b;). Such children have lower levels of self-esteem and higher rates of being aggressive and violent or feeling threatened (Chan et al, 2011; Ford et al, 2012, 2013). Finkelhor et al (2009, p.2) concluded that polyvictims are more likely than other children to "be more prone to delinquency, further victimization, and involvement with the child welfare and juvenile justice systems." Finkelhor et al (2009b) found that polyvictimisation tended to persist over time, and that many youths find it difficult to escape polyvictimisation. Traumatic experiences such as those referred to above leave deep wounds, which heal slowly. Children so exposed need support to develop positive behaviour and coping strategies to allow them

live more purposeful lives; however, their polyvictimisation must first be acknowledged before any meaningful intervention work can be done.

This study has identified polyvictimisation as a direct consequence of the experience of war. Whereas the study did not measure trauma resulting from polyvictimisation, it ascertained, from the children's responses, that the events that they had witnessed have been traumatic in various contexts: 18 children identified times in their lives when they felt alone, neglected, ignored or "like nobody cared"; 22 children also mentioned being "afraid of being killed one day", "being always prepared for anything" and "being made to feel even tougher."

A number of intervention approaches has been suggested as ways of dealing with the impact of conflict and post-conflict situations on the mental health and social development of affected children. The debate has been between supporters of two approaches: the trauma-focused (clinical/psychiatric) and psychosocial approaches, (Summerfield, 2000; Betancourt and Williams, 2008; Miller and Rasmussen, 2010). The first advocates the application of Western psychiatric diagnoses such as post-traumatic stress disorder (PTSD) and trauma-focused clinical treatments such as narrative exposure therapy to war-affected populations, irrespective of their cultural background or nationality. This approach focuses narrowly on the relationship between direct war exposure or its aftermath and mental health. The psychosocial approach, on the other hand, argues that focusing on trauma and psychological disorders alone provides a weak starting point in many war affected, post-conflict countries in the developing world, where the experience of war is inextricably linked to "a host of other highly stressful conditions or daily stressors, such as poverty, social marginalization, isolation, inadequate housing, and changes in family structure and functioning," (Miller and Rasmussen, 2010, p.8). The psychosocial approach supports an attempt at personal recovery that is also grounded in social recovery. This approach offers a culturally specific approach to dealing with trauma that is both communal and individual; (Summerville (2000) Many

studies on post-conflict situations in Africa and the developing world have generally favoured the psychosocial approach. Miller and Rasmussen (2010, p.8) cited examples of psychosocial projects in Afghanistan, Chad, Sri Lanka, Lebanon, Algeria and the West Bank (see also Wessells and Monteiro, 2006, pp.126-135 on a psychosocial project for the youths in Angola). However, Jordan et al (2009, p. 12) have argued, after undertaking a systematic review of the literature on psychosocial interventions to address the mental health and well-being of children affected by war in 18 countries including Angola, that while the majority of the studies presented positive results, there was a lack of evidence for efficacy due to a number of methodological flaws, ranging from a lack of empirical evidence to support the claims, to incomplete data; neglecting large treatment effects seen in control groups, and poor research design. These weaknesses made drawing general conclusions about their effectiveness difficult. It was also noted that there were limited attempts to adapt interventions to the local context; even though consensus seems to be present in the discourse favouring multi-levelled community based approaches and cultural adaptations, actual adherence to these principles was not often reported or lacked depth. Many studies tend to focus on the children themselves, not on the conditions of their victimisation.

The problems of youths in Angola must be regarded as distinct from the generalised post-war reconstruction efforts as expressed in jingoistic spin as ‘peace psychology.’ It is the human right imperative of all Angolan children to be protected from neighbourhood violence, supported and helped to build self-esteem and empowered with education and skills to enable them re-enter normal life. As most victimisations took place in the neighbourhoods, it is there that most efforts should first be directed.

Whereas, proposals for culturally adapted psychosocial models of interventions have been made (Wessells and Monteiro, 2006); however, with so little evidence of their effectiveness in post-conflict African countries, there is need for more rigorous research to

determine how best to address the challenges that children in affected countries face and bring wellbeing and justice to help them survive in countries whose problems they have not helped to create. This paper supports the view expressed by Wessells and Monteiro (2006) that in order to assist Angolan youths “proactive, holistic approaches are needed that protect youth, prevent violence, and enable sustainable community development” (Wessells and Monteiro, 2006, pp. 126-127). An intervention programme that combines working through families and communities to bring about empowerment, build self-esteem, meet the physical needs of children, alleviate their poverty and give them education and positive skills and competencies needed for them to be able to participate meaningfully in society is a must for the future wellbeing of these children (cf. WCRWC, 2000).

CONCLUSION

This article has reported on a pioneer polyvictimisation study in an African (non-western) context. In spite of its limitations, the study has identified a large number of polyvictims amongst the sample of 30 Angolan children in the sample. The study has included children’s voices and examined polyvictimisation in various contexts. Although no generalisations are possible from this study, it reveals that in a post-conflict African country such as Angola, the aftermath of the war lingers on in the current experiences of the youth and that the most common context for polyvictimisation is the neighbourhood. The article accepts that there are areas for further research but contends that a case is made for effective state action and intervention, with a strong support presented for a psychosocial approach to address polyvictimisation and tailored to the specific needs of Angolan children.

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Table 1: Types of victimisation

Victimisation	Children (%)
Any physical assaults	
Parental discipline	16 (53.3)
Physical assaults at home	6 (20.0)
Assaulted by a stranger	17 (56.6)
Assaulted with a weapon (separate incident)	19 (63.3)
Bullied at school	16 (53.3)
Assaulted in a street fight	3 (10.0)
Assaulted in gang violence	8 (26.7)
Any sexual victimisation	
Sexual assault by a stranger	5 (16.7)
Any maltreatment or neglect	
Domestic slavery	2 (6.7)
Have once been homeless	4 (13.3)
Permanently homeless/ Street child	3 (10.0)
Separated from parents during the war	2 (6.7%)
Neglect (by caregiver)	1 (3.3)
Any property crimes	
Thefts and burglaries (dwellings)	30 (100.0)
Witnessed or indirect victimisation	
Bereavement: parents died in 2003 (after the war)	2 (6.7)
Bereavement: orphaned during the war	1 (3.3)
Bereavement: sister killed during the war	1 (3.3)
Witnessed domestic violence between parents	2 (3.3)
Parental separation (by divorce)	2 (3.3)
Mother murdered by criminal gang	1 (3.3)
Witnessed someone being violently attacked	10 (33.3)
Witnessed murder in the neighbourhood	13 (43.3)
Witnessed fatal shooting of neighbour by police	1 (3.3)
Witnessed a child being raped	1 (3.3)

Table 2: Polyvictimisation

	0 - 3 Non- Polyvictim s	4-6 Low Polyvictim s	7 and above High Polyvictim s	TOTAL
Number of Children	7	10	13	30
Any physical assaults				
Parental discipline	0	5	11	16
Physical assaults at home	0	2	4	6
Assaulted by a stranger	0	7	10	17
Assaulted with a weapon (separate incident)	0	9	10	19
Bullied at school	2	4	10	16
Assaulted in a street fight	0	1	2	3
Assaulted in gang violence	0	1	7	8
Any sexual victimisation				
Sexual assault by a stranger	0	0	5	5
Any maltreatment or neglect				
Domestic slavery	0	0	2	2
Have once been homeless	0	0	4	4
Permanently homeless/ Street child	0	0	3	3
Separated from parents during the war	0	1	1	2
Neglect (by caregiver)	0	0	1	1
Any property crimes				
Thefts and burglaries (dwellings)	7	10	13	30
Witnessed or indirect victimisation				
Bereavement: parents died in 2003 (after the war)	0	1	1	2
Bereavement: orphaned during the war	0	0	1	1
Bereavement: sister killed during the war	0	0	1	1
Witnessed parental domestic violence	0	0	2	2
Parental separation (by divorce)	0	1	1	2
Mother murdered by criminal gang	0	0	1	1
Witnessed someone being violently attacked	1	3	6	10
Witnessed murder in the neighbourhood	0	3	10	13
Witnessed fatal shooting of neighbour by police	0	0	1	1
Witnessed a child being raped	0	0	1	1

Table 3: Polyvictimisation contexts

Victimisations	At home	At school	In the neighbourhood	During the war
Any physical assaults				
Parental discipline	16			
Physical assaults at home	3			
Assaulted by a stranger			17	
Assaulted with a weapon (separate incident)			19	
Bullied at school		16		
Assaulted in a street fight			3	
Assaulted in gang violence			8	
Any sexual victimisation				
Sexual assault by a stranger			5	
Any maltreatment or neglect				
Domestic slavery	2			
Have once been homeless			4	
Permanently homeless/ Street child			3	
Separated from parents during the war				2
Neglect (by caregiver)	1			
Any property crimes				
Thefts and burglaries (dwellings)	30			
Witnessed or indirect victimisation				
Bereavement: parents died in 2003 (after the war)	2			
Bereavement: orphaned during the war				1
Bereavement: sister killed during the war				1
Witnessed parental domestic violence	2			
Parental separation (by divorce)	2			
Mother murdered by criminal gang	1			
Witnessed someone being violently attacked			10	
Witnessed murder in the neighbourhood			13	
Witnessed fatal shooting of neighbour by police			1	
Witnessed a child being raped			1	