

Journal of Adolescent Health and Welfare

*The Journal of the Youth Support
British Society for Adolescent Health and Welfare*

WOMEN'S CENTRE OF JAMAICA FOUNDATION
20th Anniversary



Incorporating the Newsletter of the
International Regional Chapter of
the Society for Adolescent Medicine.





Letter from the Editor -



Dear Colleagues,

Welcome to our Millennium edition!! Let's hope that the new millennium will bring new promise for youth and youth services. Of course it's just a year like any other - but it does give us an excuse to make a renewed big effort to get things moving in Adolescent Health.

Speaking of which - there are a number of things moving at the moment. The government look as if they might be serious about looking into the issue of teenage pregnancy and this is very heartening. The 'Social Exclusion Unit' came to see us last year and were impressed with our data on young parents - so hopefully we have had an impact.

The plans for our 2000 conferences, April in Italy and October in London, are well under way and we invite you all to join us at one or other - or both! May I take this opportunity to, one again remind you all that we welcome contributions to the Journal, to our conferences and we encourage you to join the British Society for Adolescent Health and Welfare, which as you know, is the 'grown up' version of our Forum.

Conference details are on <http://www.youthsupport.com>.

Those who are interested in our assessment and treatment services and particularly our family work will find this detailed at <http://www.familycentre.com>

Diana Birch
Director Youth Support

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~ CONFERENCE ROUND UP ~

Personal Views of those attending recent conferences -

Our two conferences at the Royal College of Physicians in October 1996 and 1998 have now both been published as proceedings books which are available - see below.

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Israel 15th – 18th November 1999 was a very successful event. A series of workshops run by international experts examined the factors that determine the presence of violence, preventive measures to reduce its incidence and the provision of mental health care for the victims of violence. Among the speakers were D Birch UK; E Chigier Israel; M Christensen, Sweden; J Cohn Norway; S Gordon USA Israel; Y Harel Israel; J Kienhorst Netherlands; H Tolmas USA; L Verhofstadt Switzerland. There were also contributions from Jamaica – Lincoln Williams and Belgium.

The article that follows relates to that conference.

Physical, Sexual, Emotional - The effects of violence on (against) the Adolescent

Presented at The first International Conference on Violence and
Adolescence

Dr Diana Birch

Development

A. Developmental Issues

The effects of violence - be it abuse, aggression or indirect violence {definition} may be seen in adolescence while having origins at an earlier stage of development.

Infancy

Infancy -

The baby/ infant may be subjected to anger, rejection and be the focus of negative emotions which will impact on emotional development of the individual. It is here that object relations, the basis of all future relationship with the outside world and other living beings, are formed.

To outline rather simplistically the concept of object relations the following quote from 'Inner Worlds' is appropriate –

"The baby asks for attention by crying, smiling, coughing and later vocalising. A fortunate child will receive an appropriate response which makes sense and thus aids his understanding of the world, whereas the unfortunate baby will receive the 'wrong' response or no response, leaving him confused and disturbed. We all receive some inappropriate responses since mothers are not perfect and the needs of a child can be easily misunderstood. A child's demands must also to an extent be frustrated if he is not to continue as a demanding omnipotent tyrant.

The mother will be seen by the child as being good, nurturing, provider of all nourishment, when she is meeting the baby's needs at times such as feeding. In Kleinian terms, she is then seen as the 'good breast'. When she is withholding, frustrating the child and not fulfilling his needs, she is seen as the 'bad breast'.

When mother is doing something good, she is good, and when someone is doing something good to you, you feel good, you become good. Hence the good part of mother becomes part of the inner world of the baby. The same happens when mother is being 'bad'. Hence good and bad sides of mother represent 'internal objects' for the child.

At first the child cannot integrate these together. A young baby can adore the 'good mother' and then murderously hate the 'bad mother' without being able to see that both are parts of the same person. Later he may fear that he has harmed or destroyed the good while attacking the bad or that he may have exhausted or consumed the good breast by his greedy demands. Keeping these opposites apart is useful in avoiding the conflict inherent in integration but stops the child from developing a well functioning inner self."

Some of us never quite manage the integration of good and bad elements or use the split to cope with stressful situations, disowning the parts that do not fit with the currently felt emotion. If you are feeling anger or hatred for your mother, something taboo in 'nice' society, it is convenient to see her as totally wicked and neglectful, to completely disregard the loving, caring side which does not accord to your present view. You can't hate her if she's good, but you have permission to hate her if she's evil. This conflict – particularly if fuelled by abuse and violence during childhood is a breeding ground for personality disorders and behavioural problems which we then see emerging in adolescence and adulthood.

Developmental -	Object Relations	How to deal with em
		How to relate to othe
	Patterns of Behaviour	Patterns of feeling

The relationship between the individual and the mother figure / parent figure is central to all future emotional development and particularly the way that negative emotions are dealt with.

The mother is the container of positive and negative emotions for the developing baby and provides a 'buffer' zone, tempering the effects of negative feelings and reflecting them onto her child in an attenuated and thus manageable form. If the mother is unable to fulfil this function for her child - by virtue of being emotionally unavailable, distant, depressed, mentally ill or rejecting of the child - the baby will feel the full brunt of negative emotions at a stage when these may be too powerful to deal with - emotional damage - emotional abuse will thus occur.

To Quote again from 'Inner Worlds' –

"... we know ourselves by virtue of the reflected aspects of ourselves which we receive from other people. Winnicott beautifully described the

Object Relations

Mother as Container



Mirroring

mother as the mirror for the infant. He spoke of a mutual adoration between mother and baby whereby the child was able to express his feelings towards his mother who reflected them back in a way that could be incorporated into the child's developing self.

If the mother acted as a faithful mirror accurately reflecting the child's feelings and relating to him as a new unique individual whom she loved, then his true nature would flourish, he would develop as his 'true self'.

However if the mirror was flawed and instead of reflecting feelings, projected something different, the mother's fears, mother's worries, mother's hope that the child would somehow conform to, a mould of her making for him to fit into rather than his own space to grow in. If such a false image was projected back to the child, then he would forsake his 'true self' which was being rejected by his mother and instead, develop a 'false self' which his mother might love."

The Wall

The true self becomes locked away, walled up -
- in the words of Roger Waters -

*"... Mother's gonna make all your nightmares come true,
Mamma's gonna put all of her fears into you,
Mamma's gonna keep you right here,
Under her wing
She won't let you fly but she might let you sing
Mamma will keep baby cosy and warm,*

Ooooh Babe, Ooooh Babe, Ooooh Babe

Of course Mam'll help build the wall"

In the extreme situation the mother may actually be abusive to the infant - and this abuse may actually begin in utero and continue into infancy and beyond. The developing psyche of the child may traverse many avenues of abuse prior to the effects coming to the fore in adolescence.

Childhood

Childhood

Violence occurring in childhood profoundly affects the adolescent whether it be violence perpetrated on the individual or witnessed violence within the family or society. Family structure and family behavioural patterns lay down 'blueprints' for behaviour, values and emotional functioning. These can be looked at from various perspectives - for example the concept of 'life scripts' - dysfunctional patterns and boundary issues all play a part.



How do we understand the effects of violence? The dynamics of the situation could be seen thus - an initial act of aggression or violence perpetrated on the child will produce feelings which may or may not be openly evident. Some feelings may be covert and gradually build up to produce inner tensions and conflicts. The overt and expressed feeling may be that which is acceptable within the society or family grouping of the individual - that will accord with the current expressed behaviour patterns of the child. For example the child may feel fear and act timid, retiring or wet the bed or the child may be angry and jealous and destroy a sibling's toys.

Initial Act			Resultant Act
Aggression	Feeling →	Shown	Current behaviour
	→	Covert	Future behaviour

The covert feelings which may be unacceptable in the family are those which may surface later in adolescence and can be the source of more extreme and perhaps harmful behaviour patterns and psychological pathology.

The following model is useful in discussing the effects of physical violence on a child.

Stimulus	Feeling	Result/ Role	Flexibility/ Resilience
Violence →	Hurt Betrayal Confusion	Cry Pain Attempt at reason	High
	Anger Unfair Guilt Worthlessness Bad Deserving punishment	Strike out Revenge Scapegoat Passive Victim	Low

The lower the 'energy level' ie less able to adapt, lower resilience and flexibility - the higher the passivity with more internalisation of feelings - anger hatred, lower self worth, lower coping skills and thus the more likelihood of self hatred, self harming behaviours.

Energy Levels

As abuse / experience of violence becomes more frequent and more commonplace the individual may become more hardened and 'acculturated' to the experience and thus more fixed in the adopted role or behaviour pattern of behaviour and feeling.

A Pivotal Point

In terms of the 'cycle of abuse' - The adolescent is at a pivotal point between violence received as a child and violence given to (own child) others.

Violence received as a child ← Adolescent → Violence given to own child



Violence within the child's environment can take several forms all of which impact on future well being. Direct violence to the child (abuse); other forms of abuse (emotional etc); violence between family members; violence witnessed outside the home; 'Covert' violence eg rough play.

Types of Violence	
Direct Violence	- Direct violence to the child (abuse); - other forms of abuse (emotional etc);
Witnessed Violence	- violence between family members; - violence witnessed outside the home; - Media violence
'Covert' violence	- rough play - made to do things don't like?

In play a child can be learning about how to handle violence and aggression. We see animals, puppies for example play fighting and learning how to cope with conflict. Children do the same and adolescents also test out boundaries and 'play fight' certain situations in the safe environs of the family and friends. When these limits are extended and breached however, problems arise. The fight that gets too serious, the rough play that ceases to be fun and causes tears. The tumble on the carpet that stops being a lesson in physical closeness and becomes a sexual grope. The game that is no longer mildly competitive and becomes dominance with submission.

Advantages		←	→	Problems
Social		←	→	Bullying
Grouping		←	→	Domination
Learning skills		←	→	Submission
Fun (for all)		←	→	Boundaries breached

Dominance

When dominance becomes a factor – then cruelty and bullying creep in. How do we tell when this boundary is breached? If the behaviour is for the satisfaction or gratification of one to the exclusion of the other, if one has to be 'put down' – then this is bullying – there needs to be equality in play and maintenance of boundaries. Otherwise there is a point where the acquisition of positive skills is replaced by learning negative behaviours.

+ve skills ← → -ve behaviours

Another example is in the learning of social groupings – a positive learning experience can be replaced by the negative modelling on gangs.



Learning abusive patterns – copying with family violence.

Violence in the family has a very high level of persistence from one generation to another. Maltreatment of children has been shown to increase levels of violent crime perpetrated by adolescents by 24% ; violence between parents was a factor in the history of 70% of violent adolescents and those exposed to multiple forms of violence – ie within family members and to self – had double the rate of violent crime (at 75%) than a control group in the Rochester (USA) youth development study. Similar trends – although with lower overall rates – have been experienced in other countries.

However ‘ the number of potential psychological casualties of violence far outnumbers the physically wounded seen in emergency rooms’ Here lies a source of adolescent disturbance and behavioural problems. Social factors such as family poverty, stress, overcrowding and homelessness also play their part here.

Abuse in childhood also increases the risk of drug and alcohol abuse – an article in the International Journal of addiction (Vol 29 1994) on ‘Childhood victimisation and the risk of alcohol and drug arrests’ (Ireland and Widom) concluded that childhood maltreatment is a significant predictor of adult arrests for alcohol and drug offences and there was a 39% increase in juvenile crime in this group.

Case History – Ingrid lived in a very violent household. Mother and father frequently fought and her older brothers were all violent. Her father and brother were alcoholics. Ingrid was abused physically and sexually. She was placed in children’s homes at various stages in her childhood where she was also abused. Ingrid became a mother herself at the age of 14 and had another child two years later. She was by that stage earning her living in prostitution. She moved around the country with her two boys avoiding the authorities and progressing from one violent pimp to another. She abused alcohol and drugs. The boys were cared for erratically, they were not deliberately abused but did suffer neglect and had various ‘accidental’ injuries.

Ingrid decided to try to change her lifestyle after a close friend was murdered by her customer. She acknowledged that she had often placed herself at risk of severe injury and she was afraid she would die. When the boys were taken into care of social services their behaviour echoed their mother’s obsession with images of violence. They fought other children, destroyed property and in play therapy when given a doll the six year old boy tortured the female image and then ended the play by crushing her head in.

A sad example of patterning on family disturbance and childhood violence. Several years later the family are still functioning in the same disturbed manner and the boys are sociopaths.

B. The Scene in Adolescence

Adolescents as victims of crime

Adolescents are affected by their childhood experiences of violence – but are also the victims of violence during the adolescent period itself.

Living in a culture of violence is a serious factor here – most adolescent victims of crime are from the same background and have similar profiles as their assailants. In the USA it is estimated that teens between 12 and 19 form 14% of the population over 12 yet they are the recipients of 30% of violent crimes. The situation varies considerably from one culture to another.

Adolescent reaction to early violence and abuse –

Case Histories –

Adolescent drug / alcohol abuse and self harming

Lisa had been severely abused by her father. At the age of 16 she disclosed the abuse to a teacher following which event her father set fire to the family home and died in the blaze. Lisa was given compensation from the court for the abuse she suffered – but unable to deal with the guilt of her father's death for which she felt responsible, and the guilt of the abuse victim – feeling somehow further abused by being 'paid off'. She spent all her considerable compensation in a drug and alcohol binge, was arrested several times on the streets drunk and having committed minor crimes. She self harmed in several ways and when admitted to our unit had cut her arms from top to bottom and was on twenty four hour suicide watch. Lisa took several years to be able to cope with life – she had intense therapy directed at her very low self image.

Carol had a similar history of severe abuse. She was sexually abused by a number of family members and then sent to a very punitive residential facility for her 'protection'. In adolescence she acted out very badly becoming drunk, using drugs, cutting her arms and living a very violent life on the streets. She threw herself in the river twice and fought with police who tried to save her.

Familial Violence –

Helena had a violent father who beat her mother regularly. Her brother was also violent and she described him as a pig. When she eventually ran away from home at 15 she met up with a fairground attendant who had a similar background. They began by being supportive of each other

– two abused children together – but within a month he was beating her severely. She made several visits to hospital with broken bones but always went back to him. The patterning of violence was so strong for her that she was continually drawn back to a violent environment – even after finding a caring boyfriend who begged her not to go back – she ran away back to violence and further injury.

Adolescent violence can stem from frustration and lack of adequate communication. This feeling of not being heard, not being taken seriously coupled with impulsiveness and risk taking behaviour can result in both self harming behaviour and harm to others as well as violence to property.

Case History - Sarah had been sexually abused by her grandfather since the age of 4 or 5. In common with many victims of sexual abuse, she was unable to 'disclose' what was happening. She at the same time could not believe that people - her mother, her aunt and her grandmother could not 'see' her distress and acted as if they did not know.

She began to act out the anger and frustration she felt in delinquent activity - smashing windows on her estate and minor acts of vandalism. This did not get her into trouble, people did not seem to notice. There was no consequence to her behaviour - just as there appeared to be no consequence to her grandfather's behaviour.

Later, as an adolescent, Sarah's rages became more intense. She walked a long distance with a knife in her hands, wanting to kill her grandfather. When she arrived she saw her grandmother and could not commit the deed. She thus went home, smashed the family home and was committed to a mental institution. She calmed down and was released. Another example of missed communication.

Later during therapy she went into an 'uncontrollable rage' one night and smashed windows in the treatment unit. The following day she doggedly refuted that there was any possible consequence to her behaviour. A breakthrough in therapy occurred when she was faced with possible consequences and a code of 'acceptable behaviour' was laid down. It was as if at last 'it mattered' what she did and therefore 'she mattered'.

Munchausen syndrome can also be seen as a persistent pattern of violent response. Amy was abused by her mother in a form of Munchausen by proxy. As an adolescent she had a dreadful fear of death and would self harm and indulge in various attention seeking behaviours. When she became a teen mother she attempted to suffocate her child and admitted in therapy that the only time her mother had ever held her was when she herself was suffocating.

Lack of
Communication

Munchausen



Responses to sexual abuse / violence

In addition to the factors already discussed, sexual abuse and sexual violence adds another dimension to adolescent behavioural patterns.

Sexual Experiences – learning → Roles
→ Patterns of arousal
→ Patterns of behaviour

During childhood and adolescence the individual learns sexual roles, patterns of behaviour and patterns of arousal are laid down in the developing psyche. When these patterns are influenced by sexual violence or abuse, harmful or abusive patterns can be perpetuated.

For example an abused child may associate sexual arousal with the scenario of adult / child behaviours. As adolescent sexual feelings and desires arise, this teenager may then feel aroused in the presence of a younger child and may 'try out' the sexual fantasy in his head. This can give rise to the adolescent becoming the perpetrator of sexual violence or sexual abuse of other children. Early sexual abusive experience can also engender feelings of impotence – which need to be confronted by the victim becoming a dominant perpetrator, thus turning the tables in revenge on another weaker child.

Sexual abuse → Victim ← perpetuated by further abuse
Sexual violence → Associating sexual arousal with victim / child
→ Modification of sexual patterns
→ domination → sexual bully / rape
→ submission → masochistic patterns

May be Role confusion Male / Female Adult / Child

Case Histories

Case histories - Sexual violence

Tom was sexually abused by several family members and would be placed in bed with his uncles or mother and father where he would be used freely by all present. In his teens he suffered depression and paranoid feelings which later escalated to psychotic breakdowns. He was diagnosed as borderline personality disorder. In early adulthood he fathered three daughters all of whom he sexually abused. In treatment he was unable to distinguish between his abuse and himself as abuser. During his psychotic breakdowns which tended to coincide with periods of abusive activity on his part, he identified with his victims and denounced his carers as perverts and abusers.

Ellen was sexually abused by her mother. Mother would tell her how much she (Ellen) enjoyed being aroused by her and would say that this was her special gift to Ellen. Mother then became mentally ill and Ellen

was taken into a children's home. At the age of 15 Ellen became a mother herself. She would become extremely distressed when her mother telephoned and said that she would talk to her in a sexually abusive manner reminding her of what they had done together. Despite her upset, Ellen began to mistreat her baby and was thought also to be touching her sexually. Eventually her mistreatment of the child became so severe that they had to be separated for the child's safety.

The healing process –

We have seen how adverse childhood experiences and violence to the adolescent can cause problems in later life. It is important to also realise that there is a way forward and a chance to achieve positive change.

The flexibility and resilience of the individual is important here but do we develop resilience by being knocked? Resilience is to an extent acquired in relation to the assaults and problems in life - just as our bodies develops somatic strength from physical challenge, training, weight lifting etc. so our psyche develops emotional strength from learning to survive hurt and pain. Emotional development encompasses a basic necessity to learn tolerance of frustration, we can't have everything we want. However, in order to develop emotionally one does not need to take this to extremes, the child does not need to be abused, neglected or abandoned. It is when this happens that the response to abuse, the survival mechanism, coping strategy, the resilience if you like, can be maladapted - like Ellen speaking of her uncle's abuse of her "I can take it, he can punch me as hard as he likes, I don't feel it". On her sexual abuse "I didn't think it hurt me until I stopped to think about it, I thought it was normal, she called it just a game, it didn't hurt me because I blanked it off".

'Delinquency' can be a sign of hope. In saying that I echo Winnicott's paper of the same name and mean -rebellious, pushing out against the injustices that you have suffered in childhood - that is indeed a sign of hope - a sign that the spirit is not broken, that there is an individual in there shouting out "Hey! What about ME!" The beginnings of change, of a sense of one's own needs, of self worth. Adolescence is regarded traditionally as a time of 'delinquency' and rebellion, a time of change and energy - both can be channelled in the healing process and that is often what makes working with young people exciting and hopeful.

Peer counselling and Story Telling.

The Women's Centres of Jamaica Foundation have for several years organised a peer counselling course for secondary school pupils. Youth Support have been cooperating with the centre in Kingston over this venture and I have been privileged to teach on the course for the past few years. We have developed course booklets on subjects such as personal development, relationships, teen suicide and self harm, family work, abuse and other emotional problems. The sessions have included role play exercises and story telling – here are some examples of the young people's stories.

* * * * *

A Sad Tale

A Sad Tale (Group D)

Sharon a 16 year old girl and her mother who lived in a village far away from the rest of the family who lived in town. Her mother could not afford to send her to school and to buy food to put on her table. So she sent her daughter Sharon to sell herself in order for them to survive. If she had refused to go her mother would have beaten her and bruised her skin. Then a few months later she got pregnant and end up with AIDS. After having the baby she died the next year.

This was truly a sad tale and a good example of how young people pick up negative and frightening images from media and health professionals and can build up a picture of hopelessness in their minds rather than being able to use information to provoke change.

The importance of this story was in getting the group to suggest alternative scenarios and outcomes and ways in which a similar sad ending could be avoided in future.

* * * * *

Monique

Suicide Group H

Monique was a sixteen year old girl who's mother did not trust her in that she was not allowed to go out. One day her mother allowed her to go to an event that was taking place at the National Stadium. She went with her sister and while they were there Monique lost her sister in the crowd. She then found other friends of hers and started to walk with them. After the event was over her sister went home without her. In that she arrived home very late, her mother was very angry with her and told her things she did not like and it made her upset. She was so upset that she felt like killing herself. The next morning she went to a friend and told her that she was going to kill herself. Her friend did not take her seriously so she didn't say anything about it to anyone. That same



afternoon Monique went home, got a piece of rope, went to the back of their house, tied the rope to a tree and hang herself. When her mother got home she started looking for Monique but she was no where to be found. She was so worried she never thought of checking the back because it was not a normal place for Monique to be. Later in the evening when her sister got home she went round the back to fetch something, when she saw Monique body hanging from the tree. She started screaming. Her mother rush to her assistance and saw what was happening she was so shocked she fainted.

A clear example of a young woman who was not listened to. Our discussions centred on suicide and self harming as a failed communication. Ways of being heard and of listening to others pain and hurt were suggested. Despite the enormity of the problems described in the young people's stories – it is also important to recognise the less dramatic but equally painful examples of not being heard and being ignored by loved ones which may have provoked the story tellers to relate their stories.

Abuse - Group A

Molly was a thirteen year old girl who matured early. She live in a single parent family which included her and her father. She liked wearing very skimpy clothes. This tempted her father for sex and led him to sexually abuse her.

Further on in her life it became a habit for her father to have sex with her. This made her become anorexic and she started acting weird around her friends. They noticed she would often vomit and sleep in class. A concerned friend, me, went to her and asked her what was happening to her. Molly began to cry and asked me kindly to leave her alone. I did as Molly asked. A day later Molly came to me and told me all about what her father had done. Hearing this made me feel sympathy for her. I felt curious because I wanted to know why her father did this and also why she made (allowed) this happen for such a long time.

I told her that the issue was too complicated and asked her if she would mind me taking her to the guidance counsellor. She agreed that this was the best thing to do. We went to the guidance counsellor who listened to Molly intensively and gave her all the advice she needed. The counsellor also told her that she could have prevented it by wear more modest clothing because she is only female in the home with her father.

Therefore when he sees her being so beautiful it makes him want to have sex.

If my friend Molly did not get help I think in the future it would affect her both mentally and physically.

This story led to an outcry from other class members who were outraged that Molly should be accused of tempting her father by wearing sexy clothes. She should be able to wear what she liked being expressed by

Molly - Abuse



most of the class while some held to the point of moderating her appearance. Boundary issues came to the fore. Should father see her as attractive and beautiful – and if so should this incite sexual feelings towards his daughter? The general consensus was that he should see her as a beautiful daughter and not as a sex object.

Sexual boundaries are difficult concepts to discuss and understand in class but linking the discussion to a story coming directly from the young people's experience brings the subject to life and they were able to relate to the issues in a meaningful way.

A Suicide Group E

Tina, a fifteen year old girl of Gladstone gardens received the shock of her life when her Mom kicked her out of the house after she found out she was pregnant. She told her Mom that she had got raped but her Mom didn't believe as Tina liked to flirt with Guys.

Upon leaving her Mom house Tina felt all alone. She felt no one loved her. So she did the unthinkable, killed herself. She went to the train station and just stepped in front of a moving train.

Reactions -

- we felt sad
- we felt like killing her Mom
- We felt angry as we did not know who raped her
- we felt all alone
- we felt like blaming Tina her Mom
- we were confused

This group were able to evaluate their reactions to a both a suicide story and the problems of being disbelieved when reporting a rape.

Group G Relationship

Tracey and Jim had been friends for over two years. However, as the relationship progressed and both began to live in the same house it seemed as if the relationship was going down hill.

Tracey would prepare breakfast and dinner for Jim but as time went by Jim began to make demands of Tracey. Demands he had no right to make. He would hit her because the dinner was late in being prepared or the house was in his opinion, not tidied properly. Very soon Tracey was being beaten every day for reasons which Jim would shout and curses in a loud voice, adding to Tracey's humiliation. Sometimes she would try to fight back but he would somehow over power her. Anyway, one day she got tired of his abuse. She decided that she would kill him or move out if he hit her again.

That night he came home and found many faults with what was done in the house. He began to hit her all over her body. Tracey felt used and so

badly abused. Eventually she found the strength to it back. She felt all the frustrations she had held back all those times he had hit her. She picked up a vase, while he recovered from a particularly vicious attack she had made on him. As he began to move once more towards her, she hit him in the head with the vase.

Thereafter she picked up the phone to report the incident. With tears of frustration, anger and release she met the police as they came to her gate.

The victim who turned on the abuser. This gave the opportunity for discussion of alternative ways of handling the situation, the differences between revenge and self protection and the need for valuing oneself within an abusive relationship. Why did she stay to be beaten for so long? Should frustration be allowed to build up to such levels before doing anything about it? Many class members could relate to similar scenes in their own families.

Group B

Kanaisha's Abuse at her Aunt's Home

Kanaisha was two years old when her mom died in a car accident, so she had to go and live with her aunt and her husband and two children. When Kanaisha started maturing her husband started touching her. He kept doing it for a period of time. Then she decided that she can't take any more of it so she went and tell her aunt.

Her aunt said to her that she can't do anything about it because he is the one providing food and it is his house.

Kanaisha had to cope with it because her aunt told her that if she told anyone she would send her on the street to live.

Kanaisha started wondering if her aunt's husband is touching his two daughters so she went to her school guidance teacher and told what had happened.

The guidance teacher called Kanaisha, her aunt, her aunt's husband and the police. They all worked out what had happened and Kanaisha's aunt and aunt's husband confessed to it and Kanaisha's aunt and her aunt's husband was lock up and charge.

Kanaisha was adopted by a nice couple and her cousins were put in a children's home.

When the aunt's husband did it the first time she could go to her aunt and if her aunt did nothing she could go to her guidance teacher earlier and then to the police ad the police would take it from there.

A common scenario for children in a foster situation. Difficult to deal with when the bread winner for the family is the abuser. When do we provoke family breakdown and loss of earnings due to prosecution for abuse? What is the greater evil. The turning point here was the young girl protecting other children – should she have had the self worth to protect herself?

Kanaisha's Abuse



The Beatings - Group C

David was eight years old. His daily chores after school involved feeding the dogs, washing the dishes, tidying the house and trimming the hedges when they needed it. Too much for an eight year old, right? No. Not according to his father David Beating IIIrd.

David's father was 34 and still suffering from the scars of being excessively flogged as a boy. This seemed to be a family tradition. His father, his father's father and the father before that all seemed to believe that a proper 'licking' with a piece of barb wire was what a boy needed to set him straight. Each successive parent would transform the pain, frustration and anger inside in to blows fists and lashes of abuse. At school, David was withdrawn and did not participate much in class and school activities. He was not very bright and so was teased and jeered by most of his classmates. He had very few friends and did not trust or desire the friendship of his male teachers. His many bruises and cuts were either hidden deep under his skin or under his shirt. No one suspected that he was being abused. To them he was an unfriendly or shy child.

One day after PE at school David dragged himself home very tired. He raked the yard, tidied the house and washed the dishes. Then he went to bed. When his father came home from work at 8 in the evening he noticed the dishes washed and the yard raked. He hit David violently in his upper back and surprised the sleeping child.

"Yu Feed the dogs .."

"No Dad .."

Before David could finish his sentence his father used his huge hands to slap him across his face.

"Yu worthless piece of trash you. Yu can't do notin. Yu are no use to me" His father marched out of the room and David knew exactly where he was heading. He went to the tool shed and grabbed a piece of barb wire. With years of anger blinding his eyes, he stormed to his son's room and started to lace the child's back with the wire. David pleaded and cried but his father's ears were deafened by hate and years of degradation. David did not understand why his father would beat him so badly. He could not understand why he was not loved. He thought maybe daddy misses mummy. Maybe daddy had a hard day at work. Then lastly he thought - maybe I am a bad boy and I don't deserve to be loved. With this thought he went to sleep.

The next day at school was torture. The barb wire had torn bits of the flesh off his back and he couldn't sit with his back on the chair. At lunch he sat alone as usual. SMACK! A bully passed and hit him on his back. The hit itself did not cause much pain but it must have tore some loose skin off as it burned him and there was a little blood on his shirt. After lunch a teacher watched him as he got up and noticed the spot of blood on his clothes. She asked him what was wrong but he refused to tell her. She brought him to the nurse who asked him to remove his shirt. He reluctantly undid his buttons and took his shirt off. The secret was out.

The nurse was amazed to see the state of his back. Loose skin hung and his flesh was exposed in some parts. The nurse called the police who came and took David to a home. His father was called and questioned. David stayed in the foster home for three weeks. At the end of the three weeks was a court hearing. The judge recommended that both David and his father get counselling and a decision be made at the end of the sessions.

After months of counselling David's father got over his anger and pain and David at 8 years old decided he would never abuse his children.

* * * * *

Of course this was David's own painful story – a certain amount of catharsis of pain occurred in the telling in class and he gained a lot of support from the reactions of his peers.

The poem below is a similar outpouring.

Beating By KA Walker

*My father beats me up
just like his father did
And grandad was beaten by
Greatgrandad as a kid
From generation to generation
A poisoned apple is passed along
And no-one thinking it's wrong
and it is
Not the arguing the cursing the frustration or fear
A normal child can cope with that, it grows easier by the year.
But the using abusing and beatings
Feeling the child is somewhat property owned
In this family violence condoned.*

The peer counselling course provides a forum not only for learning how to handle problems of others and how to deal with queries coming from peers in the schools – it also provides an avenue to explore the self and to obtain peer support from within the class.

Participating in such a course can evoke very powerful feelings and images in the minds of the youth who attend and it is essential that those leading the sessions are able to take up the material presented and handle it appropriately so that young people do not leave the room burdened by feelings which have been rekindled but not dealt with. The leader must be able to contain the engendered feelings thus providing a safe environment for learning and for personal growth.

Beating

Containment



- International Chapter News -

News of the **International Regional Chapter (IRC)** of SAM
(Society for Adolescent Medicine)

Co Chairs -	Diana Birch	Gustavo Girard	Treasurer	Aric Schichor
	London	Buenos Aires		Connecticut
	England	Argentina		USA

Congratulations to Gustavo on his recent wedding!

Our 1999 Chapter workshop "When is a family dysfunctional? - A cross cultural view." Will be printed in the next issue of the Journal.

SAM 2000 - IRC Workshop

Washington March 2000

**PLEASE PREPARE IDEAS AND SEND IN CONTRIBUTIONS
SUBJECT**

Proposal for SAM meeting March 2000

'Institute' - International Regional Chapter (IRC) SAM

'Youth in a Violent Age – The Challenge of the new millennium?'

As we enter a new millennium, part of Europe is at war; nail bombs have exploded in London; there is news of school massacres and the number of dispossessed children and young people rises. Are we moving forward to a healthier future or to a disordered era of escalating violence?

Our modern age has brought continents and cultures closer together, air travel, the media and now the internet has bridged the gap between social groups disseminating not only knowledge and information but also spreading cultural challenges and 'unhealthy' behavioural patterns. Youth learn to mimic gangs, gun carrying school boys, and violent cultures – the peer group has become worldwide. The International community can no longer regard certain patterns of disorder as relating to 'other cultures' – we are fast becoming uniform in the problems we deal with and hence need to find common solutions.

In this institute we will examine some key areas of universal international interest focussing on issues of Youth and violence.

The following paper was presented at the Youth Support International Conference on Adolescent Health and Welfare – London 1998

Women's Centres of Jamaica Foundation

Programmes

Pamela McNeil

We can talk a lot about statistics and figures but it might be better if we remembered that young people we are working for are not statistics, they are people, and if you don't mind, I'll read all the information and show you some slides of the young women who passed through our Women's Centres programme in Jamaica.

I'd like to go back to the year 1977 when in Jamaica we had been watching with dismay the increasing number of births to teen mothers. In that year 31% of the total births were to teenagers and these young mothers were likely of course to follow the usual pattern of repeat pregnancies leading to 3 to 4 children by the time they were 20. Those of us who were teachers can remember the deep distress we felt having to observe the total waste of so many bright girls who dropped out of school due to pregnancy, resigned perhaps to the drudgery of poverty. And they represented a huge loss in national potential. And add to this plight that of their children who in many cases were blamed by their mothers as the cause of all ills besetting them, hence they were very often neglected and sometimes abused. All this leads to the dream of a day when these young mothers and their children were given the opportunity to achieve their full potential and take their rightful place in the process of national development. The core programme for adolescent mothers was established in January 1978 and we just celebrated our 20th anniversary and it was lovely to have Diana Birch from Youth Support there with us at that celebration a couple of weeks ago. Today we have implemented the programme in 7 main cities across Jamaica.

The main objective was to motivate young mothers to choose education instead of continuous motherhood. Only then could we succeed in delaying second pregnancies and raising the employment potential of these young people, a viable alternative to depending on men for support and consequently having more babies. It's never enough to put young mothers in home economics or sewing projects. This couldn't even be considered in the cases where bright, intelligent, promising teenage girls became pregnant before completing their formal education. To obtain quality results a quality programme had to be implemented. Academic, skill-training areas were key other components of the programme had to be included in order to deal with the young mother, her baby, her baby's father, her parents in a holistic way. Therefore we had to set up a practical efficient process which would facilitate assessment of each of the participants for academic capability and potential, emotional status, self-worth, economic status or potential, knowledge of sexuality and related

Statistics

Twenty Years



issues, nutritional status and acceptability of family planning. The Women's Centres of Jamaica Foundations Adolescent Mothers Programme addresses all these facets. The academic skill training instruction is geared towards the girls' capability and potential. Extensive individual and group counselling, take care of self respect, emotional problems and the child's grasp of sexual reproductive health and family planning knowledge. You notice I say child because some of our little ones are 12 and 13 years old. All of them are under 16, 16 years and under. Experts from the programme of course are used to deal with the problems which fall outside our usual ambit. Our participants are either pregnant or lactating mothers and we are aware that only a healthy well-nourished mother can produce a healthy child, In the case of the teenage mother we are in fact dealing with 2 growing children. Obviously with these pregnancies there is a risk that neither mother or child will have sufficient nourishment for proper growth and development.

We use the existing facilities in other agencies, whether these be educational or provision of services as it's important not to duplicate any services that are already there. But also as a part of cementing relationship between the agencies.

I'd like to go through the various programmes that we deal with in the Women's Centre Programme. Of course the core programme as I've said is the Adolescent Mothers Programme. The mandate of this is of course to continue the education of young women who get pregnant in school and place them back into the regular school system after the birth of their babies Delaying subsequent pregnancies until the young woman has reached her professional or vocational goal. I'd like to tell you that many many of these young women move easily through secondary school into tertiary institutions eventually serving their nation as teachers, nurses, we have 4 doctors that have graduated, lawyers, administrators or entrepreneurs.

As well as the 7 main centres we have 5 functioning out-reach stations, the outreach programme provides assistance to those women in deep rural or inner city areas who cannot often get to our main centre. The main centre in Kingston, Jamaica also provides O-level examination courses to facilitate 11th graders, fifth-formers who become pregnant in their crucial examination year. This Kingston centre has been given the status of examination centre by our Ministry of Education, so the students are not only coached towards the exams but can sit the exam at that centre. Dormitory and it's the only residential aspect of the programme, we do not believe in institutionalising our children. But the small dormitory is provided for those fifth-formers from the rural centres who wish to enter O-level classes. Each centre operates a day nursery of course where are babies of the teen mothers are cared for, breast-feeding is facilitated and good parenting habits for both the baby mother and the baby father are encouraged. We've had to expand 2 of these day nurseries in Kingston and

Day Nurseries

Montego Bay to facilitate babies of poor working mothers who can't afford the private nurseries, the costs are very high.

Several counselling strategies are used in the centre but the main thing is the importance placed in ancestry and pride in being a Caribbean woman. The dignity of womanhood is stressed as is human development and its effect on future generations. Pride in our children and careful planning of our families is also given equal importance. The effect of the change in the perception of themselves as individuals is best understood by seeing the vivid contrast between the girls just entering the programme who are quiet, shy, reticent and those leaving who are relaxed, cheerful, outspoken and optimistic. Having discovered a new dignity they hold their heads high and talk easily on all subjects including sexual and reproductive health. They are happy to have their baby but do not want another child until they have established themselves in career or job. It does not require much encouragement on the part of the staff for the young women to accept a method of contraception. Each of the 7 centres, the main centre offer some vocational training as well as academic curricular, for example one centre offers cosmetology, another - home economics, all centres do chicken rearing and some fish-baking, bee-keeping and vegetable growing, the main thing here is when the girl goes back to school she has another string to her bow, if all else fails she can do something like that to be economically viable. Kingston centre concentrates on drapery, quilting and the production of baby clothes. At all centres counselling and referral service are given to the parents of the teen mothers particularly to her baby father and actually any other woman who happens to see the sign Woman's Centre and wants to walk in gets some help.

To date over 22 thousand young women have been returned to school in the island of Jamaica and 1.4% second pregnancy rate has been maintained throughout the programme. Figures for 1997 show that of the 3,016 births island-wide to mandated age group 16 years and under the programme accommodated 1546 in that year or 51% of these young women and I don't think it's too bad when you can see we only have 1 centre per 2 parishes across the island.

We have another programme for older women skill-training and these pilot projects have been quite successful in the urban areas of Kingston and the rural townships of Morant Bay in St.Thomas and in Clarendon. Over 600 young men and women over 17 years to 25 years have been trained in this particular project to date and most of them are now either employed or self-employed and we are in the process of expanding this programme to other rural centres. We also provide academic instruction and counselling to children aged 9 to 13 years in a well-integrated homework programme. This programme is operated out of the main urban woman's centres and it is an attempt to delay first pregnancies and steer the young towards education rather than early sexual activity.

Vocational Training



We have set up a counselling clinic at our Kingston centre and this clinic services children and adolescents of any age with any problem whatsoever. Those children who are already sexually active are assisted in choice and provision of a contraceptive method. We don't have any problem in providing contraceptives to our youngsters who are under the age of consent under 16. And this clinic now has part-time voluntary medical personnel conducts peer-counselling training session for school children during our summer vocation periods and that is where Dr Birch came with us last summer and handled quite a few of those sessions for us. We also run parenting education classes. USAID has given us some money so we decided to look at the street children and we have quite a few in Jamaica. And out of 5 rural centres for children who have already dropped out of schools or those at risk of dropping out we have what we call an "upliftment programme". Remedial work is done in those classes but the goal is to keep them at school, return them to school or place them either in training institutions or employment.

We are constantly attempting to develop new methodology in our programmes, we have text-books and teaching aids in abundance but lecturing alone as you know does not work with this generation. The accent is on the visual. The attention span of the young is shorter, they need family life sex education programmes which are compatible with the life-style of the majority of our young in Jamaica. And the background factors of poverty, poor and overcrowded housing, incest, matri-focal households, prostitution and drugs can't be ignored. The teen mother comes to us at the centres as a product of a negative society and family background. A profile of a typical student could show a bright 15 year old who comes from a low income housing usually headed by a single parent with additional six children living in a crowded home, she attends a secondary or all-age school, her mother usually was also a teen mother. She enrolls through referral from another agency, usually a school or a clinic, or by word of mouth now, and by this time she is in her second trimester. A product of the "it can't happen to me" syndrome. She may or may not have had much knowledge about her sexual and reproductive rights. Her mother and herself usually agree that the baby will not be given up for adoption and she wants to go back to school. Her baby father would be a young man under 25 and not working. He accepts paternity, is apologetic, knows about family planning, would like the girl to continue her education and he promises to help in any way he can to facilitate her going back to school. He looks forward to having his cut.

One of the most tragic consequences as you know of teen pregnancy is the curtailment of the young woman's academic education. The practice of throwing the young women out of school is bad enough, but to victimise them further by action or implication in placing them in school training or in essence making her a good house-wife for some lucky man is not worthy of our societies whose representative signs for many international documents dealing with the rights of children and women's rights and reproductive rights. The right of a girl to education is not dependant on



whether or not she becomes pregnant prior to the completion of her schooling, it is an inalienable right and must be upheld.

A recent tracer study in 1995 showed that the average second pregnancy rate over the years from the programmes inception in 1979 has fluctuated between 1.3 and 1.4%. That the young mothers who have had another child waited an average of 5.5 years before embarking on the second pregnancy. Abortions are nil. Their children, those teen mothers' children are now in school and amongst the girls the children of those children of the teenage mothers who are now teenagers themselves no pregnancies at all have occurred. I think this programme therefore completes that very necessary component of childhood that of academic education ensuring that the young woman grows as she should into a responsible well-educated adult. It breaks the cycle of successive generations of women bearing children in their early teens and it's a prime example of a social programme extending its positive effect to the next generation. And it produces for the nation a cadre of well-adjusted well-educated professional instead of single mothers with many children requiring constant handouts.

If we were to be asked today of real achievements of the Women's Centre we would list the decrease in the destructive negative societal attitudes formerly displayed towards teenage mothers and poor women on the whole by the middle and upper classes in our society. The breakdown of the barriers from the Ministry of Education and the change which we've got working in the education code to allow teen mothers to return to the normal school system. The increasing co-operation and acceptance of the programme by ministries of Government, the private sector, schools and society at large. The many young women who are graduated from our programme, the scholastic achievement of the children of our former teen mother, all of those of school age are now in school.

The results of our appeal, and this is important I think, to the relevant authorities in Jamaica regarding the criminalising effect on our young men of the age of consent law. In the case of consensual sex young baby father below the age of 23 we have got written into the law that judicial discretion be exercised before sentencing. And to have carried this through to the international stage last year in Ethiopia at the UN expert group meeting I think is a feather in our cap. Because the young men are just as much in need of our help and assurance as the young women. Of course we are presented daily with the abortion problem and surely we think the surge of abortion can only be prevented by early access to sex education, and if young people are sexually active to contraceptive techniques and quality service and counselling. We listen to many of the young women who've been assisted by our Women's Centres and we find common factors running through all of their poignant stories. How casual these boy-girl relationships are, there is no stability at all in this episode, nothing deep-rooted, no thinking through, no positive decision to have children. On the one hand the young women appear to want to continue

Age of Consent



the relationship, however there is rarely such an implicit response from the young man. And we note their comments some of the young men, if I have to pay out money I will pay her money, but that's all, everything else is with her. To be fair the lack of gainful employment might be the cause of the avoidance of responsibility by the young men, but I think there are other ingrained societal attitudes in play. Another common threat appears to be the apparent relationship between the age of the teen mother and her own mother at first pregnancy. In one case at our Kingston centre we saw both the young mother's mother and her grandmother being first pregnant at 15 whilst other sisters were also pregnant in their teens. We seem to be living with a norm here. But we wonder if that is the norm, why then throughout the interviews with the young moments we were given the impression that everyone connected with this young woman in the family, at school, in the community and the young woman herself is so disappointed when she becomes pregnant is the pull therefore of historical and cultural tradition so at variance with the hopes and dreams of those involved or does poverty and its attendant social melodies and emotional neglect and ignorance win in the end. What is very clear is that all players involved are convinced that education is the key to upward mobility. Participants who are now at one of our Women's Centres will talk to you of taking my examinations now I still have a chance. Parents clearly come across as being disappointed when their daughter has to leave school and delighted at the prospect of her getting another chance through a Women's Centre. Even her baby father, if they are sorry about anything at all they are sorry about their girlfriend's having to leave school.

In all the evaluations on our programmes there appears a clear difference between client and control groups. Women's Centres of Jamaica Foundation clients are able to complete their education, are higher achievers, find different career path, find jobs as twice the rate and fetch much higher pay than the control group. Doctor Handa of the University of the West Indies did what we requested him to for many years and that's a cost benefit analysis and I think this should be done much more often with social programmes. Because his cost benefit analysis of Women's Centre Foundation states that the social and private benefits of the back to school programme for the adolescent mother in the year 1993 due solely to increased education was a 136 million Jamaican dollars. There was in that year a reduction of 323 births due to the programme and the implied savings to the health centre was 13 million Jamaican dollars. We are very glad with his analysis because of course it helps us all the time when we are applying to the Government of Jamaica for our budget. But he rounds off his analysis by stating that each dollar invested in the Women's Centre programme results in \$7 worth of benefit to the society and that's sort of analysis is very important as I say for social programmes. If we really believe that reproductive rights are human rights as women, we have to recognise the synergy that links reproductive rights and education to the empowerment of young women. It is this that has been demonstrated time and time again in all of these 20 years of the Women's Centre of Jamaica Foundation. Thank you very much.

**Join ...
'The British Society for
Adolescent Health and Welfare'**

The British Society for Adolescent Health and Welfare (previously the Youth Support Forum on Adolescent Health and Welfare) was founded in 1986 as a support network and professional body linking together all those interested in working with teenagers. Teenage welfare and adolescent health have been neglected by statutory services and there has been no career structure in the UK for those working in what is often a very stressful but very rewarding field. The forum was the first national body to draw together professionals in the field of Adolescent Health and Welfare and now with thirteen annual meetings and two major International conferences to our credit - the Forum can well and truly be described as highly important if not the leading force in this difficult area. We have achieved our goal - that of putting Adolescent Health and Adolescent needs on the map!

Join 'The British Society for Adolescent Health and Welfare'

If you would like to be involved in:-

- Promoting the health and welfare of young people.
- Being part of a rapidly expanding professional network.

Or if you are:-

- Working in the front line in high risk areas such as teenage pregnancy, teenage sexuality, young people and HIV, sexual abuse, drugs and violence.
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Regular Membership - £20 per year - Journal and some meeting privileges.

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APPLICATION FORM

I would like to apply for membership of The British Society for Adolescent Health & Welfare.

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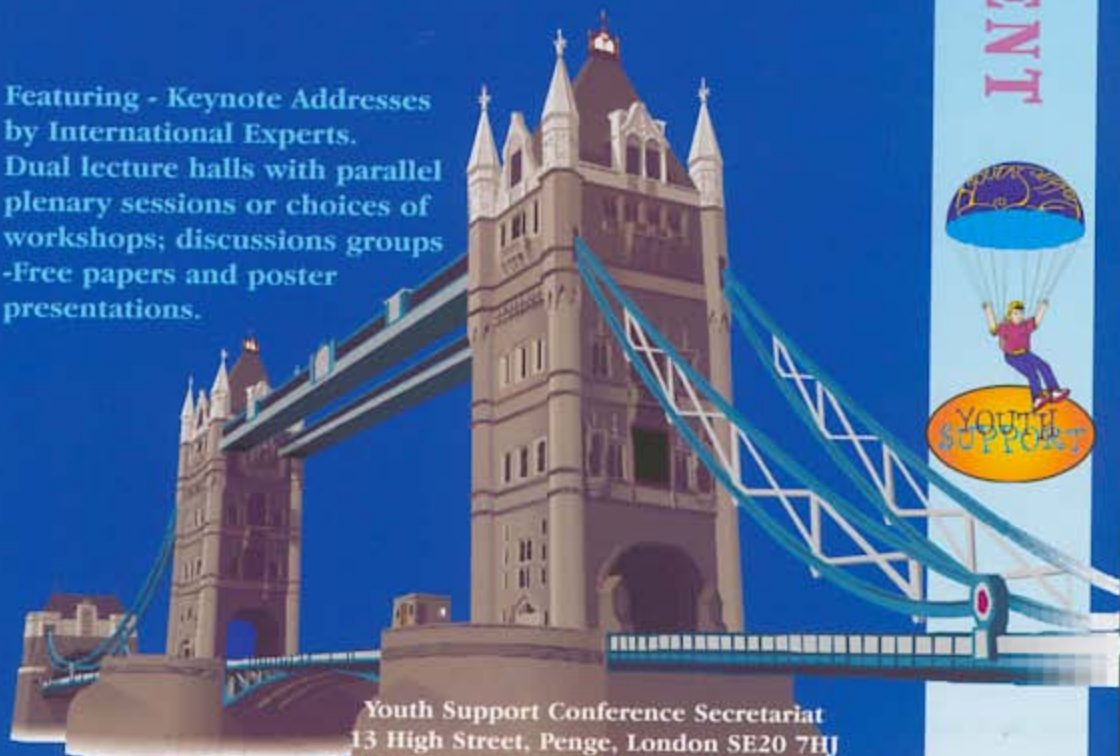
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