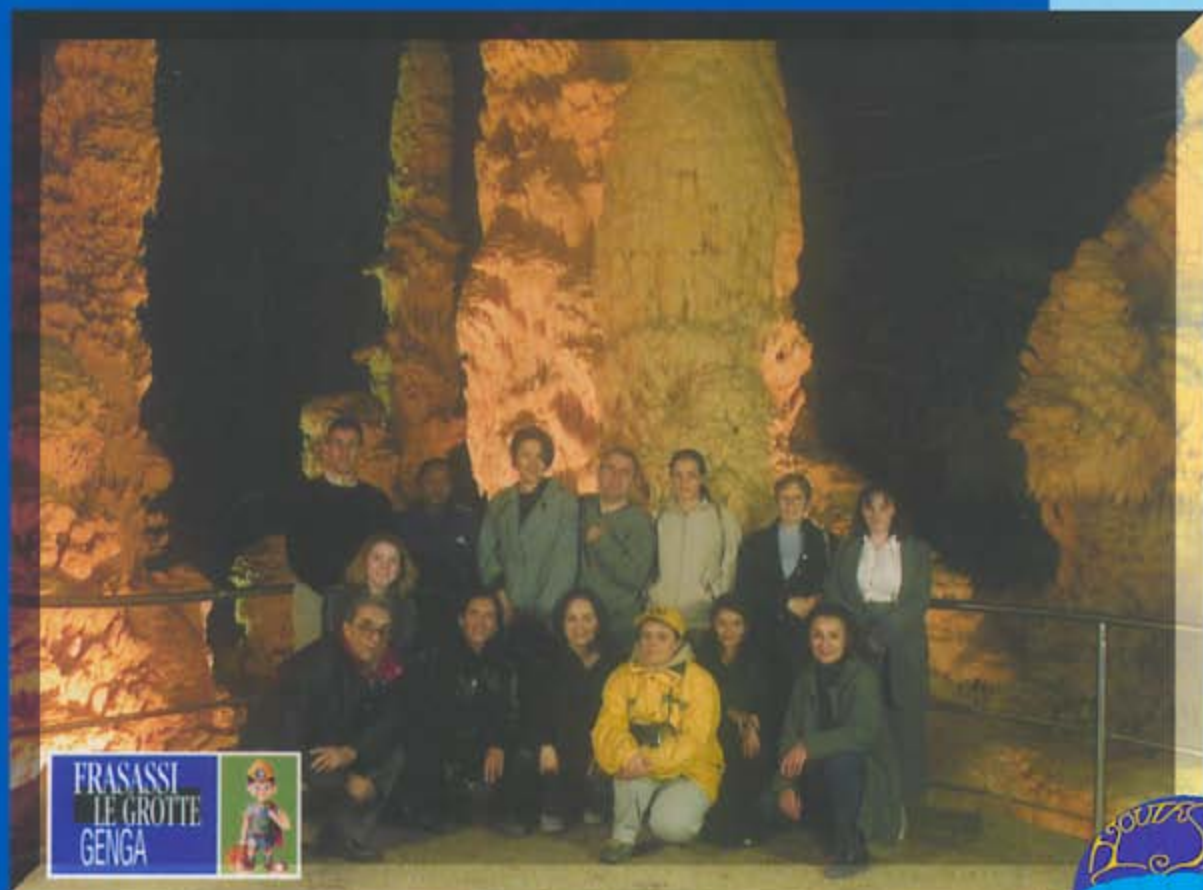


Volume 13 - No 2  
Summer 2000

ISSN 1363-8394

# Journal of Adolescent Health and Welfare

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



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





## Letter from the Editor -



Dear Colleagues,

Hello again - We are half way through the year already and have almost reached the deadline for abstracts for the October 2000 Conference. If anyone still has something they want to contribute - send in soon! Late entries will be considered but there's no guarantee we can fit them in, the timetable looks pretty crowded already.

Our April conference in Italy went very well with a really good contingent of young people who soon warmed to the occasion and impressed us all with their role playing skills and candour.

There are some pictures on the conference website at - [www.youthsupport.com/confitalia.htm](http://www.youthsupport.com/confitalia.htm) but the full proceedings will be available soon in a book on traumatic stress to be released in time for October 2000 conference - details on publications website at -

[http://www.booksbooksbooks.org/traumatic\\_stress.htm](http://www.booksbooksbooks.org/traumatic_stress.htm)

Conference details are on [www.youthsupport.com](http://www.youthsupport.com)

Those who are interested in our assessment and treatment services and particularly our family work will find this detailed at - [www.familycentre.com](http://www.familycentre.com) and [www.youthsupport.org](http://www.youthsupport.org)

See you in October!

Diana Birch  
Director Youth Support

## CONTENTS

|  |   |  |    |
|--|---|--|----|
| Letter from the Editor   | 2 | International Chapter News   | 10 |
| Conference Round up  | 3 | International Chapter Workshop 2001  | 10 |
| Conference proceedings 1998 / 1999   | 3 | International Chapter - Position Discussion                                      | 11 |
| Interventions, cost-effectiveness and can we answer the criticism - Muriel O'Driscoll - Devil's Advocate | 4 | "When is a family Dysfunctional" - A Cross Cultural View". IRC Workshop SAM 1999 | 13 |
| Books - Books - Books  | 9 | The British Society for Adolescent Health and Welfare                            | 27 |
|  |   | Conference 2000  | 28 |

~ CONFERENCE ROUND UP ~

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

*Get your personal copy now!!*

Extracts will be printed in the journal.

**Proceedings of our Conference 1996**

***Youth - Our Resource for the Future***

Now available from Youth Support - £5 by mail order -  
13 High Street, Penge, London SE20 7HJ

Fax: 44 20 8325 8647

or Email us at

[lisa@youthsupport.org](mailto:lisa@youthsupport.org)

**Proceedings of our International Conference  
October 1998**

***Youth - Conserving Our Resource  
for the Future***

Available now from the above address - £8

**SAM in Washington March 2000** - a very good SAM meeting. Further details in the International section overleaf.

**Youth Support Italia - Gioventù Duemila April 2000** - full details will be published later in the journal and also as a book on Traumatic Stress.



Gioventù Duemila



**The following paper was presented at the European meeting  
October 1999 at the Royal College of Physicians - Sponsored  
by Youth Support**

**Interventions, cost-effectiveness and can we answer the  
criticism**

**Muriel O'Driscoll - Devil's Advocate**

Devil's Advocate

Here stands before you a 56-year old woman who has been working with teenagers for a long long time, started off as a mid-wife, set up teenage parenting programmes, became a family nurse and a teacher, did a lot of work in schools, got funded by the lottery to do some outreach work working in collaboration with a lot of other people, and I have fingers in so many pies. I am standing here today jaded, cynical and not at all apologetic. Probably I'll end up after this whole thing the most unpopular person in the hall. The reason for this is, that people keep asking me, but what good does it do? And I don't know, I haven't got an answer.

When we were lucky enough to get lottery funding for outreach work for young people around sexuality and lowering the teenage pregnancy rate 3 years ago, the only thing that the lottery funders wanted from us was that we saw a thousand young people during 3 years. This meant that some nights, on windy nights, cold and wet, we would drifting round streets of the estates that we've been allocated hopefully spying a young person that we could attack. I don't think this did much good at all. In fact the young people on the estate where we were working in, very quickly they got to running into doorways and down out entries when they saw us coming. Our project manager, when we got back to base, said, "How many people did you see?"

I don't think, this is cost-effective, I don't think, this is a good outcome. And there's been so many bits of snippets in the newspapers recently, in our local newspaper they did a 10-year research into the Drug Harm Reduction Programmes, Methadone Programmes, the Needle Exchanges, the going out to give condoms to prostitutes and needle exchange for prostitutes. They discovered that after 10 years of highly funded and person-concentrated work in the drug unit in Liverpool less people came off methadone and heroin than if they have not attended. That worried me. These negative things keep recurring. We've educated, and educated around contraceptive and sex education - teenage pregnancy rate are going up. We've educated, and educated about responsibility and sexually transmitted infections - the rates are going up. Chlamydia now strikes one in 16 people under 24. I used to live in the middle of the city centre in Liverpool and prostitutes used to congregate outside my house. The prostitution team, the official paid workers that help the prostitutes would come round regularly giving out packets of cigarettes, lemonade in summer, hot drink in the winter and condoms. This is supposed to be a harm-reduction exercise. Anybody in Toxteth who needed a ciggy late at night knew exactly where to go late in

night for free cigarettes. It has done nothing to help young women, who get drawn into prostitution to fund their drug habit or because they are afraid of their pimp.

Let's look at something nearer home then. Look at the job creation schemes, job clubs and the new deals. They say, figures like in our local young persons' job initiative we've had 360 attendees, yippee! How many have got jobs? Oh, we haven't followed that up. Now, that's the sort of thing that really is beginning to get to me. And I am sure, that must get to the funders as well. If there is no correlation between the input and the outcome, except figures, then what are we doing that for?

Another one with first offenders, there are schemes where probation officers are assigned to first offenders, and some of you in that service might know that better than me. But figures keep coming out, prove that kids will re-offend just the same whether they've had intensive support from the probation service as when they didn't. Worrying, very worrying.

I'd like to put it to you, that adolescence isn't a pathological condition, it's natural, it's wonderful, it's physiological, it's traumatic, it's emotional and it's a metamorphosis. Everyone here was once an adolescent and you've not done so bad, have you? Interventions may only be one kind word or one harsh word, interventions may be one good role model or one bad role model. I am beginning to feel that this is over-funded, job-creating roundabout that we are all on, and I include myself in that. There is a lot of work of satisfaction in this game. Survey asking people what they thought of interventions, are usually done to the people who've attended them. What about the ones who didn't? How do we reach the others?

Here are some quotations that I have found and I'll see whether you agree with them or not. "No people do so much harm than those who do you good" – oops. "We don't change anything unless we upset it." "Condemnation does not liberate." And I have more. I was speaking to my mother who is now 89 and she said, "Well, what you have to do is read the Bible if you're looking for quotations". She said, "Just remember, when Jesus said, when, Lord, have I done it to you, when have I seen you hungry, when have seen you thirsty?" And the answer is, "Of course, whenever you saw a person who was hungry and thirsty and ignored them, then that's when you've done it to me." And then she said about the prodigal son and I said, "Yes, the prodigal son didn't have a social worker "

Adults who do not like or respect adolescents, and this is a large proportion of those whose career is working with them, badly frightened by the increasing democratic relationship between adolescents and adults which is coming to prevail in our society. A lot of adolescents quite like mixing with adults. Not as an intervention, but simply as their natural way of things. Of course, those don't get funded.

"Each generation is a secret society and has incommunicable enthusiasms

Adolescence Not  
Pathological



and interests which are mystery to its predecessors and to posterity" - predecessors are us. "Advice of elders to young men is better than a hundred best textbooks" - that's us to them. "Students are the most valuable natural resource".

"My experience of the world is that things left to themselves get right". I think it's Confucius who also said, "If you don't know what to do, don't do anything". However, we seem to ignore that.

"The more alternatives the more difficult is the choice" – and this is so true. If you ever driven into an empty car park, if there is only one space, it's dead easy, you go into the space, if there are lots and lots of spaces, you dither around, I am going to be better off near the exit, or better near the shop, or better near fares, or where shall I go and you go round and round - And of course the young people have got many many alternatives to follow.

"Charity looks at the need, but not at the cause". I think what I am trying to say is, that we who have been educated and fortunate and survived our own adolescence, can't possibly understand the needs of the adolescents today. That the funders who throw money at the problem instead of looking at the cause of the problem are wasting their time, that the care industry of which we are all part are having a very nice living off the problems.

**Do Initiatives  
Change  
Behaviour?**

How do we know, that an initiative that we take changes behaviour? Well, we've got to have some form of evaluation. How do we know, that it's acceptable to those who need it? We've got to ask the people who don't actually attend and that is very difficult, for people that we don't reach we need to ask. How do we know that the initiative is outcome-driven and not system-driven? As I said at the beginning, I haven't got the answers today. Outcome evaluation, long-term follow-ups, how can you long-term follow up people, especially young people, when they disperse and change, and the same group of people you look at five years later, they will not be the same that you saw within intervention five years before. There is a big danger in satisfaction surveys in that people usually say what they want you to hear. In maternity hospitals I worked in we had a lovely consultant, it was an inner city maternity hospital, and patients were not really given to writing letters. So this consultant said long and loud at many meetings, that there was absolutely nothing wrong with the service because he had never had a letter from a patient complaining. The women who were in his care probably found it very hard to write a letter to a consultant, even if they knew who he was, but you see the dichotomy, he thinks everything's all right, because he hasn't had a letter. Women round bingo halls are complaining and muttering, but they haven't got a system to make their dissatisfaction known to the provider.

In most evaluations non-response is usually not considered. And I was impressed by what you said before about the spoilt or the smart-arsed comments because they are so important, so vital to take on board.



What I would like to do now is to throw the floor open to you for perhaps 10 or 15 minutes because I want your expertise to help me feel less cynical.

DB. In any kind of study or work that you are doing we need to look at, is it the needs of the young person or your patients or your clients who you are looking at, or is it the needs of the people who are running the service. I was faced with that dilemma when I was first doing our teenage pregnancy survey, because I was visiting these families weekly, then monthly, then every couple of years for a 15 year period and asking the questions, and I was always thinking, well, I've got to be careful not to use these people, this is a piece of research for me, I am writing it up, will they get any kind of kudos out of the fact that they were involved in it. And so what I tried to do, was each time I went to see a family I would offer them something in return, something practical, or making sure that a letter was written to housing or something like that. And then also when I published it, so with a reunion, we tried to bring them in, bring them back, have them being able to talk, like when we had TV programmes let them speak, rather than let me speak. But it is very hard to do that, isn't it, and I think, our whole culture is very against that. I mean so many people have to write so many papers in order to get certain positions in their jobs, so you juggle with the same group of patients, and if someone has a rare disease in this country, the chances are they'll be subject to all sorts of research, that might not further their illness at all, but will probably further the career of their consultants quite admirably. So, could we have some comments, because I think this is a kind of danger area.

Herb Friedman I'd like to say two things and then make some suggestions. First, to congratulate you on raising very important issues that we all should be raising, absolutely essential, that we do that. Secondly, that to defer your experience in the field, then you know what you're talking about, if you see, what I mean, in terms of your own experience for many years, I don't doubt of trying so many different things and so on. I would nevertheless like to counter some of the opinion but I have to preface it by saying, although I live here and have done on and off for many years, I don't know the UK adolescent scene very well. What I do have some knowledge of is the global accumulation of information about what works, which is relatively new. But in the last 10 years there has been a cumulative body of knowledge from searching many different countries, and very often from the poorest countries, from economically deprived countries and so on. Virtually all of the research points in the same direction through a series of principles I said this morning that I thought the focus had moved regarding adolescence, because young people were seen as a threat and then as a problem, to a different posture, which is an avant-garde, but not all the way yet, as seeing young people as a resource and young people as participants and activists. When that started to happen in combination with adults one sees very positive results in all kinds of settings around the world. I am saying this to make you more optimistic and not a pessimistic. I would also add that one of the areas you are really pointing to, that is just beginning, if I can put it that way, is proper intervention research, which includes two kinds of indicators.

Whose Needs?

Youth as  
Participants



Indicators of a much sharper look at the kind of interventions we are doing, and what's the input, what exactly are we doing? We may say something, but exactly how are we measuring it? This is often neglected in research and therefore the conclusions can go array, so what are the inputs. And the second issue has to do of course with outputs, what are the indicators? Indicators not just of problems, how many presently have gone up and down, but human development has the adolescent change in fundamental ways that are more mature and more promising. They sound a bit vague, but it's actually beginning to happen. The reason I am putting it that way, is because when we start to look at development changes, you do see progress even when a problems may still be there, these other things are being averted, avoided and so on.

M.D. Thank you very much, I am very glad to hear that. I knew there would be some positive answers somewhere in the world, but haven't been able to find them, that's the difficulty, because you don't know where to start looking. There are so many different fields, so many different specialities, so many different professions, often ordering the same thing in the same area, and they are not talking to each other either. Thank you.

I am saying how important this is to cross-professional boundaries and non-professional boundaries as well. In some of our working in Wirral with young people, we have been working with multi-disciplinary teams, we've been working with community artists, we've been working with youth workers and the health professional as well. As soon as the projects becomes quite successful and people have enjoyed them, as the workers and the attendees, we don't know what the outcome is, it's very enjoyable, but what good has this done, I don't know. One of the things last year, the last thing I had to do was to go into pretty stuffy-nosed private girls' school, into their sixth form, six form mind you, so they are 16 to 18, and talk to the girls about ?, the sex education, and they wanted come to section, peer-ins, they knew all that, they knew it all, so I said instead of doing that, we are coming up to do just a questionnaire to find out what they want. So I put down the annual topics that I could do and then a blank at the end – anything else. The worries that these girls have were: suicide, self-harm, anorexia/ bulimia, divorce, dealing with death. We are going into talk about serious things, you know. So that was one thing, worth stressing, that if you want to know what young people want, ask them, instead of assuming that we know it.

DB: That's something that's quite threatening to a lot of professionals, isn't it? You don't want to hear the answer, you don't want them to say, Oh I want to talk about HIV or death and so on, when you are just comfortable doing periods and something rather safe. So I think sometimes we end up in the wrong pattern of work. I was just thinking actually when you were saying about how some of these interventions didn't work because the numbers were the same. It's always difficult when you look at numbers, isn't it, because how do we not know that some of the ones you would have done if you didn't see them before, and you might be seeing different people because of what you've done. And also is it valid in some way to have



something going on in the community which might not have necessarily a positive outcome in terms of numbers, but you are seen to be going something, because it also provides a kind of positive atmosphere rather than everybody sitting back and saying, oh, we can't do anything, we don't know, what we should be doing, so we won't do anything at all. I think that's can be quite destructive.

MD I'll go along with that, in a circular about teenage pregnancies, in a lot of the estates I've been doing work in, teenage pregnancy is not a problem, teenage pregnancy is a family pattern, people have kids when they are 16, or 15, or 14, so what? What's the problem is, that there isn't sufficient income to support the choices that people have made, so it's positive that the problem is not teenage pregnancy. Any amount of free condoms and sex education is not going to alter family culture in those particular areas.



**Books**

**Books**

**Books**

**TECHNICAL & PROFESSIONAL**

**Medical  
Psychology**

**Social Work  
Psychotherapy**

**GENERAL READING**

**Non Fiction:  
Cookery Historical**

**Fiction:  
Suspense Crime Adventure**

**Website: [www.booksbooksbooks.org](http://www.booksbooksbooks.org)**



**- 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                     |

Workshops

**Workshops / Institutes - Our 1999 Chapter workshop** "When is a family dysfunctional? - A cross cultural view." Is reported below

**SAM 2000 - 'Youth in a Violent Age - The Challenge of the new millennium?'** will be printed in the next issue of the Journal.

The following proposal for an Institute has been submitted to SAM for the 2001 meeting in San Diego. Please send in contributions and suggestions - Marianne Felice, Dick Mackenzie and Dick Brown will be joining us.

Future Ideas 2001

**San Diego March 2001  
Proposal for SAM meeting March 2001  
'Institute' - International Regional Chapter (IRC) SAM**

***'Strengths of Youth - Protective Factors?'***

*In this institute we will consider a variety of different challenges which Young People face in growing up and entering adulthood. Rather than looking at the problems and difficulties from the common perspective of the fate of those who have 'fallen by the wayside' we will consider the positive attributes of those who weather the storms of childhood and adolescence and emerge as fulfilled and productive adults.*

*Why do teens NOT become young mothers? Why do abused children NOT follow the paths of the victim or allow themselves to be carried along the 'cycle of abuse' to harming their own kids? What factors help a young person from a deprived or abusive background to avoid the fate which statistics and professional experience would tend to commit them to.*

*And lastly, but most importantly - How can we enhance and encourage these factors?. How can we bring them to the fore in our less fortunate kids? How can we utilise these strengths in helping youth as a whole to survive the world which we have created for them?*

*This Institute will have an International flavour with presentations from a number of countries and areas of the world, but will in the main be dealing with universal factors applicable to Youth throughout the world - albeit influenced by local cultures and values.*



**The International Regional Chapter (IRC) of SAM** - Much discussion has taken place regarding the position of the IRC and the International role and input into SAM of International members. The present status of the IRC is set out below followed by suggestions which arose from a brainstorming session / international forum which took place in Washington SAM in March 2000. Comments and suggestions are invited

**A brief outline of the present position. - The International Regional Chapter** is a chapter of SAM which has been in existence since 1986. Currently 10.6% of SAM members are from outside the USA and all are included in the chapter. US based SAM members also belong to the IRC because of their personal interests or backgrounds. As with other chapters, not all IRC members belong to SAM but we encourage SAM membership and are the chapter with the highest proportion of full SAM members.

### IRC Present Position

#### Goals are to -

- **Unite** SAM members from outside the United States or those interested in International Issues in a regional chapter
- **Offer** an avenue for welcoming members from outside the USA and allowing them to identify with colleagues
- **Provide** a forum for non US SAM members to exchange professional views and experience and present scientific findings.
- The IRC acts as a **conduit** whereby views and feelings of International members can be communicated to the SAM board and vice versa.
- We **encourage and support** members to join SAM, attend SAM meetings and to publish in the journal of Adolescent Health.

#### Activities -

- **Scientific /Academic** We have held an annual workshop or institute at each SAM meeting since our inception. This is attended by US and non US based members and is not limited to IRC members.
- **Administrative** - At each SAM meeting we have an open forum to discuss projects , plans and proposals (usually a breakfast or lunch). Also regular exchange during the year of emails, telephone calls fax etc.
- **Social** - The annual chapter dinner has become a traditional part of SAM and is attended by 40 - 80 people who are able to network and socialise. This is an important 'ice breaker' for new members.
- **Publications** - The IRC published information regarding the chapter in the Journal of Adolescent Health on SAM's 30<sup>th</sup> anniversary. The chapter newsletter is incorporated in the Journal of Adolescent Health & Welfare which also publishes transcripts of the workshop and other activities.

#### Brainstorming session results - The International Input into SAM

SAM has contacts with a number of outside bodies involved in Adolescent Health - some of which operate on an international level. There are avenues for individual SAM members and SAM as a whole to be involved with such bodies. This brainstorming is not dealing with this issue - but needs first to look at how International issues are dealt with *within* SAM

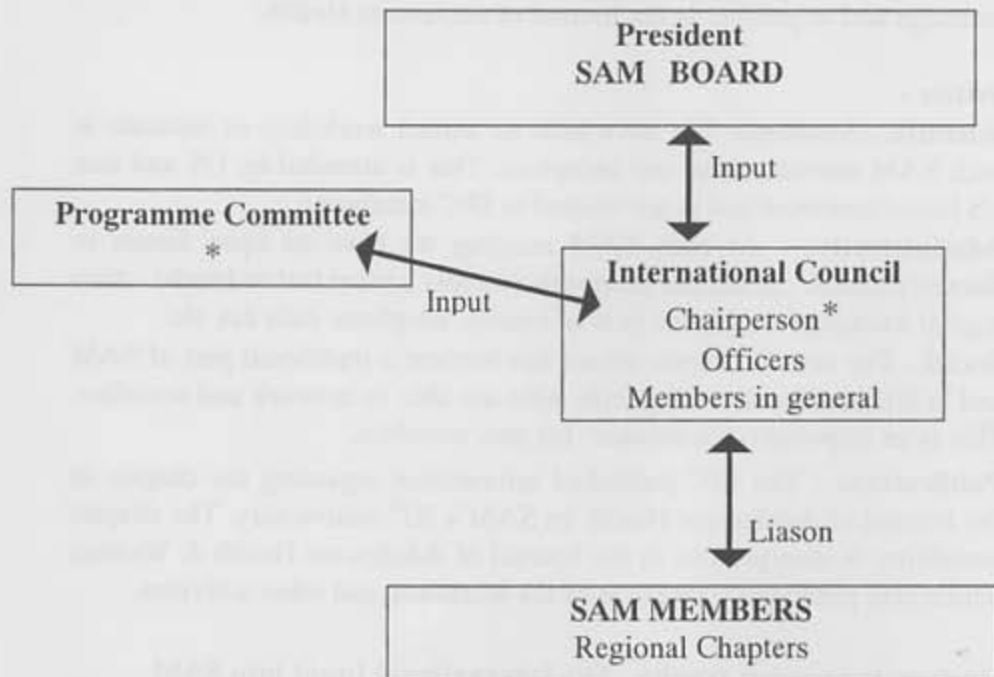
### Future Concepts



Structure - SAM structure comprises SAM board led by the president. There are various committees which report to the president and board and there is currently one council (past presidents). Members at large may also belong to regional chapters. Currently there is an International Regional chapter and there is a view that this is not an appropriate 'demarcation' for an international focus. Alternative structures have been suggested - for example SIG(special interest group) - which are also inappropriate. The formation of an International Council has been suggested and may be a solution.

Reporting - The International Council would be chaired by an individual who would report to the SAM board on a number of levels. A yearly report of all international activities of interest to SAM would be provided and perhaps interim reports and communications as appropriate. The chairperson would act as an 'ambassador' liasing between SAM and other bodies on an International level in order to provide SAM with a balanced overall view of international issues. There would need to be input into the programme committee and to the board. Eventually it may be appropriate for the individual to be a member of the board - but otherwise could be co-opted for example. For the moment however it is necessary to report to the board.

The regular international regional chapter institute would continue but as with all functions of the IRC would be assumed by the International 'Council'. All international SAM members and interested persons would be encouraged to involve themselves with the International council but clearly members of council would be required to be full SAM members.



## **“When is a family dysfunctional? - A cross cultural view.”**

### **International Regional Chapter Workshop at SAM 1999**

The following transcript has been written in as faithful terms as possible to give a flavour of the original discussion, however the standard of the audiotape was not good and many of the comments were not able to be attributed to individuals - thus the letters GL (group leader) have been used generically for comments from group members. Charts drawn up during discussion have been included relatively unedited.

Gustavo Girard - I will read a very simple introduction about adolescents and the family. The first thing that I want to say is that it is rather impossible to think of a family as typical of a certain region or one country, it's not easy even to talk about families in a global way. What is a family, Argentinean, Peruvian or Latin American family? In different countries there are more similarities between rural families or urban families than between those of the same region or the same country. Even the same family we know changes in different periods of their own development. The family with little children is not the same as the one with adolescents or young adults. For example, in Argentina, my country, what is usual for a middle class family where youngsters go to the University is that what practically always happens is that they are going to the University of the same city where that family belongs. There are urban big cities and they stay over there, they stay with their families during all the University until they are 23, 24, 25 or more, they don't leave their parents' home. I have my own elder daughter, she has finished the school of medicine. She is now entering in the psychiatric course of three years, she has not even have an idea of leaving home, so those are things, quite different things all over different countries.

We could also think of the structure of a traditional family. All the particular differences between families we can talk about a traditional family, at least in our country, in Latin American countries, have some special characteristics. As was said, it is an institution, quite firm, protected by social, legal, traditional and religious values. The traditional family is the one with traditional family roles of masculinity and femininity. The job or role, a specific characteristic for husband and wife, also labour prospects from parents to children. There are families with a work tradition of lawyers, of any kind of work perhaps, which pattern continues from one generation to the other. The traditional family has a relative and changeable social frame that surrounds and protects the family. And also spiritual and religious beliefs they usually share with the community.

In this kind of family the most important issue is its structure. So we talk about two completely different kinds of family depending if its structure is firm or not firm. As you know the traditional way of hard knowing, understanding your family. Having considered this traditional model, we could look at the ideal. The ideal family is perhaps a theoretical point of view, there are many ideal concepts around the world, at least in our countries. What is a family – the basic cell of a society, the strong basement of human nourishment and development. The ideal family encompasses

Workshop 1999

Introduction

Traditional Family

Family Structure

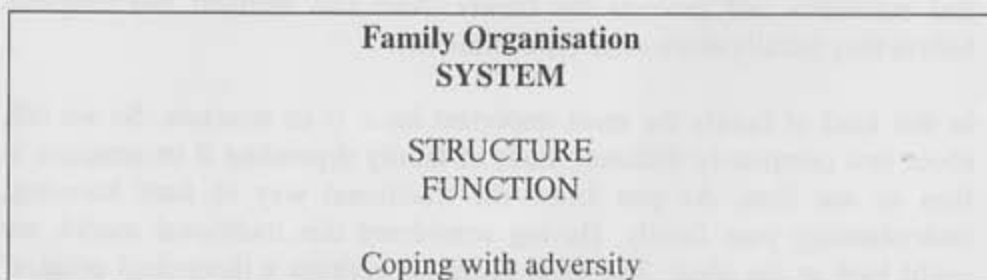


spiritual values, the foundation of an adequate social insertion, an important cultural transmission, stimulating spirituality and is surrounded by love between its members.

Perhaps in a general point of view we can agree with this ideal family. But if we go a little further we find that things are not so easy. The basic cell of a society, we agree with that. But what kind of society and what kind of insertions are we thinking of? What are the terms that we consider normal nourishment and development? What are the values that we consider important? What kind of cultural transmission do we regard as necessary? And finally what kind of spirituality or religion? Is it necessary and if the answer is "yes" what kind of that spirituality will be advocated?

Perhaps many of these questions were not necessary at the beginning of the 20<sup>th</sup> century. When we talk about this issue perhaps many people think or thought they know what they were talking about. But these things have changed and have changed all over the world. And this is perhaps this important era that is known as the post-modernism. And what is post-modernism? It's after modernism, but we don't know what it means and that is a very important issue talking about family. And because of that after this introduction it is essential that we begin to talk about the real family.

We know that we have a family system we could consider a family structure, which defines who is and who is not in a family. There is a kind of invisible boundary that allows a family to create its own identity and sense of itself, so that they can function effectively as a unit. But there is wide cultural and ethnic variability in what constitutes a family. Completely different to family structure is family functioning. It refers to the pattern of relationships among the members of a family system. There are patterns for showing affection, for solving problems, for accomplishing daily tasks. This family functioning affects the course of development of individual family members and change in one person can affect the whole system. So family structure and family functioning are quite different issues. We may find structural problems in a family whose functioning is unimpaired or perhaps families with a model structure but entirely dysfunctional. In many Latin American countries, for example where divorce is not legalised or in families with additional religious values we could find a lot of families with these characteristics. Exteriorly the structure is OK but internally functions badly.



In other cases the family is strong in terms of structure and functioning but perhaps is not prepared to confront unforeseeable situations. This is perhaps



the challenge of how to interact with a family and I have some transparencies, but perhaps I will present only two. Students in Spanish haven't time to translate these, but between functional and dysfunctional, this is "salvo", salvo is a jump, the jump that would be qualitative or quantitative between rigidity and adaptability of a family. This is one of the temptations of the post-modernism era. Very many families think that the environment is quite dangerous, so in our countries they become endogamic. They are made like a ghetto, completely separate from all the environment because it's quite dangerous. And that is also dangerous because in this kind of family adolescents can grow with only kind of defence against the surrounding world - isolation.

Many adolescents and young adults are living with their families until their twenties or 25 years of age. But they are not well-prepared to deal with any kind of issues that are dangerous for them, they are not prepared. They have not enough anti-bodies how to deal with many dangerous factors - they are not prepared. On the other hand a family which may be completely unstructured may develop better coping strategies in the face of problems, well we all know about resiliency and how that is changing. Well I meant this only as introduction and I leave you.

**Diana Birch.** At the workshop today we will look at families and what we mean by dysfunction in families. And so to start off and as a good introduction I was going to put a couple of concepts up here that I'd like you to think about as we go along. What I want to do in a minute is show you a few slides summing up practical issues of dysfunctional families and of the sort of families that I work with in London. While I am going through that if we could just bear a concepts in mind. As Doctor Girard said about the structure and function of families. This is really what we want to concentrate on, because experience showed us that the family structure has changed enormously over the years especially the way they look at it and one of the presentations which we were to look at this afternoon was from Irene Adams who worked with street children in Brazil. Unfortunately she is unwell and she was not able to come. But some of you may be aware of the way that kids when they are in situations when they are under pressure or they are on the street or perhaps in children homes like happens in our situation in London, they actually form their own little family and they then take little roles within the family.

This morning in the Gallagher lectures you've heard a lot about families with regard to parenting and the way that parents fit into that. What I'd like to do is to get you to take a step back from that as to what happens when there are not two parents and what happens when the parenting situation is not the so called normal. I think if we work in adolescent medicine most of us are not working terribly much with a nuclear family "mother/father and a couple of kids" but we are mainly working with different types of structures

### Differing Family Structures



in families. So we need to look at what is it about structure that makes it work or doesn't make it work. And what is the function of the family.

So really what does the family give or provide for family members and especially for the teenagers, and what do they need out of it. And what happens what these factors are not provided that is when we are getting a sort of dysfunctional mode. And I think we might divide into discussion groups and look at what we think are those factors, why we need family. I was going to put up a list of my ideas but I think leave it until you had a chance to look at that yourselves. So let me just to digress to give you a few examples. This is on the front of one of the books I've written about the family structure and child protection where it is illustrated that a family can have any kind of structure and even when you see kids in a infant school or kindergarten - when they come out of their families and they are going into school situations they will tend to sort of cling together in little groups and almost make their own little families like that.

One of the families that came to us had loads of children, a very inadequate, very needy mother who would have had her kids at a very early age. And this was the mother in the family basically, this Laura was only ten, but she was the mother within that family and she looked after them all. Just to give you an idea, with a pregnant school-girls survey that I've been doing now for about maybe 20 years we looked at the type of family of origin and just to show you this is a sort of percentage: some are just mum and a child, some are mum and children, some are mother, children, father; mum, child, substitute father; mum, children, multiple fathers and then mother, child, another father, another child, and so on. So to give you an idea that the types of structure were very very different. Also with regard to the number of children we had 17% more or less of the sample where a single mother would have children year, after year, after year and will end up with a very big family with a load of kids. A small percentage, about 12% had just one child, so we had one child with one mother. The 20% where I've written "late repeats" refers to a young mum having a teenage child and then not having any children for a number of years with a repeat pregnancy later on. A kind of double family: she'll have her teenage child, teenage family, then she'll have another child later on so they both have an adult family.

In contrast this is an example of girls who had just the one child, she managed fairly well. This girl, Liz, with her mother and her one child, they were a very isolated family, they had grandmother, mother and young boy. This is a constant repeater; she had a very big family, and I think the tendency is, you sometimes look at somebody's family and you think, oh, this must be dysfunctional because they have loads of kids. Or that one will be dysfunctional because the mother is very young, but we need to kind of take a step back from that and see, well, maybe that's not the situation. So in fact, this family was actually pretty much dysfunctional when the first two kids were born, but by the time there were a load of them it made a pretty functional clan, because they were sort of supporting each other.



How about the number of men around. Half of them, the young girls had multiple boyfriends so they were multiple father figures around. Some of them have dropped out of the scene, some of which were still visiting the children. But nearly half of them had just one single man around, 39%.

The most functional families were the 4% where you might have expected that things would have gone wrong because in this situation you had a teenage girl, who got pregnant, her boyfriend left her, so she was basically abandoned, and then while she was still pregnant another boy came along, who wanted to be a father, and so there was an early substitute father. And these substitutes fathers tended to stay, and most of them are still around 15-20 years later, because they really wanted to be fathers. And those families are doing very well. But the way it happened, if you just think about it from the beginning of that 15 -year period, you'd have thought, uh-uh, this does not sound good. But it actually works out very well.

This is a family who did very well, four kids and the boyfriend who stuck around. And with our teen mothers we found that about 20% of the fathers who are still around after 15 years, which is not really what you'd expect, that it goes down to 20% in 15 years.

And here is an example of the family, which is a different sort of set-up. She had her first child when she was 15 and her first child was put into care. He actually is slightly younger than her but they had four children together. It was a very sort of stormy violent relationship and then with therapy actually settled down and they are now doing very well with these two younger children and the two elder ones were taken into care. So that's a sort of example of a family where there were problems, it was dysfunctional, the problems were identified and we put in some work to help them out.

Now just to look briefly at what happens when there aren't parents around. So what happened to young families where there were no parents when they were in care. Comparing girls, families where the mother was in care, which means she was in children's home or something like that, she didn't have a family with ones that had a family. So you can see that the difference between the disruptive ones many more in care, disruptive in school and ran into trouble, many more were involved in crime, many more were abused, that's the last chart - sexual abuse, many more were sexually abused. And when it comes to their boyfriends, the ones that weren't in care, as I told you about 20%, of their boyfriends or the fathers of the family who are still in touch after 15 years. But the ones who didn't have families themselves - only 2% of their boyfriends are still in touch with them after 15 years, so there's something there kind of perpetuates the sort of dysfunction.

And looking at their children, this is the next generation, OK, the girls who were in care, their children had more problems, these are the ones in care, these were not in care, physical problems, emotional problems, physical and emotional problems, not in care - just about 12%, the ones in care were going about 40% had problems at 5 years. At 10 years - the same story, at 15 years - the same story, so these adolescents were having more problems

## Absence of Family



not because their mothers were teenagers, but because their mothers were teenagers who hadn't had parents themselves, had been in care.

Just to give you a couple of little profiles. This girl we had with her baby when she was 15 and they lived in pretty poor conditions. And this is the baby when he is 14 himself. But anyway, this young boy he had been on the streets, he's been abused, his mum has gone through a couple of partners and then his mother had all of sorts of problem then, he actually was looking after the family. And that's his mother in the middle there and she was only 30 when the picture was taken, but she looked about 50, doesn't she, because she's really been through the mill, that's her younger sister. And that's him sort of having some fun and being a kid, when he came to our centre, because it was something he hadn't experienced in his childhood.

This is another young woman who had her son when she just 15, but she actually struggled and worked and looked after him and he had her mother, the grandparents, figured a great deal in this young boy's life, and that can be another problem, how much can you rely on grandparents, they are not going to be there so long, etc. And that's one of the things that we've touched on this morning, isn't it, grandparents.

There's another girl, her little boy there was just 3 years old at the time of this picture and you can see she's got a big tummy, she is pregnant again. She went through a series of men, ended up, this is when her little boy is 15 and she's got another couple of children, they're all by different men, because she was really searching for a father figure who is lacking in her life. And she is happy now because she is married to a fellow who is older, I think he is 52 and she is more than 20 years younger. And now she's found her father in that situation. And this business is lacking a father figure, when we traditionally, if you read a lot of the papers on teenage mothers and young families that were written say 10 – 15 years ago, they very much emphasise the lack of a father in the girl's background. It's the thing that predisposes her to look at the sexual relationship for inadequate men and basically ending up getting pregnant early. And in fact, two thirds of our girls didn't really have a father at home. But I think the important thing is that one of the things that came out of our survey was that the absence of the father figure was much more important for the young boys because it's the first born boys in the next generation that seem to have the most problems, they didn't have a male to relate to. And you see here 70% of the boys had behavioural problems, this is the children when they reach adolescence. Many more boys involved in crimes than the girls, which sort of what you would expect. Substance abuse the boys are the most, the girls are less this is at 15 years. So more of the boys are drinking, more alcohol, more drugs. Smoking was the one thing that the girls were almost parallel. I think that in England at the moment as with quite a lot of developed countries young girls are beginning to smoke more. Sexual activity – more with boys, more than one girlfriend, more had sex, more of them were using contraception, but there is a gap as you can see between contraception and sex, that we've got quite a lot of unprotected sex there.

I've gone through that rather fast because I just wanted to put the things we were talking about in a bit of perspective. You've heard a theoretical prospective from Gustavo and some of the practical issues from me. And I think now probably would be a good time for us to divide into a couple of groups and maybe do some discussion on the factors that you need in the family, why you need a family and perhaps we can sort of pull it together. But before we break up into discussion groups are there any questions to Gustavo or myself, is there anything anyone wants to raise at this point?

Question: What happens to children in care?

Answer: Well in England, it can be either you are placed in a children's home or you might be in foster care, but basically you are not with your actual parents. Now if you were adopted, you wouldn't be considered to be in care, you could be considered to have your own substitute family. But of our kids here are actually in care, have had brief experience of foster care, many moved several times in children's homes, many of them actually moved from one circumstance to another and one of the things I find interesting is I think this business about being in the care system or not being in the care system is a very important factor behind among other things that we talk about, a lot of factors that we see, and it's interesting to see how cultures and different communities handle that particular subject. I mean, for instance in my work I deal a lot with families who originally from the Caribbean and particularly from Jamaica, in our part of London there a lot of families like that. And in London the care population is really over-represented sometimes by some Jamaican kids and therefore they are getting more problems, whereas if you like to go and look in the Caribbean, they have not got this big problem of the care system, because kids who don't have, the parents died or they have some problems, or behaviour difficulties in school or become difficult or whatever, they are very often sent to other family members - like aunty in the country or something like and it's kind of more contained. I am always trying to look at how could we sort of get that positive model and transplant it into the life of kids in London. I am sure same sort of situation happens in other communities. I get the impression that actually England is probably one of the worst communities in terms of children being in care. And I don't know if that's because there was more effort to provide children's homes at one stage and now it kind of being perpetuated or whether it's in other countries the extended family take more of a role. My family is from Italy and we don't have so much of a problem with children's homes in Italy either because of extended families, but it is something that might come out in your discussions later.

Question: How long do they stay in care?

Answer: They might have been placed at three, four, five years of age, if there is a child protection situation, or they might be abandoned and then they tend to stay until they 15 or 18, if they have something of a family that they can return to in their late teens but officially until they are 18.

Break for discussion in groups and return for reporting.

Children in Care

Discussion



DB: I am hoping that by the end of the afternoon we might have some sort of a definition of what we mean by dysfunctional, but perhaps if we listen now to what you've been saying about what the family provides and get some sort of feed back from that.

|                             |              |
|-----------------------------|--------------|
| <b>FUNCTION OF FAMILIES</b> |              |
| WHAT DO FAMILIES PROVIDE?   |              |
| SAFE BASE MODEL             |              |
| TEACHER                     | SIBLING      |
| CHURCH "PARENT"             | GRANDPARENTS |
| PROFESSIONAL                | RELATIVES    |

group leader (GL)- We had an interesting discussion in our small group about the different problems we are going to identify talking with adolescents which vary enormously between different countries and different social and economic groups and we considered essentially what's going to provide nourishment and mothering, nourishment in different family cultures and structures, security and mothering in the sense of cultural mothering and social – economic.

DB: So you've covered two areas of need, the material and emotional needs of the inner self

|   |
|---|
| <p><b>MATERIAL SUPPORT</b></p> <p>SOCIOLOGICAL<br/>HISTORY, FAMILY, SOCIALISATION, VALUES<br/>RITUALS, CUSTOMS, MORALS</p> <p><b>PSYCHOLOGICAL SUPPORT</b></p> <p>IDENTITY, CONNECTION, SECURITY, ACCEPTANCE<br/>UNCONDITIONAL LOVE, RESPECT, SPIRITUAL</p> <p><b>INDEPENDENCE</b></p> <p>TOOLS FOR FUTURE SUCCESS<br/>STRUCTURE, GUIDANCE<br/>COPING WITH CHANGE<br/>LOVE, RESPECT<br/>PROVIDING ROLES</p> |
|---|

DB So material, housing, sociological, sense of history, family, so they really fall into what we've been saying about a model, values, rituals, customs etc. That brings up some interesting points, doesn't it, if we've got a model, and the model is the family model, basically if you have kids that conform to that model, to whom are they functional or dysfunctional? Because if you are acting OK within that family, then you are not really dysfunctional and you know, we need to see, when we are looking at the definition of "dysfunctional", dysfunctional to whom or in what?



GL Other things the groups seem to have covered are - psychological needs, things like sense of identity, a sense of connection to others, security and acceptance and sense of love and respect also spirituality and also independence or dependence. We also had providence, providing roles for members...

GL So we have moved on from the picture we had at the beginning, my definition of dysfunctional is different now, from when I came here. Because I thought of dysfunctional as within a traditional family - you had father, you had the mum, you had older people in the family, then you had the children, you had grandma, cousins and uncle, and that would be more of a traditional family, but I think what we are trying to get out of this is to cross cultural lines and go across economic lines, there may not be the family structure, there may not be exact roles in the family...

DB ... like that 10 year old that was the mother ... that doesn't mean they are dysfunctional, they learned to function and if they can get a family structure as we have placed on the board, the material, sociological and psychological factors from that 10 year old, then they are as functional as can be. And that 10 year old if you would look at her, you wouldn't say, Oh, she is the mother, but effectively to them she is the mother. And I think that goes along with are we talking about a functional family or we are talking about a traditional family? Its patently not the same thing.

GL Establishing roles for people is making that traditional family, and in fact in the American family that's how we think, at least some Americans think of a family as mother and the father and the people in the household that live with you - that's your family, or you look at other cultures, even in America, you look at African culture or Latino culture or Asian culture, the family extends far greater than just the household, it extends way out into the community, to the church, mum and dad's friends and aunts, uncles and cousins all over the place, they have no blood relation to you and that makes your family as functional as a traditional family of another culture.

DB: A lot of what we've looked at is to do with this role concept and I like to look at it in the sense of Bowlby's safe base and how the family fulfils that if someone has a safe base they can explore from there, they can experiment, take risks but it's a matter of what actually constitutes that and who provides it and who provides the other roles and other concepts that have been mentioned like modelling, family and personal values and so on. I suppose we could look at one of the ways in which these two things can be supplied for instance this morning I said was a lot of emphasis on parents. Supposing you have parents there, you know we could have the traditional mother, father and so on, if you don't have that you could have, say, a teacher, you could have an older sibling, maybe, and you mentioned the church, in some situations you might have a family like that, a church figure or a prominent figure in the community, then you have the grandparents, certainly, or another relative, could be an aunt, uncle, or whatever. And then

## Family Roles

## Safe Base



## Containment

I put in brackets really, the professional there, because I think that it is a poor substitute, but of course, you can be, because a lot of this can be provided by the social worker or the therapist or whatever.

So to start with you've got some sort of structure that can provide for the needs we have discussed. Then you need to have some sort of containment, don't you really, maybe individual or within the family, some sort of way of defining, containing and holding, which could be a group of street kids in their squat. Containment can be emotional, it could be physical or a mixture of the two. So I suppose that's why you are more likely to get more dysfunction if you actually don't have any kind of physical base - a street kid, homeless roaming or a refugee or that sort of category. When we get down to that kind of physical level it's more easy to define a dysfunctional unit. It's when we get up to more sophisticated levels of our family structure, then it's more difficult.

When we talk about functional and dysfunctional lets look at the idea of survival and when we talk about containment, whether it be sort of street gang or a squat or something of that nature, somebody takes on the parenting roles and I think it's variable like in a street gang, different people would take over that role are parent, but this is a floating kind of entity, but they survive. You have to define what do you mean by functional and dysfunctional, if they honestly survive, I mean just survive, they are doing it, they are functioning and doing what they are supposed to do as this new different type of family and, but it's a matter of your perspective. The social worker looked at it or says, that's a dysfunctional family, kids are part of a dysfunctional family, but the key in it , they are eating, they are surviving, ..

## Changing Role

GG That's also is one of the things talking about dysfunctional family, as an example, we have a family in a traditional structure: father, mother, a boy and a girl, complete family, in Spanish we call this family "typo" - completely characteristic, even that family is possibly dysfunctional in structure? For example, that family could be perfect for the children, but perhaps because of the personal history of mother and father when this family arrive, when the children were teenagers, nothing very strange, no drugs, no violence, no weapons, a simple family, they could not deal with normal sexuality of their children. And in that case perhaps the family was a good structure with love even between them and it's dysfunctional because it get rise to great problems with a normal sexual development, so I think that that is the dynamic of a family, that we have not even one family because of its ethnicity, its history, but also how in a movement of history cope with different problems that could be functional or dysfunctional. Because all this thing, I remember, I always have a picture of Picasso, I don't remember, the family in the circus, it's mammy, daddy, the little child, between then very very near it's a monkey looking like that and I have felt when I deal with families, I think that the monkey, represents the exterior part of the family, but like a mystery, you know, quite difficult. So one feels a bit of humility dealing with families.

FUNCTION / GOAL

SURVIVAL - EAT, SLEEP, ETC.  
"FUNCTIONAL" FOR BABY, CHILD  
? NOT FOR TEEN, ETC.

FLEXIBILITY / RIGID  
ABUSE / "HARM"  
MENTAL ILLNESS // ADDICTION  
FORCED ROLE - NOT SUITED TO "CHILD"  
CHANGING ROLE

DB: There are some families that can provide the survival issues, like you were saying, and we need to look at that they need to provide the other issues as we discussed, and some families can be functional through certain phases of life history, but not for all of the developmental phases.

So you've got to have stability and obviously not too rigid a structure in order to cater for that, but maybe we could define what is definitely dysfunctional. Can we put together a few things that are most definitely dysfunctional. We've looked at different families, in a way some families can be cocooned in certain situations and survive when are judged from the outside or put under stress. But for instance, could we not say, a family who seem to be perfectly happy but where you know, the father's sleeping with the daughter, is that really dysfunctional, yes? And there must be some other finite factors like that? Whilst acknowledging that incest is not regarded as harmful in all cultures - what are our defining factors?

GL I am just generalising, but isn't dysfunction in a family when a family member is being forced into a role that they don't want to play, that they don't want to be in, regardless of whether it's abuse or a 10-year old child being forced to be a parent to the other sibling, a traditional role that they are uncomfortable with and do not at that point want whether its a child becoming a parent or a child becoming a sexual partner of a parent?

DB: Yes, so there is a forced role not suited to the child.

GL I think there can even be found more general than that with less than allowed things that we'd like to get from a family, love, respect, support, and any time anybody in that family context is not getting those things from her standpoint it's not functioning, somebody in our group said, none of us are perfect and all of us have some dysfunction within a family, so it's matter of how you can cope with it

DB: Absolutely, that's why it is important to do that exercise of seeing, what's needed in family, because if we are going this route that obviously in an extreme you could consider issues of abuse, but then there are grey areas, aren't there, like inhibiting the development of a child and not fulfilling their needs. There are adolescent needs within that, and suppose a kid is running

Forced Rules



away, or he is a delinquent or is using drugs or something like that, you could say, the family's dysfunctional because they didn't prevent it.

DB: But would you say it is a dysfunctional family, if the father loses his job, they are going to have problems,...

GL comments: It may change, though, the way they interact, working hard; Sometimes they may have a role forced on them, sometimes they may have a role taken away from them, you know, and that may make families dysfunctional, if that person had certain role, leadership, support, and then something suddenly takes that role away from them, and they can't fulfil that engagement, they get overloaded other members of the family pick up that part, then they start to break down..

GL I think there are both possibilities, some families, for example, the father loses his job, it could be some kind of distraction all over the family, but perhaps also it could cause resilience and capabilities all over the family, and you made there good point, things perhaps sometime you see in chronic illness, or even when it is a disability.

GL-Talking about disability or, and possible rigidity, in my opinion if dad loses his job and he can't deal with unemployment it may be OK for a couple of months he stayed home and he's taken care of the kids, but for mother she could e losing her role - what was supposed to be her job, and this has to be worked out with the kids too. If you swap the roles it's fairly possible that they stay functional, but if they are rigid in no, no, I can't possibly do that role, then they become dysfunctional.

DB: Yes, so may be the outside stresses, like the job loss, the illness, that sort of thing is not what makes it dysfunctional, it's the way they react to it. But that's the thing, isn't it, that you've got a society that's changing and society is kind of losing its model, then the families within that society are losing their models as well.

GG - I have a transparency here of perhaps what it should be, again it's in Spanish. You were talking about crisis, that could be a life crisis or perhaps some kind of an accident and that means danger, but danger also means an opportunity. And in this opportunity also we could have some changes, news, reorganisation, or if not, if they fail with a crisis, well, we have a new kind of dysfunctional arrangement. So we have two faces: one face of adjustment and one face of adaptation. During the crisis you have demands and capabilities. In the demands you have stresses, strain and all those stupid things, those daily hassles, but it's very practical, and these are the capabilities, resources that are very useful for help providers, in that we can empower all these kind of things so that after the crisis we could have an adaptation. This is quite a dynamic point of view, an adaptation - response model. A family could be static or could advance in the next step, so we have maladjustment or bonadjustment (good adjustment) When adding up the positi and negative features - let us not forget to include love for each



other it's very very important issue, and it's usually absent in our presentation.

GL I think I am just having a problem with the word, you know...

Dysfunction 'ing'

DB: Well, I think that this thing is like everything, when we are dealing with human beings, isn't it, that there is no perfection and there is no complete positive and complete negative, everything tends to be on a sliding scale of perspective that's why I am asking, what we can say by dysfunctional and if you have any kind of definition? Looking from a wide perspective Even if you look at abuse, there is not one person in this room who hasn't been abused one way or another, because we have not perfect parents and each day ?people are subject to some degree of emotional abuse. I know I am not as confident as I might be, I don't have as good a self-esteem as I might have, you know, I mean, everything is not of a 100% and that's normal,. If you look at a concept of "good enough" parent, a "good enough" mother, - a "good enough" mother is the mother who isn't perfect, so that they allow you to develop yourself, you know, so I really think it's the same thing with any of these things like functional, any of terms you use, it's not entirely clear-cut.

GL I think the idea of this term dysfunctional the AL at the end is a problem, as opposed to ING maybe dysfunctioning and because we are talking about a period of time in which things go on - any member of the family can be damaged and that extend over a period of time then you can say it's a dysfunctional family, but what we are talking about is for a period of time they are dysfunctioning.

DB: Can I suggest then that family dysfunction is a concept in comparative terms, dynamic terms which may differ for the adolescent, the child and also for the family temporarily, any suggestions?

WHAT IS DYSFUNCTIONAL FAMILY?

AL → ING.

COMPARATIVE  
DYNAMIC

GL I suppose if you had a situation of a youngster who had never any support, who had never any encouragement, nothing like that ever happened, there was no praise, and always constant criticism, there was nothing, you got no support whatsoever, that when I think we can try to call it dysfunctional family, because there is very little flexibility there, there was no tolerance, you were never permitted to be resilient.

... so in the issue between good and bad, it's never impossible to have entirely good or entirely bad, even that when we lie we must say kind a little bit of truth, because if we lie completely confidently we are not believed so even when we are lying we must say some possibility of truth.

DB: So obviously the whole point of a workshop is so that you can discuss something, so you need to discuss something controversial and personally I don't like the word dysfunctional either, so that's why we were discussing it. I do think dysfunctioning is a better term - that it should be comparative and dynamic and qualified by all sorts of things. I would disagree with the fact that you only have problems when it's never-never-never-never, because I think you could get a family which is working reasonably OK and not much of a problem and then something catastrophic happens and you know they really dip down into being pretty much dysfunctional in the full sense of the word, but I think really what we wanted to do is kind of bring up some of these issues for discussion and it's not going to be anything that we can lay down perhaps as a final definitive definition.

From my experience, the most important thing is some sort of extended type of family, that's why some of the projects we do with some of our families, we are trying to get them to adopt a grandmother and that kind of thing. So maybe we could view as a conclusion that the nuclear family is dysfunctional?



I giovani e il terremoto: i risultati di una ricerca su un gruppo di fabrianesi

## Quell'ansia che non ci lascia più



Un momento del convegno (Foto Ferretti)

«La paura più frequente riscontrata tra i ragazzi è quella di rimanere da soli nella propria casa»

dal Vietnam alla Turchia, dal Galles ai paesi asiatici e africani. «Non è possibile stimare ogni volta il numero di persone colpiti da trauma e dallo stress che esse producono», ha detto la dottoressa Birch, «rattavia si può dire con certezza che chi viene colpito da tali traumi necessita sul piano mentale, fisico e delle relazioni interpersonali».

Dopo il terremoto che nel settembre del 1997 colpì Marche e

Umbria, Youth Support intervenne in vari modi per aiutare la popolazione fabrianese rimasta senza casa. Più di un anno e mezzo dopo, la prima settimana di giugno 1999, l'associazione promosse una ricerca su gli studenti delle città per capire le conseguenze che il sisma aveva prodotto su loro sia nell'immaginario sia nel lungo periodo. Più precisamente, il gruppo studiato comprendeva i ragazzi del liceo classico (Stella) e del liceo scientifico Volterra, ma nel contempo la ricerca interessò anche due licei di Ancona e di Falerone (il gruppo cosiddetto "di controllo", perché costituito da ragazzi che dal sisma erano stati colpiti molto lievemente). Il capo della dottoressa Kelly Rice ad essere i dati più interessanti, «i problemi più rilevanti nel periodo

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.
- Feeling that you do not have the support of your professional peer group.

**Membership** - Now is the time to join our Society -

Send us your name, address and professional designation.

Articles for our Journal and requests for meeting topics always welcome.

**Regular Membership** - £20 per year - Journal and some meeting privileges.

**Full Membership** - £40 per year - Journal meetings and seminar concessions - half price Conference attendance if payment made by direct debit or covenant. One copy Youth Support Books per member free.

**Life Membership** - £250 one off payment - all of above plus free Conference attendance for a maximum of ten years or until dissolution of the organisation.

**NB.:** members privileges re conference prices do not apply until member is in second year of membership.

**APPLICATION FORM**

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

NAME ..... DESIGNATION .....

ADDRESS .....

TEL No ..... FAX No ..... EMAIL .....

TYPE OF MEMBERSHIP ..... FEE ENCLOSED .....

Credit cards now accepted. Please call for details.

or I AM A STUDENT AND APPLY FOR FREE MEMBERSHIP ASSOCIATE.....

Completed forms and cheques made payable to 'Youth Support' should be sent to:

The Conference Secretariat, 13 High Street, Penge, London SE20 7HJ, UK

Tel: 44 20 8325 8162 Fax: 44 20 8325 8647

Email: Lisabioletti@youthsupport.org Website: <http://www.youthsupport.com>





**The British Society for Adolescent Health and Welfare**

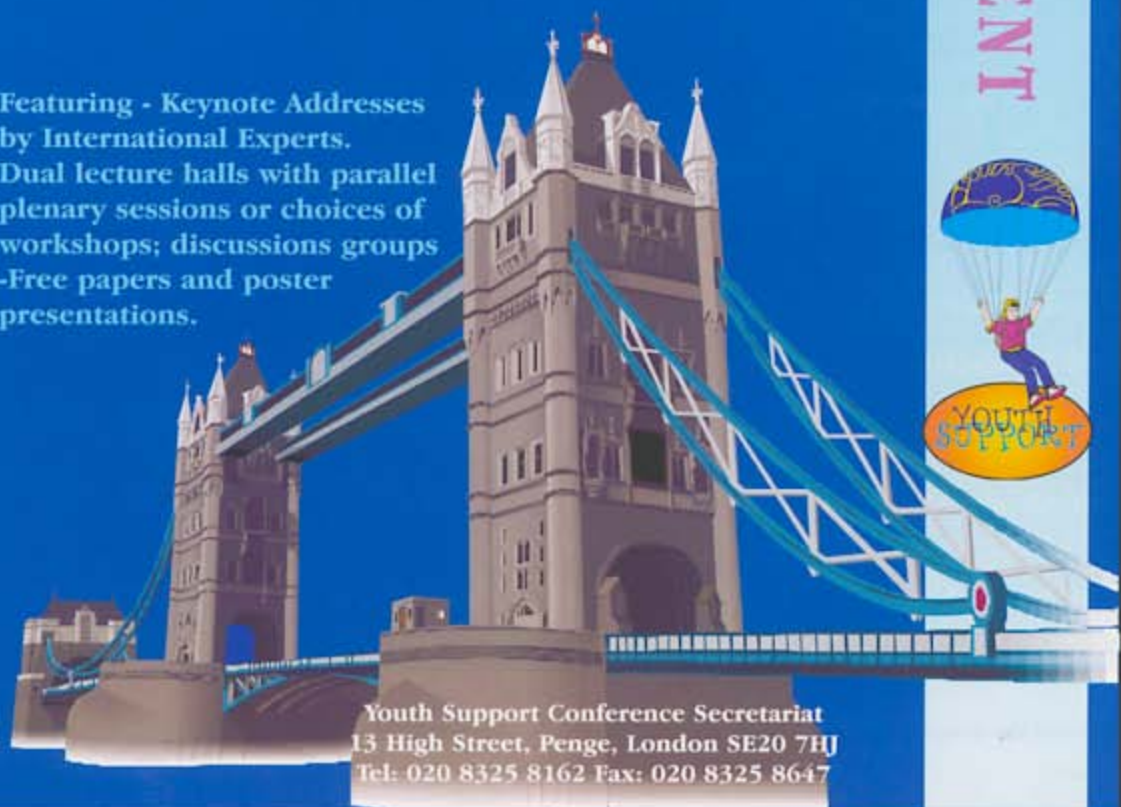
*(Previously The Youth Support Forum on Adolescent Health and Welfare)  
Announce the Fifteenth annual meeting and Third Youth Support Conference*

# ***International Conference on Adolescent Health Youth and The Promise of a New Millennium?***

**Dates - Thursday 19th / Friday 20th October 2000**

**Venue - The Royal College of Physicians  
St Andrew's Place, Regent's Park  
London, England**

Featuring - Keynote Addresses  
by International Experts.  
Dual lecture halls with parallel  
plenary sessions or choices of  
workshops; discussions groups  
-Free papers and poster  
presentations.



Youth Support Conference Secretariat  
13 High Street, Penge, London SE20 7HJ  
Tel: 020 8325 8162 Fax: 020 8325 8647

**FIRST ANNOUNCEMENT**

**Youth Support  
Publications  
Department**

13 High Street  
Penge, London  
SE20 7HJ  
Tel: 020 8325 8162  
Fax: 020 8325 8647

**The Journal of Adolescent Health and Welfare  
is published by  
Youth Support  
Charity No. 296080**