BUILDING A SYSTEMIC UNDERSTANDING OF RESILIENCE IN BOYS IN STREET SITUATIONS IN LEÓN, NICARAGUA

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Abstract

There are tens of millions of children and youth in street situations (CYSS) worldwide, the majority of whom are males who reside in low- and middle-income countries. On the street, children face risk factors that carry significant implications for long-term health and well-being, such as drug abuse, nutritional deficiencies, sexual and physical violence, exploitation, and discrimination leading to exclusion from health and education systems. Despite the inarguable hardship faced by CYSS, however, many of these children demonstrate impressive adaptability and resilience. The focus of the current research was on the phenomenon of resilience in male CYSS in León, Nicaragua, a low-income country with nearly 30% of the population living in poverty. Qualitative data were collected through individual interviews and focus groups with CYSS, their family members, community members, and staff of a local non-profit supporting CYSS, with the objective of exploring and consolidating local understandings of resilience, as well identifying the day-to-day difficulties and needs of CYSS. A grounded theory analysis of qualitative data yielded a context specific conceptual model of resilience as it pertains to CYSS in León. Supplemental quantitative data provide further insight into strengths and needs of CYSS in this context and carry implications for research and measurement of resilience in diverse populations. The knowledge generated from this research can serve as a foundation to develop and implement strengths-based resilience-promoting interventions for CYSS and encourages a shift in the discourse surrounding this exceptional group of young people from that of deficiency and vulnerability, to one of adaptability and resilience.

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Positioning of this researcher

I am a 30-year-old, white woman, born and raised in an English-speaking household in Toronto, Canada. I grew up in an upper-middle class neighbourhood with my mother and father, and two half-siblings who were with us part-time. My mother is Jewish and born in Ottawa, and my father is Catholic and originally from francophone Quebec. Despite positive family relationships, I wouldn't describe my extended family as particularly cohesive or tightknit. My parents divorced when I was a teenager. Religion did not play a big role in my upbringing and I would classify myself now as agnostic.

I have been fascinated by Latin American culture since I was a child, likely ignited by family vacations to Mexico. Although these trips gave me an entirely skewed idea of what Latin America was like, my passion for the culture of the region grew as I got older and explored more and more of Central and South America. After completing my bachelor's degree, I went backpacking across Latin America and I took a job working in Colombia on a project supporting victims of torture. Subsequently, I ended up in León, Nicaragua where I co-directed a non-profit hiking organization that raised funds for local NGOs benefiting children, youth and families living in poverty. One of our beneficiaries was Chavaladas, the NGO with which I collaborated on the current project. Throughout my time in Latin America, I synthesized an interest in how culture shapes the experience of mental illness, and specifically in how culture can serve a protective role on mental health outcomes. This interest spurred my application to graduate school to study child and youth mental health, and particularly resilience, with a focus in Latin American cultures.

Returning to Nicaragua to conduct my research at Chavaladas was comfortable and familiar for me in many ways, since I had spent a year living in León and have been returning

every year to visit. I speak the language (Spanish) and I am well-acquainted with the city and many local people. I know a number of the boys currently attending Chavaladas from past visits; this familiarity, as well as sharing some experiences in common and knowledge of various people who have been involved with the organization over the years (e.g., previous volunteers, boys who used to attend Chavaladas, former staff members, etc.), made it easier and more natural to engage in discussions with the boys.

As a result of my work in the humanitarian field in Latin America, I am well-acquainted with the significant challenges that are faced by many in the population. I have borne witness to stories that are objectively disturbing, immensely frustrating and ultimately heartbreaking. I believe that these experiences, as well as my familiarity with the local context and setting, allowed me to listen to participants' stories – which were at times quite upsetting – and not become overwhelmed in response. I think that this capacity was very helpful in allowing me to conduct this research because, as one might imagine, working with children and youth living on the street entails facing situations that can be hard to stomach. And, there were moments during this research where I truly felt sad, frustrated, and dejected. For example, observing a kind, friendly, bright kid who cannot abandon his bottle of glue for more than five minutes to participate in a game. Or, when trying to communicate with a boy who is so intoxicated that he is unable to put together a sentence. These moments were challenging, and they forced me, in a small way, to confront what these boys, their families and communities are up against. I believe that these experiences were highly valuable because they provided me with an experiential opportunity to interact briefly with the hardship that my research participants face every day.

Although my past experiences in many ways facilitated my ability to conduct this research, there are profound chasms between my world view and that of my participants. My

participants' shared understandings of the world come from their personal experiences and are also influenced by cultural and historic factors that as a foreigner, I do not share with them. Furthermore, though I can speak Spanish, many nuances and subtleties are lost on me, which influenced my participants' ability to be fully understood by me. These are things that distinguish me from, say, a local Nicaraguan researcher who would share these facets of their experience with the participants, and which could contribute to a different perspective on the data.

My lifestyle is and has always been significantly different from that of the participants who were engaged in this study, even when I was living in León. I have a home with running water, electricity, and temperature control and far more space than I could ever need. I have never gone hungry. I trust the police and believe that the authorities are there to protect me. I have the financial means to meet all of my needs and many of my desires, including travelling the world. Although I understand *in theory* what it means to not have a roof over one's head, to be hungry, to not be able to put my trust in the authorities, I do not know how it feels to actually *experience* those things every day - and to never be able to escape that. I have not experienced a world where the burden of my survival fell entirely on my shoulders as an adult, let alone as a child. I approached my research being aware and knowledgeable about the adversity and hardship faced by families in León, but this is a far cry from knowing what that feels like.

During the research, I did my best to stay humbly aware of my ignorance. From the beginning, I aimed to approach this study as an opportunity to learn from others who were all "experts" by experience, and who had much to teach me. I tried to keep an open mind and was excited to challenge my preconceptions about what is "good" and "bad". I spent as much free time in the project as possible to observe activities and become more familiar with how things

worked. I asked endless questions of the staff after observing something that I didn't understand and attempted to refrain from making interpretations without gathering input from staff. I logged thorough recounts of my activities and my observations daily after leaving the project to maintain a practice of reflection. I used these practices to help me contextualize not only the qualitative data I was collecting, but also the quantitative data, knowing that questionnaires could serve an important purpose but may not be acceptable at face value given the disparate context in which the measures were developed. Throughout the process of transcribing and translating data, I consulted with a Nicaraguan local to help me pick apart nuances of language and to contextualize some of the findings that were emerging. My goal was to understand resilience from a stance that was grounded in local perspectives and informed by culture and context, perspectives which would be integrated in all aspects of the mixed methods approach that I took.

I will note that despite all of these efforts, I did have one major bias coming into this research. It was (and remains) my staunch belief that the boys participating in Chavaladas demonstrate an impressive resilience. This belief was formulated over time and experience working with these boys and is undoubtably shaped by my specific background. Because of my privilege, the hardship that I witnessed people confronting and navigating in Latin America, and in particular the children who were able to survive and thrive in street situations, was so compelling and remarkable that I was drawn to explore the topic of resilience in a way that perhaps a local researcher may have done differently. I must note this bias because it undoubtably shaped my conceptualization of this project, and it is an important part of the lens through which these findings have been interpreted.

There is a saying that the “things that you see from here, you can’t see from there” (Berger, 2013). This study would surely have looked differently had it been conducted by someone else with their own distinct life experiences and knowledge. I speculate that the contrast between my life and the lives lived by the boys and families who participated in this research gave me a unique perspective on the phenomenon of resilience that would differ from one of a local researcher who had been embedded in this environment from birth and who would surely pick up on aspects of resilience that I didn’t see, or any other researcher who brought their individual experiences, knowledge and beliefs to this topic, for that matter. This diversity shapes our research, and by exploring phenomena from these unique angles, I believe that we are granted a more comprehensive and enriching understanding of those phenomena. I have a vastly different experience of the world than the participants in my study, and it is from this privileged position that I have attempted to capture their experiences. However, the findings are my personal interpretation and presentation. I hope that this research project encourages initiatives that seek to empower individuals who have not traditionally been granted a voice with opportunities to be heard.

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Introduction

UNICEF defines children or youth in street situations (CYSS) as those "for whom the street more than their family has become their real home, a situation in which there is no protection, supervision, or direction from responsible adults." (UNICEF, 1985). There are tens of millions of CYSS worldwide, the majority of whom are males residing in low- and middle-income countries (LMICs), and this number is rising (Sayem & Kidd, 2013; UNESCO, 2014). Despite their numbers, these children are largely "invisible" (United Nations, 2017); the limited research efforts taken with CYSS are chiefly conducted in high-income countries (Woan et al., 2013). This invisibility renders children more vulnerable to the risks associated with life on the street (UNESCO, 2014). It also means we know little about the experiences of the majority of CYSS and the supports they need to enhance their well-being.

I conducted the current study in León, Nicaragua with a sample of CYSS and the important adults in their lives. Like CYSS in other LMICs who experience threat of violence, high levels of substance abuse, and social exclusion, the boys who participated in this research experienced significant adversity (Woan et al., 2013; UNESCO, 2013; United Nations, 2017). Despite the inarguable hardship faced by CYSS worldwide, a "central and pervasive paradox" has been observed whereby many of these children demonstrate impressive adaptability and resourcefulness, also known as *resilience* (Donald & Swart-Kruger, 1994; Panter-Brick, 2002). The phenomenon of resilience was the focus of my research. Using in-depth interviews, focus groups, and questionnaire data collected from male CYSS in León, family members, local community members, and staff from the collaborating non-governmental organization (NGO), Chavaladas, I developed a conceptual model of resilience that recognizes the substantial contributions that family, community, and culture play in the cultivation of resilience in CYSS.

My hope is that this research can increase awareness about the diverse ways in which resilience can manifest across cultures and in marginalized populations like CYSS, and that findings can be used to inform policy and development of resilience-promoting interventions relating to CYSS.

I will begin by summarizing research conducted with CYSS in LMIC, including structural causes of the phenomenon and intervention programs that have been used to support this population. I will then shift my focus to the topic of resilience, providing a summary of the trajectory of this research field in general, and then specifically as pertaining to CYSS. Finally, I will provide a description of the cultural and sociopolitical context of Nicaragua, and of the Chavaladas program within which the current research took place.

Background

CYSS

CYSS comprise a group of young people for whom the street plays a significant role in their daily lives and self-perceptions; they have built strong connections with public space (e.g., parks, bus stations, squares, other community spaces), and may live and/or work on the street, or otherwise spend much of their time there (United Nations, 2017). It is estimated that over 100 million children worldwide fall in these categories (UNESCO, 2014), and this number is rising with the global population (Sayem & Kidd, 2013; Woan et al., 2013). A systematic literature review revealed that most CYSS live in LMIC and are between the ages of 6-16, with more boys than girls living in the streets (Woan, et al., 2013). Drawing generalities about this group can be misleading because CYSS populations are highly heterogeneous (Panter-Brick, 2002; United Nations, 2017). Furthermore, despite the majority of the world's CYSS living in LMIC, most research that has been conducted is with CYSS in High-Income Countries (HICs), meaning that we lack knowledge about the situations in which most CYSS live (Berckmans et al., 2011; Coren

et al., 2016). The research that does exist has been mostly descriptive, focusing on the characteristics of the children and youth and how they came to be living on the streets (Coren et al., 2016). The remainder of this section will summarize some of this research, focusing specifically on CYSS who live in LMIC. Though the ultimate focus of this research is on resilience, it is important to realistically lay out the risks faced by this population in order to better understand their adaptation.

Contexts of risk. There exist distinct pathways leading young people to the street, and varying reasons for staying (Pinzon-Rondon et al., 2008). For example, researchers have noted that in some circumstances, CYSS may be predominantly motivated to leave home – possibly due to family dysfunction or presence of domestic violence which is prevalent in the homes of CYSS (Sayem & Kidd, 2013) - while others may be motivated by positive perceptions of street life (Panter-Brick, 2002), or by a mix of both. Some researchers refer to these as "push" and "pull" factors: those that motivate children and youth to leave their homes, versus those that entice them to stay in the streets (Watters & O'Callaghan, 2016). There may be additional factors pushing children to the street in parts of the world experiencing civil war or epidemics such as AIDS, highlighting the importance of considering spatial and historical context when analyzing phenomena across settings (Aufseeser, 2017). Overall, CYSS are a highly diverse group, and vary significantly with regards to: the contact they maintain with their families, affiliation with deviant peers, age, pre-street trauma experiences, and types of activities they engage in on the street. This heterogeneity is important to consider because the constellation of these factors influences the children or youth's needs and thus the support that would be most effective for them (Asante, 2015; Kidd, 2007; Panter-Brick, 2002). Indeed, researchers have pointed out that

interventions for CYSS must be tailored to suit the distinct needs observed for each group (Pinzon-Rondon et al., 2008).

Despite their differences, CYSS in LMIC often share similar experiences of adversity such as exposure to physical and sexual violence, systemic discrimination, substance abuse, and poverty, among other troubling experiences (Bademci et al., 2014; Salihu, 2019; Sayem & Kidd, 2013). Violence (physical, emotional, and sexual) has been described by the UN as the "fundamental cause and consequence" of children ending up on the street (United Nations, 2017). Before coming to the street, many children are witnesses or victims of violence in their homes. This experience is understood to be a major driver of children to the street, as a means of escaping dangerous conditions at home (Aufseeser, 2017; Sayem & Kidd, 2013). Beyond experiences of domestic violence, the communities in which many CYSS live are associated with high levels of conflict and violence (Aufseeser, 2017), suggesting the ubiquity of violence in multiple spheres of their lives. Once on the street, children face higher risk of being victimized with physical and sexual violence at the hands of their peers, other community members, and even police (Aptekar & Stoecklin, 2014). Being a victim of, or witness to violence predicts later involvement in perpetrating violence (Crombach & Elbert, 2014); therefore, violent experiences in childhood lead to perpetuating cycles of victimization and increased levels of community violence in generations to come. CYSS are frequently excluded from mainstream social spheres and face high levels of discrimination, ranging from humiliating interpersonal interactions with peers and other community members, to marginalization from societal institutions (Nichols, 2008; United Nations, 2017). They are often turned away or otherwise excluded from accessing basic essential services in schools or health care systems. By excluding children from schools, opportunities for future legitimate employment are drastically limited, perpetuating generational

cycles of unemployment, poverty, and street life (Humanium, 2011; Widom et al., 2008). In some contexts, there exist state-level policies targeting and repressing children by forcefully removing them from public spaces, often detaining or incarcerating them arbitrarily, and even physically abusing them (Aufseeser, 2017; Berckmans et al., 2011; United Nations, 2017). In extreme cases, this can extend to campaigns of extermination in the service of "social cleansing", whereby children are killed by police. This phenomenon has been documented in Brazil, Guatemala, and Colombia (Butler, 2009; Thomas de Benitez, 2007). It is important to note as well that experiences of discrimination and rejection can also occur in the home, leaving children feeling unloved, unwanted, and unvalued (Aufseeser, 2017).

Many CYSS engage in substance use behaviours which are also associated with harmful effects on development (Jones et al., 2007). Using drugs may serve an important purpose by "numbing" feelings of hunger, pain and the stress associated with living on the street, but this behavior in the long term can hinder development and further contribute to social exclusion and marginalization (Aptekar & Stoecklin, 2014; Aufseeser, 2017). Inhalants in particular are common drugs of abuse on the street that cause severe damage to developing brains and bodies (Souza et al., 2011; Woan et al., 2013).

Implications of adversity faced by CYSS. The adverse experiences that are encountered by CYSS are strongly associated with negative developmental outcomes (Malindi, 2014). Research has uncovered the detrimental developmental implications of Adverse Childhood Experiences (ACEs) in both socioemotional and cognitive domains of development (Grasso et al., 2015). With greater exposure to multiple ACEs, children have been found to demonstrate higher risk of developing behavioural and emotional difficulties (Grasso et al., 2015), as well as physical health issues (Felitti et al., 1998), illustrating the far-reaching impact that early adverse

experiences can have on child development. There are obvious physical risks associated with CYSS's experiences of violence, substance use, and poverty-related nutritional deficiencies (Woan et al., 2013), as well as significant implications for development and psychological functioning. Experiencing violence is considered one of the most severe and most common sources of stress, and is associated with many behavioural, emotional and developmental problems (Luthar et al., 2014). Increased rates of mental illness, suicidal ideation and suicide attempts have been observed in individuals who experienced child abuse (Afifi et al., 2014). Being marginalized can lead to feelings of shame and low self-esteem and can push children towards engaging in potentially unsafe behaviours, further increasing risk (Aufseeser, 2017).

It is uncommon for individuals to be exposed to a single risk factor as they rarely occur in isolation (Saunders & Adams, 2014). For instance, CYSS experiencing discrimination are also more vulnerable to violence, exploitation, abuse, and health problems (United Nations, 2017). The pattern of risk exposure both before and after coming to the streets may be best described by the concept of cumulative risk, which describes a scenario in which an individual has been exposed to multiple risk factors (or multiple occurrences of the same risk factor), and the subsequent accumulation of the negative effects that result from this exposure (Masten & O'Dougherty Wright, 1998). It is possible for the presence of one risk factor to magnify the harm that can come from exposure to another risk factor, such that the overall negative effect is greater than the sum of its parts (Rutter, 1979). This pattern has been observed in the context of poverty; for instance, the experience of poverty can magnify the potential harmful outcomes of child maltreatment (Masten & O'Dougherty Wright, 1998). Contexts of poverty in which CYSS typically live present another risk factor that stands to have significant negative effects in

isolation, in conjunction with the other risk factors faced by this group of young people (Panter-Brick, 2002).

Interventions with CYSS. There is a clear need for interventions that aim to reduce the potential harms associated with street life. The United Nations Convention on the Rights of the Child (UNCRC; United Nations, 1989) recognizes childhood as a highly vulnerable period of development and requires all ratifying member states to provide children with protection from exploitation and abuse to the best of their ability. This document recognizes every child's right to a standard of living adequate to meet developmental needs; to be protected from use of illicit substances, and from economic exploitation; and for special protection from the state for those children who cannot be cared for in their family environment. The mere existence of children living on the street demonstrates a shortcoming of ratifying nations (which includes every country in the world except the USA) in fulfilling the obligations set out by the convention. In order to meet the standards laid out by the UNCRC with regards to CYSS, there are two key principles that must be upheld: 1) Protection, which involves reducing risk exposure as well as promoting the skills, capacities, and social structures associated with long-term well-being; and 2) Participation, which involves facilitating children's involvement in research and program development designed to benefit their lives (Berckmans et al., 2011). There is a need for effective programming that supports healthy development in CYSS, while engaging them as active participants in research to develop and implement such programming. The purpose of this section is to provide a brief overview of the types of programs that are provided for CYSS, along with some important considerations for researchers and frontline workers in the field.

Little rigorous intervention research has been conducted with CYSS in LMIC (Berckmans et al., 2011; Dybicz, 2005). A Cochrane Review summarizing effectiveness of

interventions for CYSS did not find a single robust evaluation of an intervention provided for these youth in LMIC (Coren et al., 2016). LMICs are underrepresented in research in general (Alemayehu et al., 2018), but another major barrier in conducting this body of research is that CYSS in LMIC constitute a challenging population to access. Follow-up with these children and youth can be very difficult, especially in low-resource settings, due to their mobility (Raffaelli et al., 2007). Furthermore, there is a great deal of variability with regards to the ultimate goal of interventions that have been employed with the CYSS population, which makes the determination of program effectiveness difficult (Berckmans et al., 2011). There is a distinction between programs that are preventative and aimed at reducing likelihood for "at-risk" young people from going to the streets, and those that intervene with youth who are already in street situations (Dybicz, 2005). In light of these complexities, it may not be surprising that there is no gold standard for programs working with the CYSS population (Watters, 2017).

The UNCRC (2017) has termed the three broad approaches that have been used to support CYSS as welfare, repressive, and rights-based approaches. A welfare approach sees the child as vulnerable and in need of rescue from authorities, a method endorsed by many current state policy efforts in nations across the globe (Aufseeser, 2017). Underlying this approach is the perception that children are out of place on the street, and that being back in a family home is always a safer and preferable outcome. Using a welfare framework, children might be forcibly removed from the street, and mandatorily placed into a different living situation (e.g., with family, in an institution). A repressive approach sees the child as a delinquent, in need of punishment or repercussions. Both of these approaches are argued to violate children's rights for protection and participation. For instance, the welfare approach fails to address the potential dangers that CYSS have faced in their homes. Instead of acknowledging children's attempt to

escape that danger, indicative of their agency and autonomy, children are forced back into situations where they may be faced with significant rights violations and where they are ultimately unsafe (Aufseeser, 2017). The repressive approach similarly fails to give voice to the significant challenges CYSS may have faced, instead taking a punitive approach focused on misbehavior and potentially resulting in forced removals and arbitrary detention. These two frameworks also perpetuate a discourse of children as victims or as criminals – a perspective which can be further marginalizing for CYSS in their communities (Aufseeser, 2017).

A final approach, seen as best practice by the UNCRC, is a rights-based approach, which instead sees the child as a rights-holder and a collaborative partner for decisions made on their behalf. Using a rights-based framework, children are encouraged to participate in the development of interventions for their protection and benefit, without dictating what specific outcomes are best for children. Instead, children are free to make their own choices with regards to their involvement in interventions and are supported in their efforts to make the changes they are motivated to undertake. In this way, a rights-based approach celebrates children's autonomy and empowers them as agents of their own destinies (Aufseeser, 2017; Thomas de Benitez, 2007). Approaching CYSS with a rights-based framework can support a shift in the discourse surrounding this population from one of purely risk and vulnerability, to one that highlights the youth's strengths and adaptability (Dybicz, 2005). For any signatory to the UNCRC, this is the approach that is indicated when working with CYSS (United Nations, 2017).

Even when working within a rights-based framework, the complex, multisystemic nature of the CYSS phenomenon is such that a clear target for intervention must be defined. There are many different approaches to support CYSS that have been employed by private, governmental, and non-governmental entities, though these have mostly not been rigorously evaluated

(Berckmans et al., 2011; Watters, 2017). Interventions can be applied at the level of the individual young person, the family, or higher structural systems, and can differ as to the setting of the intervention (e.g., residential facility, drop-in centre, school, street, home, etc.), services provided (e.g., shelter and food, therapy/counselling, vocational training, etc.) and ultimate goal of the intervention. While many interventions previously focused on eradicating the presence of young people on the street (Aransiola & Akinyemi, 2010), the children's rights movement has since challenged this idea by putting greater emphasis on children's agency and subjective well-being. What many rights-based programs seem to have in common is a focus on providing opportunities for learning and advancement that contribute to hope and aspirations for the future; building healthy relationships; and flexibility in programming to ensure fit between the local context and the interventions provided (Berckmans et al., 2011; Ennew, 2003).

There are diverse approaches for working with CYSS that meet these criteria. For example, education-focused programs based on the methodology of Paolo Freire, a Brazilian pedagogue who developed a framework for education and empowerment of oppressed populations, provide direct attention to children with efforts to build skills that can promote well-being and resilience (Aufseeser, 2017). Street educators meet CYSS in their own spaces on the street and provide activities that support the development of academic skills like reading and writing. Street educators might share resources and connect CYSS with local services depending on the needs and desires of the young person. Using Freirean methods and a rights-based approach, it is crucial for educators to be sensitive to the young person's feelings, thoughts and worries, and to show respect for their role as an active agent in their life (Firme & Stone, 2017). By facilitating positive relationships between groups of CYSS, and between CYSS and caring adults, these programs support interpersonal skill development (Aufseeser, 2017). The hope is

that in acquiring tangible skills, CYSS develop self-esteem and self-efficacy, and also gain access to broader academic or vocational opportunities to better their futures. This method informs Mobile School, a Belgian organization implementing education-focused projects for CYSS in 30 countries across the world (Mobile School, n.d.), which will be described in more detail below.

Another viable approach to supporting CYSS, based on attachment theory, is to work with children and their family systems to promote positive parenting and healthy attachment relationships. The Safe Families, Safe Children Coalition is an association of non-governmental organizations around the world that support highly socially excluded children, youth and families, focusing efforts predominantly on CYSS (Luhnow, 2011). They provide intensive family-based intervention services to support family members in processing trauma, to teach positive parenting techniques for communication, discipline, and problem-solving, and ultimately to reduce experiences of violence in the home. No formal evaluations of these programs were reported, but implementing organizations claim that this intervention has been highly effective in reducing behavioural and emotional challenges in children and promoting healthier family functioning (Luhnow, 2011). Attachment theory is also used as the basis for interventions that seek to connect CYSS who are not in contact with their family with another adult figure with whom they can develop a supportive relationship. Recognizing the significant attachment disruptions experienced by CYSS, Bademci et al. (2014) connected male CYSS in Turkey with local university students who were trained and supervised in developing trusting and caring one-on-one relationships with the boys. Program participants also had the opportunity to take part in workshops on a variety of different topics (e.g., photography, philosophy, visual arts, etc.) to promote both cognitive and psychosocial development. Though no pre- and post-

intervention findings were reported, researchers presented qualitative findings that substantiated the utility of this intervention in building capacities for self-regulation, higher self-esteem, and resilience in male CYSS participants (Bademci et al., 2014). Other interventions for CYSS might target higher-level systems to reduce structural inequalities that lead to poverty and child labour. Campaigns to increase awareness about the realities of CYSS and reduce stigma have also been identified as a potentially valuable avenue for an intervention to create more welcoming and integrated spaces for CYSS and to minimize marginalization (Watters, 2017).

CYSS are a perfect example of what policymakers refer to as a "wicked problem" (Rittel & Webber, 1973). These are social problems that are difficult to solve because they are highly complex: wicked problems are multiply determined, are dynamic and widely interconnected with other issues, and have no single solution. It can be challenging to determine where to intervene since many factors contribute to the existence of CYSS. This fact, along with the difficulties in conducting research with CYSS outlined above, means that there is a great diversity in the type of interventions being provided for CYSS. Many interventions currently in use are being implemented by non-governmental organizations (NGOs) around the world without formal evaluations or a solid evidence base. Collaborations with NGOs that are already in relationship with these young people, an approach taken successfully by researchers working with CYSS in South Africa, Colombia, Ethiopia, and Brazil, among other countries (Aptekar, 1988; Campos et al., 1994; Malindi & Theron, 2010; Raffaelli et al., 2007), provide fruitful ground for research efforts to be undertaken with CYSS. Efforts can and should be made to generate research that puts children's voices at the forefront through these collaborations. It is important that this research appreciates the multiple systems influencing their lives and addresses contributing factors at each level, including working with communities and policymakers on issues of poverty

and inequality (Thomas de Benitez, 2007). By listening and engaging with CYSS's perspectives, researchers will be able to identify the individual, relational, and environmental conditions that facilitate resilient processes, and to develop interventions and policy recommendations for CYSS in LMIC fundamentally based in children's rights.

Resilience

Interest in the study of resilience in developmental psychology largely began following World War II amidst observations that children displayed highly variable responses to the trauma of war (Masten, 2014). Psychologists such as Anna Freud and Dorothy Birlingham observed particular risk factors that elevated the likelihood of children going on to develop psychopathology – such as being victims of violence or maltreatment – as well as those that diminished this likelihood – such as being in close proximity with attachment figures during traumatic events of the war. This body of research took off in the 1960s and 70s as pioneering researchers including Garmezy (1974) and Rutter (1979) conducted large-scale longitudinal studies with children and noted a trajectory followed by some children who experienced high levels of risk early on but went on to have highly positive outcomes. This beginning marked a paradigm shift in the field of developmental science, as researchers began to move away from the study of risks and deficits and towards the study of strengths and assets (Masten, 2007). The foci of developmental psychologists became not only reducing risk exposure or addressing psychopathology, but about cultivating qualities that might could make a person less vulnerable to negative outcomes (Artuch-Garde et al., 2017). This strength-focus served as the foundation for the field of positive psychology (Seligman & Csikszentmihalyi, 2000) and has also inspired new lines of research in many fields outside of psychology (Masten, 2007). Positive youth development (PYD) is another field of study with roots in resilience research, which holds a

view of youth as assets to be developed rather than as problems to be fixed, and research in this field looks for effective ways of bolstering youths' existing strengths as a means of promoting well-being, healthy development, and resilience (Lerner et al., 2009).

The body of resilience research can be difficult to navigate because there is substantial variability in the lens with which researchers understand resilience, and thus the operationalization of resilience in research. A brief review of the history of resilience research is provided, along with obstacles in the field to date, concluding with a summary of resilience research conducted with CYSS.

Evolution of resilience research. In the early years of resilience research, researchers were motivated to answer the question: what characterizes people who survive and thrive in the face of adversity, as compared to those who flounder (Richardson, 2002)? The focus was on compiling a list of qualities that were associated with resilient functioning (Khanlou & Wray, 2014; Masten, 2007). It was the belief of early resilience researchers that resilience was a quality that resided within an individual; resilience was likened to the concept of personal hardiness (Connor & Davidson, 2003; Maddi & Khoshaba, 1994). A trove of qualities associated with resilience have been identified and many findings have been replicated across studies and contexts (Masten & Motti-Stefandi, 2009). For instance, being agreeable and conscientious, being adaptable, having high self-efficacy, having strong self-regulatory skills, and maintaining an optimistic outlook towards life are individual factors which have been associated with resilience repeatedly over time (Masten, 2007). By the 1980s and 90s, appreciation for the importance of familial, social and environmental factors started to grow (Luthar et al., 2014), and researchers began to identify the qualities of those factors external to the child associated with resilience. Having strong attachment relationships, positive peer networks, opportunities for

learning and mastery, and the chance to engage with cultural and community systems in meaningful ways are characteristics that have been reliably associated with resilience. These early findings in the field of resilience research provided a foundation for the fundamental premise of resilience: that there are reliable qualities or characteristics associated with outcomes that are more positive than expected in contexts of adversity (Masten, 2014).

As the field of resilience research evolved, the concept of resilience shifted from that of a fixed or stable trait, to a dynamic process that fluctuated over time (Luthar et al., 2014). Resilience came to be understood as the process of dealing with adversity, that then leads to the acquisition of the types of qualities identified in early resilience research (Richardson, 2002). Researchers went on to explore *how* individual, familial, contextual, and cultural factors influence resilient development; that is, what underlying dynamic processes might explain how factors associated with resilience have a protective effect on development? Researchers, for instance, explored how attachment relationships could physiologically moderate stress reactions (Gunnar, 2006), or how participating in religious rituals can promote self-regulatory strategies that support healthy development (Crawford et al., 2006). This understanding of resilience draws from complex systems models, describing the many different systems at multiple environmental levels (youth, family, community, culture) that interact over time to shape developmental outcomes of a given individual (Masten, 2014; Ungar, 2013).

Contemporary resilience researchers understand resilience as a dynamic, evolving process that relies on multiple interacting individual, relational and ecological systems. Using this framework, it is clear that children are not ‘resilient’ or ‘not resilient’. Rather, resilience is conceptualized as the extent to which a child’s social and cultural networks manage to facilitate positive development in the presence of stress and adversity, and the extent to which the child

can harness those resources to their benefit. Resilience, then, is understood to be a process that unfolds through transactions between an individual and the multiple levels of their environment, within a context of adversity (Ungar, 2013), and which shifts over time as developmental and environmental conditions change (Luthar et al., 2014). Like the concept of adaptation, resilience is an interactive process that occurs in response to a changing environment. However, resilience specifies a process that occurs in a context of adversity and one which predisposes an individual to positive outcomes, specifications that are not inherent in the construct of adaptation. Resilience may be best thought of as positive adaptation in the context of adversity (Fletcher & Sarkar, 2013). It is also important to consider that resilience isn't all-or-nothing; children can demonstrate resilient development in some domains of functioning but not others, and during some periods of their life but not others (Luthar et al., 2014).

The utility of resilience research extends beyond knowledge generation about developmental processes. Knowledge of vulnerability and protective factors, and the mechanisms that underlie trajectories associated with resilience, allows for development of interventions and policies that harness these processes to promote resilient development in individuals facing adversity (Luthar et al., 2014). That is, prevention or intervention programs can be developed to promote characteristics found to be associated with resilience at the individual, family, and community-level. The effect of these programs on young people can then be measured on a variety of positive outcome measures. For instance, programs designed to enhance self-regulation, an individual-level characteristic strongly associated with resilient functioning, have been used as a resilience-promoting intervention (Karapetian et al., 2011). Working at the family level, interventions could be directed at building positive parenting skills as a means of promoting healthy child adjustment across the lifespan (Luthar et al., 2014).

Community-level initiatives may aim to strengthen sense of social cohesion and belonging, factors associated with resilience, by providing opportunities for participation in organized extracurricular activities (Luthar et al., 2014). Resilience research brings awareness to the factors that promote healthy development in the context of risk, knowledge which can be harnessed by interventions that cultivate these factors.

Obstacles in resilience research. Despite the progress that has been made in the field of resilience research, there remains ongoing debate on how, where and by whom resilience should be defined. Some of this complexity can be illustrated by considering the four different patterns of adaptation that are all meant to represent resilient responses to acute experiences of adversity: maintaining healthy development in a context of adversity (coping); thriving in a context of adversity (beating the odds); a decrease in functioning, followed by recovery (bouncing back); or improvement in functioning following a traumatic experience (post-traumatic growth; Masten, 2007; Masten & Narayan, 2012). In chronically adverse situations, an additional pattern has been identified, whereby poor functioning in the context of adversity is followed by "normalization" of functioning once circumstances improve – also called "emergent resilience" (Bonanno & Diminich, 2013). If all of these diverse trajectories are indicative of resilience, how can one attempt to operationalize resilience?

Defining resilience requires that value judgements be made about what ideal or positive outcomes look like (Masten, 2014; Ungar et al., 2008). However, what is seen as a positive outcome will vary as a function of culture and developmental stage of a given child or youth, and will evolve over time. Even within cultures this variance likely exists, because "good" outcomes are defined by the group that has more control over the psychological discourse surrounding what it means to be developing well; these benchmarks may differ considerably when looking at

ideal development as defined by marginalized communities in that same context (Ungar, 2008). What is seen as a positive outcome will also shift depending on the lens a person is using to study resilience: what is resilient to a developmental psychologist will look different to what is resilient to a sociologist, a pedagogue, or a theologue, for example (Masten, 2007). Who *should* define resilience? Should we be relying on subjective accounts, or on objective measures (Masten, 2014)? Furthermore, should measures be short- or long-term? Should measurements focus on process or outcomes? These are but some of the questions that resilience researchers grapple with, and considerable disagreement in the field persists (Fletcher & Sarkar, 2013; Masten, 2007; Rosenberg & Yi-Fraser, 2016). For researchers undertaking efforts to measure and understand resilience, it is important to begin with a clear conceptualization of resilience at the outset which should be informed by the local context where the research is taking place. Following are some considerations that are especially important to address when conducting resilience research cross-culturally.

Considerations for cross-cultural resilience research. Whether an individual trait, behaviour, or developmental outcome is understood as resilient will depend on the context and culture in which it is occurring (Belsky et al.,1991). This is true for multiple reasons: firstly, a given characteristic may be adaptative in ways that predict resilience in certain contexts but not others. This concept is well-illustrated by the 'orchid hypothesis', which describes "orchid" children as children who are highly sensitive to their environment (Boyce & Ellis, 2005). This heightened biological sensitivity to context has been proposed to predict beneficial mental health outcomes in the context of a rich, nurturing environment. In contrast, when exposed to adversity, orchid children are at higher risk for problematic outcomes. Clearly, it isn't enough to conclude that being sensitive is associated with resilient outcomes in children (or not); the context in

which a sensitive child is living is a fundamental consideration in that analysis. This premise was also demonstrated by Sameroff et al. (2003) in a well-known study which revealed that high levels of parental control, previously thought to be detrimental for children's development, were in fact protective -- but only in neighbourhoods with high levels of crime. Similarly, cross-cultural differences in predominant attachment styles observed in Germany, Israel and Japan have been suggested to represented variance in which attachment style is most adaptive (Main, 1990). For instance, researchers found a high number of avoidantly attached infants in East Germany, an attachment style typically associated with negative outcomes in most Western research, who grew up to be well-adapted as adults living in a police state, a finding that was interpreted to reflect a benefit of this attachment style to this specific context (Ahnert et al., 1994). In a final example, HIV-positive mothers in South Africa are not observed to display the affiliative behaviours associated with nurturing parenting that are observed in sensitive mothers in other contexts. Local perspectives do not understand this as insensitive or dysfunctional parenting, however, but rather as an adaptive strategy that reduces a child's mourning when their mother dies (Ungar, 2013). Specific behaviours can be seen to contribute to resilient outcomes (or not) differentially, depending on context and therefore only make sense when context is taken into consideration.

As outlined above, another reason to consider context is because societal values and expectations will shape what is seen as an ideal, or resilient, outcome, and this varies across cultures and contexts (Ungar et al., 2008). For instance, in collectivist cultures, self-esteem is not seen as a highly sought-after outcome; individuals from these cultures are more likely to prize cohesion and commitment to family (Ungar et al., 2008). If one were researching the effectiveness of a resilience-promoting intervention and limited their measurement to outcomes

typically valued by Western researchers, such as self-esteem, they may fail to capture resilience processes specific to the collectivist culture within which they are working. For example, research conducted in East Africa with the Masai tribe demonstrated that infants with difficult temperaments, an identified risk factor in North American research, were more likely to survive the harsh drought conditions of their environment (deVries, 1984). This was seen to be both the result of demanding more attention and therefore receiving more support (indicative of being better suited to the given context), as well as the Masai culture strongly valuing assertiveness and therefore paying greater attention to an infant with this quality (indicative of the behaviour having a different meaning because of cultural values). In another example, research conducted in South Africa with the Basotho communities identified a number of characteristics as promoting resilience in youth, some of which were shared with other cultures (e.g., being flexible, being determined), while others represented culture-specific manifestations of resilience (e.g., demonstrating *Ubuntu* – being well-connected to others in the community, and being tolerant, level-headed, and respectful of community values; Theron et al., 2013).

Cross-national research conducted with youth provides further evidence for culture-specific representations of resilience. The Resilience Research Centre is a research collaborative that endeavours to understand and promote resilience in young people internationally (Resilience Research Centre, n.d.). Taking a socio-ecological perspective appreciative of the complex systems involved in development, they undertook a multi-site mixed methods research project in 11 countries to explore correlates of resilience across cultures (Ungar & Liebenberg, 2011). Ultimately, these researchers created a questionnaire that could be used to measure resilience in children and youth internationally, relying heavily on qualitative data during development to explore context-specific factors pertinent to resilience in each culture. Shared domains of

resilience identified across all of the sites supported the idea that there are global correlates of resilience, while unique responses and patterns of responses represented contextual and cultural specificity in the ways in which resilience is understood and experienced (Ungar & Liebenberg, 2011).

Evaluating local understandings of resilience (taking an emic[1] perspective) is an essential task for cross-cultural resilience researchers, who must be cautious of employing ethnocentric (or etic[2]) research methods. As described above, context prescribes the range of possible behaviours and actions that can be considered resilient and the meanings assigned to them, influencing their resilient potential. Qualitative data collection is a valuable feature of culturally sensitive research examining resilience in children and youth; it can be used to identify culture-specific facets of resilience that researchers may fail to capture when using quantitative measures which presuppose the elements of resilience that will be studied, and are often developed in very disparate research contexts (Theron, 2012; Ungar & Liebenberg, 2011). Since context plays a defining role in shaping the meaning of behaviours, researchers who conduct cross-cultural research must also be careful not to make assumptions about the adaptability of particular behaviours and attitudes, as the meanings attributed to them may be entirely different than those familiar to the researcher, as illustrated in the examples above.

Resilience in CYSS. Despite the substantial hardship faced by CYSS both before and after coming to the streets, the fact that so many are able to survive and thrive suggests the presence of resilient processes (Kidd & Davidson, 2007; Raffaelli et al., 2014). In fact, it has been suggested that CYSS who leave and come to the street may in fact represent a more

[1] Emic is defined as involving analysis of cultural phenomena from the perspective of one who participates in the culture being studied (e.g., participant)

[2]Etic is defined as analysis of cultural phenomena from the perspective of one who does not participate in the culture being studied (e.g., observer)

resilient subgroup of the larger population of children living in poverty (Dybicz, 2005; Panter-Brick, 2002; Raffaelli et al., 2014). Many children will experience domestic violence, abuse, drug and alcohol misuse in the home, and poverty, without making the choice to leave home for the street (Aptekar & Heinonen, 2003). Some researchers argue that leaving home may be an adaptive course of action employed by the most resilient children when the alternative is to stay home and be exposed to these negative factors (Amoah & Edusei, 2014; Malindi, 2014). Going to the street can be seen as an active strategy to avoid exposure to violence, both at home and in their communities: once on the street, many children will opt to occupy neighbourhoods with less violence, where they feel safer and more at peace (Ursin, 2011). In addition, by leaving home and going to the streets, children can access livelihood opportunities that they might not have had while living at home. Children on the street have been found to have more access to material items, food, and money than they did at home (Aptekar & Stoecklin, 2014), and to have a higher standard of living than siblings and peers who are still living at home (Davies, 2008). Engaging with wider social networks on the street gives CYSS the opportunity to learn new skills and to build social support networks with mentors and peers that that can contribute to physical and mental well-being. Social networks can function to protect members from violence and to share survival strategies and resources (Thomas de Benitez, 2007), and can facilitate a sense of belonging and solidarity, which protects against social exclusion and creates opportunities to build self-esteem (Aufseeser, 2017; Awad, 2002). Studies looking specifically at psychological functioning in CYSS have contested a widely held view of this group as being

psychologically vulnerable, showing similar levels of subjective well-being and depression in CYSS as compared to samples of impoverished children living at home (Raffaelli et al., 2014).

As outlined above, however, CYSS as a group are highly heterogeneous, differing with regards to life experiences that have strong bearing on developmental outcomes. Researchers have found instances of both high and low resilience in their work with CYSS internationally, underscoring both the context-specificity and heterogeneity of this phenomenon (Ungar, 2008), as well as the diversity of the CYSS population. For example, researchers in South Africa studying resilience in the local CYSS population using a standardized questionnaire of resilience found that the male CYSS participants in their study demonstrated a number of individual, relational and contextual characteristics associated with resilient functioning (Malindi, 2014). The boys reported feeling self-confident and self-competent, were able to problem-solve effectively, use humour to cope with challenges, and had goals and aspirations for the future. Within their relationships, they had access to mentors and role models who provided hope for a future with better opportunities. These CYSS reported feeling a sense of belonging to their community and pride about their culture; they felt they were treated fairly and had access to age-appropriate work opportunities. Crucially, all CYSS in their sample attended school which is not true for most CYSS populations in LMIC, so this sample may be more highly integrated in their communities than many CYSS (Malindi, 2014; Woan et al., 2013).

In Bangladesh, Sayem and Kidd (2013) examined the correlates of resilience in a group of male CYSS using structured interviews. In contrast with Malindi (2014), they found fairly low levels of resilience overall in their sample. Resilience levels varied, however, and were predicted by children's experiences before and after arriving to the streets. For instance, being from a family with greater economic difficulties before coming to the street was associated with lower

levels of resilience. Once on the street, using drugs was associated with lower levels of resilience. Of particular note was the significant negative effect of witnessing or experiencing violence before or after leaving home on resilience. These negative effects were particularly salient when exposure to risk factors occurred at an early developmental stage. The authors also identified those factors that were associated with higher resilience. The CYSS in their sample who attended school and had access to preventative services, and thus the possibility of forming positive, caring relationships with adults, tended to demonstrate higher levels of resilience. The results of this study provide further evidence of the importance of positive relationships and structural supports in shaping resilient development in CYSS. These findings also underscore how resilience is affected by early experiences, and that heterogeneity of CYSS experiences will be reflected in their varied manifestations of resilience on the street, and across cultural contexts.

One variable that may influence resilience in CYSS differentially across cultures is the influence of social norms. For example, in Nairobi, Kenya, Aptekar and Ciano (1999) conducted an ethnographic study of CYSS and found that the boys in their sample were very resourceful, utilized adaptive coping skills and built positive relationships. They noted a different trajectory for the girls in their sample whom they described as less well-adapted and facing more mental health difficulties than the boys. The authors attributed this pattern to the strong gender norms for socialization of boys and girls in Kenya. Boys were encouraged to go to the street for work from a young age and were not diverging from social expectations by being on the street. Many maintained relationships with their families and contributed to them economically. Expectations for girls in Kenyan culture are very different; girls are expected to stay at home in order to support the family through domestic tasks. As a result, the girls whom they encountered on the street were those who had more highly negative relationships with their families and who had

experienced more abuse or conflicts at home (Aptekar & Ciano, 1999). This specific example effectively illustrates the importance of identifying prevailing cultural and societal beliefs in cross-cultural research because they contextualize and enhance understanding of resilient development.

This same line of reasoning also has implications in light of the widely held discriminatory beliefs and stereotypes towards CYSS, and how these societal perspectives towards CYSS could come to bear on their experiences of resilience. Social exclusion is the result of systemic discrimination and involves two reciprocally reinforcing processes: being shut out from society, for instance through discriminatory policies and attitudes, and choosing to remove oneself (Sanders & Munford, 2007). This process results in minority groups like CYSS being pushed to a life on the margins, with minimal capacity for participation in society and less access to resources than the rest of the population (Atkinson & Marlier, 2010; Sanders & Munford, 2007). The majority of the existing research aimed at understanding the process of resilience and the standardized measures that have been developed through this research, which purports to measure resilience, comes from Western cultures. There is a question about whether our understanding of resilience as it is, is applicable across cultures and to highly marginalized groups like CYSS (Ungar & Liebenberg, 2011; Ungar, 2008). This reintroduces the complex question of how to define resilience. Views about resilience often rely on judgment about what positive or ideal outcomes are in a given setting (Amoah & Edusei, 2014; Masten, 2014); because the criteria for evaluating these outcomes is fundamentally shaped by the socio-cultural context in which it is occurring (O'Dougherty Wright & Masten, 2006), it is reasonable to consider that marginalized groups living under vastly different conditions than mainstream society may perceive and experience resilience differently.

If we frame our understanding of resilience with developmental theory, we might consider resilience as the ability to attain the tasks associated with the given developmental stage. For adolescents this mostly revolves around identity formation, autonomy-building, and typically involves school engagement and achievement (Christie, 2005). Using this framework for understanding resilience in CYSS, we might see a young person's ability to overcome their challenging circumstances in order to achieve positive outcomes such as obtaining an education, or pursuing dignified work, and embracing a positive self-identity as indicative of resilience. This process has been identified in research with CYSS as outlined above and seems to be the trajectory of some CYSS populations worldwide.

On the other hand, it has been argued that for socially excluded and marginalized groups facing discrimination, rejecting mainstream perspectives and embracing a non-conforming identity might be an alternative means of manifesting resilience (Bottrell, 2009; Ungar, 2004). When social barriers hinder achievement of developmental tasks (e.g., in situations of extreme poverty, family abandonment, and exclusion from educational systems), and when social institutions have failed to uphold their responsibility to protect a young person, some developmental outcomes may not be reasonably attainable (Bottrell, 2009). Marginalized children and youth may respond by engaging in behaviours that look maladaptive or even threatening – like congregating on the streets – but are actually demonstrating their agency for self-protection and attempting to find meaningful channels for belonging (Bottrell, 2009; Sanders & Munford, 2007; Ungar, 2004).

Perhaps there is a broader lens through which to view resilience in some CYSS, especially those who are experiencing social exclusion and extreme adversity. This lens of framing resilience may put more focus on the meaning and purpose of behaviour and places a

strong emphasis on the context in which behaviour is occurring in the determination of resilience (Ungar, 2006; Ungar et al., 2008). Amoah and Edusei (2014) conducted research with CYSS in Ghana to determine how these children coped with physical health challenges. They uncovered several psychological correlates of resilient functioning in their participants, including having a positive sense of self and belief in one's own ability to cope with adversity; having a minimized view of threats or danger (e.g., not being worried that eating food from the trash will harm you); having a prosocial attitude; and being affiliated with a religious belief system that supports feelings of well-being (e.g., belief that God will protect you). These children had to be flexible when adapting to health challenges, finding creative ways to treat common ailments by buying herbs or other traditional treatments from the market since they were not attended to in hospitals. They were knowledgeable about what drugs to take for what condition and where they could find them. Many of the personal assets identified by Amoah and Edusei in their sample of CYSS are associated with resilience in diverse samples globally (Masten, 2014). These authors suggested, though, that some of the assets that enabled this group of children to navigate their challenging environment might not be resilience-promoting in a different group of children in a disparate context. For example, in contexts with less risk, it may not be beneficial to survival to have a minimized view of threat and danger as it could contribute to unnecessary risk behaviour. Furthermore, certain behaviours that were helpful in supporting the resilience of the children in their study could be construed as 'harmful' without taking context into account; for example, eating food from the trash allowed these children to survive in their context. Long-term, this practice could be associated to negative health outcomes, and it would likely not be a resilience-promoting behaviour in other contexts where food is more plentiful -- but for this sample, it allowed CYSS to positively adapt to their context.

In his work with at-risk youth, Ungar (2004) found that “deviant” behaviour in youth, such as using drugs, estranging themselves from their families, and becoming involved with so-called delinquent peers, facilitated feelings of belonging, of power, and increased well-being overall. For CYSS specifically, the use of drugs, like glue, serves as a coping behaviour to numb the pain associated with adverse life experiences, supporting a youth’s ability to navigate the adversity they face on a daily basis (Theron & Malindi, 2010). Renouncing families who have failed to provide love, care and security, can be a means of protecting oneself by rejecting the idea of being unlovable or worthless (Sanders & Munford, 2007). Joining peer groups involved in crime and drug use may be an avenue for young people to experience solidarity and protection (Ungar, 2004), and counterintuitively they may in fact be safer in these groups than they were at home (Sanders & Munford, 2007). All of these seemingly maladaptive behaviours can contribute to building a resilient identity associated with the street and a sense of agency, both of which are important developmental tasks of adolescence. Conducting research with vulnerable youth populations, Ungar concluded that for many young people living in high-risk contexts, “patterns of deviance are healthy adaptations that permit them to survive unhealthy circumstances” (Ungar, 2004, p. 6). This perspective provides a helpful lens through which to understand CYSS’ circumstances.

This line of research has implications for resilience-promoting interventions with CYSS. Engaging directly with CYSS and listening to their accounts of their experience allows researchers to refine a dichotomized view of behaviour as adaptive or maladaptive, and instead provides a more meaningful, contextualized understanding (Bottrell, 2009). Through this research, positive dimensions of behaviour (e.g., in building a sense of belonging, a positive identity, agency, etc.) and personal strengths can be identified that can serve as a foundation for

interventions with CYSS. For example, Kidd and Davidson (2007) collected "narratives of resilience" from street-involved youth in New York City and Toronto. Analyses supported the idea that for some youth, self-identifying strongly with a street identity was a protective factor that led to heightened feelings of self-respect and more resilient outcomes, suggesting the value of a program that strengthens positive street identities for youth. This type of intervention may be especially valuable to implement with youth who are marginalized or alienated from mainstream society and for whom integrating may be less feasible. This could be a particularly practical option for socially excluded youth in low-resource LMIC contexts with limited employment opportunities and avenues for reintegration. Taking this kind of strengths-based approach that focuses on identifying the assets and resources that allow young people to thrive in the context of street life – equivalent to a PYD approach - should be an integral part of any program promoting resilience and healthy development in CYSS (Asante, 2015; Malindi, 2014), and is an example of a rights-based approach to intervention as promoted by the United Nations (2017).

The wide variability in the experiences pushing children to the streets and keeping them there will have significant bearing on how resilience manifests. The experience of resilience will be shaped by life history, by the availability of resilience-promoting resources in the environment, and by cultural beliefs and values, all factors that should be considered when undertaking a study of resilience in CYSS. Furthermore, certain behaviours or attitudes may not look to be resilient but may be serving an important, health-promoting function in CYSS that is adaptive in their specific contexts. We should appreciate these behaviours as means of surviving and coping with extreme scarcity and hardship (Ungar et al., 2008), a condition which characterizes the reality of most, if not all CYSS in LMIC. That said, it is important that we not discount the significant and long-reaching harmful effects that some behaviours associated with

street life can induce on development and we should not refrain from intervening to minimize the risks that are associated with these behaviours (Raffaelli et al., 2014). It is, however, equally important to recognize the function and purpose of these behaviours and their contributions to alternative resilient trajectories, and to consider how these inherent strengths can be harnessed by efforts to promote resilience in CYSS' outcomes worldwide.

Conceptualizing resilience for the current study. Three factors stood out as necessary considerations in conceptualizing resilience for the current study:

1) Resilience is a process that involves multiple, interacting systems;
2) Context matters, which includes contexts of adversity; and
3) Culture matters, which includes local perspectives and values

In view of the research highlighting external factors involved in resilient development, it is clear that resilience and its precedents should not be studied without considering the environment in which it is taking place and this should ideally be done at multiple levels (family, school, community, culture, etc.; Shaw et al., 2016; Ungar, 2013). Ungar et al. (2008) provided a definition useful in developing the resilience framework used in the current study that illustrates the multisystemic, interactive nature of the resilient process. He defines resilience as: "both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways" (Ungar et al., 2008, p. 225). This definition importantly highlights the need to look beyond individual-level factors, and to consider culturally relevant resources in the environment as necessary for resilient development. However, the question remains: how can we define well-being?

Defining well-being in the current research was guided by a focus on cultural and contextual sensitivity within a developmental systems framework. In the context where this research took place, children were exposed to chronic, severe stressors which have been associated with significant detriments to healthy development. It has been argued that seriousness of adversity is an important consideration to make in the study of resilience. Specifically, Luthar et al. (2014) suggest that in situations of severe adversity, one might interpret relative mental health or maintenance of healthy development as an indicator of resilience, rather than expecting a pattern of excellence or 'beating-the-odds' (also see Fletcher & Sarkar, 2013). A systems theory framework conceptualizes resilience as "the capacity of dynamic systems to withstand or recover from significant disturbances" (Masten, 2007, p. 921), a definition well in line with a view of resilience as coping or adapting to context, rather than as a means to a particular end (e.g., graduating high school). With a developmental lens, this was construed as adapting to context such that important developmental tasks could be met.

Given the contextual and cultural specificity in meaning associated with behaviours, I attempted not to presuppose that a particular behaviour (e.g., using drugs, engaging in violence) was good or bad, but rather to understand the significance of that behaviour in that context as experienced by the participant, while also keeping in mind how this behaviour influences development. Throughout the research process there was an emphasis on collecting and understanding local perspectives of resilience in order to understand what 'doing well' looks like from the standpoint of this community and to inquire how different individual and environmental factors made it easier or harder to 'do well' on their terms. This included not only achieving ideal outcomes or behaviours, but also maintaining the values, beliefs and norms that were seen as important to uphold as members of the community.

Nicaraguan Context

Background. Nicaragua is a country of approximately 6.5 million people located in Central America, bordering both Atlantic and Pacific oceans, and sharing land borders with Costa Rica in the south, and with Honduras in the North. Nicaragua was colonized by Spain in the 16th century and became fully independent in 1838. The Spanish brought their language and religion to Nicaragua; the influence of the Catholic church persists – approximately 50% of the population identifies as Catholic, an additional (33%) as Evangelical. Christianity is the second most common religious denomination (CIA, 2020). Nicaragua is a young country: the median age of the population is 22, and 35% of the population is below age 15. Adults complete 6.7 years of schooling on average, which is among the lowest of all Central American countries (Medina et al.,2012; United Nations Development Program (UNDP), 2019). Progress in school is also typically slow, taking an average of 10 years for students in Nicaragua to complete the six years of primary school (Medina, et al., 2012).

Nicaragua is the second poorest country in the Western hemisphere after Haiti (International Monetary Fund (IMF), 2018). Official estimates show that 25% of the population lives below the national poverty line and 5.5% of the country live in severe, multidimensional poverty (which involves not only financial deprivation, but also non-monetary deprivations related to health, education, and standard of living; UNDP, 2019). There is some variability in how poverty is measured, however, and estimates of poverty in Nicaragua vary by source and as a function of assessment methods, ranging from 18% using international standards (e.g., percentage living under $1.25 USD/day), to approximately 35% using subjective poverty (e.g., percentage of respondents who feel they are unable to meet their daily needs), and closer to 50% using national poverty line estimates (Garroway & Jutting, 2011). Sixteen percent of the population is

undernourished, which is the second highest undernourishment rate in the Americas (Huete-Perez, 2019). Despite a period of economic growth of 4% on average from 1995 to the 2010s, a sociopolitical crisis in 2018 dealt a significant blow to the economy, which declined between 2-4% in 2018 (IMF, 2020; U.S. Department of State, 2019). Even before the sociopolitical crisis in 2018, 80% of employment in Nicaragua came from the informal job market, which is typified by low-wage, precarious positions with little job security, protections or benefits that are legally mandated in the formal economy (Herrera et al., 2019). Approximately 20% of formal jobs disappeared between March 2018 and April 2019, and over 400,000 people lost their jobs (Assessment Capacities Project, 2018).

Aside from poverty, income distribution is another key economic indicator. Inequality is summarized by the Gini coefficient, which represents inequality on a scale from 0 (perfect equality) to 1 (perfect inequality). Nicaragua's inequality coefficient of 0.47 (The World Bank, n.d.) indicates lower inequality in Nicaragua than the Latin American region on average, and higher inequality than the global average (United Nations, 2013). Latin America has among the highest inequality in the world but a favourable pattern of decreasing inequality has been observed in recent years which has been mirrored by Nicaragua's trajectory (United Nations, 2013). No data are yet available to illustrate the effects of the sociopolitical crisis in 2018 on inequality.

Using the Human Development Index, a composite index representing life expectancy, education and income, Nicaragua classifies as medium (UNDP, 2019). It ranks below the Latin American and the Caribbean average, indicating lower levels of social and economic development for Nicaraguans as compared to the conditions of inhabitants of other countries in the region.

Culture. Like other Latin American cultures, Nicaraguans highly value family (Medina et al, 2012). Familism is a term for the traditional cultural value describing high levels of family commitment and placing the needs of the family above all individual members. Latin Americans, compared with other ethnic groups, are said to have larger family networks with strong feelings of loyalty and reciprocity (Gallo et al., 2009). In Nicaragua specifically, family structure has been described as "loose", meaning that ideas of family apply beyond the nuclear family and to non-biologically related kin, creating large, extended family structures (Adams, 1957). Ascription to the value of familism is related with better psychological well-being and has been found to protect against high levels of chronic stress (Mogro-Wilson, 2011).

Fatalism is another belief widely observed in Latin American cultures, described as the passive acceptance that fate is out of one's hands and thus inevitable (Maercker et al., 2019; Marin & Marin, 1991). Fatalism is seen as an important framework through which to study psychological processes, especially in contexts characterized by a collectivist culture, and low levels of development – like Nicaragua (Vázquez & Panadero, 2016). Maintaining a fatalistic perspective is said to allow individuals who are facing despairing and immoveable circumstances of adversity to cope with feelings of helplessness and accept their circumstances (Lewis, 1966; Vázquez & Panadero, 2016). Holding strong fatalistic beliefs has also been proposed to moderate the effect of trauma exposure on development of post-traumatic stress symptoms; when individuals see adversity as an expected or ordinary part of life, their subjective experience of these stressors and thus the impact of the experiences on mental health may be lessened (Maercker et al., 2019). Nicaraguan culture has been heavily influenced by the Catholic church (Medina et al., 2012), and fatalism is frequently associated with the belief that God determines one's future (Eggerman & Panter-Brick, 2010).

Marin and Marin (1991) identified a number of core values associated with Latin American culture in addition to familism and fatalism. '*Respeto*' (respect) describes deference to a generational hierarchy and is reflected in expectations that children are obedient and respect parental rules. '*Confianza*' (confidence/trust) is another cultural value which reflects the importance of interpersonal relationships characterized by a high level of trust and fraternity. Finally, there are also strictly defined gender roles in Latin American culture, subsumed by the values of '*machismo*' and '*marianismo*'. *'Machismo'* describes expectations in Latin American societies that males are dominant, brave, strong, non-emotional, and sexually capable (Nuñez et al., 2017). '*Marianismo'* is a parallel term applied to females who are expected to be pillars of the home and family, passive, self-sacrificing, and chaste (Nuñez et al., 2017). Gender role expectations are reflected in the acceptance of certain behaviours in boys, like drinking alcohol or fighting, but not in girls (Lancaster, 1995), and have also been used to explain why there are more boys than girls on the street in other contexts with similar traditional gender roles (Aptekar & Ciano, 1999; Bademci et al., 2014). Machista beliefs also contribute to a strong stigma against homosexuality that persists in many Latin American societies, including Nicaragua (Lancaster, 1995; Welsh, 2014).

History. Nicaragua's development has been negatively impacted by a complex political history, and several major natural disasters (Sapag et al., 2013). Since the late 1800s, multiple periods of dictatorship and US interference have resulted in civil conflict (Staten, 2010). Rebelling against the US military occupation of Nicaragua in the 1920s and 30s, Augusto Cesar Sandino became a symbol of resistance and revolution in the country (Staten, 2010). Sandino, a general in the Nicaragua army, disapproved of US involvement in Nicaragua's governance and led a guerilla war against US forces stationed in the country and the Conservative government

put in power through US influence. In 1934, after years of guerilla warfare and signing of an amnesty agreement, Sandino was assassinated by the leader of the National Guard, Anastasio Somoza Garcia (Staten, 2010). Somoza went on to usurp the presidency, marking the beginning of 44 years of a dictatorship held by the Somoza family (Paris, 2002). The Somoza government was widely perceived as corrupt and catering only to the country's elites, and was thought responsible for exacerbating poverty and high levels of income inequality in the country. Inspired by the discontent with the Somoza government, and borrowing from Sandino's ideology and revolutionary ideas, the Sandinista National Liberation Front (FSLN) was founded in the 1960s with the goal of overthrowing the dictatorship and creating a government for the people (Paris, 2002). Support for the FSLN grew as opinions of the government continued to worsen, thanks to mishandling of relief funds for the 1972 earthquake in Managua, the capital city (Schroeder, 2005). The city was leveled; at least 11,000 people were killed, and more than 70,000 homes were destroyed, causing economical and developmental consequences that are said to be felt to this day (Garvin, 2010). Tensions increased further during the mid-70s as leaders of the FSLN and other government opposition parties were assassinated, and large-scale riots, strikes and revolts were held across the country by FSLN supporters (called Sandinistas) calling for Somoza's resignation. These conflicts ultimately led to the Nicaraguan Revolution, a violent clash between the Sandinistas and the Somoza government which seemingly ended with an FSLN victory over government forces in 1979 (Paris, 2002). In the 1980s, however, counter-revolutionary forces funded by the US government launched an offensive against FSLN forces which lasted for nearly ten years, before finally ending in 1990. These clashes killed an

estimated 80,000 Nicaraguans, and half are believed to have been civilians (Seligson & McElhinny, 1996).

The politics of the FSLN were meant to create better living conditions for the majority of Nicaraguans that were living in poverty. The government focused on redistributive economic efforts and made massive investments in social services. They ran a successful national literacy campaign which was awarded the UNESCO Literacy Award for boosting literacy levels from 50% before the revolution to 87% within five months (Arnove, 1987; Hanemann, 2005). The leader of the FSLN, Daniel Ortega, was elected in democratic elections of 1984, but the party lost to the opposition in 1990, 1996, and 2001. Despite government efforts, inequality continued to grow during the 90s and democratic institutions remained unstable (Thaler, 2017), challenging any agreement on postwar governmental structure, and threatening the population's faith in the government (Paris, 2002; Seligson & McElhinny, 1996). Ortega was re-elected in 2006 and has been in power since, making amendments to the constitution abolishing term limits of the presidency and putting him in charge of judicial, police and military systems (CIA, 2020; Thaler, 2017). He was re-elected in the country's most recent elections in 2016, a process fraught with accusations of corruption and fraud. Ortega refused to permit international electoral observation, he named his wife as his vice-presidential candidate, and he removed opposition parties from the legislature (Thaler, 2017).

Perceptions of corruption, mishandling of forest fires in protected reserves in early 2018, and disagreements about the construction of a Chinese-funded interoceanic canal sowed seeds of discontent in the country (Gies, 2018). This discontent was galvanized in April 2018 in response to reforms to the social security system made by Ortega and his wife, Vice President Rosario Murillo. Citizens, most of whom were university students, began a peaceful protest which

escalated when government forces responded violently (Huete-Perez et al., 2019). Hundreds of people were killed over the next several months, making this the deadliest conflict since the Nicaraguan Revolution (Robles, 2018). Many thousands more were injured, jailed, or fled the country (Sherman, 2018). Both the United Nations Office of the High Commissioner for Human Rights and the Inter-American Commission for Human Rights documented violations of human rights and denounced the Nicaraguan government's actions (Huete-Perez, 2019; Human Rights Watch, 2019).

Mental Health. A review of the history of politics and economics of Nicaragua introduces many potential factors that could come to bear on mental health and helps to contextualize research on psychological functioning and resilience. Longstanding high rates of poverty, which has well-established detrimental effects on development (Wadsworth & Achenbach, 2005) and children's school achievement (Duncan & Brooks-Gunn, 2000), were exacerbated by the conflict in 2018 in Nicaragua. Poverty creates difficulties within families; it is associated with higher rates of psychological distress and domestic violence (Eggerman & Panter-Brick, 2010). Furthermore, families were fragmented when many Nicaraguans who lost their jobs were forced to make the difficult decision to leave their children in order to pursue economic opportunities elsewhere, or to otherwise flee government persecution (Medina et al., 2012; Sherman, 2018). Structural and economic barriers such as this interfere with the ability to adhere to cultural values like familism; though familial separation would be detrimental in any context, in cultures where the value of family is fundamental to identity, these separations may be especially damaging (Eggerman & Panter-Brick, 2010). Though the psychological impact of the 2018 conflict in Nicaragua has not yet been empirically investigated, it could be expected

that with increasing poverty and family separation, children and families would be experiencing higher levels of stress that negatively impact psychological health.

Nicaragua's history involves pervasive exposure to violence as a population and the shared collective experiences of war. At the time of the 1978-1990 civil war, nearly the entire population was directly affected: an estimated 35% of the population of Nicaragua lost a family member in the revolution and approximately 1 in every 38 Nicaraguans was killed (Seligson & McElhinny, 1996). The effects of violence are felt across multiple systems in society, from individual mental health, to family and community well-being (Miller & Rasmussen, 2010). Violence exposure predicts trauma-related symptoms, as well as anxiety, depression and other psychiatric symptoms (Lynch, 2003). Many of those affected by the war have grown up to be parents of the next generation, and the experience of these mental health challenges in parents can influence parenting behaviour and child mental health (Eggerman & Panter-Brick, 2010; Kahn et al., 2004; van Ee et al., 2012). Violence exposure associated with war can have epigenetic effects that are passed down over generations and that influence stress response and vulnerability to mental illness in children (Yehuda & Bierer, 2009). War can also cause disruptions to family structure, increasing familial stress, and negatively impacting child development (Masarik & Conger, 2017; Miller & Rasmussen, 2010). At a societal level, violence depletes social capital and community trust, and slows development (The Word Bank, 2011). The violence associated with the long-running war and the more recent conflicts in Nicaragua has likely had a significant, negative impact on children, their families, and communities (Human Rights Watch, 2019; Quesada, 1998).

These collective traumatic experiences may also be relevant when considering national identity. When the FSLN overthrew government forces, there was a dramatic change to the

governmental structure that for many represented hope (Sveaass, 2000). Many people fought and died in the name of FSLN ideology and for a better future for their country. Collective participation in the revolution by so much of the population signified solidarity, and strongly shared values and beliefs. This kind of experience can strengthen a sense of collective identity (Polletta & Jasper, 2001). Affiliation with a collective identity can contribute to feelings of belonging and serve as a resilience-promoting factor at the individual level (Alcorta et al., 2020; Wexler et al., 2009). Strong, shared identities can be protective at the societal level too, facilitating trust between community members, reducing the likelihood of violence in communities, and building a sense of social cohesion (Alcorta et al., 2020). Social cohesion is a characteristic of healthy societies: it relates positively to a number of health and educational outcomes, as well as economic outcomes like GDP. Socially cohesive societies are those where members feel included and actively participate in society; are trusting of one another; have adequate living conditions; share similar values; and have possibilities to advance and progress as individuals (also called social mobility; Garroway & Jutting, 2011; Miller & Ali, 2014).

The collective identity in Nicaragua has likely been influenced by the challenging circumstances that the population has faced over the past couple decades. Many people have become disenchanted, or even feel betrayed, by the current government. For some who had built their identity around Sandismo, Ortega's government no longer represents what they fought for and believe in (Thaler, 2017). The FSLN is no longer a rallying party of the people and has instead become divisive. Though this topic has not been examined empirically in Nicaragua, it is reasonable to expect that this could lead to a collective loss of hope and shift in sense of national collective identity. Identity may also be affected when individuals encounter challenges in adhering to cultural values like familism, due to conditions of poverty and conflict, along with

other structural barriers (Eggerman & Panter-Brick, 2010). Breakdowns in collective identity negatively impact social cohesion; this in turn is associated with higher risk of violence and social exclusion, and carries widespread negative implications for individual mental health and well-being (Alcorta et al., 2020; Pickett & Wilkinson, 2018).

Social cohesion is further impacted by economics, and unequal societies tend to experience lower levels of social cohesion (Pickett & Wilkinson, 2018). Inequality is especially problematic in societies with low levels of social mobility: where those who are born poor, stay poor. In societies with low social cohesion, low social mobility, and high inequality, there are groups who face immoveable social exclusion and have little hope for a better future. Interestingly, though 83% of people in Central America report believing that it is possible to make progress in their lives, this region has the lowest social mobility in the world (Garroway & Jutting, 2011).

Despite the challenges faced by many Nicaraguans that have significant mental health implications, it is estimated that less than 25% of Nicaragua's population has access to mental health care (Sapag et al., 2013). Mental health makes up only 1% of the national budget, and 90% of this funding is for psychiatric hospitals. Only 8% of the available services focus on children and youth despite significant mental health challenges and high rates of substance abuse in Nicaraguan youth (Ravindran et al., 2018). Nicaragua also has the highest youth suicide rates of any country in Latin America (Sapag et al., 2013; Teti et al., 2014). There remains a great deal of stigma relating to mental health care in Nicaragua, as in many LMICs, which restricts help-seeking (Ravindran et al., 2018).

Economic and historical contexts including shared collective experiences of war and revolution, cultural values, inequality, and social cohesion, are among the higher-level factors

that may influence vulnerability and resilience in psychological functioning of Nicaraguans. This backdrop allows for a more contextualized analysis of the phenomenon of CYSS in Nicaragua, and their manifestations of psychological resilience.

Chavaladas (research Site). Chavaladas is an NGO located in León, Nicaragua. León is the second largest city in Nicaragua, located on the West coast of the country. Of a population of close to 200,000 inhabitants, approximately half are thought to be living in poverty (Instituto Nacional de Información de Desarrollo, 2016; Vázquez & Panadero, 2016). León is a historically important city, housing the country's first university (also the second oldest in Central America), and is known for being the liberal stronghold of the Sandinista revolution. The economy in León relies heavily on tourists who come to visit nearby beaches, volcanoes and historical attractions.

Chavaladas is a privately funded NGO that was incorporated in 1995 with the objective of providing a structured and enriching environment to ameliorate mental health concerns, reduce illicit substance use, re-integrate families, and promote long-term well-being for CYSS in León. Staff work with 20-25 boys ages 7-15 in their centre every year and reach an additional 12-15 boys through street outreach programs. All of the boys and their families are low SES. The staff provide daily attention from 8am-5pm for boys to receive assistance with schoolwork, to participate in recreational activities daily, such as art, sports, and games under adult supervision. Boys receive three meals daily and have the opportunity to bathe and wash their clothes. The centre also has space for 3-4 interned boys who are unable to live with external caregivers, and who live in dormitories in the centre full-time, with adult supervision.

A major program activity is street outreach. Several times per week, staff walk around the city in areas where CYSS live to check in with the boys who are currently living on the street and remind them of the scheduled attention they can receive at the centre. Some of these boys are

engaged in menial work at the terminal market (e.g. selling food, running errands for other vendors, smoking cheese, preparing sausages), while others are engaged in begging. Chavaladas staff provide regular workshops on topics related to health and safety which are directed to this group of CYSS, as well as organizing bi-weekly sports events. The staff prioritize holistic care and oversee regular medical appointments and necessary treatments, as well as ensuring legal assistance where necessary. For example, many children do not have legal registration documents (birth certificates or ID cards), preventing them from enrolling in school or receiving medical care. Chavaladas staff also accompany children through legal proceedings in instances of police brutality. Across the 25 years they have been in existence, Chavaladas has provided support for over 400 boys.

The challenging work undertaken by the staff at Chavaladas is made even more difficult by a number of structural and financial barriers. The centre is chronically underfunded and is currently operating on a budget that is 70% of what is needed to be running their program as intended. As a result, staff have absorbed major salary cuts, and some staff from an already under-staffed team have been let go (personal communication with Ms. Amalia Cuadra, director of Chavaladas, 2020). Although Nicaragua ratified the UNCRC, Chavaladas staff report that the responsible government ministries are not complying with legal obligations set out by the convention and by the country's own laws. This shortfall is believed to be the result of insufficient funds, as well as discriminatory attitudes towards the population of CYSS. The government shortcomings in providing the care that children are entitled to underscores the importance of the work that Chavaladas and other independent non-profit organizations are undertaking.

Program Structure (STROP-R). The structure of the Chavaladas program is based on a model employed by the Red Cross with traumatized children in refugee camps in Europe: STROP (Structure, Talking and Time, Rituals, Organized Play and Parental Support; Sjölund, 2007). The underlying goal of this program is to create a structured and predictable environment for children who have become habituated to chaos and unpredictability, which is hypothesized to contribute to observed mental health concerns and negative long-term outcomes. The staff at Chavaladas have implemented an additional component to the STROP program as a means of addressing the UNCRC's call to ensure children's rights are the focal point of any intervention for CYSS: a focus on educating children and the wider community on the rights and responsibilities (R) of the child. This adapted model is referred to as STROP-R.

Underlying the STROP-R model is developmental theory. Childhood on the street does not entail age-appropriate activities; therefore, street children and youth's development is not presumed to follow the typical trajectory (Hollingsworth, 2008). STROP-R prioritizes the implementation of developmentally appropriate activities and goals to try to re-instate a more traditional period of childhood. Additionally, there is a focus on providing individualized intervention to young people based on their developmental stage and needs. For instance, young children attending Chavaladas participate in distinct activities and have less responsibility in the centre than 15-year-old youth, who are expected to fulfill a more substantial role in helping with cooking and cleaning the centre. STROP-R also draws from the ecological systems model (Bronfenbrenner, 1979), which recognizes the child as existing within multiple layers of environmental influences, including the family, the school, the community, and the culture. The program places high value on making change at various levels of the child's environment; namely, the involvement of family is believed to be a crucial aspect of the STROP-R

intervention. Interventions also extend to schools to try to shift negative perceptions of CYSS in the wider community.

Mobile School. In 2012, Chavaladas partnered with a Belgian organization to implement the Mobile School, a novel educational tool that has been designed specifically to engage CYSS in their own environments. The Mobile School is a six-metre long structure on wheels designed to be colourful, engaging and attractive for children and youth. On all sides hang detachable panels with games that promote literacy, mathematics, critical thinking, and social skills, along with blackboards for fine motor skill practice through writing and drawing. The Mobile School can be transported and set up in public spaces like markets, parks, or sidewalk areas. Project staff facilitate interactive activities that encourage cognitive and academic growth and development, and positive socialization. Chavaladas staff aim to utilize the Mobile School twice per week, and strategically visit focal neighbourhoods around the city that have been identified as having high numbers of CYSS.

The Mobile School is seen as crucial intervention tool by the staff at Chavaladas because of the connections that they have forged with CYSS through its use. Their consistent presence in areas with high numbers of CYSS has permitted widespread information-sharing about the project and has allowed trusting relationships to develop between staff, children, and families who later enrolled in the project. It has also been a means of keeping track of and monitoring at-risk children and families.

CYSS in Nicaragua. As part of their efforts to support the CYSS population in León, Chavaladas staff undertake a needs assessment with boys, families and community members every several years. They estimate that there are 25,000 CYSS in Nicaragua (Proyecto Chavaladas, 2016). They have found that, like CYSS in other LMIC, the boys who attend

Chavaladas face significant risk factors during their time on the street (Woan et al., 2013). There is a high risk of becoming addicted to substances: 54% report consuming drugs, which is likely an underestimate, due to unwillingness to report drug use (Proyecto Chavaladas, 2016). Drugs that are reportedly used most commonly are marijuana, alcohol, cigarettes, and inhalants (glue). Glue is the cheapest drug available on the street and carries significant risk of physical and neurological damage (Woan et al., 2013). The Chavaladas' diagnostic report (2016) also highlights rising rates of crack use. This report underscores risks in terms of physical violence by peers, adults, or police; risk of sexual abuse and exploitation; infections and physical health ailments resulting from injury or insufficient nutritional intake; and alienation and marginalization from society due to stigmatization and negative perceptions towards CYSS from the wider community.

Most of the children and youth surveyed at Chavaladas have faced complex traumas in their households prior to their arrival on the streets. Chavaladas's needs assessment report (2016) notes the ubiquity of experiences such as bearing witness to, or being victims of, physical and/or sexual abuse, death of family members or caregivers, and abandonment. As a result, a key characteristic of some of these boys is a missing or unhealthy attachment to a responsible adult, a trait which is associated with significant negative developmental outcomes in the long-term (Kobak et al., 2006). Correspondingly, program staff have observed a number of concerning mental health symptoms in the boys who are seen at Chavaladas, such as extreme emotional dysregulation, presence of depressive, post-traumatic and psychosomatic symptoms, hypervigilance and inability to trust, attentional deficits and hyperactivity (Proyecto Chavaladas, 2016).

Current project

With a growing CYSS population worldwide, there is a pressing need for research that will guide development of protective policy and interventions for this high-needs group of young people – especially in LMIC, where the majority of CYSS live, and where little research has been conducted in the past. Previous research has often focused on the perceived deficits or pathologies of CYSS and has failed to recognize the substantial capacities and adaptability displayed by this group of youth.

The current research project was conducted in collaboration with Chavaladas with the aim of developing a grounded theory of resilience as it pertains to male CYSS in León, Nicaragua. Several groups of youth, as well as program staff, and community members who are in contact with CYSS, participated in the research. Data were collected to address the following questions:

1) What difficulties do male CYSS in León, Nicaragua experience in their daily lives?

2) How do CYSS, their families, and their communities define resilience, and what does it look like?

3) What strategies, capacities, and resources do they rely on to navigate adversity, and pursue resilience?

Unlike most studies that have been conducted with populations of CYSS in other parts of the world, this study incorporated perspectives of family members of CYSS. Qualitative data were collected to understand local perceptions of well-being and resilience, and to identify the risk factors faced by CYSS. These findings were supplemented by detailed field notes; observations that I logged daily during the time I spent with the boys at the project. Quantitative data from evidence-based questionnaires complemented qualitative findings as they facilitated a contrast between context-specific findings of the phenomenon of resilience in this group of CYSS with an

existing framework of resilience as generated through research in disparate contexts. Additionally, collection of quantitative data enabled exploratory comparisons between resilience and mental health in this group of CYSS with high-risk children and youth in other parts of the world. The addition of quantitative data and resulting conclusions support implications for future resilience research, particularly in LMIC. Together, these data contributed to the development of a context-specific conceptual model of resilience as it pertains to this group of CYSS.

Methods

Design

A mixed methods approach was taken in the current study. Mixed methods have been recognized as the ideal approach for research with CYSS, as they can be used to triangulate findings, and overcome issues with reliability of respondents, an issue highly pertinent in work with CYSS (Aptekar & Heinonen, 2003). The synthesis of mixed methods and grounded theory is an approach that has been increasing in popularity in recent years (Howell Smith et al., 2020), and has been described as a particularly strong approach to use in the development and elaboration of novel theories (Walsh, 2015).

Though mixed methods were used, qualitative data collected through in-depth interviews and focus groups were the dominant focus of analysis (Teddlie & Tashakkori, 2006). Collecting qualitative data in the study of resilience is considered best practice (Theron, 2012). In-depth interviews were used as the prime method of data collection because they allow for effective identification of participants' beliefs, experiences, and attitudes (Gill et al., 2008). In keeping with an epistemological stance which views the collection of diverse types of data as valuable in comprehending complex phenomena, the choice was made to collect qualitative data from focus

groups as well (Lambert & Loiselle, 2008). All interviews and focus groups were audio recorded, and later transcribed and translated (process described in detail below).

There is a lack of clarity in the literature regarding whether focus groups or interviews provide 'better' data (Guest et al., 2017). The choice to conduct focus groups in addition to interviews was made for several reasons. First of all, it has been found that focus groups and interviews can provide complementary information that can be useful to broaden the findings of interviews (Guest et al., 2017). Focus groups have been thought to be especially useful in generating information about social and cultural beliefs, norms, and meanings; identifying group language and idioms; and also observing interpersonal dynamics (Gill et al., 2008). Interviews, on the other hand, may be more useful in understanding idiosyncrasies or personal experiences that can distinguish or differentiate individuals within the group, and in exploring topics that may be sensitive in nature and thus not easy to discuss in a group setting (Gill et al., 2008; Michel, 2011). Focus groups were seen as a culturally appropriate method of data collection and have been implemented successfully by Chavaladas staff to collect information about participant experiences in the program. It was believed that by including both interviews and focus groups, qualitative data would be both broad and deep, and that findings could be triangulated to provide a means of validating qualitative data. Therefore, both interviews and focus groups were included in the research design but were dealt with differently in analyses, as described in detail below. Questionnaires were also administered to measure resilience and mental health of CYSS from the perspectives of the boys themselves, family members and staff. Finally, I took detailed field notes on each of the thirty-two days I attended the project, which were used to supplement analyses with observational data.

The expertise of program staff was fundamental to the development of the research design and methods. Involving local experts in the design process was meant to mitigate the difficulties that can arise in etic research when an outsider comes to investigate a culturally embedded phenomenon and imposes foreign ideas that may or may not be relevant to the local context. Staff provided insights into the validity and acceptability of methods, and the relevance and comprehensibility of questions, and also supported relevant interpretation of final results.

Participants

Six separate groups participated in focus groups and/or interviews: three groups of male child and youth program participants, and three separate groups of adults (both male and female). The participation of members from each group in interviews and focus groups is presented in Appendix A. The sample of youth was drawn from the approximate 20-25 boys that Chavaladas works with at a given time. The choice to participate in the focus group versus an interview was made due to the participants' availability during the scheduled focus group time, and many individuals participated in both if they were present and willing.

The first group of children and youth participants was drawn from the group of boys participating in the preventative arm of the project and made up the 'at-risk' group (n = 8). They attend the project daily to receive homework support and food, and participate in recreation, arts and crafts. Eight boys from the 'at-risk' group participated in individual interviews; five of these boys also participated in a focus group. Participants in this group ranged in age from 10-16.

The second group of boys was drawn from the risk and harm reduction group at the project (n = 8). These boys spend most of their time on the street; all of them work on the street, and a subgroup also sleeps on the street. They are free to attend the project in the afternoons to bathe, wash their clothes, and participate in recreation. They are also invited to monthly

workshops on topics related to healthy living, and bi-weekly sports events. Several of these boys also provide support to the project staff during outreach activities, such as the Mobile School. Eight boys from the risk and harm reduction group participated in individual interviews; three of them also participated in a focus group. Participants in this group ranged in age from 15-24. In keeping with the language of Chavaladas staff, this group will be referred to as the "street" group.

The third and final group of youth attended the project in the past and is no longer attending (n = 6). This group was called the 'graduate' group, though they left the project for a variety of reasons: some aged out of the program, whereas others were not permitted to attend because their caregivers did not attend the required parent meetings. One young man participated in an individual interview, and five others participated in a focus group. Participants in this group ranged in age from 16-27.

The first group of adult participants was Chavaladas project staff. All core staff members (n = 6) participated in individual interviews and a focus group. Given the extensive experience of the project staff working in child protection, and specifically working with the CYSS population in Nicaragua, this group's contributions were framed as "expert" perspectives on the phenomenon. The second group of adults was made up of caregivers and family members who were responsible for the child enrolled in the project (n = 10). This group included grandparents, cousins and parents. Two family members participated in individual interviews, six participated a focus group, and two participated in both. Finally, community members participated only in individual interviews (n = 8), as a focus group was not logistically feasible.

Procedure

Approval for the current project was obtained through the Human Participants Sub-Committee of the York University Office of Research Ethics. Data were collected over a two-month period from February-April, 2019 in León, Nicaragua.

I had been involved with the project for 5 years intermittently prior to beginning my dissertation research, and was therefore familiar with many of the staff, and some of the children, youth, and families. However, it was important to continue to build relationships and trust with project participants as much as possible prior to collecting data. Failing to build relationships, especially when conducting research with a marginalized population like CYSS, can lead participants to be less likely to respond truthfully and openly; this would be a natural and adaptive response in an environment characterized by a lack of trusting adult relationships (Aptekar & Heinonen, 2003). Therefore, I attended the project daily for two weeks prior to beginning data collection to participate in activities and support in the daily goings-on of the project. I also engaged in conversations with children whom I saw on the street in León in order to become more familiar to the boys and build relationships with them. This was one means of improving reliability of data (Aptekar & Heinonen, 2003).

Informed consent was obtained prior to collecting data. This was provided by caregivers of boys under the age of 18 where possible. York University HPRC guidelines for research with street youth indicate that individuals aged 16-18 can participate in research without parental consent should they be interested, so long as there are appropriate mental health supports in place if needed (York University, n.d.). This process ensures that these marginalized youth without caregivers to consent for them, who rarely have the option of having their voices heard in research, are given the choice to be heard. Allowing them to participate without guardian consent also acknowledges the autonomy and independence of youth who have been fending for

themselves, often for many years (Ungar & Liebenberg, 2011). Only in one case was a youth under 18 without caregivers interested in participating. In this case, both he and project staff provided informed consent for his participation to ensure highest possible ethical standards. All participants were informed of research aims and procedures, the nature of voluntary participation, and the limits of confidentiality. They were also made aware that they could seek support with project staff should they feel distressed by participating. Additional consent was sought for the use of audio recording. Most participants were given the option to participate in a focus group or an interview, although no participants indicated a strong preference towards either and many participants were involved in both. Community member participants were only involved in individual interviews due to the logistical challenges of organizing a focus group.

Potential youth participants were selected based on guidance of program staff using the criteria of adequate maturity (deemed by local staff to be approximately 10 years of age and older) and existence of a relatively trusting relationship between the child and the project. By involving only boys who had trusting relationships with the project, participants were more likely to feel safe and comfortable during the research and more likely to be honest in their accounts (Aptekar & Heinonen, 2003). All boys and family members approached to participate agreed, as did all program staff. All interviews and focus groups with youth, family members, and program staff were held at the project office.

Potential community member participants were identified by program staff or by boys on the street as people who have contact with CYSS. They included market and street vendors, school staff, and employees at local businesses or non-profits that have close contact with CYSS. Community members were approached at the market, on the street, in local businesses, and in schools and were given a description of the project along with the invitation to participate in a

one-on-one interview. All of those approached were willing to participate, except for one individual who was apprehensive about speaking to a researcher because of the political climate in Nicaragua at the time. All interviews with community members were conducted in community settings.

Interviews and focus groups were all led by the primary investigator and were audio recorded using an Evistr digital voice recorder. They were all conducted in Spanish except for one English interview with a fluent English-speaking community member. Interviews and focus groups followed a semi-structured format. Semi-structured interview guides were developed for use based on similar research exploring resilience and adversity across cultures (e.g., Eggerman & Panter-Brick, 2010). Questions for youth included: "Describe your typical day, what do you do and who do you see?"; "Who do you trust most in your life? Who can you count on?"; "What kind of problems do you face in your life? Does this problem have a solution? What could you do to solve this problem?"; and, "If you could change one thing in your life, what would you change?" (see Appendices B-E for full list of questions asked to youth and other participants). All questions were reviewed by a member of the Chavaladas staff prior to administration to ensure they would be understandable and relevant for local participants. The questions were edited based on her feedback. One major change included a further explanation when asking about *resilience,* as this was not a familiar term locally. This question was re-worded from "what can you tell me about the resilience in the boys here at the project?", to "what can you tell me about the strengths of the boys here at the project?", or "what can you tell me about what helps boys you see at the project do well?". Another suggestion was made based on feedback that far future thinking is not commonly observed in this group. When asking about future goals and

aspirations, “where do you see yourself in 5 years? In 10 years?” was modified to “where do you see yourself in 1 year? In 5 years?”

Individual interviews ranged from approximately 10 to 90 minutes and followed the semi-structured interview guide with follow-up questions where appropriate. They were conducted one-on-one with the interviewee and the primary investigator and in private spaces to the fullest extent possible. A total of 36 individual interviews were held (see Appendix A for summary table). Focus groups ranged from 56 to 80 minutes and followed a similar semi-structured format. A total of five focus groups were held: one with “at-risk” boys, one with “street” (risk and harm reduction) boys, one with “graduate” boys, one with family members, and one with program staff. Attendance at focus groups ranged from three to eight, which falls within a range deemed acceptable for focus groups (Gill et al., 2008). Focus groups were facilitated by the primary investigator with the support of a project staff member who had extensive experience leading focus groups with children, youth and families at the project. The staff member was able to help obtain informed consent and to facilitate discussion during the focus groups by re-wording questions using more locally relevant language and prompting for responses when participants were hesitant. She also organized ice-breaker activities and/or closing activities that were culturally familiar and engaging for participants. Having the same two facilitators present for each focus group provided a degree of standardization across focus groups.

All focus groups were initiated with a description of “ground rules”, which included: there are no right or wrong answers; we value any and all contributions as equally important; we are quiet and respectful while others are talking; we encourage all individuals to make contributions where they feel comfortable; and we maintain privacy of others in the group by

keeping all information shared confidential. These rules were presented pictorially and verbally, as some members of focus groups could not read. At the close of each focus group, participants were provided with snacks and refreshments.

Incentives for research participants were selected based on feedback from program staff and were commensurate with time commitment of participation (e.g., whether they participated in a focus group and an interview, or only one or the other). Boys who participated in the research received a pair of flip flops and a pair of shorts. Program staff were given new work t-shirts with the branded logo of Chavaladas. Family members were provided with a gift card for a grocery store, and community members were put in a draw for a grocery store gift card.

Upon completion of data collection, the primary investigator organized a meeting with the program staff. The purpose of the meeting was to present preliminary findings and to obtain expert feedback on initial themes, so that the direction of subsequent analyses, though still empirically grounded in data, could be partially informed by individuals with expertise in the topic and insight into the cultural nuances of language and topics raised.

Measures

Quantitative data were collected from children, staff, and family members in order to provide evidence-based and validated measurements of resilience and mental health (see Appendices F-J for measures). Questionnaires were completed by participants one-on-one with the support of the primary investigator in a private space. Questionnaires were administered after participation in an interview and/or focus group to preclude the possibility that the content of questionnaires would influence narrative responses. They were administered in a randomized order across participants. There were several cases of missing data, which occurred when boys

didn't turn up at the project when expected or were unwilling to complete any/all of the questionnaires due to the time commitment.

Despite the existence a number of standardized questionnaires purporting to measure resilience, there is no gold standard measure of resilience (Windle, Bennett, & Noyes, 2011). Ultimately, two measures of resilience were administered, each of which was believed to potentially capture unique perspectives of resilient functioning. A commonly used children's mental health questionnaire was also administered to provide data on mental health concerns in the sample. The questionnaires administered were:

The Child and Youth Resilience Measure (CYRM; Ungar & Liebenberg, 2011). The CYRM was developed specifically for researchers aiming to study and measure resilience in diverse contexts (Liebenberg et al., 2012). The authors of this measure conducted a project exploring resilience in children and adolescents in 11 different countries. Using mixed methods and an iterative design, this project served to identify themes and patterns recurring in youth experiences of resilience internationally. Findings of this research informed the development of the 28 items on the CYRM, each of which is rated on a 5-point scale from 1 (doesn't describe me at all), to 5 (describes me a lot). Items fall into three overarching categories, which are represented by subscales: individual resilience (e.g., "People like to spend time with me"), relational resilience (e.g., "My family stands by me during difficult times"), and contextual resilience (e.g., "I know where to get support or help in my school or community"). These subscales combine to yield a summary score, with higher scores representing higher presence of resilient processes. The contextual resilience subscale, which probes knowledge of available community supports, cultural values, and other culturally specific factors, is unique among standardized measures examining resilience, and is a purported strength of the CYRM, one

which is especially valuable for researchers implementing the questionnaire cross-culturally (Ungar & Liebenberg, 2011; Windle et al., 2011). The CYRM has two formats, one of which is a self-report, and the second of which is a "Person Most Knowledgeable" (PMK) report, completed by a person well-known to the child or youth in question (Resilience Research Centre, 2016).

The CYRM is now one of the most widely used measures of resilience, with strong psychometric properties when used to capture resilience in international youth samples in Spain, (Llistosella, 2019), New Zealand (Sanders et al., 2017), South Africa (Govender et al., 2017) and Iran (Amirsardari et al., 2016), among others. The CYRM has also been used specifically in research with the CYSS population in South Africa (Malindi, 2014). It has been translated for use in many languages including Spanish and is suitable for use with children as young as 8-years-old. In a sample of high-risk Spanish youth, the Cronbach alpha value of the Spanish CYRM was found to be 0.78 (Llistosella, 2019).

This questionnaire was deemed to be a valuable measure of resilience given that it was developed with youth and was specified for use in cross-cultural contexts. The three subscales of resilience at different levels is reflective of the ecological systems framework guiding much of the research in resilience (Bronfenbrenner, 1979). This self-report questionnaire was completed by all three groups of boys. Program staff completed the PMK format of the questionnaire to provide ancillary information on boys in the at-risk, and street groups. The staff member completing the questionnaire was typically the one who had been assigned to work with the child in question (in the case of the at-risk group), or who was identified as knowing the boy the best (in the case of the harm reduction group). No PMK questionnaires were completed for the graduate group since they had experienced limited contact with staff since leaving the project.

The version of the questionnaire used in the current study was a 27-item Spanish language translation appropriate for application in the Latin American region that was available on the CYRM developer's website.

The Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003). The CD-RISC questionnaire was developed to quantify resilience in clinical and non-clinical adult populations, specifically to establish the effects of intervention on resilience (Connor & Davidson, 2003). In contrast with the CYRM, the CD-RISC was developed with adults in Western samples (Windle et al., 2011). The 25 items on the questionnaire are rated on a 5-point scale, ranging from 0 (not at all true), to 4 (true nearly all of the time) based on the respondent's experiences over the past month. Sample items include: "I can deal with whatever comes my way"; "I am not easily discouraged by failure"; and "I work to attain my goals no matter what roadblocks I encounter along the way". Items are summed to yield a composite score of resilience with higher scores representing higher levels of resilience. The CD-RISC is considered a widely validated scale of resilience and has been used in diverse youth and student samples in Iran (Khoshouei, 2009), India (Singh & Yu, 2010), and China (Yu & Zhang, 2007), among others. It has also been used successfully in research with youth living on the street (e.g., Cleverley & Kidd, 2011). In a general population sample in the USA, the internal consistency of the CD-RISC was found to be .89, and further psychometric testing found high test-retest reliability (.87) and high convergent validity. As predicted by resilience theory, which holds that resilience and vulnerability to stress are inversely related, the CD-RISC showed statistically significant negative correlations with both the Perceived Stress Scale, and the Sheehan Vulnerability Scale (Connor & Davidson, 2003). This scale has been translated and validated in

Spanish (Bobes et al., 2008), and this translated version was used in the current study. The CD-RISC has been used successfully in the past with children aged 10 and older (Vetter et al., 2010).

The CD-RISC is one of the psychometrically strongest measures available to measure resilience (Windle et al., 2011). However, it was developed with less consideration of the influence of environmental factors and more alignment with resilience as an individual-level quality. Data from this questionnaire enabled comparisons with samples of other CYSS who have completed the CD-RISC, and also provided information about the nature of resilience, by allowing comparisons with CYRM data. All three groups of boys completed the CD-RISC.

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). The SDQ is a behavioural and emotional screening questionnaire that has been used with culturally diverse groups of children to provide information about children's perceived behavioural, emotional, and interpersonal challenges, as well as strengths. The SDQ uses a five-factor model, with subscales representing: Emotional Symptoms, Hyperactivity, Peer Problems, Conduct Problems, and Prosocial Behaviour. The SDQ has three different formats suitable for different respondents: a self-report, a parent/caregiver report, and a teacher report. Sample self-report items include: "I worry a lot"; "I fight a lot", "I can make other people do what I want"; and "I often offer help to others". This questionnaire is one of the most widely used of its kind; it has also been used extensively in resilience research and has been suggested to complement the CYRM (Ungar & Liebenberg, 2011). Adequate internal consistency (.73), test-retest reliability (.62), and predictive validity have been established with samples of youth in the UK (Goodman, 2001) and use of the questionnaire internationally, including in low- and middle-income countries has supported similar strong psychometric properties (Goodman & Goodman, 2009; Woerner et al., 2004). Self-reports for children ages 11-17, and youth 18 and over, have been validated and translated

into Spanish, and this translated document was used in the current study. Spanish translations have demonstrated strong psychometric properties, established using samples from the USA (Blumert et al., 2015) and from Spain (Gómez-Beneyto, et al., 2013). However, weaker psychometric properties were found in some samples, including a sample from Honduras, calling into question the applicability of the five-factor model in Latin American cultures (Harry et al., 2019).

Few studies investigating the psychometric properties of the SDQ in Latin America have been conducted (Harry et al., 2019). Findings from one study in Brazil pointed to parents overreporting of children's symptoms based on results of the SDQ, suggesting differential interpretation of items across cultures (Goodman et al., 2005), a consideration for researchers comparing SDQ scores across cultures. The creator of the SDQ proposed that using broader internalizing and externalizing subscales in research may be desirable, depending on the aim of the research and the context in which it is taking place (Goodman et al., 2010). The current research focused on these two broader subscales rather than the five specified subscales in order to minimize concerns about subscale validity cross-culturally.

All three groups of boys completed the self-report version of this questionnaire. For boys in the at-risk and street groups, program staff most familiar with each youth were asked to complete the teacher-report version of the questionnaire, and family members (where possible) completed the parent version of the questionnaire. No teacher or parent questionnaires were completed for the graduate group.

Data Analysis

Constructivist grounded theory framework

Grounded theory is a research methodology utilized by researchers who want to construct a novel theory (Glaser & Strauss, 1967; Strauss & Corbin, 1990). It involves documenting the perspectives of research participants, then organizing findings to create concepts and categories that relate to each other and that are relevant to the given "problem" being addressed by the developing theory. A constructive research approach is ideal in the study of constructs like resilience because it is inductive; rather than imposing a preexisting framework that may not be relevant in the context, participants' narratives shape the resulting theoretical model. Therefore, a grounded theory approach yields findings that are "empirically grounded in the data" and thus should be more meaningful in that context (Hausman, 2000, p. 406). Since grounded theory is less influenced by pre-existing frameworks of understanding, it is well-suited for research conducted with understudied and marginalized groups who may not be represented in these frameworks, like CYSS (Ungar & Liebenberg, 2011). Compared with classical grounded theory which uses very broad and open-ended methods of data collection, constructivist grounded theory is slightly more explicit and incorporates "what" and "how" questions during data collection, which enables a more pragmatic role of the researcher in addressing the general research questions (Howell Smith et al., 2020). This research paradigm was selected in order to avoid imposing an *a priori* paradigm of resilience (Theron et al., 2013) and to allow for a contextually specific theory of resilience to emerge.

Theoretical frameworks

Though findings were not organized *a priori* with an existing framework, the current research was influenced by several theories relevant to psychology and child development. Resilience is a systemic construct that involves factors at the individual, family, community,

social, and cultural levels (Ungar & Liebenberg, 2011). This is consistent across the literature and also emerged in the current study during interviews and focus groups. Bronfenbrenner's ecological systems framework (1979) was therefore a valuable guiding theoretical model. This model is often used in the study of resilience because it draws attention to environmental contributions to resilience. The effect of this model on the current research was to ensure that multiple contextual layers of the participants' environments were described and evaluated as contributors to resilient outcomes (Panter-Brick, 2015). Developmental theory also provided valuable guidance in the conceptualization of resilience for the current study. Developmental theory identifies the tasks associated with each stage of development (Christie, 2005); for instance, in his theory of psychosocial development, Erikson (1968) identified the importance of achieving autonomy and building a sense of identity during the adolescent developmental stage. Narratives were analyzed paying mind to these important developmental tasks, and to how individual, relational, and contextual factors could be contributing to resilience in meeting these developmental tasks. Through this lens, it was also possible to appreciate the commonalities of resilient development across cultures, and factors that may be specific to this context and culture. At a theoretical level, this research was also influenced by attachment theory, a theory describing the innate need for infants to develop a relationship with nurturing caregivers in order to develop healthy socioemotional functioning (Bowlby, 1988). The disruptions that many of the CYSS in this sample experienced in their attachment relationships were important to keep in mind to contextualize their current functioning. Finally, the risk and protective factors model (Coie et al., 1993), also a commonly-used model in the study of resilience, provided a useful framework to reflect on how individual and contextual factors can serve to reduce risk (protective factor) or exacerbate risk (vulnerability factor) for a given individual.

Quantitative analysis

The purpose of quantitative analyses was exploratory rather than inferential due to the small sample sizes; although statistical significance tests were run, the motivation behind doing so was not to draw conclusions regarding existing differences between groups, but rather to generate questions that could motivate future research with larger samples sizes. More importantly, quantitative data were included to complement qualitative findings and enrich the conceptual model of resilience generated. The initial creators of grounded theory, Glaser and Strauss, mandated the use of quantitative data in conjunction with grounded theory methods in order to enhance an emerging theory, and this approach has been increasing in popularity in recent years (Glaser & Strauss, 1967; Howell Smith et al., 2020).

Quantitative data were collected to address the following questions:

1) How do resilience and mental health vary by group (at-risk, street, and graduate) membership?
2) How do CYSS in this sample compare to normative samples on resilience and mental health?
3) Do the different components of resilience (individual, relational, contextual) relate similarly to each other across groups?
4) Does resilience relate to mental health similarly across groups?
5) Do the two measures of psychological resilience appear to be measuring the same thing? Is this true for all groups?
6) Do respondents (boys and staff) agree in their perceptions of resilience?

In order to address questions 1 and 2, mean scores of resilience on the CD-RISC and CYRM, and on the internalizing and externalizing subscales of the SDQ were compared descriptively

between the three groups of boys, and to population norms. To address question 3, correlations were calculated between subscales of the CYRM and were compared across groups. To address question 4, correlations between resilience scores and internalizing and externalizing scores on the SDQ were calculated and compared across groups. To address question 5, correlations between the CYRM and CD-RISC were compared across groups. Finally, to address question 6, correlations between staff and youth responses on the CYRM were calculated.

Questionnaire data were used to provide additional perspective to qualitative concepts. For example, relevant scores or responses to questionnaire items were used to enrich discussion of topics that were introduced in interviews and focus groups. Juxtaposing qualitative and quantitative data enabled the identification of correlates of resilience that may be unique to this sample, and that may be untapped using standardized measures of resilience. These findings have relevant implications for future cross-cultural resilience research.

Finally, quantitative data were used to 'flag' patterns that could be further explored qualitatively. In special cases, including unexpected patterns of scores on questionnaires, I chose to delve more deeply into interview narratives to determine what elements of context, relationships, and individual psychology were being highlighted. There were several patterns that I was interested in exploring more deeply:

1) Boys scoring especially high on resilience measures
2) Boys scoring especially low on resilience measures
3) Boys with high self-report scores of resilience, but low scores on ancillary reports of resilience

Qualitative analysis

Prior to data analysis, interviews and focus groups were transcribed verbatim and translated into English. Several considerations were made to ensure reliability of translations. Following Larson's (1991) recommendations, translations were reproduced as closely to the source text as possible and in cases where direct translations did not adequately capture meaning, such as in the case of idioms, the contextual translation was included in parentheses (Figueroa et al., 2008). Transcribing qualitative data into the source language (Spanish) rather than directly into the target language (English) and having the same transcriber for all data (the primary investigator in this case) are ways to increase data reliability and internal consistency (Figueroa et al., 2008). Following completion of translations, all transcripts were revised and compared against the original Spanish transcripts a second time to ensure a high accuracy. A Nicaraguan consultant was hired to address questions about the meaning of some slang terms and local idioms, and nuances of language. He further supported accuracy of data by re-listening to specific audio segments and correcting transcriptions as needed. He also provided significant input on focus group transcriptions.

The primary data from this research consisted of in-depth, one-on-one interviews. Focus group data supplemented interview data and was also used to triangulate and validate findings from interviews, and was treated differently during analyses. The following procedure was undertaken to analyze interview data, and focus group analyses will be described subsequently.

As per constructivist grounded theory procedure, the first phase of analyzing interview data was 'open coding', which entailed line-by-line coding of transcripts (Charmaz, 1985). This is a thorough and comprehensive process whereby each line of a transcript is summarized with a code: a word, or sentence which is meant to represent the meaning of the data, typically an active

description which is weighted towards identifying underlying processes (Charmaz, 2006). Conducting line-by-line coding is meant to reduce the likelihood that a researcher's biases influence the outcome of qualitative analysis because every line is coded, rather than selectively coding what appears to the researcher as pertinent or significant (Charmaz, 2006). I completed this phase of coding in Word, using the "comments" function to insert line-by-line codes in the margins each of transcript. Beginning at these early stages of analysis and carrying forward for the rest of the process of analyzing data, I wrote short memos detailing my ideas and reflections about the data to that point, which helped to organize and refine my thinking (Bowen, 2005; Charmaz, 2006). The objective of this procedure was to identify processes related to resilience rather than identifying risk factors, however because codes were generated on a line-by-line basis, codes related to both risk and resilience were created.

The second phase, axial coding, involved categorization of the open codes that were produced during open coding. The initial codes were grouped according to themes or issues that were being addressed by the interviewee, which were more abstract than open codes, creating a set of categories for each transcript. This phase of coding was completed in Word as well, yielding separate tables organizing and summarizing the codes generated through each individual interview.

Before moving into the next phase of grounded theory coding, individual transcript codes were reviewed in order to develop a single, overarching model of prevalent risk factors that were introduced by participants. This task was undertaken prior to the final phase of coding because the purpose of the current research pertaining to risk factors was simply to identify those risk factors prevalent across different ecological levels, rather than generating a grounded theory of risk. Several quantitative results were relevant to a representation of risk factors, and were thus

incorporated into the final risk model. After axial coding was completed it was possible to generate this summary risk model, and the remainder of the coding process focused on resilience.

The final level of grounded theory coding is called selective coding (Charmaz, 2006). During this stage, I separated data by group and worked with one group at a time. I reviewed the axial codes of each group member, paying attention to how often particular categories were introduced, which has implications for the importance and relevance of that concept (Bowen, 2005). I combined and consolidated categories of all group members to generate a map of overarching concepts, highlighting the relationships between concepts. I did this for each of the at-risk, street, family, staff, and community groups. Since the 'graduate' group only had one interviewee, no overarching map could be created; therefore, these interview data were treated in a similar way to focus group data described below and were incorporated later.

Rather than using a grounded theory approach for coding focus groups, a thematic analysis was conducted whereby themes were extracted, organized and then revised through re-reading of the data (Braun & Clarke, 2006). This method of qualitative analysis was adequate for providing results that could be triangulated with those obtained through grounded theory analysis of individual interviews and was more appropriate because focus group audio recordings were less reliable than would be desired for line-by-line coding. This method was also used for the single 'graduate' interview.

I incorporated themes from my focus groups along with the overarching concept maps constructed from one-on-one interviews to generate five rough conceptual models of resilience (all groups except for the 'graduate' group). I initially summarized these data using handwritten, visually plotted maps which were later exported to a PowerPoint format (see Appendices K and L for examples of these early maps representing codes from at-risk and street groups). There was

a great deal of overlap between the models across groups, suggesting a degree of theoretical saturation. Through review and consolidation, I was able to generate a single conceptual model of resilience that encompassed the major concepts expressed across all five groups. I then incorporated themes from my 'graduate' focus group and interview which I used to further refine and specify the encompassing model of resilience (see Appendix M for an early version of this model).

Grounded theory is an iterative process (Bowen, 2005). After completing my first model, I went back to the data and reviewed transcripts, compared my early codes with my developed concepts, and continued to adjust and refine my model before generating my finalized conceptual model of resilience. A major change between these early models and the final model presented in the current findings was the distinction between resilience-promoting factors and the resilience qualities themselves; this important difference became clear as a result of reflection, consultation, and constant reformulation of the model during the analysis phase. Returning to the data also allowed me to highlight differences in the ways that groups spoke about resilience, and the weight that they put on different factors, information which was valuable for subsequent interpretation of results. Following data analysis and completion of the final model, I reviewed my field notes in order to incorporate observations that could illustrate findings. This allowed for mention of direct examples of concepts generated by qualitative and quantitative findings, and was done to enrich results and make the resulting conceptual model of resilience more applicable and meaningful. Throughout this process, I spoke with consultants, including my supervisors, research lab members, and a qualitative statistics advisor, who were unfamiliar with the specifics of the project and were able to provide "naïve" input that supported qualitative analyses.

Results

The results are organized in three sections. The first section provides a brief summary of resilience and mental health across the three groups of boys as captured by quantitative measures. The focus of the second section is on the results of qualitative data analysis, which is supplemented with quantitative findings where relevant. This section is broken into three parts, beginning with a summary of the risk factors experienced by CYSS and their families in the León community. The remainder of this section will focus on resilience, beginning with a descriptive summary of the qualities associated with resilience as it was experienced by the CYSS population in León, and leading into explanations of context-specific resilience-promoting factors. Together, these findings inform the conceptual model of resilience specific to CYSS in León that will be presented at the end of this section. In the final section of the results, three case studies are introduced to illustrate real-life examples of resilience in this population, and to support application of research findings to understand resilience in this population.

Quantitative results

Quantitative analyses were conducted to address six questions related to resilience and mental health as captured by research-based measures: The Child and Youth Resilience Measure (CYRM), the Connor-Davidson Resilience Scale (CD-RISC), and the Strengths and Difficulties Questionnaire (SDQ). Although significance testing was conducted for exploratory purposes for select comparisons described below, quantitative data were predominantly descriptive due to the small sample sizes of the group. Each of the three groups of boys was looked at separately in analyses. Mean ages were 12.38 in the at-risk group (*SD* = 2.59), 18.25 in the street group (*SD* = 2.96), and 22.00 in the graduate group (*SD* = 4.34). All analyses were conducted using SPSS Version 22.0. Prerequisite assumptions of homogeneity of variance were checked prior to

conducting significance testing, and significance was tested against a *p* value of .05. A complete summary of youth scores is available in Appendix N.

To address question 1 regarding how resilience and mental health scores compare across groups, mean scores on both measures of resilience, the CYRM and the CD-RISC, and SDQ total problems, internalizing and externalizing subscale scores were examined by group (see Table 1).

Table 1

Means and standard deviations of self-report scores of resilience and mental health across groups

	At-Risk			Street			Graduate	
Measure	*n*	*M*	*SD*	*n*	*M*	*SD*	*n*	*M*	*SD*
Resilience									
CYRM	7	108.43	13.05	7	102.14	10.89	6	87.00	9.94
CD-RISC	6	83.17	12.92	6	73.20	20.14	6	69.33	15.41
Mental health problems									
SDQ- Total Problems	7	20.43	6.58	5	20.67	4.84	6	16.33	6.98
SDQ-Internalizing	7	10.57	3.78	5	11.00	2.90	6	7.5	4.14
SDQ-Externalizing	7	9.86	3.34	5	9.67	2.34	6	8.33	3.66

Note. Scores ranged from 0-135 on the CYRM; 0-100 on the CD-RISC; 0-40 on the SDQ total problems; and 0-20 on both internalizing and externalizing SDQ subscales.

There was a clear trend on both resilience measures for the lowest resilience scores to be observed in graduate boys, with at-risk boys reporting the highest resilience, and boys in the street group scoring in the middle. A one-way ANOVA yielded a significant difference between groups on CYRM scores, $F(2, 17) = 5.89$, $p = .011$. A post-hoc Tukey test found significant differences between scores of the graduate group with those of the at-risk group, $p = .010$, and a

trend towards a significant difference with those of the street group, $p = 0.72$. At-risk and street group scores did not differ significantly, $p = .57$. No significant differences were found between the scores on the CD-RISC, despite reflecting a similar trend, $F(2,14) = 1.66$, $p = .34$. It should be noted that sample size was smaller for this measure, potentially influencing the outcome of significance testing. In terms of mental health, there was a trend for graduate boys to have lower average scores on total problems, internalizing, and externalizing symptoms compared to at-risk and street groups, who reported similar SDQ scores. This did not reach statistical significance, all $p \geq .22$.

To address question 2 which dealt with how resilience and mental health of CYSS in this sample compared to other samples, mean data from the current study were compared with available norming data. Comparisons could not be made for the CYRM as norming data were not available for the 27-item version of the questionnaire used in this study. Norming data for the CD-RISC were available and were provided specifically from a sample of homeless male youth in Canada. This Canadian sample had a mean score of 60.9 ($SD = 18.9$). Though comparisons can only be made descriptively, it is interesting to note that mean scores reported in the current sample were all higher than those reported in this sample and in fact, only two of 17 respondents reported a score that was equal to or lower than the mean obtained from the Canadian sample of street-involved youth. Although resilience is a relative construct that would thus be expected to differ across cultures, making cross-cultural comparisons such as this enables us to clearly perceive the differences between CYSS located in disparate settings, and is a reminder about the erroneousness of making generalities about the population as a universal whole.

Norming data for the SDQ were available for the total problems score. These data came from the USA and were valid for boys ages 4-17. In this normative sample, average scores for

males were 7.5 (*SD* = 5.9), which is descriptively far lower than the total problems score reported by all three groups of boys in this study. Again, only two of 19 respondents in the current sample reported a score equal to or lower than the mean from this normative sample. The validity of applying these norms to the current sample is questionable, given the disparate contexts where they were measured, and the fact that many of the boys in the current sample were older than 17; however, the data still provide a glimpse into the appreciable experience of mental health symptoms in this group.

To address question 3, whether different aspects of resilience relate similarly to each other across groups, correlations were calculated between the three subscales on the CYRM (individual, relational, contextual) and the total CYRM score for each group (see Table 2). Since sample sizes were small, correlation values were the focus of this analysis rather than statistical significance. Typically, all subscales on the CYRM are correlated with each other. This was found to be true for the at-risk group and the graduate group. The most noteworthy result in this analysis came from the street group, where there was a lack of association between the contextual resilience subscale and relational resilience subscale.

Table 2

Mean response, standard deviations and Pearson correlation values between CYRM total and subscales across groups

Measure		*M*	*SD*	1	2	3	4	5
1.CYRM Mean Response	At-risk	4.01	.48	--				
	Street	3.78	.40	--				
	Graduate	3.22	.37	--				
	At-risk	3.84	.51	.91**	--			

2.Individual Resilience Mean	Street	3.62	.57	.89**	--			
	Graduate	3.06	.43	.93**	--			
3.Relational Resilience Mean	At-risk	4.10	.58	.87*	.69	--		
	Street	3.61	.81	.78*	.42	--		
	Graduate	3.14	.56	.92**	.82*	--		
4.Contextual Resilience Mean	At-risk	4.16	.56	.89**	.71	.68	--	
	Street	4.11	.19	.51	.53	.07	--	
	Graduate	3.48	.32	.69	.45	.48	--	
5.CD-RISC Total	At-risk	3.33	.51	.92**	.77	.93**	.85*	--
	Street	2.93	.81	.32	.08	.48	-.07	--
	Graduate	2.77	.62	.82*	.62	.89*	.59	--

Note. CYRM average scores range from 0 (not at all) to 5 (very much); CD-RISC average scores range from 0 (never) to 4 (almost always)

At-risk CYRM n = 7, CD-RISC n = 6; Street CYRM n = 7, CD-RISC n = 5; Graduate CYRM n = 6; CD-RISC n = 6

** Correlation is significant at the 0.01 level

* Correlation is significant at the 0.05 level

Next, to address question 4, whether the two measures of psychological resilience used seem to be getting at the same construct, correlations between total scores on the CYRM and the CD-RISC were calculated and compared across groups (see Table 2). Strong correlations were found between CYRM and CD-RISC scores for the at-risk group and the graduate group. Additionally, scores on the CD-RISC had moderate-strong correlations with all different components of resilience measured by CYRM in these two groups. Different patterns emerged in

the street group. The correlation between scores on the CYRM and CD-RISC was weaker, amounting to a weak-moderate strength correlation. Correlations between CD-RISC and the subscales of the CYRM were also much weaker, with a noteworthy absence of correlation between the CD-RISC and both the contextual and individual resilience subscales of the CYRM. Overall, these analyses suggest that the CD-RISC and CYRM may be reflecting something different in the street group as compared to the other two groups.

To address question 5 of whether resilience was related to mental health similarly across groups, scores of total problems on the SDQ were correlated with both measures of resilience. In the at-risk group, total problems score was strongly positively correlated with CD-RISC scores, $r(7) = .85$, $p = .035$, but not with CYRM scores, $r(7) = .16$, $p = .74$. In the street group, total problems had a moderately strong positive correlation with CYRM scores, $r(6) = .56$, $p = .24$, but not with CD-RISC scores, $r(5) = -0.06$, $p = .93$. Finally, in the graduate group, total problems did not have a strong correlation with either CYRM, $r(6) = .27$, $p = .60$, nor CD-RISC scores, $r(6) = -.21$, $p = .69$. Overall, no discernable pattern emerged clearly across groups between mental health and resilience scores, though moderate-strong positive correlations between some resilience scores and mental health symptoms emerged in at-risk and street groups. These findings may initially seem counterintuitive, and will be elaborated upon in the discussion section.

Finally, question 6 related to the agreement between respondents (boys and staff) regarding boys' resilience and was investigated by calculating correlations between respondents' scores. Since no collateral reports were completed for graduate boys, only at-risk and street groups were included in these analyses. Though not reaching statistical significance, correlations between staff and self-reports on the CYRM for boys in the at-risk group, were moderately

strong, $r(7) = .51$, $p = .24$. In contrast, correlations between responses from staff and boys in the street group were weakly negatively correlated, $r(6) = -.33$, $p = .53$. In both cases, boys' reports reflected higher scores of resilience than staff reports. Agreement between raters was further explored by making a rank list of resilience scores as reported by boys, and a separate list based on staff reports. Using self-report, the rank list was mixed, with boys from both at-risk and street groups at the top and bottom. This was in stark contrast to staff report rankings, which showed an even split: every boy in the at-risk group scored higher than every boy in the street group. This pattern suggests that boys in the street group may experience resilience-promoting aspects of themselves and their lives that are not apparent to staff. This idea is important to keep in mind when creating a conceptual model of resilience: boys' experience of resilience may not correspond exactly with others' perceptions.

Qualitative results

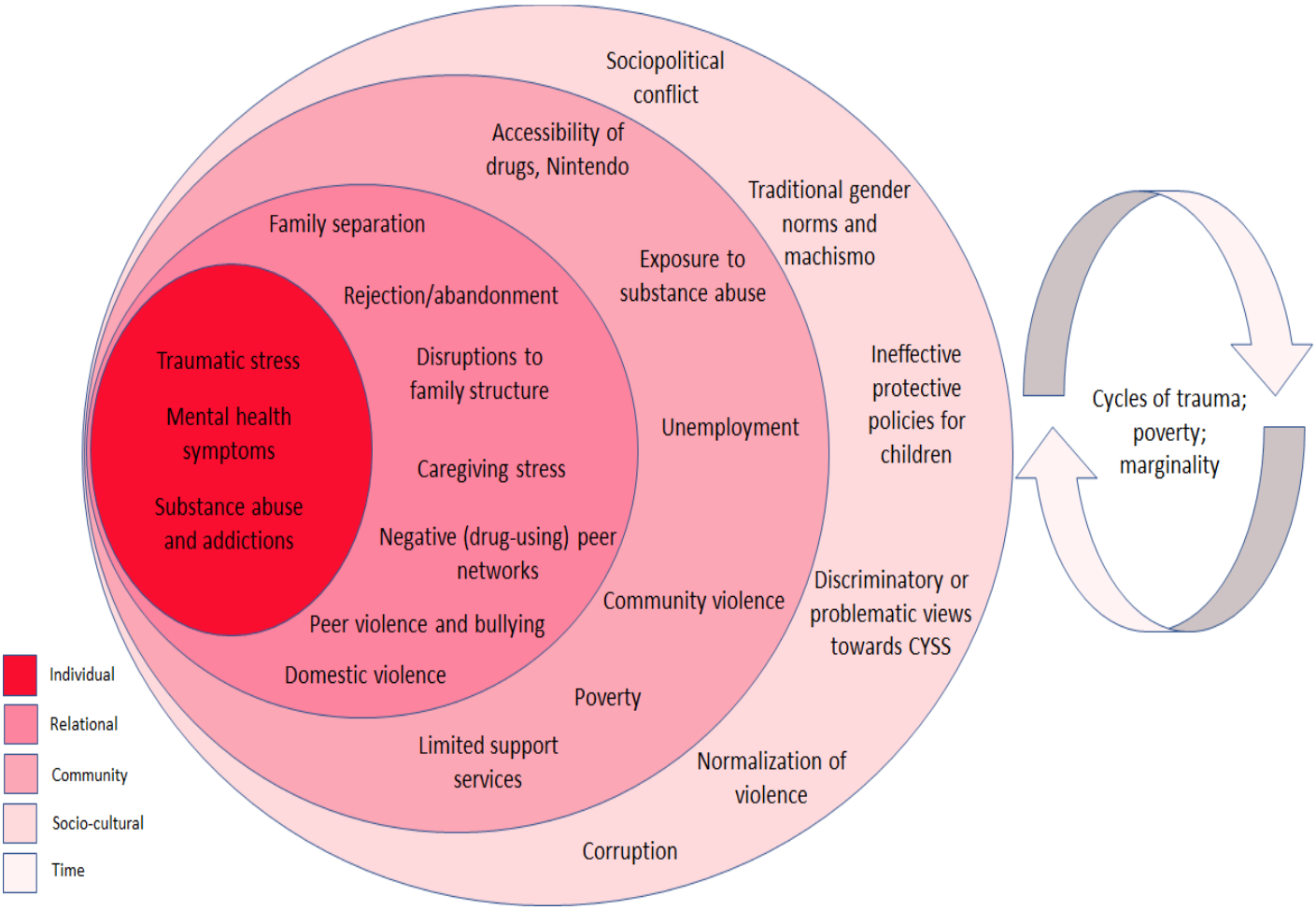
Risk

Although the primary focus of this project was not to document adversity, which is unquestionably present in the lives of CYSS, adversity is an important backdrop from which to understand emergent resilience. The participants in this research had faced many significant challenges, including major acute traumas like loss of a parent, witnessing a shoot-out, and experiencing life-threatening injuries, in addition to chronic adversities they dealt with day-to-day. These risk factors are organized by domains loosely informed by Bronfenbrenner's ecological systems model (i.e. individual, relational, community, socio-cultural and time levels) and summarized in Figure 1. Despite the choice to organize variables in this manner for the sake of clarity, it is important to note that variables are in fact nested (Bottrell, 2009), meaning that rarely would a variable have an influence only at the level it was ascribed, instead interacting

with variables at different levels and ultimately yielding effects that vary across individuals. Therefore, these variables should be interpreted to have transactional effects regardless of where they are positioned in the figure. Each factor is described in detail in the following sections.

Figure 1

Summary of multisystemic risk factors experienced by CYSS.



Substance abuse and addictions. Though no questions specifically addressed drug use in this study, this topic was consistently introduced in interviews by community members, program staff, and boys on the street. Being in the street became synonymous with using drugs including cigarettes, alcohol, marijuana, crack, and glue, which were referred to by participants

as "*vicios*" (vices). Boys in both street and at-risk groups also mentioned struggling to overcome the "vice" of Nintendo, which was perceived as a harmful activity by family members and staff members as well. This was likely related to the fact that boys spent increasing amounts of time playing Nintendo in the street kiosks where it was offered at the expense of productive time spent doing homework or being at home with family. Despite wanting to limit their time spent playing Nintendo, the boys had a hard time controlling this behaviour.

Boys in the street group often began using drugs from a very young age: "I've always liked sniffing glue. Since my mom died, I started sniffing glue when I was 7 years old. Already 10 years of being in the street and sniffing glue" (C4);

C6: But since I…I had already used drugs, drinking alcohol and glue –

R[3]: When you were 9 years old?

C6: At the age of…at 9 years old, I had addictions, so I wasn't interested in being in the project, rather that I…I didn't, like, at least I gave up on studying, rather what I was interested in was just being in the street, being with the boys using drugs, and only that.

Staff reported that the longer that boys were on the street, the greater their risk of using drugs and mixing drugs, a phenomenon which increased the risk of substance use behaviours. While the use of drugs was identified as an activity that some boys enjoyed, they also saw it as something that held them back and prevented them from "being good" and accomplishing goals. Using drugs came with effects on physical health that were mentioned by boys and staff, like being very skinny and having difficulty learning and remembering. All of the boys in the street group expressed the desire to overcome their "vices" but struggled to do so.

[3] R represents the primary investigator

Adult participants attributed the severity of substance abuse, especially in children, to a failure in creating and enforcing legislation that would keep drugs like glue out of the hands of children. Furthermore, though there existed some treatment facilities dealing with substance dependence, those were described as costly and hard to access, especially for boys who have limited familial and economic support.

Exposure to substance abuse. Some family members and community participants explained that boys were exposed to drinking and drug use by extended family members with whom many shared their homes. A community member who worked in a school explained:

> We have another case right now. Of such a violent child. Why? Because in the family he has an uncle who's drunk, high, and everything. So the child sees it, according to him, 'I want to be like my uncle', he set the example. You can think I want to be like my uncle, that's a person who has destroyed his life. But for them they are mirrors, they are…And they, they observe. (Com 5)

Few boys in the at-risk group referenced using drugs themselves but observed the use of drugs and alcohol in public spaces in their communities, for instance by small groups of men on street corners. The boys in the at-risk group were educated about the harms of drug use and expressed largely negative views towards drugs. They were concerned, however, that they might go down this path, which seemed to stem from a cultural belief that if you witness the act of using drugs, you will wind up the same way (*el que anda con los lobos, a aullar aprende* – he who walks with the wolves learns to howl). When discussing the presence of drugs and alcohol users in their communities during the focus group, boys discussed seeing:

D6: A lot of gluesniffers.

D4: Many who drink liquor…Who drink liquor.

R: Uh huh

D4: Also some that sniff glue.

R: And you don't like to see these people? Why?

D4: Because … we were looking at them, what they are doing, if we look at them, we're going to end up like them.

The presence of drugs and alcohol in the homes and communities of children meant that children were exposed and had access to these substances from a young age.

Psychological symptoms. Scores on the SDQ pointed to the presence of substantial internalizing and externalizing symptoms in boys in the at-risk and street groups. Scores on the SDQ are designated with a descriptive label based on the prevalence of these concerns in an average sample of boys aged 4-17. Responding for boys in the at-risk group, scores from caregivers and staff both corresponded to a 'high' level of total problems, indicating above average presence of mental health problems; on self-report, boys scored as 'very high'. These scores reflected elevated concerns from caregivers and boys themselves about internalizing symptoms, and from staff regarding externalizing symptoms. The boys in the street group are mostly older than 17 and therefore norming data are not valid, but staff reports reflected some concerns about psychological problems, while boys' own accounts reflected substantial concerns. Both the boys and staff reported high scores of externalizing symptoms which seemed to specifically reflect interpersonal difficulties. Overall, scores on questionnaires reflected presence of appreciable psychological symptoms for both groups.

Despite the difficulties reported on questionnaires, relatively little discussion of mental health difficulties occurred during interviews and focus groups. This may be related to a lived experience that did not include a strong reliance on medical support, and thus a relatively

stronger attribution of presenting concerns to ecological or systemic factors: this was evidenced in the bulk of conjecture from staff and community members about difficulties that could be labelled psychopathology as the embodiment of familial difficulties. The most significant mental health challenges described in interviews and focus groups related to children having a hard time sitting still or sustaining attention in school. Sustaining attention appeared to be especially challenging for boys who were spending most of their time on the street. In the street focus group, boys got up and out of their chairs constantly, engaged in separate conversations with each other, and asked repeatedly when the conversation would end – despite also indicating that they enjoyed participating and that speaking in interviews and focus groups sometimes felt relieving. Boys reported experiencing "boredom" frequently when completing tasks that were not self-directed, and sometimes used "boredom" as a reason for abandoning their participation in programs like Chavaladas or other interventions. Chavaladas staff noted that difficulty staying still or paying attention is one reason why boys in the program struggle and may be expelled from school.

Disruptions to family structure. Family was described as the most important element in the lives of nearly all participants in both groups of boys; family was discussed in most interviews as both the cause of children being in street situations and as a potential remedy to get them off the street. The theme of family was ubiquitous, reflecting its significance in the lives of participants and the society in general. In light of this, it was noteworthy that nearly every family in this sample was split apart in some way – it was the rare exception for children to live with their biological mother and father. Typically parents were separated and mothers commonly lived with new partners who acted as stepparents for children, a set-up which may have shifted over the child's life, speaking to instability in family structure. Several participants noted that

stepparents can introduce complexities into family life that contribute to boys being in street situations: “There are mothers who give their children the street [show their children the door]. Maybe they have a husband, the stepfather doesn't want them, so they'd rather give the street to their children than to their man [they would rather kick out their son than their husband]” (Com 2). One boy sleeping on the street shared that he opts not to go to his mother’s house because “she lives with my stepfather, and I don't like to live with him… I don't like living in a house like that. Someone else’s...Because they want, they want, well, they humiliate you when you are always being kicked out, that's why I don't like it” (C2). One mother, whose son lives in the Chavaladas shelter, described how her conflictual relationship with her partner has made it hard to integrate her son at home:

F8: The project has helped me a lot.

R: Mhm. Because you were telling me the other day that you're with, you have a husband, you have...

F8: Yeah but, he [husband] doesn’t love him [my son] … I take [my son home] those days, but I don't like [my son] hearing his fights.

Family separation and abandonment. In addition to divorce or separation, families were often divided when caregivers left the city in search of more lucrative job offers elsewhere, a common occurrence given the high rate of unemployment in Nicaragua. Extended family members sometimes stepped in to care for children in these cases. This was valuable because it meant that children were housed and cared for; however, staff observed that not living with parents was “weakness” for children, as it made it harder to support change for them. Additionally, because extended family members dealt with their own struggles, sometimes they

too ended up being unable to care for children who were then left to their own devices, a scenario described by a community member working in a school:

> Com 5: Unfortunately, for example, a mother was leaving to go, outside of Nicaragua. She leaves him [son] with an aunt, the aunt says 'I can't anymore, he will have to make his life, don't come near me anymore'. We've got those cases - unfortunately, we have them.
>
> R: And what happens to those kids?
>
> Com 5: They stay there. They stay there. They stay there, and they stay, and they go... Look, already, already... what can I say, we know he can't expect a future

Rejection. It was widely accepted by participants that the presence of some CYSS was the direct result of rejection by the family. Community members in particular believed that families of CYSS lacked love towards them, or may have abandoned them on the street: "There are boys who are engaged maybe in... maybe their parents don't give them love, and so they take to the street, with poor company" (Com 3);

> There are others who have no family and they are on the street. Because they also have no support from other family. They also don't have their dad or their mom, and if family on their dad's side don't support them, they go to the street. (Com 2).

Several boys living on the street described being rejected at home:

> And maybe sometimes when we are at home, they don't love us. Because…they see us as a weird person. They don't…they don't esteem us, like that – they don't esteem us, and they, and they look at us like a person, like that we are weird. (C6);
>
> At least, there are, there are times when I get there, there are times when my uncle would yell at me, he would call me 'dog', he would call me '[bad Word]', he would call me

everything, because I, there are times when I misbehaved with him. Then just because he felt like it, he would run me out, he threw out my clothes, and said, 'get out!', bad words, like, 'Go! To the trash! Get out! I don't want to see you here!' (C1)

The current research did not set out to measure attachment; however, the amount of rejection, abandonment, and disruptions to caregiving that many of the boys who participated in this research faced have significant negative implications for their attachment relationships. Such emotional deprivation is a major risk factor when it comes to healthy child development.

Caregiving stress. While considering the risk faced by children in their caregiving relationships, it is critical to appreciate the major obstacles and stressors that caregivers faced in raising children to the best of their ability. All the family members who participated in this research worked in the informal job market, which meant demanding work schedules and inconsistent income, and thus significant difficulty financially supporting children as well as extended family networks that may live with them. Some parents were unable to monitor their children's whereabouts because they were working, leaving them with the choice of either earning money to pay the bills or being present to oversee children's activities:

F2: In the Nintendo [kiosk] there are many bums, pot heads, and everything… I don't want him to go [play Nintendo] … But he goes. And he comes back only at like 11 at night. And he doesn't listen.

R: Mhm. It must be very difficult, [to know] what to do to help him.

F2: Yes. Because I just stay at work. And it's from the house- from work, to the house. From the house to work.

Parents described feeling impotent, not knowing how to get children to respect the rules in place to keep them safe. Furthermore, though parents receive messaging through Chavaladas that

physical discipline is an inappropriate and ineffective parenting strategy, this is what many parents experienced themselves. Some parents may struggle to implement novel strategies, especially when feeling taxed and stressed about their children's behaviour. One mother, who described receiving physical discipline as a child, shared that threatening violence was one of the only tools that she had to get her child to listen:

> It's not that I have mis -- I do not mistreat him … I haven't even mistreated him … But they're things, that I say, like a weapon. That he has to listen because if I don't do it - and just what I do is scare him, so he can listen. That's all. (F5)

Caregivers' stress was likely exacerbated by the prevailing societal view that children's unacceptable behaviour was the result of parents' failings. CYSS were frequently referred to by community members as 'malcriado', literally translating to poorly-raised. In addition, parents and caregivers have also frequently had their own major traumatic experiences for which few have sought mental health support– among those mentioned in interviews were rape, teenage pregnancy, domestic partner violence, abandonment by their families, and living on the street as a child. As children, many of these caregivers faced the kinds of rights violations and injustices that their children are now navigating, and they must cope with the additional psychological burden these traumas present, typically without adequate support, in addition to the stress they face as providers and caregivers of children who often manifest challenging behaviours.

Violence. Violence permeated the environments of CYSS, from home, to school and community, to wider national context. Boys reported being "hit" at home when they misbehaved and Chavaladas staff described ameliorating situations of family violence as one of the important tasks of the organization. This violence was both physical and sexual: one staff member reported that they believe that upwards of 80% of boys they attend to in the project have experienced

sexual violence. Aside from the myriad detrimental effects of experiencing physical and sexual violence on a child's development, these experiences can also contribute to the boys' own violent behaviour: "Children who in their homes suffer violence. Children who suffer from being abused by their mothers, beaten... so their reactions are violent or aggressive. And here … among themselves, the boys, they practice what they live" (P2).

Interpersonal peer violence was a topic that was introduced by all groups interviewed. Some boys explained that they dealt with bullying from peers in school and in the project. On the street, the threat of violence left boys feeling "not so safe because I sleep on the streets and they can mess with me, right" (C2). One boy shared a specific incident of violence, in which "I had that problem that they, they stabbed me ... I was in the hospital. I almost died" (C6). Boys faced risks of violence even in broad daylight; one boy in the street group came to the project during the study duration with a cut and swollen face after being robbed while going to a different part of the city to make a purchase. Again, the experience of violence perpetuated itself, as boys felt the need to retaliate in order to protect themselves: "We can't just not fight back. Because…them in their neighbourhood, they are really dangerous. So we also have to be the same here" (C6).

Boys were also victims of violence from legal authorities. Boys in the street group described that in jail, authorities "burn your feet". A staff member shared her knowledge about treatment of police towards CYSS:

> Sometimes they get hit, they're imprisoned, uh... well, they torture them. I know of cases from my first years of working in this about how the police tortured the boys. They put them upside down against the wall, or forced a nightstick on their heads. Yeah? They were beaten, here, in this part here [pointing to head], or they, they are imprisoned and threatened that a person will make use of [abuse] them … That is torture! (P6)

Violence in the community was said to have increased at the height of the sociopolitical conflict in 2018. Boys described hearing gunshots, seeing burning buildings, and observing fights between pro- and anti-government forces. One young boy shared that he was caught in a shoot-out and had to run into a nearby store for cover: “I was scared, we were in there like an hour, and then we went out and, I went out, and they were there shooting and a man approached with a shotgun and he shot nearby” (D4).

The widespread experience of violence across settings, and the tacit acceptance by many of violence as a form of discipline exerted by caregivers and by legal authorities, suggested a normalization of violence in society. This was directly reflected by the ubiquity of direct experiences of violence in multiple contexts in CYSS’ narratives across the board, in addition to the prevalent violent acts that boys inflicted between themselves and with staff constantly while at the project. Violence exposure is a major developmental risk factor with expansive deleterious effects on physical and psychological health.

Poverty and lack of resources. Chavaladas works exclusively with children and families from impoverished backgrounds; therefore, by definition the families involved in this study experienced financial hardship, another environmental risk factor with negative implications for development. Many households were crowded due to multiple extended family members living in small spaces, with some boys stating that upwards of eight people lived in their homes. High rates of unemployment mean few work opportunities and financial stress for the boys and their families.

Participants remarked on the lack of community resources and specifically insufficient support services in León to meet the needs of CYSS and their families. Chavaladas staff unanimously described being understaffed and underfunded which severely limited their service

reach; even still, they described, “it's practically just us working with this group” (P6). Though some specialized addiction treatment services existed, they were sparse and not well-known. One boy in the street group expressed a desire to quit drugs, but when asked if there were support services to do that, he stated: “Here I don’t know … I've never even noticed” (C2). Similarly, a mother who wanted to leave a conflictual relationship felt trapped by lack of options, R: “Is there a place where you can go for help, or... There isn’t?” F8: (shakes head) “I haven't heard, only in Managua [capital city]”. Despite significant need, the meager support services available meant that many community needs were inadequately met.

Accessibility of drugs and Nintendo. The spaces occupied by low-SES workers in the informal job market, such as the terminal market (often referred to simply as the terminal), were perceived as chaotic and unsafe as they permitted boys access to negative peer networks “where they can get into drugs” (F10). Availability and ease of access to venues where children could go to play Nintendo was also seen as a risk factor, as many participants, including the boys, perceived Nintendo play as an addiction. These venues also attracted individuals using drugs and could similarly increase exposure to networks of drug-using peers.

Discriminatory attitudes towards CYSS. The attitudes held in the León community towards CYSS were mixed; however, there clearly existed a subgroup of the population who saw them quite negatively. One staff member explained that prior to Chavaladas’ awareness-raising efforts, the project was known locally as the ‘Proyecto de los Huelepegas’ (the ‘Gluesniffers’ Project’). Community members who actively discriminated against boys often did so on the basis of negative views about drug use.

Based on comments from boys, staff, and community members, there were several patterns of community response towards CYSS deemed discriminatory or problematic: some

community members ignore children; some take a charitable approach, feeling pity and giving boys food or money; and some actively target boys, attacking them verbally or physically, or calling the police on them. All these ways of responding socially reinforced the identity of CYSS as being less than others in society:

> Either by avoiding them, or shutting them down, or giving them money, what you're doing is like encouraging, or really enforcing you know like, that relationship. That they see themselves as street kids. Not only because they know they are, but because people talk to them as that's all they are, you know like, young kids living in the streets. (Com 8)

Staff explained that the people most likely to feel pity and give CYSS money were society members who held religious views, which was associated with an attitude of charity, as well as tourists. This was seen as problematic because it left the boys reliant on others and kept them from engaging in other money-earning strategies that could build self-efficacy:

> They think they help them, but no, they make them dependent. So they [CYSS], they become dependent on that, and they see that, they see of course, it's logical, 'I survive easily on that, why would I kill myself another way?' [working] So that becomes a way of life. So that's hard. It is difficult to change it, when they have from the outside that kind of, of attention that is not very healthy. (P5)

Boys were told "to get out of here, go home"; "go work, find something to do, go study, things like that". These encounters sometimes escalated to physical altercations: "There are some that treat you badly, they throw hot water on you. They run you out. They treat you badly. They call you 'thieves'" (C1). One boy explained feeling ashamed and upset after these encounters:

> C7: It embarrasses me.
>
> R: Mhm. Do you say anything to them, or not? (shakes head) You just leave?

C7: I'm silent. But for me really they are...well for me they're right

CYSS, especially those living on the street, have frequent daily encounters with community members. The nature of these encounters invariably affected CYSS's feelings of self-worth and belonging in their communities, and influenced their capacity to contribute in meaningful ways.

Ineffective policies to support children. The discriminatory perspectives experienced by CYSS extended beyond children's confrontations with community members. Staff remarked that enforcement of policies reflecting discriminatory views were the apparent causes of children's exclusion from health care and academic settings:

> The system that we have is not friendly to them. It doesn't offer friendly spaces, and that's why we have more and more boys who are resisting going to school, or who don't tolerate the system, because it's really too demanding for the capabilities, and skills that they have so far. They may have others, or they can improve the ones they have - but if the system were friendly. Otherwise, what you're going to do is frustrate him, and keep him out. … Almost the same in the health system, for example, with the ministry of health, if the kids go alone, they are not attended. … So we see how it is, how the whole system is actually contradicted … it must be protective. And it doesn't protect anything - or anyone. (P4)

In some cases, boys who failed grades in school were not permitted to repeat grades and would therefore have to either search for a new school to attend or drop out. In addition, staff and community members provided examples of failures to legislate and/or implement policy that would serve to protect CYSS. One community member made a list of businesses selling glue to children and brought it to the police station; "they told me that they weren't going to do anything, that... there wasn't a law that prohibited it … the authorities don't do [anything] to change it" (Com 7). Staff were aware of legal restrictions against selling glue, but said:

> Although there is a law for example against consumption, against sales [of glue], against all narcotics, it isn't applied, then, yeah? And proof of this is that every year we have more drug sales, then, of all kinds, yeah? Of all kinds … And if we know of them, they are known also by the authorities, I'd say, right? That is, if I know them (laughing), those who, those who are in decision-making positions also know them. (P6)

Though Nicaragua is a signatory to the UNCRC, which requires states to mandate protective legislative policy supporting children, staff do not believe that this policy is implemented. This leads to marginalization and social exclusion:

> Although it is said that there is a general policy of childhood and adolescence … it does not work. That kind of boy, and that they are in [street] situations … anywhere in Nicaragua, they are not cared for by the state. They are staffed by non-governmental organizations. And that tells you the magnitude of how, of how they are being seen. I mean, they're not even second-rate citizens, they're like third, fourth, fifth, yeah? (P6)

Corruption. Staff shared multiple stories illustrating corruption which they saw to be fueled by discriminatory perceptions of CYSS by authorities. For example, a staff member explained that an alteration in the formula used to make glue led to the death of several CYSS:

> [The police] didn't look for the person responsible for that. … So, there was no person in the news [who] came out, at the public level … of those we knew even that we attended to in the street, three died. But there were more people who died because of that. Then eh... the incident that occurred with methanol [another poisoning incident], for the methanol thing they did look for the culprits, there were investigations, this and that by the police. But when the glue poisoning happened, there was nothing. So for us that was like a 'wow, what a barbarity', no one cares, no, that they were kids too, and that, one 14 -

> year-old died, another was 17, and the other I think was like 17 as well. But from there we learned, for the police and other authorities they do not want to work in function of them… (P4)

Another staff member described abuses of authority that took place when police ordered boys to commit crimes for police benefit:

> In 2017 for example, one of the things that, [that was] shared with me, one of the boys, was that the police, in the city centre, so they sent him to steal fuel. To take fuel out of the vehicles to put it in the motorcycles that the police use, yeah. Eh... it's obviously something I can't even divulge or anything. Because … I put him at risk, then - to the boys, or the boy who told me. But, I mean, that kind of thing happens, then. So [for them] it's in order to survive. I -- I told him, 'you should have said no, that you wouldn't do it'. 'Why would I say no', he told me. 'So he can hit me? So he can arrest me?' (P6)

Overall, the failure to enact or enforce policy that would protect children from harm, as well as corrupt practices that violate children's rights, are seen to be reflections of discriminatory and exploitative views held towards CYSS at a higher systems level, which serve to marginalize them and erode their rights.

Traditional gender norms. Staff described that traditional gender norms, like machismo, contributed to the risk of boys ending up on the street. Machismo reflects the view that boys are strong and dominant; in this context, it was reflected by acceptability of boys being on the street from a young age, as they were seen as able to handle themselves without protection in unsupervised street environments:

> Most of the time we have found that boys, the male sex, are the ones who are in street situations the most. … Chavaladas only attends boys, or males. And it's because our

> culture, quite sexist, says that [men] are the ones who can be in the street. And that at a very young age he can stay alone [be left alone] because he is a boy. Because he's a boy, he can go very late at night on the street, or hang out with groups of boys, and who knows what else. It is a pattern that is repeating, and repeating, and that favors that they spend more time [on the street], and that they expose themselves to risks as well. (P4)

An extension of machismo, and also perhaps associated with a religious rejection of homosexuality, is the homophobia preponderant in Nicaraguan society. This was a topic that led to bullying between boys in the street group, who referred to one another derogatorily as 'cochón' [fag] or insinuated that a peer had a homosexual relationship. Homophobia was also seen to increase risk specifically towards boys that were victims of abuse, reportedly a majority of the boys attended by the project, due to stigmatizing views towards homosexuality held in the family:

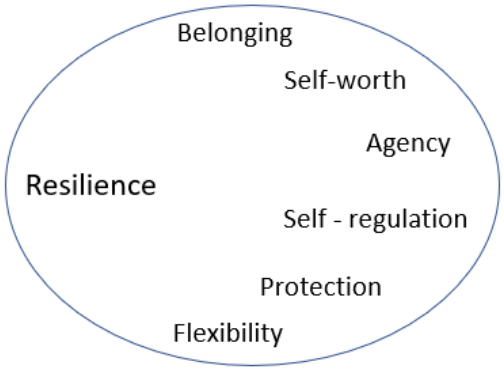
> There's the subject of shame, from the family. So [abuse is] left without charges [not reported], without a process, without attention, it's left without a lot, right. So they start to brand not the abuser, but the abused. And they start to stigmatize him. 'Oh yes, he's a fag. Yes, he likes it' … yeah look at him, he is looking for it' ... Then, the abuser looks like the macho – And the abused... he's doubly victimized, triple and everything that you want, right. ... It is very difficult for families here in Nicaragua to accept that a boy was abused. We have seen that too, in families, and the mothers or fathers, or grandmothers, or whoever ... they are in total denial. Of the abuse. Because abuse for them means homosexuality. And homosexuality is not well-seen. Right? So if he's gay, it's a disgrace to the family. (P6)

Time. Before concluding the section on risk, it is important to highlight the vicious experiential cycle of many of the risk factors described in this section. It is hard to escape from poverty, especially without an education to bolster job prospects. Since children can be more useful for families as work hands than as students, without strong family values and norms around education, children may end up dropping out of school to contribute financially to the family. Families living in conditions of poverty and unemployment are less apt to register the birth of their children, and without this documentation children cannot access education and health care, further hindering attempts to break out of poverty and pursue a more hopeful future. This fact likely underlies the low levels of social mobility observed in Nicaragua, illustrating the difficulty for individuals living in poverty to pursue a more lucrative future. The detrimental effects of the adversities facing CYSS and their families in León are understood to be cumulative, self-perpetuating, and hard to break out of.

Qualities of resilience

Figure 2

Six qualities associated with resilience in the CYSS population in León.



Analysis of the narratives taken from interviews and focus groups yielded six summary constructs which came to represent resilience as it was perceived and experienced by CYSS participants: *agency, belonging, flexibility, protection, self-regulation* and *self-worth* (see Figure

2). **Resilience was construed as the capacity for boys and their environments to facilitate the experience of these six qualities.** None of the participants attained and maintained all of these qualities at all times, but rather experienced some of them in some contexts at some times; that is, these qualities were dynamic. I will refer to these six constructs as qualities for the sake of consistency throughout this paper, because they represent ways of thinking or being, with the implication that they were experienced dynamically. Several other considerations are important to keep in mind to aid interpretation of findings:

1) Each quality is unique in that it can occur independently, but they are also overlapping in that experiencing one can facilitate the experience of another.
2) Qualities are experienced in relation to the environment: they are not solely a reflection of individual-level qualities, nor are they necessarily the same qualities that would represent resilience in a highly disparate context. They were shaped by the culture and context in which they occurred.
3) Further to this argument, despite sharing many aspects of their contextual and cultural environments, the different groups of CYSS participants also experienced highly disparate contexts in other aspects. Though the six qualities associated with resilience were consistent across groups, the ways in which they manifested were at times not.

The six qualities will be described in detail below, including how they manifested and how they fit into the process of resilience in this context. Discussion focuses on boys in the at-risk and the street groups, and groups will be discussed separately in cases where their experiences diverged. The following section identifies and details the individual, relational, contextual and cultural properties that supported the experience of each quality.

Agency. *Agency* captured the feeling of being in control of one's choices and decisions, as well as feeling capable of effecting change in one's environment. Relationships that honour and respect a person's autonomy can foster feelings of *agency,* as can the experience of making decisions and taking actions that have an effect in one's life. Cultivating *agency* through respectful relationships with CYSS was one of the more important objectives of Chavaladas staff, who strove to give boys a sense of being the "protagonist" in their own lives:

> Recognizing their skills, abilities, that they are... subjects of rights, and not objects to be used at any time. … they own their actions and they can assume the consequences of them as well, [we] just guide them sometimes, or serve as facilitators for them, [being] guides because sometimes they also ask questions, and we have to be very willing to give them answers, to answer them knowing that the final decisions will always be in them. 'I can advise you, but you are the one who will choose what to do, you decide what to do because you are the one who will face the consequences.' (P4)

There is a subtle distinction between having control and having freedom: boys living on the street had a great deal of freedom in their everyday lives as compared to boys in the at-risk group. However, they also had little control because their context was unpredictable. Contexts inhabited by boys in the at-risk group were far more predictable and may have given them more control, despite having less freedom in the choices that they made. When faced with problems, boys in the at-risk group were more apt than boys in the street group to describe using active problem-solving, like addressing interpersonal problems through discussion or going to ask an adult for help, indicative of a belief that they could affect the problems in their lives. When asked about their aspirations, many of the boys in the at-risk group provided responses that illustrated a belief in their ability to achieve big things, like a career in medicine. Boys also highlighted their

individual contributions in previous achievements, showing that they saw themselves as central in progress they had made. One boy who had previously been on the street described:

D2: The project helped me to [quit drugs] …aside from my part.

R: Uh huh, obviously, yeah, a lot of work on your part, no?

D2: Yeah. It's challenging as well because it isn't just anyone who leaves.

Some boys in the street group shared similar sentiments regarding their contributions to past achievements like quitting drugs; however, they also described relying far more on passive coping strategies to deal with challenges, like ignoring problems or asking God for help. This seemed to reflect a sense of having less control or ability to influence their contexts. For instance, one boy explained that he feels unsafe sleeping on the street at night, which he copes with by ignoring the feeling until he falls asleep: "if I fall asleep, and asleep I feel… once [you're] sleeping it's something else" (C2). Still, the experience of *agency* was desirable and something that boys in the street group sought out even in situations which may not have been amenable to boys' control. Several boys were observed to frame their experiences to maximize their contributions to the situation. For example, one boy described bouncing between family homes and shelters, leaving each because he "didn't like it", putting the power of choice entirely on his shoulders, rather than considering how maltreatment or rejection, which he discusses in another part of the interview, could have played into it. Another boy who lost his caregiver at a very young age and had been on the street since, used a similar logic:

R: Do you believe that the other boys in the street, do they have some problem in their lives?

C4: They do. But not me.

R: And they, what problems do they have?

C4: Because their family kicks them out. I want to be in the street, I like being in the street because I like being in the street like this. I am in the street because…because I feel like it, I have a house [he could be in it if he wanted to]. I feel like being in the street, suffering. Because I like being in the street like this.

These examples highlight the importance of finding a sense of *agency* within the challenging life experiences of boys, which functioned like a protective denial. By creating a narrative that puts them in the driver's seat, boys are more in control of the chaotic events that surround them, more agentic, and thus less vulnerable to hurt.

For both groups, opportunities in the environment that facilitated experiences of control and self-efficacy were critical in generating the experience of *agency*. Much of the work Chavaladas does with boys aims to deliver them a greater sense of control in their lives by helping them make informed choices and creating opportunities to make change. Staff observed that by promoting agency in the boys, they also supported their ability to self-advocate. This was seen to be especially important for boys on the street who are highly marginalized and oftentimes exploited. Empowering boys to self-advocate created a sustainable change, because it reduced their need for others to advocate on their behalf. This is also why participation in the Chavaladas program is entirely voluntary. As one boy described, "Nobody holds a knife to you. Because they say the same thing here, 'here we don't put a knife to you, if you want to leave, leave'" (C1).

Experiencing *agency* is empowering. It is a valuable quality for boys because all of them, regardless of group membership, had things that they wanted to accomplish. For the at-risk kids, often this was related to pursuing a particular career, or graduating high school or university; in the street group, this was related to quitting drugs, moving to a different city, or getting further

education. Being agentic meant boys felt motivated to work towards these goals and make the changes that they desired in their lives. For boys on the street, it gave them a sense of control in contexts where they experienced little, and it gave them tools to self-advocate as rights-holders. The experience of *agency* was fundamental to resilience as a means of reducing chaos and unpredictability, and as an empowering motivator for change.

Belonging. *Belonging* captures a feeling of being a valued part of something bigger than oneself, where one is welcomed and treated with kindness and respect. The fundamental, innate human need to connect to others is fulfilled when people find a place of belonging; where they can create connections and gain a sense of social support, a protective variable in the context of development. Most CYSS in this sample reported having networks of friends and family members with whom they enjoyed spending time and who provided them support. Many boys in the at-risk group described that they "played" frequently with friends, some of whom they felt they could count on. One boy described how he had few friends when he was younger and shyer, but that now because he is more outgoing he has made friends near his house and is well-known by a nickname around his neighbourhood. Some boys in the street group also described finding a sense of *belonging* with their networks of friends, "my happiness can come out like with my friends, when they bring us out [when we go out together]. Spend time like a united family" (C6). Though some of the activities that boys shared together involved drugs and alcohol, this was something they enjoyed as a group and was a way for important principles of friendship to emerge:

> They learn the value of friendship, the value of solidarity, the value of sharing, because they share substances, right? They pass the jar of glue between them, they pass the

> marijuana cigarette between them if they only have one. So … as you see, it's not good right, because they are sharing an illegal substance. But, it's the value of sharing. (P6)

Outside of their friend groups, many boys experienced the acceptance and support associated with *belonging* in their families. Family relationships were those where boys most frequently found "trust" and "love", and "being with my family" was the most cherished thing in the lives of numerous boys. These sentiments painted a picture of strong family cohesion, namely for those boys in the at-risk group but also for one boy in the street group who treasured his family and felt that he was loved unconditionally by "my mom and my uncle" (C5). *Belonging* was also an experience that seemed to emanate from identifying with a Nicaraguan cultural identity. Nearly all boys reported being proud to be Nicaraguan. As one graduate boy stated when responding to a questionnaire item about cultural pride, "you aren't going to find anyone who says no to that question". Being Nicaraguan connects each of the participants in the study, and it was something they were able to relate to collectively by actively participating in traditional cultural celebrations and sharing folkloric Nicaraguan myths and legends in conversation with each other

Many of the boys described other important relationships where they reported to feel accepted and integrated, and thus where they were able to experience *belonging.* For instance, those boys who worked odd jobs in the market had relationships with other vendors and seemed to feel part of the terminal market community. Some boys reported that the market was one of their favourite places in the city, where they are "well-known everywhere [throughout the whole market]". Some of the boys whose parents worked in the market were even "raised" there; one community member shared her memory of holding one of the boys when he was a baby. Project staff were another important group of adults with whom boys formed strong, supportive

relationships. One boy in the at-risk group described that one of the staff members was the only person he trusted in his life, because "she's a woman who has helped me a lot… she has given me … advice that I like, I like how she expresses herself, speaking with me" (D2). The presence of caring others in these boys' lives was a major strength as it seemed to facilitate a sense of *belonging* within the contexts that they emerged. These relationships with trusted adults seemed reflective of a degree of 'confianza', trust/confidence, that has been associated as a value within Latin American cultures.

Boys' experiences of *belonging* also seemed to be tied to physical spaces where they spent time. To belong in a space meant that it was familiar, and that being there felt comfortable and safe. Boys in the at-risk group inhabited several spaces where they experienced this. They lived at home (or in the Chavaladas shelter) and they attended school and the project daily; they reported feeling good in all of these spaces. Parents observed their children's strong affinity towards to the project, reporting that boys would be "upset" on days when they couldn't arrive; "He loves it so much here, [more than] at home. This is more his house" (F6). One boy in the at-risk group, whose father also attended the project, explained why he "felt good" there: "I know I'm never going to lack anything, and … I've liked being here. Well, since my father was here too, and I want to learn everything that he learned" (D8).

Despite facing discrimination and exclusion from some public spaces, boys in the street group also seemed to find a sense of *belonging* in the spaces that they inhabited. One subgroup of boys spent most of their time in the market, while the others spent most of their time downtown. Both groups described feeling "looked after" in these spaces and spent the bulk of their time stationed around their familiar hubs, just as boys in the at-risk group did. However, for the boys on the street, this sometimes required additional creativity. "Home" became a bus or an

alley; “family” could be a group of friends that looked out for each other and kept each other safe (even if those groups are formed around antisocial behaviours like drugs or crime), or with other adults they interacted with. The creation of these surrogate families was seen as a strength, especially for boys who had little contact with biological family members which enabled them to find experiences of *belonging* outside their family networks. This phenomenon was observed by staff, with benefits for boys participating in the Chavaladas project:

> So, the project, I mean I think, has caused the boys to have this change, the, the motivation to study, like, to be, like, integrated in a, like, integrated in the project. When they integrate in the project, I feel like they feel part of something important. So, like, the boys, well, they achieve this change, of, of integration, to make themselves like, to feel like [part of] a different family, apart from being in their family. (P5)

Belonging contributed to many qualities associated with resilience: by feeling like one belongs, they feel valued and thus develop stronger feelings of *self-worth*; by having spaces that one is familiar with, they feel safer and more *protected*. However, it captured a unique experience that children pursued in their relationships with each other, with project staff, at school, and with people at the terminal. *Belonging* was an important quality for both groups of boys because it enabled them to access social supports, to find spaces where they could productively work towards something alongside others who shared their values, and connect with something bigger than themselves.

Flexibility. *Flexibility* manifested as a capacity to adapt cognitively and behaviourally in ways that better suit the current circumstances. By being *flexible*, children adapted their ways of thinking and maximized their ability to meet their needs in a given situation. Behaviourally, *flexibility* manifested by children modifying their conduct to fit in in diverse situations and take

advantage of opportunities. It was a quality that enabled boys to minimize their distress in the face of adversity and change such that they could maintain their functioning, and was seen as particularly valuable in this low-resource, relatively unpredictable context.

Flexibility was evident in boys' ways of thinking about themselves, their environments and their futures. Boys provided flexible descriptions of themselves and other people in their lives which, for example, allowed boys to protect their self-image despite engaging in misbehavior which, like mainstream society, they perceived as negative. Boys described themselves as "between bad and good … when I'm good, I'm good, but when I'm bad, I'm bad" (C3) and explained "There are times when I get along ... there are times when I get along well, and sometimes I don't" (C1). It allowed for there to be people who treat them badly without having to see the world as a bad place since others treated them well: "Some don't [treat me well], but some do" (C8); "some treat us well in the terminal - they treat me well in the terminal … And there are other people who don't" (C6). Staff also observed a cognitive flexibility whereby over time, boys on the street shifted their ways of thinking about risk and danger, something staff saw as a strength:

> Us as staff, we can see like a great danger or a great threat, they do not see it that way, and they, and they get through it, no? For example: illnesses. Physical illnesses, like dengue, like... the common flus, cold … they are not afraid of that kind of illness, so to say 'ahh, I don't think I'll get sick'. (P4)

Changing ways of thinking about risk could be a way of avoiding distress or anxiety regarding environmental risks that can't be easily avoided.

Flexibility was also apparent in the ways that that participants spoke about the future. In relatively organized, less risk-filled circumstances, boys thought long-term and had more

concrete ideas about what they wanted in the future. In contexts of greater risk and unpredictability, like those on the street, boys were less likely to share concrete, long-term plans. Instead, their thinking was present-focused and malleable:

R: [Where do you want to be] In 1 year?

C2: No, no, then and I don't know, in one year anything can happen, who knows where I'll be.

R: Do you have like a... goal?

C2: Huh? No, because...

R: Something you'd like to do within 1 year? Or not?

C2: I don't know, I don't think about it.

A mother who was also intermittently sleeping on the street expressed a similar sentiment:

R: Do you think about where you want to be in a year?

F8: Where I am going to be?

R: Do you think about that, or no?

F8: No … my thought is where to live

R: Something you'd like to do within 1 year? Or not?

C2: I don't know, I don't think about it.

By focusing thinking in the present, more pressing needs like where to sleep could be addressed first. In many cases, this appeared to reflect a fatalistic attitude of one's future being out of one's control. This strategy would be better suited for street contexts where boys have limited control and would be expected to shift if and when their environments became more stable. It may also serve to limit negative feelings that would arise from thinking about an uncertain future,

contributing to the strength noted by a staff member that despite their challenging context, boys are able to "play, to enjoy the games. Even... and have fun. To be engaged" (P6).

Finally, boys also demonstrated flexible behaviour. They were flexible in terms of willingness to engage in novel activities, like opting to come to the project after learning about it through street outreach: "Once they [staff] went to the court, and I was there and I played with them and the guy told me [asked me] if I wanted to come, and I said yes" (C2). Similarly, working boys were flexible by engaging in varied odd jobs and most of them shared the sentiment of being open to whatever work they could find. Ultimately this meant that they were capable of working a wide range of jobs in the market and to some extent had the option to choose what they wanted to do for work. Within the many diverse spaces where boys spent time, including chaotic settings like the terminal market and more organized settings like the project or school, boys were able to adapt their behaviour to align with the rules and standards of behaviour. They were described by project staff and by adults in the community as very "respectful", while also engaging in "delinquent" behaviours amongst peers like drug use and violence. The wide range of settings that boys were able to access and fit into was indicative of their *flexibility*, and this quality allowed them to take advantage of whatever those spaces had to offer them.

Boys were also able to adapt behaviour flexibly on the basis of perceived benefits and consequences of behaviour. For example, boys described frequent confrontations with community members where they were verbally or physically assaulted and responded by walking away. However, when faced with potentially exploitative behaviour from peers and when a confrontation could fulfill a valuable purpose of exerting dominance and setting boundaries around the kind of behaviour that they would tolerate, they at times responded differently. One

boy described being harassed by a co-worker and told him: ‘now if you're bothering me, I will beat you up’, I tell him. … When I'm super angry, I give him, a punch, and I hit him and I hit him and I don’t stop, until he passes out” (C5). This response, though aggressive and “delinquent”, served an important purpose of showing other boys that he wasn’t to be messed with, and was meant to curb his being targeted in the future. While in a setting where boys are protected by adults, similar aggressive behaviour would almost certainly not be adaptive. However, for a person living in a context where protection from adults and social systems is untenable, this behaviour might be an effective means of protecting against exploitation and denigration. It seemed that some of boys’ behavioural responses were calculated, based on their perceived risks and benefits, and differential responses on the basis of these calculations were one manifestation of *flexibility.*

Finally, there was some indication that boys were able to flexibly adapt their behaviour when faced with obstacles in a way that enabled them to accomplish a task. For example, though boys living on the street were often refused care in health care settings, they became aware that if they arrived accompanied with staff (or foreigners), it would ensure them an appointment. This practice of adapting their behaviour to suit the circumstantial barriers evidenced a resourcefulness and *flexibility* that served to support boys’ well-being.

Both cognitive and behavioural *flexibility* were thus qualities demonstrated by CYSS in this sample. Cognitively, boys adapted their ways of thinking about themselves, others, and the future to minimize distress and to best meet their pressing survival needs. Behaviourally, boys adapted their conduct in ways that allowed them to be accepted in diverse spaces by all kinds of people, and which left them able to take advantage of valuable opportunities that arose in their environments. *Flexibility* was understood as a potentially context-specific manifestation of

resilience that was especially adaptive because this was a low-resource context with many significant risk factors, rendering the lives and experiences of boys more chaotic and unpredictable. While many of the identified flexible capacities would likely be associated with resilience in other contexts, that may not be true of all, including minimizing perspectives of risk, limiting thoughts about the future or engaging in violence. It was specifically in the current context that these strategies were associated with maintaining functioning and minimizing distress that they were construed as supporting resilience.

Protection. *Protection* represents the experience of having one's needs for safety, both physical and emotional, met. Meeting physical needs involves fulfilling children's basic needs for food, water, and health care, but also for *protection* from physical violence and threats of aggression. The importance of meeting physical needs is obvious and foundational; there is likely little variation across contexts in this regard. However, the experience of *protection* may vary by context, and in fact seemed to differ between the two groups of boys. For instance, boys who are living at home have caregivers who contributed to boys' *protection* and safety. Aside from being responsible for providing food and shelter, some caregivers monitored children's activities to reduce their exposure to violence or other risk factors. Some engaged in positive childrearing practices that did not involve violence, a *protective* parenting behaviour that was propagated by Chavaladas staff. Adults' capacity to meet children's physical needs relies in large part on the availability of resources in the environment that promote physical safety and well-being, including sufficient employment, affordable food, water and shelter, and neighbourhoods with low levels of crime and violence; as described, most of these factors are lacking in this community context. Responding to items on a CYRM subscale probing perceived physical

caregiving, scores from children in the at-risk group reflected feeling these needs were "sometimes" met, noting in particular the absence of close monitoring by caregivers.

Boys who are living on the street are similarly dependent on the availability of environmental resources to meet their physical needs. However, they also face distinct challenges in meeting needs for protection, and therefore have to develop a different set of skills than boys who have active caregivers. Living on the street means experiencing threats to well-being which can support the development of street smarts, skills that aid boys in meeting needs for physical *protection*. To find food and water, which many boys have been independently responsible for since they were very young, boys worked, begged, or connected with different projects and people around the city who supported them. To reduce threat of violence, they practiced *protective* strategies, like sleeping in groups: "if I sleep with others, then we can help each other, because another person could come to cause problems, and then we can band together all of the boys" (C6). Some also expressed cultivating a 'tough guy' image which would presumably be useful in discouraging others on the street from trying to take advantage of them. They navigated calculatedly around the city, avoiding areas where they might encounter trouble and finding areas that were relatively safe and protected to spend their time. They are slow-to-warm in new relationships as a means of *protecting* themselves against the possibility of being exploited or taken advantage of. Developing street smarts is an indication of resilience observed in boys spending much of their time in street environments that allowed them to experience *protection* in their contexts. It was noteworthy that boys in this group scored similarly to boys in the at-risk group on the index of physical caregiving, indicating similar perceptions of how needs for food and for caregiver monitoring were being met in their contexts.

Protection also extends to cover the capacity for meeting children's emotional needs for love, trust and stability. Many boys reported experience loving and trusting family relationships where they were looked after: "[The best thing in life is] being with my dad and my mom together. They give me everything. They look after me" (D6); "[My grandmother] looks after me, and she, when I am sick to my stomach, she takes me to the hospital" (D4). Even boys who did not have contact with their caregivers often talked about family as people who they could count on and trust:

C1: I trust most... In my family.

R: And why them?

C1: Because they give me advice.

R: How – How often do you talk to your family?

C1: It's been... I went 5 years without going…

Boys also described many other adults in their lives whom they trust and by whom they feel cared for. Multiple community members remarked that they tell boys that they "care about" them; they provided them "hugs" and affection and sometimes also gave them food. One boy explained how in the market, "there are people who care about you, like, 'poor thing this boy, he comes from far away, we will love him very much as if he were my son" (C1). The love and care that boys receive from others in their lives plays a part in meeting boys' emotional needs for *protection*.

Another environmental factor that can contribute to *protection* by supporting healthy emotional developmental in children is stability – in family, in relationships and in context. Familial stability is something that some of the boys experience in their homes. For other boys, stability is something that they may experience in the spaces where they spend time. They come

to know and be known by the people in these spaces, which in some cases are places they have frequented their whole lives. One boy described sleeping in the same doorway for years: “Since I came from [another city] I’ve always stayed there. Always the same place. Because there they look- the security guards look after me” (C4). One mother whose two sons live on the street around the terminal market explained that everyone there knows her children, because “they were raised in the terminal”.

The Chavaladas project is another good example of a stable presence in boys’ lives, both in being a familiar space and in that the rules and schedules that organize provide consistency and stability for boys who attend. Having a stable structure to their intervention is a component of the STROP-R model they implement; it is seen as crucial partly because it facilitates a sense of predictability and thus safety. Familiar and consistent places and people provide stability in boys’ lives, which can help support a feeling of *protection*.

Being *protected* is important for children’s healthy development both physically and emotionally. In more predictable contexts with higher resources, for children with consistently reliable and loving caregivers who attend school daily as a cultural norm, this element of resilience may not be so obvious. Given the context in which many of these boys are living, the ability for boys to find ways to meet physical and emotional needs by developing street smarts, and the capacity for their environments and their relationships to meet these needs was seen as a strength and as a marker of resilience.

Self-Regulation. *Self-regulation* describes the ability to manage emotions and behaviour in challenging situations. In the short-term, *self-regulation* serves the purpose of reducing distress and discomfort; in the long-term, it supports the mobilization and orienting of emotional and behavioural resources needed to meet goals. *Self-regulation* is a capacity that is typically

developed through healthy, responsive attachment relationships, something which the boys who had tumultuous caregiving relationships may not have experienced. In addition, the boys in the street group lived in contexts that were not highly conducive to long-term planning. As such, the balance of short- to long- term *self-regulation* was not equivalent between the two groups of boys, who engaged in *self-regulation* strategies that were suited to address the unique sets of challenges that they had in their daily lives.

Chavaladas staff observed that *self-regulation* was initially very challenging for all of the CYSS that they work with. Boys in the at-risk group were observed to:

> Arrive angry from their homes, maybe because of some problem they had, some scolding from their mother, a warning, and sometimes they come super angry here that even... they do damage to themselves by hitting themselves against doors, the wall. So it's something that harms them. (P1)

Boys in the project experienced frequent behavioural and emotional outbursts and aggressive behaviour against others when upset, evidencing their difficulties with self-regulation. As such, promoting self-regulation is part of the Chavaladas intervention. Staff engage in conversations with children with the objective of helping them identify their emotions and control their behaviour. Staff received training about emotions which they found was helpful in their capacity to intervene with children:

> Well about emotions what we [staff] learnt was … to differentiate them … what is an emotion and a feeling. A lot of times we confuse them. So, to the children also to clarify that [with them] … because that helped me, to know how to differentiate in what moment a child is emotional about something that is happening to them [in the moment]. And whether it's because of something that happened to him [in the past]. That a feeling may

> [last] longer, that it can be because of a, something that has happened in his family, with his dad, or his mom … to see that actually a feeling … it could be the product of past events that can mark his present, while maybe the emotion can be from a momentary incident. So … to know how to identify, that he was like that because he has gone through something quite difficult. And it's not from right now. Yeah? And for me to know because it is something temporary that bothered him, and maybe talking to him in the moment will help him [feel better]. (P3)

In discussing feelings and emotions with boys, staff were able to support them in mentalizing: to help them identify and label their feelings, and to draw connections between their feelings and their behaviours. Staff observed that boys' frustration tolerance and behavioural outbursts improved dramatically over time by attending the project:

> Before [boy] climbed up on the roofs... He used to run out into the streets. He used to shout a lot, he couldn't really tolerate the boys [he would get very frustrated], so that's a change that he is also still making, little by little. Now he doesn't do those things anymore. (P2)

Staff associated these improvements in *self-regulation* with better performance in school and stronger peer relationships. Boys themselves also reported that they have learned how to resolve interpersonal problems more effectively thanks to teaching at the project, something that they value about themselves:

> R: What is the thing that you like most about yourself?
>
> D3: When I have a problem? I start thinking - [about] The things I did, And the things that they did to me. Because we both committed the same mistake.
>
> R: Ah, ha. And that way you can resolve the problem?

D3: Yeah. Because if I resolve it with…with a fight, it's going, the problem is going to get worse. Better to resolve it talking because that resolves the problem.

R: Mmm. Where do you learn to solve problems like that?

D3: In part here, and in school.

This seemed to reflect a capacity that was important for many of the boys, including those living in the street, who valued the ability to listen and be obedient. One boy in the street group remarked that if he could change anything in his life, he would have wanted "to listen to the teacher, to what she's saying", because that would enable him "to get ahead" in life (C3). Therefore, the ability to *self-regulate* behaviour was something valued by boys and prioritized through the Chavaladas intervention.

In the absence of many of the regulatory supports that existed for the at-risk group, boys in the street group engaged in different *self-regulation* strategies which were useful specifically for mitigating short-term distress and discomfort they encounter in their daily lives. Though these strategies often did not solve the underlying problem, they may have avoided worse problems that the boys would not have been equipped to handle. For example, many boys talked about how confrontations with aggressive community members could lead to the police being called to pick them up. Instead of standing up for themselves, boys opted to walk away:

R: And if they say bad things like that to you, what do you do?

C2: I turn around and go.

R: Does it affect you?

C2: Huh? Of course.

R: Yes? Does it make you feel bad?

C2: Bad.

R: Yes. But... you can just go and that's it, and forget it?

C2: Yes.

Some boys in the street group talked about places they could go or things they could do that would help them *self-regulate* emotionally. For example, one boy talked about how he feels calm and "refreshed" when he comes to play at the project. Another boy feels relaxed when he visited the public basketball court. A third boy described how listening to evangelical music can make him feel "calm, my heart [feels] happy" (C5). Boys also had strategies to assuage anxiety about safety by invoking the belief that God is looking out for them or that their fate was in God's hands. Use of humour to discuss challenging situations, both amongst each other and between boys and staff, was another practice that seemed to reduce distressful emotions; it was very common for discussions involving the boys and staff to involve light teasing or joking. Finally, despite being associated with long-term detrimental physical and psychological effects, the use of drugs was also recognized as a coping strategy that served a short-term purpose for boys. Using drugs allowed boys to feel good, to forget about being hungry or uncomfortable, being rejected or hurt. Community members recognized that some boys have "parents that maybe don't give them [love]. And they take refuge in vices. That's their comfort" (Com 3). The strategies that were observed and described by boys in this group satisfied the important need for reducing distress, making it possible for boys to survive in the face of highly adverse circumstances that they lived daily.

Self-regulation is a quality that enables boys to manage strong emotions and direct behaviour towards a particular end – either to feel better in the moment or to achieve longer-term goals. Though significant and valued by all boys, the use and purpose of *self-regulation*

strategies looked different across groups of boys in this sample. For those boys who were in situations that invited long-term thinking and planning, namely those boys in the at-risk group, *self-regulation* was key for helping them work towards their goals and aspirations. For boys who whose contexts made long-term planning less realistic, their *self-regulation* strategies served to reduce experiences of worry and pain, and enabled them to share in activities – like joking, or using drugs- that could have contributed to a sense of *belonging* in a group. Though some of these strategies carried adverse consequences for long-term health, their utility for meeting the needs of boys in the contexts where they lived is important to appreciate as an indicator of resilience.

Self-Worth. *Self-worth* describes the sense that one has value as a person. It is an evaluative reflection that individuals make about themselves as being worthy, and as having the potential to make contributions that are seen as meaningful or important in their communities. This reflects a quality of the environment as well, in that there must be obvious metrics of *self-worth* that people can use to evaluate themselves, that resonate both with the individual person and with society at large. Having strong *self-worth* can motivate better self-care, and since it relates to a person's view of themselves, can also encourage one's belief that they are able to accomplish their long-term goals – *agency.*

During interviews, boys were asked to describe themselves and to identify what that they liked about themselves. This seemed to be an easier task for boys in the at-risk group in general: On a questionnaire, six out of seven boys in the at-risk group reported knowing their strengths "always" or "a great deal". Boys in the street group were able to note some qualities that they liked about themselves, including being good at sports, and being obedient. Some boys in this group also seemed prideful about their ability to work multiple jobs in the market, and the skills

they had that enabled them to do this well. In this group, only three out of seven boys reported knowing their strengths "always" or a great deal".

For some of the boys who participated in this research, it was clear that their view of themselves and their values was well-aligned with that of society. For example, there were boys who felt that it was very important to get an education and saw themselves as studious and smart. They spent their days in school and doing homework, and they perceived the value of these activities:

R: Do you like school? (nods, laughing) What is it that you like about school?

D6: The homework. The work.

R: Mhm? Many kids don't like, like…the homework. The work. But you do. Why do you like that?

D6: That's how you learn.

R: Aha! You like learning then?

D6: Yeah.

These boys were working towards a future goal of higher education; becoming "doctors" or "engineers", or pursing a "dignified" job. In that sense, there was coherence between their view of themselves and the educational values of society, and between their daily activities and their goals – their daily investments were getting them closer to a goal that they felt was important and one that was esteemed by society. These were the boys who had an easier time responding to questions about their positive qualities, listing positive traits of being "accomplished", "smart", "friendly", "a good student and friend", and having multiple talents.

However, there were also boys who did not experience this coherence. For example, many of the boys on the street valued education but were not able to engage in any activity that

furthered them towards a goal of becoming more educated. There were several boys who found it challenging to ascribe any good qualities to themselves during interviews, and they were more commonly in the street group. It could be argued that when boys experience discrimination and exclusion from mainstream society by community members who perceive them at worst to be criminals, or at best to be less than equal members of society, it would be more adaptive for them to adopt different standards for what makes a person worthy or valuable. This idea substantiates the utility of finding creative ways to experience *self-worth* within one's identities, something multiple boys in the street group described. For example, a few boys hailed from different parts of the country. They seemed to refer to their city of origin as a crucial part of their identity, one which differentiated them from other people and gave them unique expertise and experience that others didn't share. Their origins would oftentimes serve as a point of reference for other people who referred to them by the name of the city or town where they came from. In one example, a boy who was originally from the coast spoke often with others about where he was from; he explained to other boys about the kinds of fruit he ate on the coast which were different (and "better") than what people ate in León; he was fascinated by watching videos of people from the coast; and he joked about how he stood out from the majority of people in León due to his darker skin colour. Rather than feeling rejected as outsiders, the boys who came from other cities seemed to feel proud and unique, and found a sense of value in their 'outsider' identity.

Boys on the street also engaged in social comparisons as a way to endow *self-worth.* Comparing oneself to other boys who were apparently lower on the totem pole – like thieves, or *huelepegas* (gluesniffers)- seemed to build feelings of *self-worth*, as did contrasting one's accomplishments or qualities to those whom they saw as less successful: "What's good about me is, [I] have overcome more … I have quit my addiction more than the boys, because the boys

who are in the street are more stuck [in the addiction] than me" (C6). During the focus group, boys in the street group also described how some of their peers on the street "se dan por vencido" (give up), meaning they stopped looking after themselves, lost themselves in drugs, and didn't work. The three boys in the street group who participated in the focus group differentiated themselves from these boys by highlighting that - even if they use glue, which one of them did - they never gave up like some of the other boys. This comparison seemed to impart a sense of value and contributed to a *self-worthy* identity. Staff observed that the *self-worth* of boys in the street group grew over time as they were able to take better physical care of themselves and have a "better change to their image", demonstrating the important connection between physical, outward appearance, and sense of *self-worth.* Staff also perceived a positive *self-worth* tied to work skills in boys on the street, which was important because it supported their ability to advocate for themselves and avoid exploitation:

> They try to negotiate, and they do not let themselves, like, [be over-exploited], because they recognize their capacity, they recognize their work force, the importance that the work they do has in the market, most of them work in the market, what they do…they're not going to let someone pay them 5 pesos [20 cents] to do something... (P5)

Having a sense of *self-worth* means that you have a clear sense of who you are and your value in your society. Some of the boys who participated in this research seemed to reflect this belief strongly, and this manifested in part by a coherence between how they saw themselves and what they saw as important, and by engaging in activities that moved them towards their goals. Boys in the street group shared some metrics of *self-worth* with mainstream society, but also found creative avenues for building a sense of *self-worth*, either by identifying strongly with unique parts of themselves, or setting themselves apart from people they saw as worse off. For

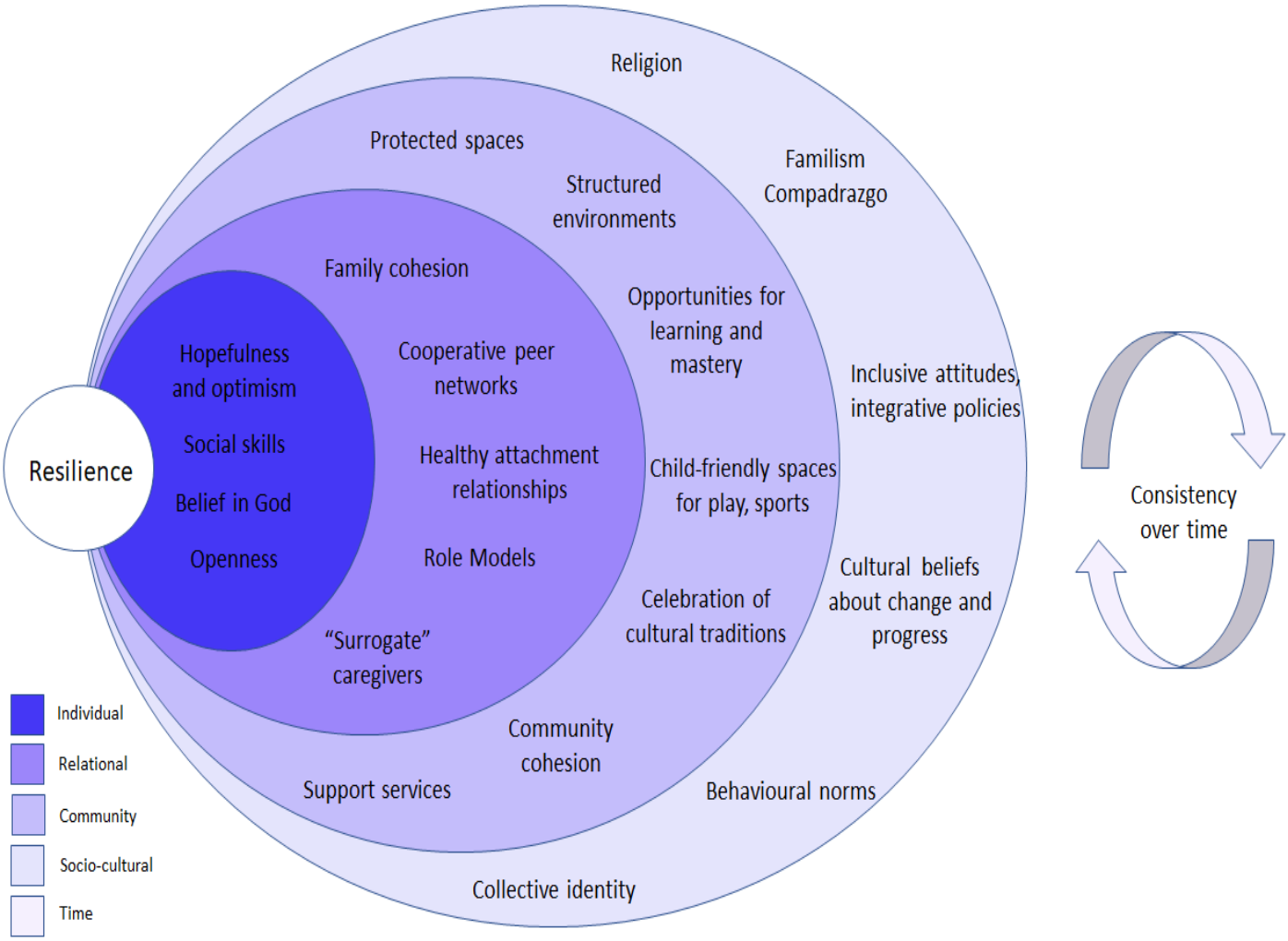
both groups of boys, having a sense of *self-worth* was valuable to resilience because it supported a capable self-image and provided a sense of coherence in their lives, which translated to ambition and drive towards a better future.

Resilience-promoting factors

The following section expands on the individual, relational, contextual and cultural factors that predisposed CYSS to *experience agency, belonging, flexibility, protection, self-regulation* and *self-worth*. These resilience-promoting factors should be interpreted as characteristics or variables that made it easier for boys to experience resilience in this specific context. Many of these factors are recognized as protective in literature of child development and resilience; however, the reason they were chosen for inclusion in this model is because they were described by participants as serving an important function in boys' well-being and were therefore understood as being relevant in the León context. Similar to the model of risk factors, it should be understood that variables at different levels interact and can be mutually reinforcing. Additionally, each resilience-promoting factor could positively influence multiple resilient qualities. These factors are summarized in Figure 3.

Figure 3

Summary of multisystemic resilience-promoting factors experienced by CYSS



Openness. Openness is a temperamental trait that describes a willingness to try new things. Staff noticed pre-existing differences in the boys that they worked with in terms of their degree of openness and perceived that one way in which this characteristic influenced them was in their capacity to build trusting relationships with project staff: "There are some, well, I think with some you have more trust than others. Because some have a more open personality" (P3). An openness towards relationships permitted connections to be made with people who could support *protection* for CYSS, including extended family, project and school staff, and caring community members. Being open was believed to work strongly in the service of *flexibility* by

inclining boys to engage in opportunities that presented in their environment. Community services were relatively sparse; therefore, being open to opportunities that did arise was important because it helped boys capitalize on available supports. For instance, the many boys who accept invitations from Chavaladas staff during street outreach to participate in project activities would be those who are open to new experiences, and those who accept this invitation gain access to project facilities and resources, supportive relationships with staff, and ultimately have more ample opportunities to make change in their lives.

Furthermore, because openness implies a willingness to try new things, like dance, visual arts, and circus arts, boys who were more open to the offer to participate in these activities in the project had the chance to develop new skills, in turn strengthening feelings of *self-worth* and *agency*:

> It's a way for them to feel useful. … a space in which they can develop and feel that they are themselves, to do what they like, for example if he likes to dance, well, include them in a dance group. Does he like to sing? A choir group. He likes to play guitar, instruments, all of that, get him into those things. So that they... they feel that they are capable of doing things, of accomplishing them... (P2)

The willingness to take on "whatever [work] comes my way" was illustrative of an open temperament. This served the benefit of enhancing behavioural *flexibility* as it predisposed boys to be willing to take on diverse jobs which required learning many different skills, learning which could endow a sense *of self-worth*:

> Carrying firewood. Carrying sacks [of coal]. Depositing garbage. Selling avocado. Selling candy. Grinding corn, grinding cheese. Delivering milk. Cleaning tables.

> Cafeteria, selling food. … masonry work. And also to build a house, mix concrete, paint walls. All of that I can do. (C1)

This openness broadened boys' options for earning a livelihood and provided multiple avenues to build competence and *agency*.

It is highly relevant to keep in mind that for individuals who have experienced trauma, as many of the CYSS in this sample have, it may be self-protective not to be open in order to avoid further harm. It would be adaptive for boys who have experienced rejection or abandonment by their families to regard people as unreliable and untrustworthy because that is reflective of their early attachment experience. It was not the initial tendency for CYSS to be open to all new experiences and new people– instead, they followed a gradual process whereby trusting relationships developed with people and organizations over time. One senior staff member explained how boys test the waters with her by sharing information, over time building more and more trust:

> This kind of confidence – it's not that they tell me at the outset. So, when I have already had several conversations with them … they see that I, that what are they telling me, it's not something that's going to be made public, it's not something that's going to be, like... that it's not going to put them at risk, right? But of course, because I've been working in this for more than 20 years. (P6)

The propensity to be open to the possibility of new experiences or relationships, in line with this gradual process, facilitated connections and relationships that supported *belonging* and *protection*. Boys who were open were receptive and engaged *flexibly* with beneficial supports in their communities, and by capitalizing on these experiences, boys were granted access to opportunities for building *self-worth* and *agency*.

Social skills. Interactions between CYSS, their peers and other adults were largely seen as positive and caring. A staff member described the boys in the at-risk group as "friendly ... they have quite a lot of companionship, [they are] sociable between them" (P2). Community members who encountered the boys on the street and who had developed relationships with the boys saw them as approachable and caring: "they're people that you can talk to, like, about anything … I mean the conversation we have, it's not, it's nothing bad. But it's something rather good. They're nice people" (Com 4); "they're actually really caring, really loving children, you know… [Name] hugs me when he sees me in the street you know?" (Com 8).

A capacity for empathy and caring for others was evident in the way that boys expressed themselves. One boy in the street group described his concern about another boy on the street,

> I would like for them to help a…a person who is in the street who is named [name]. … He uses glue just like us. And he is more lost than us. Because he doesn't have support from his father, or his mother either. (C6)

In the at-risk group, several boys noted aiming for a career in helping professions. One boy wanted to work as a pediatrician because "if, if a kid dies, and I think that, it's like my [kid] is dying" (D3). Another boy, when asked what he would choose for his superpower, stated that he'd choose "Helping everyone. Because there are people who don't have anything to eat. There are others that don't even have [enough money] for a single bean." (D5). It was clear that despite living in conditions of relative deprivation, boys maintained a capacity for empathy and felt inclined towards helping those whom they saw as less fortunate.

CYSS in this sample were largely friendly, kind, and empathic and saw themselves in this light as well: boys in both groups self-reported high scores on the CYRM social skills subscale and the SDQ prosociality subscale. Strong social skills made it possible for positive relationships

to develop between themselves and with caring adults in their lives, which facilitated *protection* by meeting emotional needs, and a sense of *belonging* within their social networks.

Collaboration and cooperation. Social skills were also evidenced by the collaborative information-sharing strategies between boys on the street and with the adults in their lives. Boys shared information with their peer networks about useful resources, like the project, making it easier for boys to know where to go when they needed to bathe, eat, or to consult a trustworthy adult, for example. They also shared information about work. During the focus group with the boys in the street group, a question about favourite jobs spurred an independent conversation between boys where they exchanged information about places that they had worked and how much they were getting paid. This information could help boys find opportunities to earn their livelihood, and also to avoid exploitation because they know the value of different odd jobs, ultimately supporting *agency* and *self-worth.*

Boys also shared information with Chavaladas staff that would allow staff to oversee the well-being and *protection* of their peers. One staff member described that sometimes boys would tell him "'I am worried about this boy, X happened to him', then they come directly to the project and they say, well, 'I need someone to accompany me to go there'" (P3). Staff being informed means that they can stay apprised of how boys are doing and intervene if necessary:

> And so they are, like, reporting everything that happens with them, be it some arrest, because they arrested them, if they were involved in a robbery, or in some kind of legal situation that the police were involved, then they come here, and inform us so that we can go and find out, then, what happened. (P4)

Since boys were privy to information about their peers on the street that staff may not be aware of, they were also able to communicate information that would help keep staff safe:

> It has also helped us to follow their recommendations. For example, on the street, they have had experiences like ‘we don’t go there’, or ‘do not go alone‘ … they also warn us of who we [should] be more careful with, because they know each other better… you know, for example, which boys get more upset, when, for example, someone wakes them up if he is asleep. So they, they warn, 'no, that boy gets very angry if you do such and such thing', so, the credibility that they have of us, as well as the one that we have of them, has been very important in that, that relationship that we have built with them. (P4)

Boys’ collaboration within their networks and with project staff supported resilience through information-sharing, which strengthened each other’s’ *agency* and *self-worth* as employees making valuable contributions, as well as through the creation of reciprocal relationships of trust and cooperation that promoted *protection*.

Social intelligence. A specific category of social skills, akin to social intelligence, was demonstrated by the ability to make connections with people from different spheres, including tourists from different nationalities who did not speak Spanish. Staff remarked that “some [of the boys] even speak English better than the rest of us [staff]” (P5), a noteworthy achievement indicative of a degree of cognitive ability that isn’t often attributed to CYSS. Boys with high social intelligence knew what to say and to whom in order to get what they wanted or needed:

> They know the universal language of emotions, and they know how to connect those emotions with the people from other, like, nationalities. And they know to tell those people what those people want to hear from them to get them things in return. (P6)

One of the community member interviewees who was not Nicaraguan described how boys adapted their behaviours with him as they came to realize his stance on giving them money:

Com 8: At the beginning when they didn't know me, they would come to me and, you know like, ask me for stuff, food and money or whatever. And they don't really have a product, you know, to come and talk to, talk to people in the streets, especially when they know you're a foreigner, because…and I get it, because at first they want to get something out of you –

R: But they don't ask you for things anymore?

Com 8: They don't. Because they know I won't give them anything.

The ability to make quick evaluations as to who and what was most likely to yield them the result that they were after required an ability to read people and to use emotion and language to effectively express themselves. Success in these endeavours facilitated the experience of *agency,* since it enabled boys to satisfy physical needs independently, contributing also to *protection.*

Hopefulness and optimism. Perspectives reflective of hope and optimism emerged when boys were asked about their problems; nearly every boy reported believing that their problems had solutions even if they were long-standing complex issues, and many could describe ways that they could take action to resolve these problems. Hope was also apparent when boys discussed the future. All the boys in the at-risk group had contemplated future careers and many saw themselves in highly esteemed professions like doctors and engineers. Hopeful predispositions were observed to facilitate *agency,* in that they reflected the belief that boys had the power to create a wanted change in their lives. Though boys in the street group had less developed future aspirations, they still expressed desires and plans for the future including pursuit of further education: R: "So do you think about returning to class someday or not?" C1: "Yes, when I leave here yes. I want to go but not here, I want to go in [another city]". Although

these plans were vague, in expressing ideas about ways in which their futures could be different, boys demonstrated a propensity towards hope and optimism, and potential to experience *agency*.

Optimism was seen as an intrapersonal quality which was facilitated by several contextual factors.

Role models. In order to be hopeful towards the future, boys need to be able to envision a realistic future that they could work towards that was motivating and exciting. Role models provided tangible examples of the kind of future that boys could strive for.

C5: I want to have…like…to arrive to the goal that my sister got to.

R: And what's that goal?

C5: Get to university.

R: Your sister went to university, wow! To study what?

C5: Ah, medicine.

R: Wow! You have…a smart family, then. You want to go to university?

C5: Yeah.

R: To study what?

C5: Medicine as well.

The importance of having relatable role models was recognized by community members and staff, who tried to facilitate encounters between boys and potential mentors. One working community member created connections between his clients and CYSS as a means of inspiring boys to make change in their lives: "I have had clients here who are from [another city] who have identified with [boy] because also as youth, they sniffed glue. And they have spoken with them [the boys], they have counselled them" (Com 7). This interpersonal exchange was also encouraged at Chavaladas:

> Little by little between the communication [the boys] have, they come to realize many times what one has achieved, what the other has achieved, and that also motivates them. Then they realize that they have in the end many stories, or experiences in common. (P4)

Having relatable role models was observed to cultivate hope and belief in one's ability to achieve a different future – in other words, it promoted a sense of *agency*.

Cultural perspectives on change and progress. Culturally prevailing values around the importance and possibility of making progress were expressed consistently across participants and were believed to play a part in influencing boys' resilient development. Firstly, there was a clear value for making progress ("salir adelante"*)* that was expressed by all groups of participants. The idea that one can invest their will and effort into getting ahead in order to have a better future seemed universally held by participants and was one strong motivator of pursuing an education, which was another value that resounded clearly in reports from boys in the at-risk group and family interviewees. Earning a high school diploma, and sometimes a post-secondary degree, was an ambition for many children in the at-risk group. One boy described that education was important to him "because I know that from there I can -well, [from] there, everyone gets out of their poverty" (D8).

Family members expressed the wish that their children would pursue education, which they perceived as the only way of getting ahead and having a valuable career in life:

> To achieve, to have what you aim to, you have to study first. And then work. To be someone in life. I tell him, you have to be someone of merit in society, someone of merit in your country. I tell them, 'how I would love them to say, "the lawyer [child's name], the doctor [child's name]?"' Or to go to a hospital and be told '"doctor, your mother is

> waiting for you here". Can you imagine how proud I would be of you?' So that I, I pass on to them. I would feel very proud to be called 'the doctor's mom'. (F10)

Boys in the street group also held a value of education and several of them expressed the desire to receive schooling, even if they had never done so before. When asked how he would change his life if he could, one boy stated that he would "like to study more", because it would enable him "To get ahead". Another boy who claimed education was one of the most important things to him despite never having been to school explained:

> Because you learn how to - you learn how to be, like... well, so that no one takes advantage of you. Because once, once can you read, and you go to school, no one takes advantage of you. And if you don't go, everyone takes advantage of you, and they say 'he's a donkey, he's a donkey, and he knows nothing' so then you get embarrassed. … The people, everybody steals from you. He says [about you], 'He doesn't know, this guy! This dummy!' (C1)

Boys in the street group tended to share similar educational values to mainstream society, though the significance of education in their context may have represented something different than pursuit of an esteemed career. Both groups, however, shared the value of getting ahead and wanted to find meaningful ways of making this happen in their lives.

Importantly, despite the major obstacles to progress and change that existed in this community, there seemed to be a widely held belief by all respondents that if you want something in life, you can make it happen. As one community member put it, "to want is power" (Com 1). Those who know the boys well believe "there is hope for them" to change their lives (Com 7). Most participants saw the ability to make change largely as a choice that needed to

come from the individual boy, rather than resulting from any specific environmental support including one man who had been on the street in his adolescence but was now living at home:

R: What do you think they [boys on the street] need to change?

E1: … If we pay attention to them… I don't think [that] they're going to change because attention is always given to them here [Chavaladas], they know where it is. I think that attention has nothing to do with it. If you, if you give them support, they waste it too. The main part is from them.

Community members typically held the belief that only the boys themselves could create change but maintained that it was possible if they put their minds to it. Program staff diverged slightly in their thinking on this, seeing change predominantly as a function of family effort rather than the individual child. However, all respondents had in common an overarching sentiment that change is possible and it is in one's hands, whether that comes from the child or his family. This hopeful position was expressed widely by participants and seemed to be a culturally sanctioned way of thinking that encouraged hope and *agency*. By abiding by cultural dictates of making progress and pursuing education, boys were also able to enhance *self-worth* in a culturally mandated way.

Protective attachment relationships. Although many of the CYSS in this sample experienced adversity within their relationships, the experience of supportive, loving, trusting and caring relationships between CYSS and family, community, and staff members was common, and emerged clearly as a notable resilience-promoting factor.

Family. Positive relationships with family were interpreted as facilitating the experience of each and every resilient quality. Family emerged as a cornerstone in the lives of participants, which presumably reflects the traditional import placed on family in Latin American culture as evidenced by the presence of the cultural value of familism. Likely as a product of holding

familistic values, participants reported an inclination towards trusting family above all other people. Indeed, one boy in the at-risk group explained, he trusted his mother more than anyone "Because she is the one who gave me life and, and, and... You have to trust her. You shouldn't trust anyone else" (D7). Boys in the at-risk group universally indicated that the person or people that they trusted the most were family; boys in the street group largely did as well, even in instances where they were separated or estranged from family.

Other than one boy in the street group who had extensive family contact and very strong family ties, many of the other boys in this group had limited contact with families. However, they still expressed trusting their family and shared a similar sentiment that "I'm not going to trust anyone but my mom" (C2). When asked what made them feel this trust towards their family, responses were more functional than they were loving or caring, "because she's [mother] a good, good person. When she -- when she has food, she gives it to me" (C3). Some trusting relationships existed between family members other than parents or caregivers, especially for several of the boys who had their brothers with them on the street, R: "in whom can you trust the most?" C4: "Only in my brother". Trusting relationships were important because they supported boys' willingness to engage with environmental supports, like Chavaladas. In this way, trusting relationships provided a means of boosting *flexibility*. Within trusting relationships, boys found reliability and a feeling of being looked out for, supporting needs for emotional safety and *protection*.

Parents and caregivers also filled a role as advisors who motivated children to follow the right path and advocated for them in cases of injustice. As advisors, mothers encouraged their children to prioritize school and use the supports that the project was giving them. One mother described how she encouraged her son to be persistent to meet his goals:

> So I have just said this, ‘look son’, I tell him. ‘What you want, especially the goals you have, you have to … put your mind to it to get it. And you can get there. You can go a long way. Because you deserve it’ … I every time tell him that he is very smart. I always tell him that he's very smart, to all of them, to the 3. ‘You can’. 'I can't.' 'You can.' You never say you can't before you attempt to do it. And if you can't do it once, try again. Never give up.’ (F10)

As motivators and advisors, caregivers were able to build children’s sense of *agency* and belief that they could accomplish their goals.

As advocates, caregivers stepped in in situations where they felt their kids were unable in order to defend the just treatment of their children. One mother explained she had to go to her son’s school to protest her son’s unjust poor grade. A mother of two boys on the street also stepped in to protect and advocate for her sons in a different way when people in the market were treating them badly: “There are some who treat them badly… I've seen it. And I have already fought with them” (F8). By giving children advice and advocating on their behalf, caregivers were also *protectors:* they were shielding children from going down “the wrong path” and standing up for them physically when they were treated unfairly.

Some family relationships could also be described as loving and caring. This was especially true for boys in the at-risk group, one of whom shared that he trusts his mother because “She loves me. She looks after me, so that nothing happens to me” (D1). The care provided to children made them feel safe and *protected*: R: “And when you are in your house, do you feel safe?” D4: “Safe, because [of] my dad”. Furthermore, boys expressed a consistent desire to spend time with family all together, illustrating the experience of family cohesion. In the focus

group with children in the at-risk group, all boys shared that most important things in their lives pertained to their families:

D5: The best thing in my life is to just be with my mom and stepfather because they are the ones who discipline me, they, they understand me, and share their wisdom because they are the ones who help me, they put me, they give me, they give me things to go to school. They give me, they give me the school supplies.

D4: Being with my family.

D6: That the whole family be together. That there are no fights.

D3: Being with my mom.

D1: I like to be with my godfather.

Though no boys in the street focus group responded that family was the most important thing in their lives, one boy in an individual interview did, describing his hope that his family members, many of whom were working together as vendors in the market, would not fight, and explaining his desire for family unity and cohesion:

> That all of us, all of the family we reunite, we don't fight, we behave well, we help each other. Live happily. Not, not to fight because one person sells more. And the other sells less. No making jokes or anything. To get along well. And we share everything that we have. That's it. And we live together well. That's my only wish in my life. (C5)

The majority of the boys in the street group remained in some degree of contact with family; some of them returned home to visit their family at times, or went home when they were sick or hurt, which suggests that some of them still use family and home as secure base for *protection* in times of vulnerability.

Some caregivers also saw one of their roles as being a provider of love. One mother explained that by receiving support for her own psychological trauma, she was able to:

> …Learn to relate more to my children. To learn … to have more love for them. More communication. I have learned that … you don't solve things with violence. But sometimes with a hug, with a kiss, with an 'I love you'. (F10)

Though caregivers did not universally discuss the importance of showing love and affection to their children, this was something that some mothers remarked that they learned through their attendance at Chavaladas. One mother described how the project had helped her re-frame her view of her child's misbehaviour,

> Often children are rebellious, disobedient, because there is something they do not like. Perhaps there is a lack of attention from the parents themselves, because often they disoblige their children, and they put [their] attention in something else. So many times, neglect from us, their parents, makes our children behave in different ways. Rebellious with us, disobedient – disobedient, because that is their way to express themselves. Because if we treat them better, with love and we understand them, our children will not behave in the way they do. (F4)

Being loved supports children's sense of *belonging* in their family, and *self-worth* as someone who is worthy of love. Loving relationships can also be a place where children experience secure attachment, an important protective factor in development with far-reaching implications for children's psychological resilience; for example, healthy attachment facilitates development of *self-regulation* and provides a sense of *protection* for children within these relationships.

Respect was another quality that was believed to contribute positively within boys' relationships. The intervention approach at Chavaladas is largely guided by use of respect. Staff

are respectful in their relationships with children and see this as an important way to build their autonomy and *agency.* They are also respectful in interactions with family members, and they work to support parents and caregivers in being respectful within their roles as advisors, protectors, and providers of love,

> …So that [the family] can have a better communication with [children], a better union in which there is more love, more trust, respect above everything. Because some [boys], since as they are older, they talk back, they disrespect their mothers. Improve all that between them. In that the parents can feel responsible for the boys, they also feel that they have to play that role, and to take responsibility for them… (P2)

This teaching was often new to parents and shifted their way of parenting, as they came to appreciate that, "that we have to respect our children in the same way children have to respect us" (F4).

A respect-focused approach is in line with a rights-based framework, and somewhat out of step with hierarchical views of parenting traditionally observed in Latin American families that emphasize 'respeto', a cultural value implying deference to authority figures. By modelling respectful behaviour and supporting parents in using effective parenting strategies, Chavaladas staff wanted to create more positive parental perceptions of children and more positive family relationships. This is very important from an attachment standpoint, because caregivers' positive views of children lay the groundwork for a boy's *self-worth*, and expectations of how the world should treat them.

Across the board, family was seen as a fundamental part of life for participants. This sentiment of import was echoed by staff, who identified family work as the most fundamental part of the Chavaladas intervention, and the most likely to yield change:

> The fundamental part [of the Chavaladas intervention] … apart from working with the boys? I think that the family is important. The families, and working with families, that's a fundamental job because if the family doesn't do their small bit to support the boys, nothing is achieved. (P5)

Therefore presence of strong family ties, or means of strengthening them, were of huge significance in promoting resilience in this group. The positive effects of these relationships were attributed to the benefits of healthy attachment relationships on development. Though this research did not directly measure attachment, the relationship qualities that were described reflected the existence of healthy attachment for some of the boys in the research. Overall, regardless of attachment style, the impact of positive family relationships touched every aspect of resilience observed in the current research: Being loved and accepted cultivated in boys a strong sense of *self-worth* and created networks of *belonging;* the encouragement and support they received from these important adults strengthened their sense of *agency* and belief that they could accomplish their goals; within these relationships they felt *protected*, which supported a capacity to be *flexible* and try new things; and through their healthy attachments they also acquired greater capacity for *self-regulation.*

Surrogate family networks. Boys also described attachment-like relationships with other adults, termed surrogate family networks, that contributed to resilience. For some children who have limited contact with their family, other adults in their lives have come to fill a similar role as advisors, protectors, and as loving and caring figures in their lives. Boys in the street group who worked in the terminal market had strong relationships with other market workers, who gave them coveted advice. They saw these other workers as trustworthy and appreciated receiving advice from them about how to behave, C3: “they say something [like], 'enough, stop

being a brat" R: "Oh, and it helps you when they tell you that?" C3: "Yes". This exchange of advice seemed to hold a valued position from the perspective of boys, who described getting good advice as one of the most important things in their lives. Boys on the street felt that advice could have the effect of helping them overcome challenges like addiction: "It's just [a] matter of... finding a place and a person who gives you that help, who advises you, things like that. Nothing else" (C7). Advice was likely more meaningful because it was coming from community members who cared about them. One community member shared that she advised children not to fight or misbehave because, "Sometimes you, sometimes I feel bad, I tell them that 'I care a lot about you, I don't like when you beg, when you fight'" (Com 2). These advising relationships seemed to bestow a sense of *agency* in that boys felt more capable of accomplishing goals, and also supported *protection* by helping them overcome their struggles and meet their needs.

Beyond providing advice, people in the market also looked after children by helping them meet their physical needs for *protection*: "she gives me stuff to eat, she gives me money so that I can go bathe. She gives me…she gives me stuff to sell so that I can work for her" (C6). One boy described feeling deeply cared for by some of the workers in the market, such that when he was leaving, everyone noticed and saw him off "Because when I [was going] there, to Matagalpa with [another boy], everyone said, 'hey, [nickname] is leaving! Hey, [nickname] is leaving. Everybody was hugging me." (C1). The advice and care that boys received from workers in the market was reminiscent of what was provided by biological family and was seen to contribute to *self-worth* and *belonging*.

Chavaladas staff were also identified as highly trusted and valued adult figures in children's lives. Boys described staff as people who have supported major life improvements for them, like getting off the street or passing a grade. This was true for at-risk boys, many of whom

also had relationships with biological family, and for boys in the street group. One of the boys in the at-risk group who was living in the shelter described that a particular staff member "always supports me … he helps me in everything. Because he was the one who helped me get my grade back, where I was" (D8). Another boy in the at-risk group who had previously lived on the street mentioned a different staff member as the only trusted person in his life, because of the good advice she gave him. Receiving "good advice" for these boys was seen as very important because it could help them avoid "having any vices [and have] a future ahead of" them (D3). Beyond exchange of advice, relationships with staff seemed to hold special importance for some boys. One boy living on the street who had been living away from family since he was young and involved with the project for many years described that he was able to count on the staff, and he reveled in jokes staff made about being his parents,

C1: But the one that I get along with the best of everyone, when she [was] the cook here, was with [name]. She doesn't work here anymore. She would tell me that she was my mom.

R: Ah! (laughing)

C1: (laughing) It's true. That's what she used to say to me, that she was my mom. It's like P5, who tells me he's my dad, but he's not my dad. (Laughing)

The ability to make relationships with staff despite challenging relationships with family was recognized as a strength that was remarked on by staff. As a result, "[the boys] feel, they have trust, also when some violence happens to them on the street, they can come here" (P5). In this sense, boys used the Chavaladas project to fill in for caregivers as a safe base where they could come to seek *protection* when they were in need. For instance, boys in the street group came to stay in the project during a period of heightened violence associated with the crisis in 2018:

> If I'm clear on something, of the experiences of the crisis from last year, when we had the oldest ones here - They sought out this place. And the protection here. It's that, eh... they know who to look for. And who will give them protection and security. (P6)

They also come to the project when they are ill: "they tell us 'come with me to go, like, to go to the doctor'" (P2). One boy in the street group described how he was supported during illness in the project, specifically by one staff member who: "has helped me…in everything. The illness I had. … She gave me the medications that I've had" (C6).

As noted, sometimes it is extended family members who step in to fill the role of caregiver when parents were unable. Biologically related family members, like grandparents and cousins, may fill this role, as can godparents. The existence of this compadrazgo (co-parenting) network of fictive kinship between children and chosen godparents, with its expectation that godparents provide financial and material support in situations of need, was seen as a cultural strength in that it could fulfill *protection* needs of children when caregivers were unable. One boy on the street mentioned relying on a godmother to look after him. The families' and godparents' commitment to looking after the boys may relate to familistic values in society.

The ability to form relationships with individuals outside of their nuclear family was a useful one for the resilience of CYSS, many of whom were separated from their caregivers. These protective attachment-like relationships were able to impart some similar effects to those experienced within attachment relationships, facilitating experiences of *agency, belonging, self-worth,* and *protection.*

Religion and belief in God. God's love and protection was described exclusively by boys in the street group as helpful for coping with adversity. Belief in and reliance on God was helpful for these boys because it seemed to bring a sense of security and *protection* in situations

where they had limited control – for instance, when feeling worried about safety during the night. During the focus group with boys in the street group, they explained how trust in God supported the feeling of *protection*:

C5: And... we ask him to, to –

C3: Give us strength.

C5: - strength, and that, and that he always take care of it us the path we go.

C1: That's the same thing I say.

C5: And also when we walk, and when we walk in the street –

C3: He protects us.

C5: - he protect us…in dangerous places.

Believing that God was looking out for them seemed to support *self-regulation* too, because it alleviated fears that something bad might happen to them during the night, enabling them to cope with situations that they seemingly can't change. For some boys, these beliefs also may have fostered feelings of *belonging* and *self-worth*, because God was experienced almost as a "surrogate" caregiving figure who loves you and cares about you: "And, and God helps me too. Because after a father, you have the other father named God. And God takes care of you, as a godfather to you and everything" (C1). The fatalistic belief espoused by boys who saw God as in control of their future, thus taking the responsibility out of their hands, may have also contributed to *flexibility*, allowing boys to maintain a flexible outlook about their futures (e.g. "anything can happen").

Opportunities for learning and mastery. Having opportunities to learn new things was extremely influential in facilitating experiences of mastery and self-efficacy, which promoted *self-worth* and *agency*. These opportunities may have been more plentiful for kids in the at-risk

group who were exposed daily to academic and creative skills learning opportunities at school and at the project. However, boys in the street group still found numerous learning experiences in their environments. The terminal market afforded opportunities to work a variety of odd jobs, each of which required different sets of skills that boys needed to learn and master in order to earn money to pay for their daily needs. The Chavaladas project also created additional learning opportunities that benefited boys on the street. Excursions with the Mobile School to areas with higher numbers of CYSS were organized to help children who may not access traditional schools learn "to draw, to learn to write, to read…" (P1). Boys in the street group were sometimes asked to accompany staff on excursions with the Mobile School so that they could help facilitate activities with other children. This role seemed to endow children with feelings of responsibility and *agency*; one boy described being sure to manage his schedule so that he could arrive in the project on time at 8am to participate, mentioning that he enjoyed accompanying staff on these excursions: "I like to go with them. Because... well, I've liked it since I was young" (C1). Chavaladas also promoted learning about rights and health, organizing monthly workshops for boys in the street group based around themes like,

> …Rights ... drug use … health, too, we see the issue of health, of personal hygiene, to address self-esteem as well which is a step to them going around a little cleaner. … we've also talked about the code of childhood and adolescence, especially the third code which is adolescent criminal justice. So we have, we have approached this with them because they are already adults, most are almost, of legal age, especially those who are in a street situation. So we try to explain to them, what happens if they commit a crime … we have also talked about sexual and reproductive health … because that is a need that they have, it is a right that they also have…(P4)

This kind of learning was seen as a way to further promote *agency* for CYSS, by encouraging them to advocate for their rights and keep themselves safe.

Boys in the street also created their own opportunities to learn new skills which contributed to resilience. Boys convened in public spaces to practice and teach each other breakdancing or skateboarding, and several boys mentioned these new skills became passions for them. In addition, boys who opted to engage with tourists created opportunities to learn a new language, a skill which allowed them to easily engage with foreigners and, as one community member explained, made them more eligible for jobs:

> One of the tour operators had spoken to him [one of the boys on the street], that if he quit [drugs] he was going to go with them on trips to volcanoes, well, because since he speaks perfect English, he can express himself with anyone, so. He'd been given, they'd given him the proposal [job offer], like that he's going to make $20 a day. (Com 7)

By mastering new skills that were valued or esteemed by others around them, boys built a sense of *self-worth;* by being able to create an impact in their environment, either by getting good grades, making others proud with artistic performances, or by earning money to survive, boys strengthened their sense of *agency.*

Play. The importance of play in children's development is well-established, and it emerged as a major theme across interviews with children and staff. Play was an important teaching modality at the project, as one staff member described, "I remember that once a mom asked me about why I played so much with them. So I told her that … through games you learn much better … games carry a lot of teaching" (P1). Children reported that playing was the highlight of each day. The proclivity to play was observed in boys young and old; many of the older boys in the street group enjoyed the card game Uno and would play for hours every day

they came to Chavaladas. Beyond solely serving as a means of learning and enjoyment, play could also provide older boys with a distraction from the stress of being on the street:

C2: I come here [Chavaladas] to have fun, to refresh my memory there –

R: Of what? The memory of what?

C2: Of not thinking there about whether I work, yes or no - and here I play

In this way, it seemed that play also contributed to *self-regulation* of stress.

***Sports*.** Playing sports was highlighted as another opportunity for boys to gain a sense of mastery and self-efficacy, and, perhaps unsurprisingly given the eminence of soccer and baseball in Latin American culture, it emerged as an extremely important part of children's lives. A passion for sports was something boys shared regardless of age or street involvement. Boys played soccer, baseball, and basketball as part of daily project activities, as well as in bi-weekly organized outings specifically for boys in the street group. Boys in the street group also informally organized sports games themselves in public spaces.

There are many skills needed to play sports well. Children must learn and remember rules; learn to cooperate with teammates; and regulate themselves when the outcomes of games are disappointing. As such, there seemed to be many factors within the domain of sports that worked to promote resilience. As one staff member described:

> Sometimes sports is something that also motivates them to leave [the street], and to confront the situations that they sometimes have. And sometimes, well, even though they are still in the street and they have their difficulties, sports always motivates them to confront these situations, to release energy, laden or negative, that they have. So that helps them confront some situations. Some [boys], with sports have managed to get very far. So that tells you that sports is something that for them can be a motivator of change.

> To be able to face these situations that they live. Sometimes in [their] family, they don't feel very appreciated, and with the group of friends, or in, in sports, when they participate in sports, they feel more, more attracted by this … well, the fact of playing sports, the energy that they unload there helps them to concentrate also a little bit more afterwards in their studies. So, it permits them to feel in that group, like a member of a family apart from the origins of their own family where they are born … the group of friends who play sports is another, another reference group for them. (P5)

Staff observed the value that playing sports had for motivating children's *agency* and belief that they could make change in their lives; promoting *self-regulation* through catharsis; and creating a community of *belonging* between friends. The power of sports as a motivator in boys' lives was evidenced on bi-weekly sports mornings when use of drugs is forbidden. Boys who otherwise use drugs daily are often able to forgo drugs in place of playing sports. Additionally, when boys played sports in public fields during sports morning events, some community members arrived to participate in their games, and many others came to watch and cheer them on. Playing sports was thus a way of integrating with a wider collective, creating social bonds and potentially a sense of *belonging* in the community. Being skilled at playing sports was also something that boys valued about themselves, demonstrating the value of playing sports for *self-worth*. When asked what quality made him the proudest of himself, one boy in the street group responded: "When I'm playing soccer that's when I get happy. That's what makes me feel good" (C4).

Children sought out opportunities to play, and particularly to play sports. Through play, children gained capacity for *self-regulation*; they encountered spaces of acceptance and

belonging among peers and community members alike; and they developed feelings of mastery and *self-worth*.

Child-friendly spaces. Outdoor space plays a big role in daily lives of people in León, even for those who were not living on the street. Nearly every building in León has an interior exposed courtyard which is open to the rest of the house meaning half of the building is outdoors. This makes boundaries between inside and outside seem permeable. In addition, boys are frequently asked to run errands which require that they leave home and go out into the streets. It is easy for children to jump back and forth from life in their homes with family and back out to the street with their friends without necessarily raising concern from caregivers. This fact likely contributes to social attitudes of normality and acceptability of unaccompanied children on the street.

Outdoor spaces are therefore very important in the lives of children and certain qualities of these outdoor spaces can contribute to resilience in CYSS. Main plazas are important spaces in Latin American societies as the center point around which cities and towns are built, and children echoed the sentiment of importance that the central park in León held for them and their families. The central park is the heart of the city; it is a child-friendly space where kids can play games like “Brinca Brinca” (trampoline) and watch “grown-ups, how they dance hip hop” (D3). This was also a space where children could convene with friends and feel part of the city; one boy in the street group liked to go there because of “the people that are there. To sit on the ledge of the church. And to talk to my friends” (C3). Several boys in both at-risk and street groups mentioned that it was their favourite place in the city. They enjoyed going to the park with family “to walk”; they liked “the atmosphere” and said they “felt good” when they were there. Parks attracted CYSS, as described by one boy on the street who indicated that he moved from

another city to León because “there are more, more parks. Nice parks – better parks” (C8). The public basketball court was another child-friendly public space that was valuable to CYSS in that it facilitated opportunities for boys to meet friends, to play sports, to dance and to skateboard.

Protected spaces. Boys widely expressed liking their city and their neighbourhoods and had the sense of being well-known and well-treated by their neighbours and other community members. One youth from the graduate group described, “[With] my neighbor we get along well. In [my] neighborhood of Sutiaba, everyone, almost all the neighbors get along well there. Because … sometimes the neighbors on the other side, if we don’t have something, we just go ask for it” (E4). Boys in both groups felt looked after in their spaces, and many felt safe around where they lived – especially those in the at-risk groups. These sentiments suggested a degree of community cohesion that some boys experienced where they were living, a factor that is associated with healthy community functioning. For boys, this translated to a sense of *belonging* and feelings of *protection* in their communities.

Some public spaces also provided *protection* for boys who slept on the street. One group of boys slept nightly on the basketball court, and one boy explained that he felt safe doing so because “there are guards out there in front where they're building” who might be able to step in in case of a problem (C7). A similar set-up existed for the group of boys who slept in the market: “I sleep there because I have, there are some caretakers who look after [the place] in the night, and they, and they look after those of us who are there, that nothing happens to us during the night, they protect us” (C6). Some spaces had cameras pointed at the street which made boys who spent time nearby feel unafraid: “There's a camera that’s watching, that sees everything I do, me, there at the door. So whoever comes in and out, the camera captures, captures it. So I'm not afraid of losing something [being robbed], the first thing they’ll do is watch the video” (C7).

Though boys highlighted the dangers associated with sleeping on the street, the majority of them also mentioned feeling good and safe in the spots where they spent the night. The existence of such security measures in the community, while not specifically taken to protect CYSS, promoted a greater sense of safety for boys who were staying in the street.

Public spaces that were welcoming and safe for children played a big role in their lives; they were spaces where children could play and connect with others, and experience *belonging* in their communities; they were also spaces for children to enjoy playful, enjoyable activities that supported *self-regulation*. Finally, the organization of these spaces to some extent enabled children to experience *protection*.

Integrative attitudes towards CYSS. The attitudes expressed by the community towards CYSS shaped if and how children were accepted in different spaces. Integrative attitudes were seen to combat social exclusion and marginalization. For example, it was commonly the case that children who struggled in school wound up being excluded, sometimes explicitly through expulsion. One community member who worked in a school described this phenomenon and explained her integrative approach:

> The teachers say ‘look’, that ‘we have to expel them’ … that’s not going to happen. Rather we have to integrate them. But we have to be aware. That the student may be as bad as can be, but we can't – he's a person. And we must fight, to battle the problem, but not the child. The problem that the child has, we can approach with all tools, but not destroy him. (Com 5)

Integrative approaches, such as the one taken by this school staff member, meant that CYSS had greater access to different programs in the community, enhancing boys’ capacity for *flexibility.*

CYSS were confronted by discrimination from some community members; however, there were equally people in their communities that they experienced as supportive and accepting. Every boy in the street group reported feeling well-treated by at least some members of the community. They were given roles in the market bustle when they were asked to work for vendors in the market. Community members "looked after" them and showed them kindness. A staff member described that supportive community members:

> …Are people who see their situation, and they can give them a place where they can sleep, even if it is on the porch of the house, although sometimes they have to do something in return like washing the little place where they sleep, sometimes they keep their clothes [for them] or some... something they have that they don't want to lose outside. Sometimes they give them food too. (P5)

This kind of treatment from community members facilitated boys' sense of *belonging* in their spaces. Community members who hired them and valued their contributions also supported a stronger sense of *self-worth* for boys. In giving them space to sleep and food to eat, they also supported boys' sense of *protection.*

One community member interviewee who had recently moved from the capital city observed a big difference in the attitudes and behaviour towards CYSS in León as compared to Managua: "here in León, the way of treating people including them, was – it is quite... generous, you might say. Not there [Managua], there they look at them, like, like garbage, and they treat them like that". He saw that Leonés people "are always aware that they [CYSS] are people" (Com 4). The divergence in attitudes between cities even within the same country is a reminder of how variable the phenomenon of CYSS can be across contexts. This observation may also

speak to an overall more accepting attitude towards CYSS in León than in other areas in Nicaragua, which has positive implications for the resilience of CYSS in this city.

The importance of community treatment was eloquently explained by a participant from the graduate group: “if they treat you well, you're going to treat them well, if they treat you badly, you're going to treat them badly. A young person always takes up what, what they give him” (E1). Treating CYSS as equal members of the community was very important to project staff in their work: “That here we are all equal, we are, we are human beings, we are people, that we must not allow [anyone] to discriminate them, to reject them, regardless of [whether they are] well-dressed or barefoot, or dirty, or clean...” (P2). In addition to creating greater access in communities and enhancing the potential for *flexibility,* equal treatment was seen as part of enforcing boys’ *agency.* Though it wasn’t the case that CYSS were treated uniformly as equals in the community, it was clear that there were people in their communities that took an integrative and accepting mindset towards them, enabling them to find spaces of *belonging,* and enforcing their *agency* as equal members of the community.

Available support services. A few organizations and specialized care services worked to support children and families in need in León. The Chavaladas project was the major and perhaps solitary example of an organization providing a rights-based intervention for CYSS and their families. Uniformly, boys and family members reported the project being a helpful support in their lives. Caregivers all expressed feeling that the project had stopped their children from going down “another path” of drug use and vagrancy, and now had hope for a better future.

Family members believed that the project supported children's academic improvement and helped ameliorate problem behaviour:

> I decided to make the decision to enroll them [my children], and thanks to God and those from the project [the staff], now my children go daily to class, they have learned, before they could not read or write, well now, they are moving forward in their studies. They have taught them about their rights, they are respectful, because they have taught them to respect others. Also because they have taught them to be, what's the word... to take responsibility. Well, they help me … in the many things that I needed help [in], here they have, they have taught them for me, and they have helped me. In, well, in everything, for the most part. (F4)

Aside from reducing parental stress, parents described how Chavaladas has boosted children's *agency,* in that they were able to take more responsibility, and also improved many of their skills, potential avenues to increase *self-worth.*

Boys in the graduate group also felt strongly about the benefits of being connected to the project. They felt that because they had attended Chavaladas, they didn't go down the "wrong path" like some of their peers. They also felt that it was important to remain connected to a service like Chavaladas after graduating: "when you get out of here, you can continue in the streets, after you [leave] here. And … with a follow-up [staff] can [give] talks so that they continue on the right path" (E5). The desire to remain connected and supported in the absence of involvement with any support services was considered to partly explain the finding that boys in this group had the lowest resilience scores of the three groups of boys.

Aside from Chavaladas, staff described that there were one or two other organizations working with CYSS in León but that they utilized a framework that was more "…welfare, more,

'I give you these clothes, I give you a plate of food', but not an intervention with a process". However, some boys had also accessed these other projects for short-term shelter, something that can help to meet boys' need for *protection.*

Additional community supports were available that addressed psychological and psychiatric needs. Despite a cultural stigma against seeing psychologists - as one mother described it, the belief that "psychologists are for crazy people" (F10) – children and their caregivers accessed psychological care and found it to be useful in addressing trauma and other hardship. One staff member explained that staff has made referrals for assessments "with neurologists, with psychiatrists, with clinical psychologists" (P6) in cases where children seemed to be experiencing learning disorders or epilepsy and noted that they have been able to treat these conditions effectively.

Though León, and Nicaragua in general, is not a place with ample community resources, the organizations which do exist to serve children and families are seen to provide valuable support services. These services enhance learning, leading to greater levels of *agency* and *self-worth*, and meet physical and emotional needs, leading to the experience of *protection*.

Cultural norms for children's behaviour. The traditional Latino value of 'respeto' emerges in the context of parenting in the expectation that children are obedient and deferent to the parental hierarchy. Parents and caregivers in this study expressed that the most important characteristics that their children have were that "he has to respect. Be respectful. Learn to respect, people, their educators, their elders" (F4); "To … start to respect your mother, start to respect the people who give you a hand, who help you, and more than anything, all adults" (F3).

Boys were expected to be “polite”, “responsible”, “passive” and “tolerant” at school and at home. In short, there were clear behavioural expectations for children to obey and defer to adults.

When boys were asked about their best qualities, most identified obedience - though almost all also mentioned that they weren’t always obedient. One boy in the at-risk group described how in the past he “used to be bad” because “I did bad things… Leave my mom [my house] without permission” (D7). In contrast, a boy in the street group explained that what he liked most about himself was that “I behave well” (C1). Children in at-risk and street groups seemed to have widely internalized the value of obedience and used adherence to behavioural norms as a metric of *self-worth*. Staff and community members largely viewed boys as respectful, adhering to the cultural value of ‘respeto’. All boys consistently utilized the respectful titles for their elders, Don or Doña, in concordance with social norms pertaining to respecting one’s elders.

Internalizing these values also gave children direction for how they wish to make change in their lives. As one boy in the at-risk group responded when asked how he would describe himself, “Well I … I have behaved badly, and … I can change, I know that I will change that. But, I just, the only thing I know is that I'm going to try to behave well. And everything. To not be very, well yeah, I want to behave well, to be good every day” (D8). Boys in the street group also wanted to make changes in order to be better behaved: “I want to go back to being like before [how I acted when I was young] … And, and not, to not say bad words anymore. And to behave well” (C5). In the sense that they shaped goals, strong adherence to values of respeto, and to behavioural norms were thought to contribute to *self-regulation.*

Behavioural norms existed around more extreme behaviours like theft as well. It was evident that being a thief was seen highly negatively in this community. Not being a thief was

something that boys on the street highlighted about themselves to illustrate positive aspects of their character and increase *self-worth*:

> [People in the market] trusted me because I never touched - I never robbed anyone. And here in the terminal, no one knows me as a thief, … Every has- everyone has it confused in their minds, they think you're a thief, but that's not how it is. They judge. They leave because they think you're a thief, and that's not how it is. … She [vendor in the market] gives me…she gives me stuff to sell so that I can work for her And…and she has given me money that I kept for her and I've never touched even a peso (C6)

Another boy explained how he values integrity as he was taught by his mother, which is why he wouldn't engage in theft:

> My mom … she gives me advice, my mom. Things that you admire, be it new flip flops, or hats, clothes. That you see there and that you don't touch. 'I taught you not to [steal] things' - better to work, and buy what you when, if you want it. … things that aren't yours, you shouldn't touch them. (C5)

A societal value of integrity was further supported by the observation that participants responding to a question on the SDQ about stealing reacted with forceful denials, in such a way that demonstrated their distaste and disapproval of this behaviour.

The existence of clear norms for behaviour – to be obedient, to maintain integrity – were valuable to boys in that they provided an avenue by which boys could deem themselves "good" or "bad, bestowing a sense of *self-worth.* The internalization of these norms could help them shape their personal goals for the future, encouraging *agency* and *self-regulation.*

Nicaraguan cultural identity. Being Nicaraguan was a point of pride for nearly all respondents; a CYRM item probing this sentiment was rated as a 4 out of 5 or higher by every

respondent except for one. For one boy in the street group, being Nicaraguan meant, “I feel... it’s good, to feel cheerful. To move forward, to get ahead. Like... progress” (C3). For many others, being Nicaraguan involved participating in traditional cultural practices. For instance, around the Christmas holidays children dress up in traditional costumes of the “gigantona”, a very tall woman with colourful dress and jewelry, and the “enano cabezon”, a smaller male figure. Children dressed these costumes dance to drumming music in the streets or in the central park where they are celebrated by crowds of observers. One of the boys in the at-risk group described his favourite part of being Nicaraguan was going to La Paz Centro, a nearby town where the gigantona dances are most popular. A staff member shared that this boy “knows how to do [the traditional dance], and he's the only one in the group who does it” (P4), proving to be means of increasing his *self-worth* and serving as a way of creating feelings of *belonging* with his culture.

There were many external representations of culture that were identified by participants as things that they liked about being Nicaraguan. For instance, “the food… It’s the art, they have, like, the drawings they do” (F8). Boys expressed liking “the traditional dances that there are… So that we’re happy” (D4). Another boy shared that his favourite thing about Nicaragua is the “myths and legends” (D6); these are oral traditions that have arisen from Nicaraguan folklore that revolve around characters – often frightening ones – which have shaped cultural beliefs. Personal stories about encountering these characters were shared with enthusiasm by boys during focus groups, seemingly serving as a way for boys to connect with each other and with a broader collective Nicaraguan identity.

There were many factors that boys could easily identify when they thought about what it means to be Nicaraguan, and boys connected with their culture in different ways. Some expressed perpetuating values like being committed to making progress, which has implications

for promoting *agency.* Others talked about the importance of sharing in the celebrations of traditional events or oral folkloric traditions, which brought feelings of *belonging* within their communities, and *self-worth* for those who had special roles in these celebrations. Overall, a strong sense of national pride and affiliation to culture resounded in boys' reports of being Nicaraguan.

Time. Underlying the experience of every resilient quality observed in CYSS is the element of time. Time can serve to promote *agency, belonging, flexibility, protection, self-regulation* and *self-worth* when the resilience-promoting factors listed above are experienced as consistent and reliable. For example, multiple participants mentioned that the repeated, ongoing follow-up over time provided by Chavaladas for families was fundamental in their experience of the project's benefits. Time was an element of the Chavaladas intervention, too; staff were clear that change is a process that occurs little by little, as boys are able to build trusting relationships and to internalize new learning and new experiences. Chavaladas' intervention reflects this gradual, progressive process by integrating boys to the project slowly, and staff appreciate that learning and change for boys can only be observed with time. One staff member gave an example:

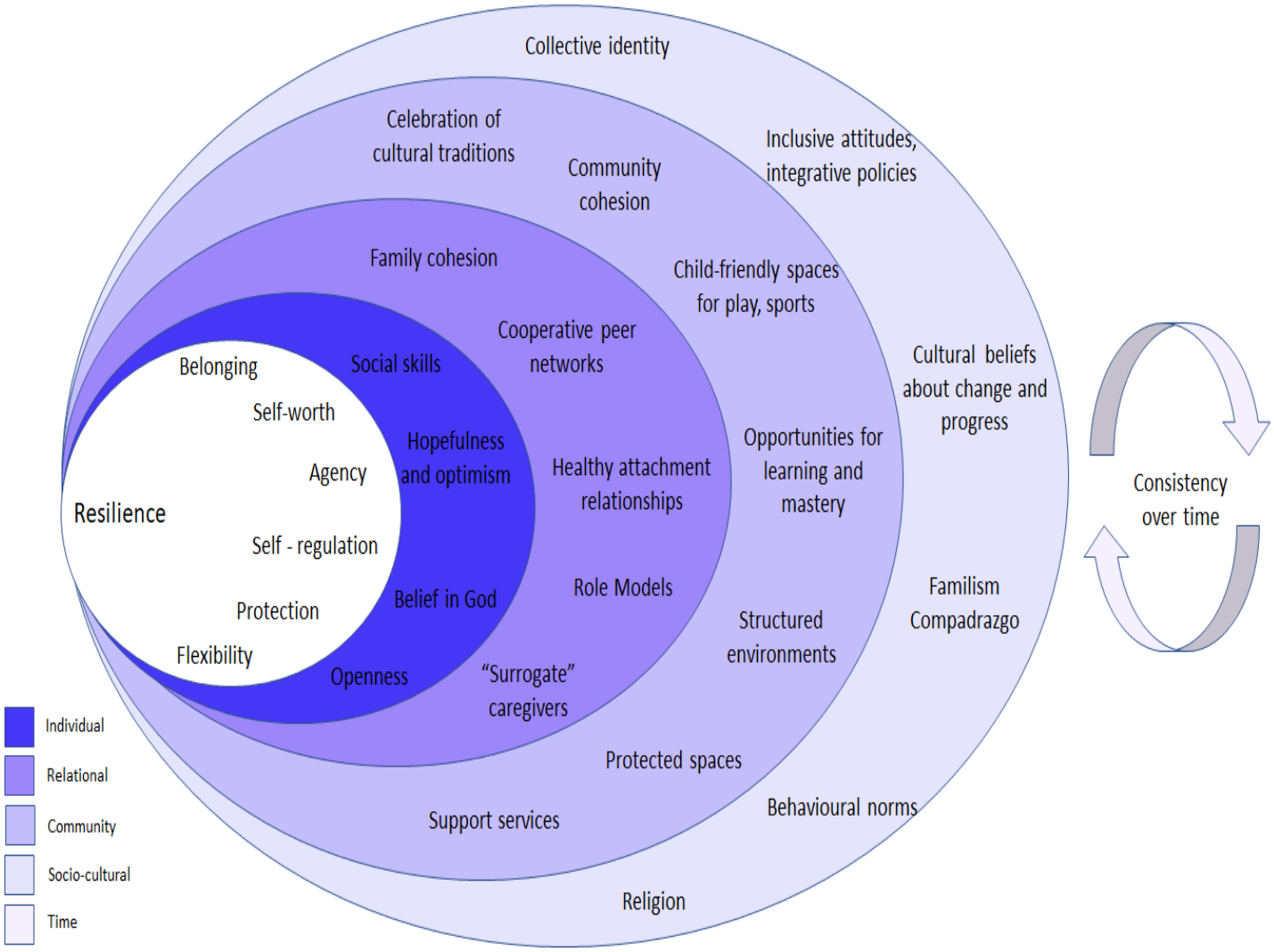
> At first [boys] don't identify norms or rules, because it's logical: they are in the street. They don't have anyone who puts limits on them, or norms. In the project, little by little have been able to realize that there are norms, that there are rules that they have to respect, and they know a schedule that they have specifically to arrive and bathe, to do their personal hygiene, or that they are doing sports or things like that. So they have started appropriating that. (P5)

Time was an important element in boys' experiences of resilience. It captures the importance of reliability and persistence of environmental supports over time in order to maximally capitalize on resilience-promoting benefits. Incorporating time into an understanding of resilience also builds appreciation for the graduality of change and growth, and for the dynamic nature of the experience of resilience.

The resilience-promoting factors listed above, along with the six qualities of resilience, came together to form a conceptual model of resilience specific to CYSS in León (Figure 4).

Figure 4

Conceptual model of resilience and resilience-promoting factors in CYSS.



Case Studies

In order to provide a more contextualized understanding of resilience in this sample, quantitative data were used to identify boys with interesting patterns in resilience scores, whose narratives were then examined in-depth to identify elements that could underlie these patterns. Three case studies are presented below, one from a boy with high scores of resilience, another from a boy with low resilience scores, and finally from a boy with high self-rated, but low staff-rated resilience. In presenting these case studies, I hope to demonstrate the value of the conceptual model above.

Diego

A boy in the at-risk group, "Diego[4]" self-reported the highest scores of all boys on both the CYRM and the CD-RISC and also had the highest staff-reported scores on the CYRM. He had been involved with Chavaladas for three years, and he was currently living in the shelter during the week so that he could attend school, something that he began doing only since beginning at the project. He spent weekends at his family home outside the city where he lived with his mother, several siblings and stepfather.

Before starting at Chavaladas, Diego did not attend school, and he spent his days working in the terminal market along with several family members who worked informally as vendors. As described, the families who work in the market are typically from very low-SES backgrounds; market work is unpredictable, requires a grueling work schedule and carries risks for children due to the chaotic environment that facilitates access to drugs and drug-using peers. Diego and his family were approached by Chavaladas staff who offered him the opportunity to join the project, which they accepted. Once he started attending Chavaladas, staff helped enroll him in school. Now living in the project part-time and attending school, he experiences more structure in his day-to-day, and staff noted that his *self-regulation* capacity had improved substantially. Diego had learned to read and write and he was improving in meeting the behavioural and attentional demands of a classroom setting. He was doing well in school and taking pride in his work, feeling motivated to work hard in school in order to accomplish his goal of becoming a "professional". Of all of the boys who participated in interviews, Diego had the easiest time responding to questions about what was good about himself, reflecting a strong

[4] Name was changed for confidentiality purposes

sense of *self-worth,* including being "handsome, tolerant, friendly, [a] good student, and [a] good friend".

One of the more noteworthy elements of Diego's narrative was the number of trusting relationships that he had with many adults in his life. Many of the boys reported trusting solely in one parent or family member, while Diego stated that he could trust multiple members of his family, as well as all of the staff members at Chavaladas. This was interpreted to reflect both an openness to relationships, and a healthy attachment relationship that supported Diego's trust in others as reliable and trustworthy. Diego's mother participated in a separate interview which illuminated qualities of their relationships which also may have contributed to his resilience. She was one of the few caregivers who emphasized the importance of being loving and affectionate with her son, of encouraging him to meet his goals and reminding him consistently that she saw him as smart and capable. In this way she was also able to meet her son's emotional needs for *protection.* Diego's mother had also received psychological support to process a significant trauma, and felt that this support not only helped her overcome the trauma, but strengthened her ability to parent her children. In both of their accounts, it was clear that there was a lot of love within their family relationships, strong family cohesion and a sense of *belonging* within the family.

Diego's story illuminates several aspects of resilience described in the conceptual model. It was clear that structure was helpful in supporting Diego's *self-regulation,* which was further useful in helping him learn new skills and accomplish goals in school. Through this learning he gained a strong sense of *self-worth* and developed motivating goals for his future. It was also evident that Diego had strong supportive and loving relationships in his life. He and his mother both described loving familial relationships within which he felt *protected,* and they experienced

strong family cohesion and *belonging*. When his mother spoke about him, it was clear she took pride in her son and made many positive attributions towards him, which no doubt fueled his *self-worth*. The utility of support services in supporting Diego and his mother's resilience was made clear by descriptions of Diego's behaviour improvement at Chavaladas, and by his mother's description of overcoming trauma through psychotherapy.

Martín

"Martín[5]" is a teenager in the street group whose scores reflected a relatively low experience of resilience. Of all of the boys, Martín self-reported the lowest score on the CYRM and the third lowest on the CD-RISC, while staff reports put him in the bottom four. Martín had been on the street since childhood. He never went to school but had been involved with the Chavaladas project for many years. He lived in the terminal market with some friends, where he also worked. He spent time with his brother who worked in the market with him and maintained contact with his mother.

In contrast to Diego, Martín seemed to have less clarity in his self-image. He declined to answer questions asking him to describe himself and what he was good at. He described feeling unsafe in the market where he slept, which he dealt with by going to sleep and trying to forget it. He stated that his biggest problem was being addicted to drugs and struggling to quit. He believed that he could overcome this problem if he asked God for help, but that God would help him only if he is sincere. He chooses not to ask God for help with this problem since he is not yet willing to give up drugs completely, reflecting an ambivalence about his addiction. Though he expressed a desire to attend addictions treatment, he didn't know of any options for him in the community. Martín talked about how drugs will probably lead him to an early grave; when asked

[5] Name was changed for confidentiality purposes

about where he saw himself in one year, he joked that he would be in the cemetery. He didn't have any plans or goals for the future, mentioning that he focused only on the present.

Martín cited his mother as the only person in his life who he could trust. He didn't feel that he could trust the project staff, his brother, or his friends, despite longstanding relationships with them. His mother also participated in an interview and she discussed her own traumas, including homelessness. As a result of these difficulties, she has been unable to live with her children for years, but she is still present in their lives on the street. His mother also maintained a present focus in her thinking and planning; rather than making plans for herself and her children, she was focused on trying to find a place to live and meet her daily survival needs. Both Martín and his mother portrayed a tough self-image, explaining that they aren't scared of anything and are not worried about the future.

Martín was a very friendly boy who was funny and easy to talk to. He used his sense of humour to talk about difficult topics, like death, and he kept his mind focused on the present which reduced the distress that came with thinking long-term. In many ways Martín did demonstrate resilience in his context, evidenced by his capacity to experience joy, to play, to make friends. However, he shared a number of difficulties that also made it challenging for him to experience resilience in his life. He felt *unprotected* in the space where he lived and within his few trusting relationships. His mother had experienced significant challenges throughout his development which had made it difficult for her to provide her children with *protection* and consistent support. Though Martín worked and earned a livelihood, he didn't express feeling *agentic* or having a sense of *self-worth* and ultimately didn't have much motivation or hope for a different future, though this was something that he wanted. He experienced life as "hard" and lacked many supports that would help him pursue resilience.

José

"José[6]" is a teenager in the street group who self-reported the second highest score on the CYRM; in contrast, he was rated on staff CYRM report as having the lowest score of all boys. Though staff were not asked to justify their ratings, there are some elements of José's story that may suggest a low experience of resilience. For instance, José was a regular drug user who described himself as addicted to glue since childhood. He never went to school and has been on the street with his brother from a very young age when they lost their parent. They moved to León together from a different city several years before. He spent his time mostly in the downtown area of the city; boys in this area tend to rely less on working and more on begging or other ways of getting food and money. He described several conflicts with authorities that have landed him in jail. He mentioned having trusting relationships only with his brother, who is with him on the street, and with God. During the interview he had a difficult time maintaining focus and asked to leave before finishing the questionnaires because he was "bored".

Despite the substantial challenges that José faced, there were also aspects of his narrative that suggested that he used non-traditional strategies to experience resilience in his context. For instance, José emphasized his *agency* within the challenges that he faced. He made the choice to move to León, a new city, and he chose to stay because he liked it. He expressed vague thoughts about quitting drugs in the future, but also described his strong attraction to drugs and the enjoyment that he gets from using. For him, being able to use drugs was the good thing about being in the street. He believed that while other boys on the street had no choice but to be there because they were kicked out of their families, he had chosen to be in the street despite the hardship it brought him, seemingly identifying with an "all-suffering" street identity. He found a

[6] Name was changed for confidentiality purposes

sense of specialness and *self-worth* from identifying with his city of origin, and people in his networks typically identified him by the name of his city. José also found frequent enjoyment in happiness on the street by playing sports, his favourite activity. He saw himself as a skilled and talented athlete, a perspective furthering strengthening his sense of *self-worth.* In voicing his desire to wrap up his participation in data collection prior to finishing the questionnaires, he also demonstrated that he is a capable self-advocate who can exert his *agency* in daily life.

José slept in the same place on the street as he had when he first arrived; he was quite centered around this same hub, and in fact was in the same spot nearly every time I passed by, which was not true for other boys. He created a stability in his environment in this way. This stability facilitated his creation of networks that he felt looked out for him: for example, in the doorway where he slept, the nearby vendors and security guards knew him and *protected* him. He also described having networks of friends in jail who looked out for him when he was arrested, making sure that he wasn't assaulted and sharing their meals with him. This gave him a sense of *protection* and a sense of *belonging* in the various networks and spaces he inhabited. He felt further *protected* by God, who he believes looks out for him and keeps him safe on the street.

José may not appear as a traditional example of resilience. He is highly identified with street life and experiences substantial hardships in his daily life. Within his life, however, José has found avenues of experiencing many of the qualities associated with resilience in this sample. He has found ways of experiencing *agency* within his challenges; he seeks out activities that bring him joy and that give him the opportunity to also experience *self-worth*; he has developed strategies for *protection* and he has found spaces and networks where he *belongs.* Although he had no aspirations for the future, he described feeling satisfied with where he was in life. It is important not to overlook the long-term risks associated with José's drug use. However,

it is equally important to our understanding of resilience to appreciate how José has been able to harness non-traditional strategies and behaviours that support his ability to experience resilience in his context.

Discussion

The objective of this research was to develop a context-specific conceptual model of resilience as it is experienced by Children and Youth in Street Situations (CYSS) in León, Nicaragua. In order to generate this model, I collected quantitative and qualitative data to address the following questions:

1) What difficulties do male CYSS in León, Nicaragua experience in their daily lives?

2) How do CYSS, their families, and their communities define resilience, and what does it look like?

3) What strategies, capacities, and resources do they rely on to navigate adversity and pursue resilience?

Using narrative accounts collected from several groups of CYSS and important adults in their lives, I identified individual, relational, contextual and cultural level factors in CYSS's environments which impede experiences of resilience. These factors were plentiful, speaking to significant, widespread adversity in the lives of CYSS and echoing findings from research conducted with this population in other contexts. A constructivist grounded theory analysis of these narratives yielded six summary constructs that represented the qualities or ways of being associated with resilience for CYSS in this context: *agency*, *belonging*, *flexibility*, *protection, self-regulation* and *self-worth*. Multiple environmental variables enabled boys' experiences of these qualities, which, in conjunction with the context-specific representation of resilience, came together to form a conceptual model of resilience for CYSS in León (see Figure 4). The six

qualities comprising resilience generated from local perspectives are believed to represent a context-specific manifestation of resilience for CYSS in León; however, many of these qualities have been associated with resilience in other samples in different contexts, which supports the notion that resilience also involves globally applicable features (Ungar, 2008).

Underscoring the multisystemic nature of the phenomenon of resilience, resilience-promoting variables were identified at individual, relational, contextual, and cultural levels. These variables are understood to interact reciprocally and thus influence the individual boys in idiosyncratic ways (Bottrell, 2009). For instance, although cultural-level factors like prevalence of religion theoretically influences the entire community, its impact at the individual-level through belief in God might be experienced in varying degrees by different members of society as a function of their personal characteristics, their experiences with religion, their family beliefs, etc. Interactions between factors at different levels of the environment may underlie the individualized way in which boys were observed to cope with challenges and capitalize on resilience-promoting factors, and as a result, manifestations of resilience sometimes looked quite different depending on a boy's circumstances. While this study focused on CYSS from León specifically, the latter finding has implications for our understanding of resilience in diverse groups. The conceptual model generated through this research identifies promising jumping-off points for development of resilience-promoting interventions and highlights policy issues pertinent to the support of CYSS. I will discuss and interpret both quantitative and qualitative findings as they relate to these practical applications, providing several specific clinical and policy recommendations that hold promise to support CYSS based on current research. I will conclude by suggesting avenues for future research that can continue to build on the knowledge generated by this study.

Quantitative results

Descriptive quantitative analyses were conducted to explore several issues pertaining to resilience and mental health in three different groups of CYSS. Sample sizes were small, and rather than serve confirmatory or inferential purposes, findings instead suggest interesting avenues for further exploration.

Firstly, I wished to address whether there were differences between the three groups of boys on scores of resilience using the Child and Youth Resilience Measure (CYRM) and the Connor-Davidson Resilience Scale (CD-RISC). There was a distinct trend on both resilience measures for the highest scores to come from boys in the at-risk group, and the lowest scores to come from the graduate group with the street group falling in the middle. Differences between groups on the CYRM questionnaire reached statistical significance. To support interpretation of these findings, I consulted the conceptual model of resilience generated through the current research. One major difference between these groups of boys was their level of connectivity to supportive projects like Chavaladas, a factor identified in this study as resilience-enhancing. Trends in resilience scores corresponded to the amount of support that each of the groups is receiving from Chavaladas currently: the at-risk group is the most highly connected as they attend the project daily, followed by the street group who maintains consistent but less regular contact, and finally the graduate group, that is no longer receiving support from Chavaladas or any other project. The boys in the graduate group reported feeling that they strongly benefited from their involvement with Chavaladas, and that they were interested in remaining involved with the project though there were no means to do so at the current time. It could be that this pattern in part reflects the benefit of being connected to a project that works to support well-being. Another possibility based on qualitative evidence is that boys differed in their levels of

hopefulness, which was another resilience-promoting factor identified in the current research. Boys in the at-risk group uniformly relayed aspirations for a future as esteemed professionals, aspirations which were less apparent in the street and graduate groups. It is possible that this hope is quelled when boys get older and are faced with the realities of the local job market and opportunities to secure an education. Several boys in the graduate group described having to drop out of school in order to work and make money, a common phenomenon in Nicaragua. Previous economic research has found that despite strong individual beliefs in the possibility to have a better future in Latin America, the region has among the lowest social mobility in the world (Garroway & Jutting, 2011), a reality that may have only been apparent to older boys. This introduces a third plausible explanation underlying scoring trends: age. The highest resilience scores were reported by the youngest group of boys (the at-risk group), and the lowest scores in the oldest group of boys (graduate). There is little evidence in the literature supporting a clear age-related pattern for adolescent resilience scores. Large-scale studies with adolescents in Canada and New Zealand did not find a main effect of age on CYRM scores (Liebenberg et al., 2012; Sanders et al., 2017). Although scores on the CD-RISC have sometimes been found to vary by age, the direction of this relationship is unclear as both negative and positive correlations between age and resilience scores have been found (Davidson, 2018). Future research comparing different groups of CYSS using standardized measures should attempt to recruit larger samples of boys with a similar age range or should control for age in analyses to address the possibility that differences in resilience scores are a function of age.

In contrast, research has found support for a decline from school-age to adolescence in mental health concerns as measured by the Strengths and Difficulties Questionnaire (SDQ) (Holling et al., 2009; Mellor, 2005). This decline may partly underlie the trend that emerged in

the current research with lowest SDQ scores coming from the graduate group. However, the boys in the street and at-risk groups reported similar levels of mental health concerns despite different mean ages. Based on normative scores of the SDQ, the older street group would be predicted to have lower scores than the younger at-risk group. Although the sample size is too small to draw conclusive evidence, this could suggest the presence of elevated mental health concerns in the street group. Elevated rates of mental health concerns in children on the street as compared to children at home have been documented in some research (for e.g., Kerfoot et al., 2007), but not in others (for e.g., Aptekar, 1994), bringing attention to the context-specificity and heterogeneity of the CYSS phenomenon across settings. This is an issue which could be examined in a larger sample of CYSS and may be more effectively captured using a locally-developed measure of mental health given the finding that some populations in Latin America have been found to over-report symptoms on the SDQ (Goodman et al., 2005).

Elevated mental health problems would be a cause for concern in the context of this research because they would be expected to have negative implications on resilience. It makes intuitive sense for resilience and mental health to be inversely correlated (i.e., the experience of significant mental health problems would render a person less apt to experience resilience), and previous research has found inverse correlations between SDQ and CYRM scores in particular (see Panter-Brick et al., 2018). In the current research, the SDQ and CYRM scores from the street group displayed a significant *positive* correlation, with no significant associations between the SDQ and the CD-RISC. In contrast, significant positive correlations between scores on the SDQ and CD-RISC, but not the CYRM, were observed in the at-risk group, and SDQ scores from the graduate group were not correlated with either measure of resilience. Overall, no coherent patterns between reported mental health concerns and resilience could be discerned.

There were, however, a couple of moderately strong positive correlations between resilience and mental health. These findings may appear paradoxical, unless we consider that higher resilience may also reflect heightened insight, which would make individuals scoring higher on resilience more adept at reporting on their experience of mental health symptoms.

This finding also begs the question as to whether the relationship between mental health symptoms and resilience would be consistent across settings and cultures. Researchers working with CYSS in Brazil have noted that factors identified as developmentally harmful in one context may not have similar detrimental effects within broader contexts of poverty and adversity that CYSS inhabit; or alternatively, that CYSS may be able to overcome certain adversity such that it has less negative effects on their functioning (Raffaelli et al., 2007). Perhaps, then, the impact of mental health symptoms on the experience of resilience could differ in diverse settings. In León, mental health difficulties were rarely labelled as "pathological" and were typically attributed to environmental factors (e.g., lack of early learning experience, lack of family support, lack of consistent structure). Theoretically, this kind of ecological understanding of mental health may be less stigmatizing, which could in turn affect how strongly negatively these symptoms would impact a child's adaptive functioning. It would be interesting to explore the relationship between risk factors like mental health symptoms and adaptive functioning in a larger sample to shed light on the environmental factors that mediate this relationship.

To get an indication of how resilience and mental health of the CYSS in this sample compared to normative samples, their scores were compared to the available normative data on the CD-RISC and the SDQ. These comparisons were not conducted using significance testing, but rather for exploratory purposes using the limited available data. CD-RISC mean scores from a sample of homeless youth collected in a Western context (Cleverley & Kidd, 2011) were lower

than the resilience scores of CYSS in León. These samples differed in mean age, which was 18 in the Western sample and approximately 16 in the current data; as outlined previously, however, there is no clear indication of a relationship between age and CD-RISC scores (Davidson, 2018). Any existing mean differences between these groups may reflect distinct backgrounds and experiences. As described, there is a wide heterogeneity in the life experiences of CYSS and this is true even within a single context. CYSS in LMIC and those in a Western context likely have dramatically different experiences which impact resilience (Raffaelli et al., 2007): there are major differences in available community supports, community attitudes, and existing opportunities for work and school which stand to influence CYSS functioning in ways that could theoretically favour higher levels of resilience for young people in LMIC. In LMIC, taking to the streets might be an option taken by highly agentic children as the most promising way of earning a livelihood within a context that fails to provide any state-level protection or care (Aufseeser, 2017); in a Western context, where school and other support systems may be more easily accessible and reliable, taking to the streets might not represent a similar manifestation of agency and resilience. Additionally, community attitudes towards this population, recognized in the current research to have a strong impact on CYSS's resilience, are likely very different across settings. While boys in León experienced discrimination, they also played important roles in their communities and often worked alongside other community members. The presence of these children is perhaps more expected and thus more tolerated in León than in high-income countries where youth might be less integrated and thus more marginalized. One study exploring the well-being of homeless adults in disparate settings found that individuals living in a low-income setting (India) reported positive levels of life satisfaction, while those living in a high-income setting (USA) reported negative levels of life satisfaction (Biswas-Diener & Diener, 2006). In

the same vein, Raffaelli and colleagues (2007) observed CYSS in Brazil as less prone to experiencing negative emotions as compared to mainstream youth, and suggested that as a result of their coping and perhaps an ability to deny negative emotions, they may thus be "healthier" than other impoverished, but not street-involved, youth. These interesting findings provides evidence that well-being of individuals in street situations may differ as a function of context. The trends that emerged from the current research cannot provide any confirmatory evidence, and rather invite further cross-cultural investigation.

Comparing SDQ scores from the current sample with available normative SDQ data suggested a higher than average experience of mental health symptoms in participating CYSS. It is possible that this is an accurate reflection of the symptoms present in the boys sampled. Elevated rates of mental health symptoms have been observed in other samples of CYSS and this aligns with the fact that the risk factors to which these children have been exposed are substantial, cumulative and in many cases ongoing. It is well-established that exposure to risk factors increases experience of mental health symptoms (Clark & Miller, 1998). In contrast, few participants raised concerns with mental health symptoms during interviews and focus groups. This could be the result of stigma associated with discussing these topics with the researcher or in front of peers; however, participants raised many potentially stigmatizing issues during interviews. It is also reasonable to consider the possibility that these elevated scores are in part a reflection of over-reporting, a pattern that has been observed in other Latin American samples using the SDQ (Goodman et al., 2005). Further investigation into the experience of mental health symptoms is warranted with CYSS and should rely on instruments that have been validated and standardized locally wherever possible. Importantly, both the SDQ and the CD-RISC were

developed in Western contexts that are highly disparate from the LMIC context in which they were used in this research, and that is a key factor to consider when interpreting these findings.

Next, correlations between CYRM subscales (individual, relational, contextual) were compared across groups to see whether the experience of resilience in different areas relates similarly for the different groups of boys. Individual resilience reflects self-recognition of personal skills (e.g., cooperation, persistence, self-awareness), social skills (e.g., ability to relate to different social situations, knowing where to get support), and a sense of being supported by peers. Relational resilience reflects feeling that one is cared for both physically (e.g., being monitored, getting enough food) and psychologically (e.g., feeling safe and supported by caregivers, sharing feelings and activities with caregivers). Contextual resilience reflects strength arising from spiritual (e.g., holding religious/spiritual beliefs, participating in religious and community events), educational (e.g., valuing education and experiencing belonging in educational or project settings), and cultural (e.g., being proud of heritage, feeling well-treated in the community, sharing in community traditions) means. The developers of the CYRM validated the three-factor model proposed by the CYRM using data from two large samples of high-needs youth in Canada, finding significant positive correlations between all three subscales (Liebenberg et al., 2012). They noted, however, that the correlations between the relational subscale and the other two subscales were not as high as correlations between individual and contextual subscales. They attributed this finding to the fact that both the individual and their relationships are nested within context, and the capacity for a caregiver to meet a child's needs relies on context. In the current data, subscale scores from the at-risk and graduate groups were consistently positively correlated. Subscale scores were also positively correlated in the street group with the exception of the relational and contextual subscales, a pattern echoing findings

from the validation sample. Although no subscale score was particularly low, boys in the street group had lower scores of relational resilience compared to contextual resilience. Given that many of these boys are not living with caregivers, it isn't surprising that this score was lower than their contextual resilience scores. Relatively higher scores of contextual resilience suggest that, in the absence of strong relational supports, boys in the street group may be able to seek out contextual sources of resilience and harness the benefit of those supports to overcome insufficient support in other areas. Based on their validation research, CYRM developers also highlighted the potential for context to compensate for inadequate caregiving (Liebenberg et al., 2012). An example of this pattern was illustrated by Criss et al. (2002), who found that children of families with high levels of adversity were more prone to experiencing externalizing symptoms; however, this relationship was moderated by peer acceptance and friendship such that positive peer relationships could compensate for the risk imparted through family adversity. A capacity to experience resilience in some areas despite adverse experience in other areas is promising in the context of resilience-promoting interventions for CYSS who lack family support. Perhaps the distinct interrelations between aspects of resilience within the street group were reflected in the unique manifestations of resilience displayed by the boys in this group. It would be valuable to try to replicate these findings in larger samples of CYSS.

Next, correlations between the two resilience scales were examined to determine whether they appear to be capturing the same construct. The correlations between the CYRM and CD-RISC were moderately strong in both the at-risk and graduate groups but weaker in the street group. The weak correlation in the street group introduces an important question of whether these instruments are measuring the construct that they purport to in this sample, and underscores the need to consider whether scales are valid for use with diverse groups. Both of these scales

have been used with street-involved youth before, and one of them (the CYRM) has been used extensively in international, high-needs youth populations, which supported the view that their use in this research was valid - and yet, these unexpected differences still emerged. This could be the result of using translated measures which have less supporting psychometric data, or perhaps an indication that the measures are not valid for use with this population in this particular context. A small sample size prevents any conclusions from being drawn on this matter, but invites speculation about the validity of adapting measures for use in international contexts, a vital topic in cross-cultural research. It is also a good opportunity to highlight the benefit of collecting concurrent qualitative data as was done in the current study, which can help to illuminate discrepancies in findings.

Correlations were also calculated between CYRM subscales and the CD-RISC total score. In the street group, correlations between contextual resilience and the CD-RISC total were essentially absent. This finding may be expected since the conceptualization of resilience used in CD-RISC development focused on resilience as an individually based versus contextually influenced process. Perhaps more surprising, then, is that a weak correlation between the CD-RISC and conceptual resilience was found only in the street group. This is a conspicuous finding in light of the fact that contextual resilience seems to play an important role in the experience of resilience for street boys. This finding suggests that for research that focuses on environmental contributions to resilience, a tool that explicitly considers environmental contributions – like the CYRM – may be the best-suited option.

Finally, the degree to which the boys' own subjective perceptions of resilience corresponded to outsiders' perceptions was assessed with correlations between staff and youth reports on the CYRM. Based on resilience reports of the at-risk group, boys' and staff responses

correlated positively to a moderately strong degree; however, reports from staff and boys in the street groups were weakly negatively correlated. Staff are "experts" in the field of CYSS in León: they are very familiar with the individual boys who took part in the research and have many decades of experience working with this population. Even still, their perceptions of resilience differ from the boys' personal perceptions. This provides further evidence that resilience can be experienced in ways that are not obvious, even to experts, and highlights the importance of capturing the voices that researchers are purporting to represent. The expertise of youth should be considered in all research in LMIC with CYSS, or any other populations who were not represented during scale development.

Overall, several interesting patterns emerged from quantitative findings which lend themselves to future research exploring the relationships between resilience and its subcomponents and mental health in larger samples of CYSS across cultures. Questionnaires most closely mirrored qualitative findings identifying some of the resilience-enhancing factors that boys experienced at the individual level, and especially using the CYRM, at relational and contextual levels. For example, both quantitative and qualitative findings illuminated the importance of social skills, supportive and caring relationships, and affiliation with a collective cultural identity. Questionnaires were also useful in highlighting the prevalence of mental health difficulties that boys experienced. Findings from questionnaires could be descriptively compared with findings from samples in other parts of the world to get a relative sense of the presence of resilience and mental health difficulties in this group. Although the point has been made repeatedly that resilience and mental health are phenomena that are relative and contextually and culturally variable, these comparisons enable valuable speculations about the nature of resilience and mental health across cultures; for instance, by demonstrating that high rates of mental health

concerns are not always associated with low levels of resilience as we have conceptualized it; or, by demonstrating that resilience is reported differently by groups of CYSS across distinct contexts.

What questionnaires largely failed to capture were the processes underlying the experience of resilience. Relying solely on quantitative data would have precluded the recognition of the six qualities that represented resilience in this population, in this context. Though these data were helpful in recognizing some of those factors in CYSS' lives that support their well-being, an understanding of what that looked like within this population and how these factors influenced boys in distinct ways as a function of their circumstances, would not have been clear without the addition of qualitative data. A discordance between quantitative findings and qualitative findings of resilience in high-risk youth populations was noted by the researchers who developed the CYRM who, despite constructing this measure based on an abundance of qualitative data, found that their qualitative and quantitative findings failed to converge (Ungar & Liebenberg, 2011).

Resilience is a complex, dynamic process with both global and context-specific aspects, one which may not be wholly and comprehensively captured using a questionnaire. Researchers who endeavor to study resilience should select a research approach carefully with the awareness that although validated measures can provide useful information, they will almost certainly fail to capture the emic, culturally embedded nuances that are representative of resilience in a given context.

Qualitative results

Each of the six qualities of resilience generated through the current study is reviewed in the following sections with the objective of situating current findings within the body of

developmental research, and research focusing specifically on CYSS wherever possible. Additionally, evidence for the role of various environmental factors in the experience of each quality of resilience will be provided to strengthen and validate the conceptual model.

Agency

Agency reflected the boys' sense that they had control over their decisions and were capable of effecting change in their lives. *Agency* seemed to be encouraged by a cultural view that change was possible if you put your mind to it; in this context, this belief and its potential association with resilience was considered a culturally specific strength. Boys in the at-risk group seemed to experience agency with regards to their futures and the problems that they experienced in their lives. Some boys in the street group also seemed to experience agency pertaining to problems that they faced, but this was contrasted by their descriptions of using passive coping strategies when dealing with other problems, like relying on asking God to make change rather than having the power to change on their own. This sometimes left them stuck: wanting to quit using drugs, but waiting on God to "touch their hearts" before attempting to do so.

Several environmental factors were seen to contribute to the experience of *agency,* including integrative and non-discriminatory attitudes towards CYSS along with available opportunities to learn and gain a sense of mastery. The reciprocal determinism model provides a theoretical underpinning as to how and why these two factors come to bear on CYSS's experiences of *agency*. This model describes a reciprocal, triadic relationship between behaviour, individual factors and environmental factors that interact to influence functioning (Bandura, 1986). To illustrate, say children who struggle in school perceive themselves as dumb because they have received this message from teachers, parents, or peers. They might withdraw from classroom activities and put forth little effort on tasks, which would ensure that they continue to

do poorly, strengthening both their own and others' perceptions that they are unintelligent. By limiting their engagement in challenging tasks, they are preventing opportunities to disprove their (and others') belief that they are incapable. The reciprocal determinism model identifies the three crucial factors that would influence these children's outcomes as their behaviour (participation vs. withdrawal from classroom activities), individual factors (their personal experiences in school and their beliefs about themselves), and environmental factors (others' beliefs about them, opportunities to learn; Pajares & Usher, 2008). This model can easily be applied to CYSS using an example that arose in multiple interviews. Boys who are viewed and treated by society members as 'pitiful' or as 'victims' (environmental factors) can internalize this view and start to perceive themselves as such (individual factors). They may then engage in behaviours that align with their self-perceptions as victims, like begging (behaviour), which further strengthens personal and community perceptions of boys as victims, and undermines the possibility for boys to gain the sense of competence that they would experience if they were to explore other opportunities for earning a livelihood, like working. Several participants remarked that how boys were treated by the community greatly affected their behaviour. In fact, the observation that attitudes towards CYSS are more highly negative in Managua as compared to León was used to explain why behaviour of CYSS is so different in these cities and is far less "delinquent" in León.

In providing a theoretical understanding of the variables that can shape the experience of *agency*, the reciprocal determinism model also identifies possible avenues for strengthening *agency*, valuable knowledge to consider when thinking about resilience-promoting interventions. At the heart of these recommendations is the need to increase boys' perceptions of self-efficacy, an individual factor similar to *agency* in the current research, as it describes the feeling that one

is capable and competent. Experiencing social inequalities can negatively impact development of individual agency (Hatala et al., 2017). Therefore, working with communities to challenge discriminatory and exclusionary attitudes can indirectly play an important role in strengthening *agency.* The reciprocal determinism model predicts that changes to community attitudes would positively impact self-conceptions of self-efficacy, which in turn leads to more persistent, dedicated behaviour and higher levels of accomplishment (Bandura, 1994). Self-efficacy is also cultivated through experiences of success and mastery – this is one reason why learning opportunities emerged as so valuable for CYSS in this research. Recent research with marginalized youth recognizes how richness of available opportunities influences subsequent experiences of *agency*; in situations where children's choices are highly restricted (e.g., in contexts of poverty, where children have many responsibilities and less access to school, etc.), *agency* is "thin", and in situations where children have a greater wealth of options for their activities, relationships, and options for the future, *agency* is "thick" (Klocker, 2007). Researchers identify the importance of "thickening" children's experiences of agency by enhancing opportunities for children to engage in supportive relationships and novel learning opportunities (Abebe, 2019). For example, making organizations like Chavaladas available to support CYSS is a means of thickening *agency*. In addition, relationships with people who respect children's autonomy, encourage them to try new things, and believe that they are capable, will also have a beneficial effect on self-efficacy and *agency* (Pajares & Usher, 2008). The reciprocal determinism model predicts that self-efficacy can also be developed through vicarious experience (Pajares & Usher, 2008); that is, observing others with whom you can identify succeeding. This likely explains why connecting CYSS with role models emerged in the current research as having a powerful benefit. Having role models has been cited in other

research with street-involved youth as a potential motivator for getting off the street (Bender et al., 2007). When they observe peers who are similar to them succeed, boys strengthen their beliefs that they too can accomplish goals. In sum, reciprocal determinism predicts that we can cultivate *agency* by working to shift discriminatory community perspectives, increase available learning opportunities, and offer opportunities to be exposed to role models. These efforts would be predicted to motivate CYSS to engage in novel behaviours and acquire new skills and capacities, thus challenging negative self-concepts and promoting a stronger sense of *self-worth.*

It was noteworthy that some boys in the street group seemed to experience control and *agency* in situations that were likely out of their control. This was perceived as a way of appraising or making sense of painful, rejecting, or otherwise adverse experiences in an empowering light. They framed themselves as active agents instead of victims of circumstance. Perceptions of control and efficacy have been associated with positive adaptation in children in general (Jackson & Warren, 2000) and have been found to mediate the association between stress and negative mental health outcomes (Luthar, 1991). Qualitative research with CYSS in Latin America supports the argument that how youth make sense of their circumstances has an analogous positive effect on well-being (Raffaelli et al., 2007). These researchers observed that children benefited from seeing themselves as active agents who are managing to cope with extreme hardship and to overcome major obstacles. In their study, CYSS who described arriving on the street as a result of "pull" factors (e.g., being attracted to freedom, money-making opportunities, friends, etc.) were more likely to experience positive emotions than those who attributed being on the street to "push" factors (e.g., being pressured to leave home due to poverty, loss, abuse, etc.). This finding may be helpful in interpreting José's case study, the boy reporting high levels of resilience despite limited exposure to resilience-promoting factors. He

emphasized his *agency*: he reported being in the street was an active choice that he made because it suited his lifestyle preferences.

The UNCRC pushed the field of child welfare towards a focus on children's *agency* (Atkinson-Sheppard, 2017). The rights-based framework endorsed by the UN for all interventions with CYSS promotes treating children as active actors who make their own choices and construct their own lives, in contrast with those taking a paternalistic, welfare-focused approach. Indeed, in that the action of leaving home for the street facilitates new opportunities for identity development, creation of social networks and options for earning livelihood, this act is said to be indicative of children's *agency* (Aufseeser, 2017; Beazley, 2003). Researchers have noted that in acknowledging the *agency* of marginalized children, like CYSS, we stand to transform our ways of thinking and intervening with them (Bordonaro & Payne, 2012). The importance that boys' own perceptions have in shaping *agency* reminds us of the necessity to encourage boys to see their active role in their choices and their capacity to affect their lives. *Agency* was something that many of the boys in this research experienced in varying degrees of "thickness", and one that was fundamentally shaped by community-held attitudes and beliefs, and available opportunities for learning and mastery in the environment. This knowledge has the capacity to inform initiatives aimed at building resilience through strengthening *agency.*

Belonging

Belonging captured the feeling of identifying with and being a part of something that was bigger than oneself. Boys experienced *belonging* in many different spaces where they spent time: at home with family, on the street with friends, in the terminal market with co-workers, in the project among peers and staff, and in city parks with other community members. Existence of physical spaces where boys could convene and share in activities with friends and the wider

community was an important enabler of these experiences and served as a key resilience-promoting variable. Ultimately, every boy that participated in this research seemed to experience a degree of *belonging* in some aspect of his life, reflective of the presence of meaningful resilient processes that were cultivated by a number of cultural and contextual strengths.

An experience of *belonging* was cultivated through cohesive, supportive, loving relationships in conjunction with a sense of trust that nearly all boys felt towards their family members. There is a vast body of literature detailing the protective effects of a healthy attachment relationship on children's development (Belsky & Fearon, 2002; Bowlby 1973; Bowlby, 1988). Whereas research with CYSS in other contexts often reflects a primacy of the peer group in their experiences of *belonging* (e.g., Malindi & Theron, 2010; Mizen & Ofosu-Kusi, 2010), in the current research a sense of *belonging* seemed to be especially strong within family networks, potentially relating to strong family values in Nicaraguan culture. Many of the boys in this research described their most important relationships as those with family members. Experiences of *belonging* and support were likely fostered within the context of these relationships, which were reflected in boys' descriptions of cohesion within their family, the feeling that they could count on and trust their family members, and that they were loved by their families. Cohesive family relationships have been identified to contribute to resilience at both the family and individual levels, fostering individual self-efficacy and *agency*, providing a sense of security and *protection*, as well as improving capacity for *self-regulation* (Masten & Monn, 2015). It is likely that the cultural value of familism, which is defined in part by feelings of unity and loyalty towards family, would have a promotive effect on the experience of family cohesion and *belonging*. This may in part underlie its identified resilience-promoting role in mental health outcomes in youth (for e.g., Stein et al., 2013).

Not all of the boys in this research seemed to experience *belonging* within their families; *belonging* was also experienced within groups of other boys on the street or with other adults in their lives (e.g., family members, staff, community members). Interestingly, although a few of the boys described a desire to be involved in a romantic relationship, only one boy actually mentioned being in a relationship, which came up in the context of describing a recent break-up. For this sample of boys, it seemed that the experience of *belonging* was one that arose more typically within networks of friends and important adult figures. Several boys described creating networks of people who served almost as "surrogate" families, a phenomenon that has been documented in other groups of CYSS (Ennew & Swart-Kruger, 2003; Kombarakaran, 2004), within which they felt accepted and cared for. Availability of these relationships was a noteworthy contextual strength that enabled boys to access a social support network despite an absence of strong family ties. The cultural value of 'confianza' (trust/confidence) could have contributed to the capacity for trusting relationships to form between boys and others outside of the family, and enable the formation of relationships that facilitated resilience. Having a stable, supportive relationship with even one reliable adult provides a context of *belonging, protection,* and caring that has been found to be a significant protective factor in the context of development (Center on the Developing Child at Harvard University, 2015).

Research with marginalized groups has demonstrated a strong association between experiencing a sense of *belonging* and well-being (Sanders & Munford, 2007). When groups are shut out of wider social spheres where they would otherwise have the chance to connect with protective systems and relationships, marginalized networks can seem safer, more welcoming, and more constructive, despite the fact that their behaviour can appear "deviant" or maladaptive to those who are part of the mainstream population (Sanders & Munford, 2007; Ungar, 2004).

Within groups of CYSS internationally, researchers have documented the development of subcultures unique to that context within which youth can pursue *belonging* and affiliation with a protective group identity. The growth of a subculture has been recognized as a means of addressing unequal and alienating treatment in society (Brake, 1980). Beazley (2003) studied CYSS in Indonesia and observed that they collectively adopted a unique set of values and rules, which she viewed as a response to social exclusion. This process supported children's reframing of negative self-concepts as they begin to associate more strongly with a collective identity Beazley referred to as the "Tikyan" (street child) subculture. In the context of social exclusion, she perceived the protective effect for those children who identified with a Tikyan identity, which carried a sense of pride and resilience. Indeed, it has been reported that affiliating with a larger group can support youth in framing experiences of adversity as a collective versus personal struggle. They begin to situate themselves as part of a wider community and have the opportunity to understand their challenges as something bigger than just them (Wexler et al., 2009). These observations align with findings from street-involved youth in North America, where researchers observed a similar protective effect of a strong, positive identity tied to street life (Kidd & Davidson, 2007). As a result, these researchers suggested that promoting stronger identification with this protective identity may be an effective way to enhance resilience in youth who are strongly socialized to the street.

A sense of collective identity has been described as the feeling that "I am who I am because I am a member of this group" (Smyth, 2002, p. 152). Despite experiencing degrees of marginalization in their communities, it was clear that some youth resonated with a collective identity of being Nicaraguan and found a sense of *belonging* within their culture. This finding suggests that these youth maintain a sense of connectedness and integration with the mainstream

to some extent, unlike some groups of CYSS in other cultures. Cultural traditions like the 'gigantona' and the folkloric myths and legends are easily accessible and can be shared or disseminated by all members of society equally, making it possible for boys to relate to shared aspects of culture. Researchers working in marginalized Indigenous communities have demonstrated a clear association between opportunities to participate in cultural activities and youth mental health (Chandler & Lalonde, 2008). Identifying strongly with a cultural identity has been found to be protective, conferring *self-worth, agency* and social connectedness – similar to *belonging* – and predicts positive mental health outcomes for youth (Wexler et al., 2009). Chavaladas staff make efforts to celebrate holidays and discuss traditions with the boys to promote this sense of connectedness with Nicaraguan culture because they perceive the benefits for boys in relating to this collective identity. A country's history and culture can provide a blueprint that individuals can use to make meaning out of personal hardship (Wexler et al., 2009). Nicaragua's history of revolution may have granted boys ways to situate themselves and their adversity in a wider context of meaningful struggle, which could support a resilient meaning-making process (Chandler & Lalonde, 2008), something which merits in-depth exploration in future research. Offering avenues to connect with and understand one's culture, especially for boys with an existing affinity towards their Nicaraguan identity, could support a sense of *belonging* within their communities, and culturally sanctioned meaning-making that contributes to resilience.

In the context of social exclusion and marginalization, *belonging* is essentially the opposite: it describes the feeling of being accepted for who you are and identifying with a larger group. This group could be family or "surrogate" family, a subculture or even a wider cultural network. Through the relationships where they experience *belonging*, children can come to

identify as individuals who are worthy of love, support, and inclusion and to see their challenges as part of a shared collective struggle, contributing to a protective self-identity (Wexler et al., 2009).

Flexibility

Flexibility was a quality exemplified when boys were able to recognize varied situational demands and adapt to them by making cognitive and behavioural adjustments. Psychological flexibility has been described as one's ability to modify their mindset and/or behaviour in responding to a given situation, in such a way that allows them to maintain adaptive functioning (Kashdan, 2010). To elaborate further, this construct can be contrasted with rigidity, its opposite, which can also be manifested cognitively – through inflexible attitudes and beliefs – and behaviourally – through fixed, non-changing patterns of response. In the case of rigidity, thoughts and behaviours persist despite external pressure towards change (Schultz & Searleman, 2002). In the case of flexibility, however, external pressure for change leads to modification of thoughts and behaviours that allow a person to adapt to the situation and maintain well-being.

Cognitive manifestations of flexibility were reflected by the boys in this sample in their orientations towards time. A person's actions are shaped by their expectations about the future; positive future expectations have been identified as a protective factor in the context of development (Hawley & DeHaan, 1996; Nurmi, 1991). Youth adapt to conditions of instability or adversity by restricting future-oriented thinking (Hatala et al., 2017). In the current study, the boys in the at-risk group described goal- and aspiration-setting that revealed future-focused thinking; however, the boys in the street group, whose contexts were less predictable and organized, were more present-focused in their thinking. Typically, career-focused aspirations increase from middle- to older adolescence (Raffaelli & Koller, 2005). The opposite pattern

emerged in this research, and it was believed that differences between the groups of boys in their long-term thinking at least in part reflected the differences between their environments.

The observation that CYSS rely largely on present-focused thinking has been documented in other contexts as well (Beazley, 2003; Kidd & Davidson, 2007), specifically described to occur in response to the "uncertainty" of street life (Kombarakaran, 2004). Many CYSS view their futures as uncertain, and though they hold vague hopes in personal, academic and career domains, they tend to have low future expectations which researchers attribute to lack of opportunities available in their context (Raffaelli & Koller, 2005).

Researchers have described that focusing on the present rather than the future can lead to greater satisfaction depending on the context and one's goals in that context (Kashdan, 2010). Boys who are living on the street have pressing basic needs to meet (e.g., food, water, bathing, shelter) which are arguably more effectively resolved through present-focused rather than future-focused thinking. Additionally, discrepancies between hopes for the future and expectations for the future can be problematic for mental health (Yowell, 2002). These boys live in environments that offer scarce opportunities in general, let alone for the boys living in the street. In this context, it could thus be problematic for boys' mental health to cultivate hopes and dreams about the future without concurrent effort to increase opportunities and enhance *agency.*

A similar restriction of future thinking and limited hopes for the future in another context would likely be seen to be indicative of psychopathology. It is important to contextualize these results with the finding that the present focus in the boys in the street group was not typically accompanied by pessimistic views about their futures, themselves or others in their lives. Many boys maintained flexible views towards their future, in that "anything could happen". This sentiment reflected fatalism, the view of one's future being out of one's control, which is a

cultural belief observed commonly in Latin American societies, and is also closely tied to religious beliefs. To the degree that fatalistic beliefs in society may have facilitated individual flexibility in thinking about an uncertain future, fatalism could be considered a culturally specific strength. In addition, boys maintained that both they themselves and other people in their lives could be both "good" and "bad". Among other things, this flexible perspective may have enabled boys to form trusting relationships despite experiences of trauma, which were a major source of resilience for the boys. For this reason, the cognitive flexibility that was observed in the boys in this sample was seen as a means of adapting positively to a context that was not conducive to long-term thinking and which allowed boys to experience well-being despite that fact. The boys in the street group would be expected to experience altered time perceptions in more stable contexts, a finding that would provide additional support to the idea that this was a response indicative of *flexibility* and resilience, and one which would be valuable to investigate through a longitudinal research design. This process of adaptation was also believed to underlie the shifting perceptions towards risk that staff observed in the boys. This has been highlighted by other researchers working with CYSS in LMIC who noted that with increasing time on the street, children's attitudes towards eating from the trash became more nonchalant, which allowed boys to survive in their contexts more effectively (Amoah & Edusei, 2014).

Behavioural flexibility was seen to be what allowed boys to engage in new opportunities when they were offered. It was believed that at the heart of this capacity lay the individual quality of openness, a temperamental trait that staff observed to naturally differ between boys. Individuals who are more open have been found to be more receptive to new experiences, and able to capitalize on opportunities to the benefit of personal development (McCrae & Costa, 1997; Kashdan, 2010). This was noted by many respondents in the current research, who

observed that boys' involvement in available learning opportunities including arts and crafts, sports, and the Mobile School, held benefits for boys' experiences of *self-worth, agency,* and *belonging.* In addition to a willingness and openness to engage in novel opportunities, behavioural *flexibility* was evidenced by boys' ability to adapt their behaviour to meet the norms of the varied settings where they spent time. Many of these boys have been living on the street for years, a lifestyle that involves little structure or enforcement of rules in daily life; yet, they were able to adapt their behaviour while in organized settings like Chavaladas, and for the most part, truly integrate into activities. The ability for CYSS to adjust their behaviour to suit different settings has also been documented by researchers working in South Africa as a strength reflective of *flexibility* (Malindi & Theron, 2010), one that could be especially adaptive for CYSS living in LMIC who bridge many disparate settings.

Malindi and Theron (2010) observed that CYSS in South Africa engaged in violence on occasion as a response to rights violations, which they interpreted to reflect an assertion of *agency* in a context lacking protection from adults or higher-level systems. A similar example from the current research was illustrated by a boy who described his value of being obedient and behaving well on the one hand, and on the other hand described how he attacked another boy in the market to discourage poor treatment towards himself in the future. Rather than viewing violence as "resilient" or "not resilient", it is important to consider the context and the purpose of this behaviour in this context. When children perceive an ongoing threat of rights-violations or violence, taking action to minimize this risk could reflect a protective process, specifically when surrounding contextual systems have failed protect them (Malindi & Theron, 2010). In the current study, the ability to respond *flexibly* by calculating behaviour as a function of perceived costs and benefits – which sometimes meant walking away from confrontation when perceived

costs of violence would be excessive, or engaging in aggression as a form of self-protection when the costs of backing down would be higher – is viewed here as a reflection of resilience. Context is a crucial consideration to make in interpreting the adaptiveness of behaviour, and within contexts of social exclusion and limited resources that can be observed in LMIC, adaptive behaviour may look quite different than what would be observed in a HIC setting. These contexts also give rise to challenges that, while unfortunate, provide avenues through which behavioural *flexibility* can emerge. For example, boys are often unfairly rejected from health care systems, and in response, acquire strategies to be attended, arriving accompanied by staff or with foreigners. This *flexibility* looks like resourcefulness, a quality that has been associated with CYSS in other contexts (for e.g., Aptekar, 1988; Kombarakaran, 2004), and may be an especially valuable resilient quality in contexts where children are independently responsible for meeting many of their own needs.

Flexibility was evidenced widely and in a variety of ways by the boys in this research and often served in the function of *self-regulation,* supporting changes to thinking and behaving that would reduce distress and enable boys to maintain adequate functioning. It would be important to explore the idea of cognitive flexibility further in longitudinal research so as to draw firmer causal conclusions. This would allow us to establish, for example, whether boys who are present-thinking are more likely to end up on the street, or whether a shift to present-focused thinking occurs in response to a change in life circumstances. It may also be interesting to explore *flexible* thinking more concretely in research using standardized measures. Research in Bolivia revealed that CYSS scored above a local comparison sample on the Alternate Uses Test, a measure that evaluates creativity and *flexibility* in thinking (Dahlman et al., 2012). This line of inquiry stands

to increase our appreciation of the cognitive capacities of CYSS, and how these capacities have evolved to best suit their needs.

Protection

Boys experienced *protection* when their physical and emotional needs were met. This experience relied in part on the availability of wellness- and safety-enhancing resources in the environment. Nicaragua is a relatively low-resource environment, and in many ways, this makes it challenging for boys and their families to meet their physical and emotional needs. That said, most boys felt that they received enough food and water, and many found themselves in spaces where they could feel safe, at least in a relative sense, at least some of the time.

In keeping with the finding that attachment relationships were potent promotors of resilience across the board, this was true also in boys' experience of *protection*. Extended family members stepped in to support boys when their parents were unable which enabled boys to maintain strong family connections, in concordance with an important value in Nicaraguan society. Through these relationships, boys' physical and emotional needs could be addressed, promoting *protection*. Interestingly, anthropologists have noted that networks of extended family or Godparents (*compadrazgo*) have evolved in Latin American societies to serve as "informal social security" for families, as they enforce a responsibility for these other important caregivers to look after children when parents are unable (Lewis, 1966). Thus, the importance placed on family obligations and the existence of strong extended family networks served a promotive role for *protection* within this context and was seen as a culturally specific strength.

It is likely that the way that boys sought *protection* was shaped by their early attachment experiences. Bowlby (1973) described that children who experienced sensitive and responsive caregivers are more likely to use supportive relationships to regulate feelings of security later in

life, while those who experienced unresponsive or dismissing caregivers are more likely to pursue security by reducing their emotional dependence on others and becoming more self-reliant. Boys in the at-risk group were more likely to have close relationships with caregivers and describe feeling *protected,* cared for, and loved by them; boys in the street group were less likely to maintain close relationships with caregivers, and instead developed a unique set of skills that would enable them to meet their physical needs independently or with help from a peer group.

Accumulated evidence from research with CYSS in Latin America has demonstrated that many of these young people are typically quite proficient in meeting their physical needs (Raffaelli et al., 2007), and this seemed to be the case for the boys in the street group. Peer networks and NGOs were both important resources. Within their peer groups, boys shared information that supported *protection*, both with each other and with Chavaladas staff who could then also play a part in ensuring boys' *protection.* These collaborative, cooperative strategies served as a form of mutual aid that has been noted in groups of CYSS in other LMIC (Malindi & Theron, 2010). Developing "street smarts", skills that enable CYSS to navigate dangerous and chaotic street environments safely, is another means by which these young people were able to meet their physical needs in their contexts. In the case of the current research, street smarts encapsulated boys' knowledge about where and when they could be in certain areas; the practice of *protective* behaviours, like sleeping in groups; and cultivating a "tough" image to discourage victimization by others. Developing street smarts was seen as the result of positive adaptation to street environments in boys who have been on the street for extended periods of time. It was a product of a resilient process that contributed to *protection*. Street smarts have also been found to play an important role in the holistic well-being of CYSS; for example, in Brazil higher ratings on a measure of street smarts were associated with fewer health concerns (Raffaelli et al., 2007).

Protection was sometimes imagined rather than found; boys in the street group specifically relied on *protection* from God to keep them safe in uncertain situations, and this reliance seemed to generate a sense of security that their environment could otherwise not provide. Religion was a strength for the boys in this group in that it promoted a sense of *protection,* something which has been noted by researchers working with street-involved youth in other contexts as well (e.g., Bender et al., 2007; Malindi & Theron, 2010).

Children's physical and learning needs are often prioritized over their socioemotional needs by philanthropic organizations working in LMIC (Luhnow, 2011). Maslow's hierarchy of needs, a well-known theory of human behaviour, portrays the range of human needs in the form of a pyramid with physical needs (e.g., water, food) at the bottom and socioemotional needs layered on top (Maslow, 1943). This model suggests that needs on the bottom of the pyramid must be met before needs on the top; however, it has been demonstrated that during a recovery process, needs can be fulfilled in a non-linear order (Henwood et al., 2014). Interventions used in North America with adults living on the street differ as to their initial program focus. Programs can be broadly categorized as "Housing First" and "Treatment First", depending on the needs that they address first. Both of these interventions have been found to be helpful for participants, and neither stands out as the most effective (Henwood et al., 2014). Many respondents in the current research, including boys themselves, indicated that the best way to support CYSS would be to provide a shelter where they could live, akin to a "Housing First" approach. Though this is a valuable suggestion, boys' relational and emotional needs must also be considered. Developing policy and programming that can help to meet boys' physical needs for food, water, and shelter is important but should be part of a holistic intervention strategy addressing both physical and emotional needs at various levels of Maslow's hierarchy. It has been suggested that provision of

basic necessities could be a first step for CYSS-focused programs and a means of building rapport before implementing longer-term programming that acknowledges emotional needs as well (Bender et al., 2007; Luhnow, 2011). This graduated process could be well-suited for CYSS, many of whom have experienced rejection, abandonment, violence, and other trauma, and thus can be slow to develop trusting relationships, a characteristic that was observed in many of the boys in the street group in this research. This characteristic can be appreciated as a *protective* mechanism by those working with CYSS, who should take care not to disregard the value of boys' defenses (Bender et al., 2007).

The capacity for boys to experience *protection* in this low-resource context in spite of major obstacles such as poverty, unemployment, and lack of education, speaks to the considerable strengths evidenced by the families who participated in this research. Certain features in street environments, including the presence of security guards and street-facing cameras, were valuable in contributing to a sense of *protection*; inclusion of these *protection*-enhancing features into street contexts wherever possible would be a useful way of increasing CYSS's experience of *protection*. The boys who were not being cared for by adults developed appreciable skills and capacities that were suited to their contexts and that enabled them to experience *protection*. One staff member highlighted the extent of these skills, explaining that even though staff members are very familiar with the community and street context, she did not believe that any one of them would be able to survive even for a couple of days in the contexts that the boys, some of whom are not yet adults, are navigating. It is clear that these boys have valuable knowledge honed through their experiences on the streets which could be an important resilience-promoting resource for other boys. Creating opportunities for information-sharing, perhaps by facilitating focus groups or creating distributable materials wherein boys can share

their strategies, experience and knowledge could be a way of harnessing boys' existing strengths and promoting *protection.* The recognition of CYSS themselves as important resources, which can be harnessed for the good of other CYSS, is a great example of a Positive Youth Development approach that should be explored in resilience-promoting work with CYSS.

Self-Regulation

Self-regulation was a quality evident in boys' responses to change, including the ability to engage in problem-solving or coping and to manage strong emotions. Also related to *self-regulation* was boys' capacity to engage in goal-directed behaviour that helped them work towards future goals. *Self-regulation* was challenging for all of the boys in this study in varying degrees, and a key objective of the Chavaladas intervention was to support greater capacity in this area. Provision of structured and consistent environments, as dictated by the STROP-R model implemented at Chavaladas, were observed to positively influence *self-regulation* abilities. The project also strove to incorporate activities for children that cultivated *self-regulation* skills, sports being a primary example. Playing sports has been found to have widespread benefits on psychological and physical well-being, with recent suggestions that participating could positively affect *self-regulation* through an effect on executive functions, motivation, goal-setting, problem-solving, and enhancing cognitive *flexibility* (Howard et al., 2018). The allure that sports held for boys suggests that incorporating sports in a resilience-promoting program stands to be highly engaging and effective. This suggestion will be elaborated on later in this section.

Self-regulation skills traditionally develop through healthy attachment relationships, yet another way in which protective caregiver-child relationships influenced resilience. Regulating emotional distress is a primary purpose of the attachment system (Fonagy & Target, 2002).

Attachment figures can moderate children's stress responses via physiological effects on the stress response system, as well as through modeling of a caregiver's own self-regulation. Mentalization, which is the ability to think about thinking, to understand and use knowledge about one's own and other's mental states, is another process that occurs within attachment relationships that is has been found to predict children's *self-regulation* abilities (Bateman & Fonagy, 2006; Senehi et al., 2018). Researchers have also demonstrated that some benefits of therapy can be linked to a therapist's use of mentalization with clients, a finding which spurred the development of Mentalization-Based Treatment for patients with psychopathology related to deficits in *self-regulation*, such as Borderline Personality Disorder and self-harming behaviours (Bateman & Fonagy, 2013; Rossouw & Fonagy, 2012). Mentalization-based prevention programs specifically designed to enhance resilience have also been developed and implemented with high-risk children and youth, evidencing interest in the resilience-promoting potential of mentalization (Bak et al., 2015). Though not all boys had contact with primary attachment relationships, staff practiced mentalization in their relationships with boys which was believed to serve the purpose of supporting boys' *self-regulation*. Given the association between mentalizing and development of *self-regulation*, and the benefit of mentalization within therapeutic contexts, psychoeducation regarding how to engage effectively with boys in mentalization could be provided to important adults in boys' lives as a means of promoting *self-regulation* and resilience.

Self-regulation is recognized to be strongly influenced by sociocultural context (Masten, 2007) and was likely shaped in this context by the cultural value of "respeto" and the prevailing cultural norms relating to children's behaviour. Researchers have demonstrated that cultural values and norms influence resulting *self-regulation* outcomes as a result of children's

internalization of these values, which then orient behaviour (Grusec & Goodnow, 1994; Jaramillo et al., 2017; Trommsdorff et al., 2012). Religion has also been recognized as a cultural variable that affects *self-regulation*: directly, when engaging in prayer or meditation, and indirectly, by creating a sense of emotional security through relationships with God or other religious figures, and by prescribing expectations regarding behaviour (Crawford et al., 2006). In the current study, boys' belief in a loving, protective God was used as a tool to alleviate worry in fearful or stressful situations that could not be easily avoided. When boys formed connections with God, they were granted a sense of security, of being cared for and attended to. Belief in God at times also served as inspiration for boys to improve their behaviours and to strive towards a better life, thus shaping their goal-oriented *self-regulatory* behaviour.

If we appreciate that *self-regulation* is shaped by sociocultural context and parenting practices, it is important to consider how the contexts of boys living on the street may have acted to shape boys' *self-regulatory* capacities to suit the unique environments where they are growing up. *Self-regulation* behaviours are believed to reflect children's experiences of their caregivers as being available, and as supporting their regulation (Calkins & Hill, 2007), something that the boys who had been living in the street since they were young would not have experienced. Compounding the absence of early *self-regulatory* support, the experience of being socially excluded or rejected has been found to lead to subsequent impairments to *self-regulation* (Baumeister et al., 2005). These impairments are wide-ranging, with documented effects on attentional control, behavioural inhibition, time perception, and risk-taking behaviour (Baumeister et al., 2005; Twenge et al., 2003). These findings were suggested to help explain why socially marginalized groups tend to have higher crime and substance use rates and elevated self-destructive and suicidal behaviour (Baumeister et al., 2005).

For boys who are growing up in a stressful context with limited availability of caregiver co-regulators, who may be excluded from mainstream social spheres and exposed to disparate values and norms associated with a street subculture, it is reasonable to believe that *self-regulation* may follow a unique trajectory. By prioritizing short-term over long-term coping and survival in the present over flourishing in the future, perhaps CYSS have adapted to cope optimally with the hardship experienced in their particular context. Using humour and teasing their peers, for example, were common practices for all CYSS in this research as well as for CYSS in other contexts (Malindi & Theron, 2010). Humour can serve as an adaptive defense mechanism (Carr, 2004), one that may not be as socially acceptable in mainstream groups, but which allowed these boys to experience and share enjoyment and happiness. Through this lens we can appreciate why other non-traditional *self-regulation* strategies – minimizing perceptions of risk, focusing thoughts on the present, ignoring problems - allow the boys within this context and culture to experience resilience in their circumstances in ways that a boy who had never been on the streets who was placed in their context, for example, would most likely not.

It is necessary to consider cultural, contextual factors and even individual experiences whenever we contemplate what positive adaptation looks like. This logic also applies when considering the adaptiveness of coping behaviours. Coping is a *self-regulatory* behaviour (Carver et al., 1989) that has been posited to underlie the association between *self-regulation* and positive adaptation (Buckner et al., 2009). Deficient coping skills are commonly perceived to be the cause of various psychopathologies and thus are common targets for resilience-enhancing interventions (Campbell-Sills et al., 2006). In discussing “deficiency”, however, it is important not to make assumptions about “good” and “bad” ways of coping as this is highly-context dependent (Bonanno, 2013). To illustrate, Western thinking generally idealizes problem-focused

coping, including talking about and processing traumatic experiences; this contrasts with repressive coping, a pattern whereby one denies experiencing distress in the face of adversity and instead avoids difficult feelings or thoughts (Bonanno, 2004). Although disclosure of traumatic experiences has frequently been associated with positive health and psychological outcomes in research (Campbell-Sills et al., 2006; Myers & Reynolds, 2000; Pennebaker, 1995), a repressive coping pattern has been suggested to predict more positive adaptation in the face of extreme levels of risk or in contexts of senseless trauma, a finding that was confirmed in a sample of survivors of childhood sexual abuse (Bonanno et al., 2003). Research with youth in the Democratic Republic of Congo demonstrated that distraction or avoidance as coping strategies were the preferred means of handling challenges (Mels et al., 2013) and these strategies were associated with higher levels of well-being in youth as compared to problem-focused coping (Cherewick et al., 2016). Researchers have suggested that contexts with high levels of adversity or where individuals are significantly restricted in their capacity to impact the circumstances that are stressing them, problem-focused coping may not be useful. Instead, avoidance or disengagement can offer relief from the distressing symptoms associated with exposure to enduring stressors in these contexts (Cherewick et al., 2016). This evidence is not at all meant to support repressive or avoidant coping as "ideal" strategies, but rather to illuminate the relative utility of any strategy as a function of individual, contextual and cultural factors.

We can appreciate that CYSS use a range of strategies to cope with difficulties, both problem-focused (e.g., making the choice to leave home for the street in the context of domestic abuse) and emotion-focused (e.g., using drugs to alleviate negative feelings). Researchers have identified some idiosyncratic coping behaviours used by CYSS – including wearing dirty clothes, begging, theft, and use of drugs – which, though potentially risky, are also behaviours

that allow children to survive the risks faced on the street and satisfy needs for self-sufficiency (Malindi & Theron, 2010). Although these coping behaviours would not traditionally be endorsed by clinicians working to promote resilience, it is important to recognize the role that these coping strategies have in enabling CYSS to experience the qualities associated with resilience: if wearing dirty clothes or engaging in begging or theft gives children a better chance to meet their physical needs, it may support *protection;* if using drugs with friends creates strong social bonds and minimizes painful feelings, it may support *belonging* and *self-regulation*. Whether a strategy is adaptive depends on its goodness-of-fit to the situation at hand, and this is affected partly by the control a person has in the situation (Lazarus & Folkman, 1984). Researchers have suggested that because CYSS are often faced with immutable adversity (e.g., poverty, social exclusion), active, task-oriented coping behaviours that are traditionally viewed as ideal from a Western lens would not be adaptative responses because youth may be powerless to influence the stressors that are affecting them (Cherewick et al., 2016; Kidd & Carroll, 2007).

Rather than a single style of coping being the "best", it is having a large number of coping strategies in one's repertoire, that can be utilized *flexibly,* that has been found to be most predictive of positive emotional outcomes (Lam & McBride-Chang, 2007). The key to *self-regulating* adaptively through coping is to *flexibly* employ strategies based on the situation: accepting circumstances that cannot be changed, and pushing for change when it is needed. Interventions with CYSS that work to promote *self-regulation* should appreciate the relative nature of "adaptive" coping and refrain from prescribing how boys should cope with adversity, focusing instead on building a repertoire of strategies and supporting CYSS in *flexibility* applying these strategies as a function of their context, needs and goals (Bonanno, 2013).

Self-regulation is a capacity that has long been associated with developmental resilience across cultures and over time (Masten, 2007), a finding reiterated by the current study. *Self-regulation* is believed to underlie a broad range of characteristics that have been associated with resilience (Masten, 2007), and has been positively associated with resilience specifically in low-income and formerly homeless youth, predicting positive outcomes in a number of areas including mental health, behaviour, academic and social functioning (Buckner et al., 2009). In fact, *self-regulation* partly moderates the relationship between poverty and mental health outcomes, highlighting the benefit of this quality in low-resource contexts such as those that CYSS inhabit (Blair & Raver, 2012). Enhancing *self-regulation* can be an objective of resilience-promoting programs (Karapetian et al., 2011) and should focus on supporting individual needs and goals, rather than prescribing "good" and "bad" coping strategies.

Self-Worth

Self-worth describes the feeling that you have something to offer which is deemed valuable in your eyes, and the eyes of your reference group – be that a subculture, or a wider society. Boys derived a sense of *self-worth* from perceived positive traits (e.g., being smart, being obedient) and skills (e.g., being a talented athlete, being adept at multiple odd jobs). A sense of *self-worth* also seemed to arise for boys in the street group when they could distinguish themselves as better than others whom they saw as worse off than them, or by setting themselves apart through unique aspects of their experience, such as being from a different city.

Extensive research exists documenting the association between healthy attachment relationships and the experience of *self-worth* (for e.g., Bylsma et al., 1997). Experiences within attachment relationships contribute to the development of working models of the self and of others (Bowlby, 1973). These working models constitute a set of beliefs and expectations about

how you should be treated (e.g., are you loveable and deserving of attention or unworthy) and about what to expect from other people (e.g., are they trustworthy and reliable or rejecting and unavailable). In secure, healthy attachment relationships, working models of the self tend to be more highly positive, a trajectory associated with higher levels of self-esteem and *self-worth* later in life. High levels of self-esteem have also been observed in individuals with dismissing attachment styles, which are characterized by positive self-models but negative other models (Bartholomew & Horowitz, 1991). In contrast, for individuals with fearful or preoccupied attachment relationships, self-models are more highly negative, and this predicts lower levels of self-esteem in adulthood (Bylsma et al., 1997). It has been suggested that the source of self-esteem or *self-worth* differs as a function of attachment style: individuals with secure attachments are more likely to glean a sense of self-esteem from positive relationships, whereas those with dismissive attachments are more likely to gain self-esteem through pursuit of mastery, autonomy and competence-building (Brennan & Morris, 1997).

It is evident that supporting positive caregiver-child relationships stands to have profound benefits for children's development, part of which involves strengthening children's sense of *self-worth.* For CYSS in this sample who maintain family ties and for whom the experience of a healthy attachment relationship is possible, this is a wonderfully potent strength that should be prioritized and encouraged. CYSS for whom this experience is not feasible, however, are able to pursue *self-worth* by acquiring skills and competencies that they perceive as valuable. This may explain why many of the boys in this study who were living on the street described deriving a sense of pride from their skills playing sports, working, or obeying adults, rather than relational qualities like being friendly, smart, and sociable. Many interview respondents noted that offering training opportunities for boys would be a beneficial support for them, and this recommendation

aligns with research into *self-worth* and the importance of learning new skills. In fact, it has been found that the most effective interventions for CYSS provide opportunities for training, education and recreation, all of which promote the acquisition of new skills and competencies (Berckmans et al., 2011). An NGO working with CYSS in Kenya demonstrated that interventions that enhance these learning opportunities contributed to higher self-esteem for participating CYSS (Ferguson & Heidemann, 2009).

Cultural values held by society are also important in the relationship between *self-worth* and opportunities for learning. Concordance between one's personal goals and values and those that are held by mainstream society is validating; being able to achieve these goals or abide by these values creates stronger *self-worth* – a phenomenon terms 'worldview validation' (Gailliot & Baumeister, 2007). Existing cultural values and norms surrounding behaviour and obedience provided metrics of *self-worth* that boys were able to measure themselves up against, and when they saw themselves as obedient or cooperative, this seemed to contribute strongly to the *self-worth* of boys in both groups. Additionally, the strong value of education in the Leonés society enabled boys who aspire to graduate, who strive for esteemed jobs, and who work towards those goals every day through their studies, to experience a stronger sense of *self-worth*. In contrast, boys who are either unable to act in concordance with educational values (if they hold them to be true), or who do not see their personal values reflected by society (if they do not resonate with the value of education), may have experienced a decrease in their *self-worth* (Gailliot & Baumeister, 2007). Boys in the street group who described wanting an education but being unable to get it, or who were unable to say what was important to them, had a harder time listing positive qualities about themselves.

It is possible, however, that marginalized groups abide by a unique set of values which may serve to protect *self-worth* in the circumstances mentioned above. In his study of social stigma, Goffman (1963) observed a process whereby stigmatized and alienated individuals who do not share in mainstream values or activities may be protected by identifying with a different set of beliefs:

> It seems possible for an individual to fail to live up to what we effectively demand of him, and yet be relatively untouched by his failure; insulated by his alienation, protected by identity beliefs of his own, he feels that he is a full-fledged normal human being, and that we are the ones who are not human. (p. 6)

This observation captures a process similar to what has been observed by researchers working with other marginalized populations including CYSS. In her study of CYSS in Indonesia, Beazley (2003) observed that belonging to the "Tikyan" (street child) subculture endowed Tikyan children with the sense of being "street wise" and feeling competent at navigating the hardships of street life, something which differentiated them from the mainstream population. In that this identity endowed children with these special competencies, it facilitated for them greater self-esteem (Beazley, 2003). Kidd and Davidson (2007) illustrated a similar process in their research with street-involved youth in North America, observing that for youth who were highly street-involved, affiliation with a street identity could in fact be protective for *self-worth* and resilience, as compared to youth who were on the street but maintained mainstream values which discriminated against street life.

CYSS in the current research reported holding some mainstream values and goals, a finding which has emerged in research with other CYSS groups as well (Ennew & Swart-Kruger, 2003). This was believed to reflect a degree of integration within society: CYSS were absolutely

marginalized and discriminated against, yet they were also accepted and integrated in various spaces in the León community. Rather than affiliating with an entirely separate subculture of CYSS, boys maintained a number of mainstream values but also defined these values idiosyncratically within their contexts. For instance, boys touted the importance of "never giving up", a value that was also endorsed by individuals in mainstream society, but which to them meant continuing to look after their hygiene, to limit use of drugs and to work. Like the rest of society, boys also held the pursuit of education as important, but rather than being a steppingstone towards a future career, some boys saw education as a means of ensuring they were not taken advantage of or discriminated against by community members.

This finding has implications for the types of interventions that stand to enhance the *self-worth* of CYSS in this sample. For boys who endorse mainstream values of making progress or pursuing an education, initiatives which aim to build boys' practical academic skills may provide a value-concordant option for enhancing boys' *self-worth.* That said, it is important that such initiatives be appropriate to the capacities of the child. The Mobile School is an excellent example of an intervention that works to promote the skills associated with a value of education, but that also honours CYSS's specific needs by providing the service in their spaces (e.g., not exclusionary), keeping activities engaging and simple (e.g., not requiring sustained attention or focus that may not be yet in the repertoire of CYSS), and being child-directed (e.g., respecting their autonomy). It may also be the case that there are CYSS who do not ascribe to mainstream values, and in this case, initiatives geared towards building resilience and *self-worth* in this group should work first to understand their goals and values, and provide programs based in this knowledge. As observed by Goffmann (1963), this could serve to protect the *self-worth* of these

marginalized individuals from the discrimination and exclusion they are subject to as a result of being different.

Exploitation, social exclusion and rejection in relationships and social systems confirms and reinforces a feeling of devaluation and has negative implications on *self-worth* (Kombarakaran, 2004; Leary & Baumeister, 2000; Sanders & Munford, 2007). The relevance of *self-worth* in the experience of resilience for CYSS highlights the importance that there be opportunities for boys to build a strong, positive self-concept. This can occur in attachment relationships, and it can be enhanced when boys are given opportunities to engage in activities that are coherent with their personal values and sense of identity, something which will differ across individuals and in different groups of CYSS.

Implications

Clinical

The phenomenon of CYSS is complex; it is a wicked problem that is influenced by myriad factors at different levels of the society, and furthermore, in ways that are specific to a given context. The models of risk and resilience-enhancing factors yielded through the current research are valuable tools for developing a culturally relevant intervention (Healy et al., 2018). Common risk factors, such as violence in the home, family stress, or bullying, may be addressed through interventions that support more adaptive ways of coping with these stressors; the culturally grounded resilience-enhancing factors may be areas to strengthen, such as promoting family cohesiveness, enhancing social skills, or creating more opportunities for play. The conceptual model that was generated through this research would point to the need for interventions that aim at enhancing boys' experiences of *agency, belonging, flexibility,*

protection, self-regulation, and *self-worth* as potentially effective means of promoting resilience in this group of CYSS.

General clinical implications based on recommendations from the UN, and which are supported by research efforts with CYSS worldwide, dictate that all interventions or programming designed to benefit CYSS should:

1) Rely on a rights-based framework which approaches children as active agents capable of making their own decisions, rather than victims or delinquents in need of saving.
2) Promote existing, ample strengths and capacities of this group – that is, take a strengths-based approach - rather than solely focusing on perceived deficits through a problem-focused approach. Taking a problem-focused approach risks discounting the structural factors contributing to the phenomenon, and without consideration of these issues, intervention is likely to be ineffective (Sanders & Munford, 2007). Using a Positive Youth Development framework that aims to cultivate the existing strengths and resources of young people would be a well-suited approach for CYSS programming.
3) Involve holistic care; programs that provide multiple services addressing physical needs (e.g., food, shelter, health care), learning needs (e.g., education, training), and emotional needs (e.g., protection through supportive, trusting relationships), have been found to be the most impactful in the lives of CYSS (Harris et al., 2011).
4) Include CYSS in design and planning of interventions for their benefit as much as possible. This would help to ensure that they find the resulting program useful and that they feel ownership over the program, which would encourage their engagement.
5) Be individualized to address the specific needs, goals, and values of the young person rather than presuming that the ideal outcome is always getting off the street, going to live

with family, re-enrolling in school, etc. “Ideal” outcomes will vary as a function of cultural values, available contextual resources, and individual experiences, skills, and interests, and should not be prescribed *a priori*. An example from Slesnick et al. (2015) suggests that youth who live in a shelter and haven’t slept on the street would be good candidates for family therapy, while those who have lived on the street and have fewer mainstream ties might benefit more strongly from community-based care. Similar suggestions have been made by other researchers working with street-involved youth (e.g., Kidd & Davidson, 2011), with the caveat that the most fitting treatment approach can evolve over time with changing relationships (Chamberlain & McKenzie, 1992).

The following section summarizes several specific recommendations for promising interventions that could be used with CYSS. Recommendations are built on these principles and the findings of the current research, in conjunction with prior research evidence supporting the effectiveness of these interventions with children and youth, and CYSS where possible. Care was also taken to synthesize suggestions that would be feasible in a low-resource context with limited availability of highly trained mental health professionals (Saxena et al., 2007). As much as possible, programs listed are flexible, cost-effective, and can be disseminated by paraprofessionals.

Motivational interviewing for substance abuse. Although drug use behaviour served an identifiable purpose for CYSS in this study, substance dependence treatment was desired by many of the boys in this sample. This fact, and evidence of the detrimental developmental effects of drug use, point to a pressing need to address this concern. A review of programs being implemented with CYSS in LMIC concluded that there was a lack of information about whether psychotherapy is being used, and if so, what kind of therapy and whether it is effective (Berckmans et al., 2011). In HIC however, where youth in street situations also frequently

experience substance dependence, Motivational Interviewing (MI) is one therapeutic approach that has been recommended and in some cases implemented with youth in street situations (e.g., Beattie et al., 2019; Slesnick et al., 2015). MI aims to promote behaviour change by reinforcing an individual's resolve and motivation towards change and strengthening their feelings of self-efficacy (Miller & Rollnick, 2002). It was developed initially for use with adult patients who were abusing substances and has since been used extensively in the treatment of substance dependence. An MI intervention may involve several elements, including a psychoeducational component educating about drug use behaviour, and later individualized components focused on the personal pros and cons of drug use. The ultimate objective of MI is to enforce motivation to change drug-using behaviour. MI has been implemented successfully with adolescents living on the street in North America to decrease substance use, decrease levels of depression and hopelessness, and decrease time spent sleeping on the street (Slesnick et al., 2015).

There are several reasons why MI may be an especially viable approach for use with this population. It is a client-centered therapy with an underlying assumption of personal autonomy, and there is a strong importance placed on clinicians honouring that autonomy (Miller & Rollnick, 2009). This suggests that MI interventions could contribute to building a youth's *agency.* Through MI interventions, clinicians aim to build trusting relationships with youth and to support acquisition of skills that strengthen *self-regulation* (Beattie et al., 2019), both of which are factors important to the resilience of CYSS in this sample. MI can be delivered individually or in a group format, which suggests the potential to establish supportive social networks within groups of participants that could contribute to a sense of social support and *belonging.* Importantly, this approach aligns with the rights-based framework that is recommended by the UN for working with CYSS in that it focuses on working with a client's own will and

motivation; it is also in line with a resilience-focused lens in that a client's strengths and capacities are recognized and built upon.

MI could also be well-suited for use in a LMIC context. It is a fairly flexible intervention, reasonable for use in a relatively unpredictable context where treatment attendance may be inconsistent. This flexibility also allows for individualization of treatment to suit the individual's needs, which would make it appropriate to use with a heterogeneous population with diverse goals and hopes for treatment. Treatment can be implemented successfully in a group format which renders the intervention most cost-effective. This has been done successfully in the past with youth in street situations (D'Amico et al., 2017). Researchers comparing three different evidence-based treatments for substance dependence with street involved youth in the USA, including MI, found similar benefits for all three despite a far lower time investment in the MI group (Slesnick et al., 2015). In fact, the MI group participated in only two 1-hour long MI sessions, and two separate 1-hour long information sessions, and experienced comparable benefits on substance use and mental health outcomes as groups who participated in 12 1-hour long sessions using other approaches. This provides further support for the cost-effectiveness of MI and its fit for youth in LMIC because it does not necessarily require long-term, consistent attendance that could be highly challenging for CYSS. Finally, since case managers (Beattie et al., 2019) can be trained in how to deliver this intervention, it would be feasible for staff of Chavaladas or other NGOs to deliver this intervention through existing services.

Youth in this sample expressed a strong desire to overcome struggles with substance dependence. It is important that this need be addressed in a way that builds off of the findings of this research and satisfies context-specific needs. MI is an approach that has been used successfully to address substance dependence in youth in street situations in other contexts, and

it could reasonably be implemented in this context given the capacity to flexibly adapt the intervention, the limited time requirements needed to glean a benefit, and the ability to train project staff in service delivery. Importantly, this is a strengths-based approach and individual agency serves as its foundation, aligning it with the conceptualization of resilience in the current research. Therefore, using MI could reasonably empower CYSS with a sense of *agency*, promote skills to further *self-regulation,* create relationships in therapy that contribute to a sense of *belonging*, and ultimately support CYSS meeting their most pressing needs.

Relationally based interventions. Positive relationships have been identified as one of the most important factors influencing CYSS's well-being and resilience (Berckmans et al., 2011). As described throughout the sections above, healthy relationships cultivate every quality of resilience. These relationships provide children with a place to feel safe, cared for, and loved, and can motivate children to work towards constructive goals and limit their involvement in self-harmful, risky behaviours (Berckmans et al., 2011). In CYSS specifically, healthy attachments have been found to facilitate adaptive coping, self-efficacy and self-esteem in youth, and positively predict their ability to productively utilize social support from peers and others around them (Kidd & Shahar, 2008). Strengthening positive social support networks that surround a child through relationally based interventions thus holds immensely auspicious potential to promote resilience for CYSS. A relationally based intervention could be directed towards the child and his family where viable, or with other important relational figures in their lives. An example of each type is reported below.

Family interventions. Without a doubt, family and other healthy attachment relationships hold massive promise as a target for intervention. Researchers have noted the powerful potential for promoting healthy child and adolescent mental health outcomes in contexts of adversity

through programs that target family-level mediators (Healy et al., 2018; Panter-Brick et al., 2014). Just as harsh or adverse caregiving practices carry risk for children's development, research suggests that supporting caregivers' use of more positive caregiving practices can "reprogram" developmental systems and counteract earlier risk (Masten, 2007).

There is a range of intervention and prevention programs benefitting child and youth mental health outcomes through family-based programs in LMIC (Healy et al., 2018; Pedersen et al., 2019). Some programs focus on caregivers and aim to promote positive caregiving practices, such as improving family communication, providing affection, and maintaining clear rules and boundaries, while reducing risk practices such as use of violence, or harsh and inconsistent parenting. This typically involves a psychoeducational component which enforces learning about development and supports realistic expectations of parents towards their children. Other programs involve a counselling component as a stand-alone intervention, or in conjunction with a skills-based caregiving program, which can support parent coping (Pedersen et al., 2019). Programs can be delivered in individual or group formats in community settings such as churches, schools or NGO offices, or can be home-based. A major benefit to using these programs in LMIC is that they can utilize task-sharing, a model that enlists specialist supervisors to oversee service delivery provided by trained non-specialists, reducing the need for highly trained professionals which may be expensive and non-feasible in these settings (Healy et al., 2018). A recent systematic review of parent- and family-focused interventions for child and youth mental health in LMIC found that 88% of these programs demonstrated a significant positive effect on outcomes (Pedersen et al., 2019). Importantly, since these interventions are provided by non-professionals, there may be less stigma associated with participating compared to traditional mental health services which can thus increase the effectiveness of the intervention

(Healy et al., 2018). This is of significant value in contexts like León where stigma towards mental health care persists.

A family-based intervention for child and youth mental health thus seems to hold significant, realistic promise as both an effective and sustainable option for promoting well-being of CYSS in LMIC in situations where family is accessible. Though few empirical studies have explored a model that works specifically with families of CYSS, one documented example is the intensive, home-based service provided by partner NGOs of the Safe Families, Safe Children (SFSC) coalition that works specifically with CYSS and their families around the world (Luhnow, 2011). This program includes a prevention and awareness raising component that is delivered to communities, as well as an intensive intervention program which is delivered directly to CYSS and their families in a home-based setting. The principal objectives of the intervention are to eliminate violence in the home, to cultivate healthy attachment relationships between children and caregivers, and ultimately to promote resilience for the family and the individual members (Luhnow, 2011). The intervention program incorporates skill-based, psychoeducational, and therapeutic components. Initially, work is done one-on-one with children and caregivers separately to build reciprocal, trusting relationships with the field worker, which mirror the positive attachment relationships that they aim to develop within the family. This individual work also involves processing of past experiences with mind towards supporting mentalization: identifying, labelling, and validating emotions, supporting reinterpretations of challenging experiences that facilitate more positive self-concepts, and finding meaningful ways to take these experiences forward towards a productive future. Individual child and family work is followed by a conjoint family intervention that follows a similar structure, beginning with devising opportunities to strengthen intrafamilial relationships, supporting joint processing of

family experiences that enable family members to support each other, and finally allowing families to move forward with collectively generated goals. In the end, the family is expected to be able to make decisions independently for the good of all family members, to be connected with adequate social and community supports and have greater capacity to manage stress and adversity, promoting long-term family resilience.

This program is a good candidate for implementation in León for several reasons. It is one of the only programs that has been used extensively to support CYSS; it was designed specifically for use in low-resource settings and can be delivered by paraprofessionals which minimizes the need for resources that are scarce in this context. Additionally, the program focuses on violence reduction, which is a major risk factor identified by the current research, and the primacy given to the family contexts in this intervention mirrors the local Nicaraguan values of family. The evidence provided by SFSC substantiates the positive impact of the program on child-caregiver relationships and on levels of violence in families. SFSC noted specific improvements in participating children's levels of *agency, self-worth* and *self-regulation,* findings which are relevant in the context of the current research and speak to the potential for this intervention to promote resilience in the CYSS population in León. The belief is that by intervening with families, sustainable change can be elicited as the children grow up and practice positive parenting with their own children, helping to break the self-perpetuating cycle of violence and adversity that has been documented in the current research.

Peer counsellors/mentorship. When children do not have contact with family members, or when family relationships are characterized by extreme dysfunction and abuse and are thus not safe for children, relationally based interventions could target relationships outside the family with the aim of building positive healthy relationships. Peer mentorship programs involve

pairing a child or youth with an older adolescent or adult who has received some form of training to prepare them to work with their mentee on specific goals. Goals can be broad, like building a positive relationship, or specific, like reducing substance use or limiting risky health behaviours (Bademci et al., 2014; Petosa & Smith, 2014). Peer mentorship models rely on evidence demonstrating the strong benefits that role models can have in the life of young people, something that was also identified as a resilience-enhancing factor in the current research. Prior research has illustrated that role models have significant potential for influencing peer behaviour since peers play a role in setting behavioural norms, and people are more likely to emulate the behaviour of others who they see as similar to them (McGloin et al., 2014). Peer mentors also stand to have a positive influence on behaviour by serving as a relatable target for self-comparison, one that provides realistic goals for making change. A systematic review into peer mentorships demonstrated a beneficial effect on changing behaviours, including increasing condom use and medication adherence, and decreasing drug use and smoking. The researchers specified that through peer mentorship, recipients were able to strengthen capacities for *self-regulation* and improve in their ability to set and achieve goals. Additionally, they were able to forge relationships with their mentors, creating a network of social support and *belonging.* Involvement in this program was found to increase levels of self-efficacy (similar to *agency),* and *self-worth* (Petosa & Smith, 2014). Peer mentorship programs have been implemented in a variety of settings, including those that are chaotic and high-needs like a Jordanian refugee camp (Salem-Pickartz, 2007).

Peer mentors for CYSS could be youth or young adults from the community, a model which was implemented in Turkey and supplemented with involvement in didactic workshops (Bademci et al., 2014). Qualitative findings from this research suggested that the boys who

participated were able to form healthy relationships with mentors, gained a sense of self-esteem and increased their hopes for the future. Another group of potential candidates for peer mentors could be current CYSS or ex-CYSS. A review of interventions provided for CYSS in LMIC reported that youth who were previously in street situations could be effective peer educators because they share similar experiences and can thus more easily relate (Berckmans et al., 2011), a rationale which is used to endorse peer mentors for adolescents in general (Petosa & Smith, 2014). Discussing topics that could be seen as taboo can be easier with peers than with professionals, and like the task-sharing model, may carry less stigma than seeking out formal services. A program in Uganda used a peer mentorship model as part of an HIV prevention program benefiting CYSS. Mentors were found to be effective communicators and successful in connecting other street-involved youth to helpful resources. They also played a role in community advocacy and reducing stigma between children and authorities (Mitchell et al., 2007), a factor which may be especially promising in work with CYSS given the detrimental effects of discrimination against children by authorities and the larger community. These authors described that peer mentors should be those who are more closely involved in NGO activities and who have begun a rehabilitation process (Mitchell et al., 2007). In the case of Chavaladas, boys in the at-risk group who are more "senior" in the project might be good mentor candidates to work with boys who are newer to the project. Boys in the street group who have demonstrated interest in accompanying the Mobile School on outings and supporting other initiatives may also be reasonable candidates for peer mentors. Graduate boys might be especially propitious options as mentors, since they have managed to leave the streets, and expressed a desire to remain involved with the Chavaladas project after graduating. A mentorship program could offer them a way to do so and give the boys currently in the project something to work towards, enhancing

agency. Additionally, this type of work complements the desire expressed by many boys in their interviews to help and support others, and thus a mentorship position may be especially meaningful as it is in line with their values.

Peer mentorship models have been implemented around the world with great success and may have benefits that are particularly valuable for LMIC. These models are recognized as a cost-effective way to work with hard-to-reach populations (Petosa & Smith, 2014). A study of adolescent peer mentors aiming to reduce smoking behaviours required only two days of training for mentors focused on psychoeducation about smoking and on personal skills development (e.g., confidence, communication, values, problem-solving), and yielded better smoking outcomes for youth receiving mentorship compared to those who simply received a psychoeducational program (Campbell et al., 2008). Similar findings resulted from a peer-mentorship study aiming to reduce illicit drug use, and further demonstrating a dose response in reduction of drug use, supporting the utility of mentorship engagement (Rosenblum et al., 2006). Since community members are responsible for delivering the program, it reduces the need for highly trained personnel. Peer mentors come from the same communities as their mentees and are closely familiar with their language and their context. As such, they may be better able to understand their mentee's needs and adjust their approach to suit, encouraging cultural and contextual relevance of the program. Having peers work as counsellors is a way of creating role models for other youth, a factor recognized in this sample to inspire hope and contribute to *agency*. Research has found that working as a peer mentor can in turn create benefits in the lives of mentors as well as mentees (Petosa & Smith, 2014). Youth working as mentors stand to gain a sense of value and *self-worth* as someone who has something meaningful to offer their peers while also acquiring new skills of mentorship and counselling; being able pursue and meet goals

can strengthen boys' sense of *agency*. This initiative would create additional vocational and learning opportunities in communities, something which was associated with resilience in the current research, and since this intervention builds capacity of community members as mentors, the benefits from this intervention are seen to be sustainable and contribute beneficially to community development (Petosa & Smith, 2014).

Sports-based interventions. The CYSS in this research showed a natural proclivity towards playing sports, which seemed to offer them a way of boosting self-image, building relationships, and inspiring change. Exploring ways to intervene with this population through the use of sports is highly worthwhile, therefore, as this would presumably be engaging and easily integrated into boys' lives. Sports-focused programming has received wide interest for its potential protective effect on individual development in a number of areas (e.g., social, physical, psychological), as well as on community health and well-being (e.g., boosting community cohesion; Coalter, 2010). Overarching benefits resulting from sports programs are seen to result from the formation of reciprocal relationships, shared values, and mutual trust between players and support staff, as well as engagement of the larger community (Sherry, 2010), in addition to the skills and competencies that participants gain through the program. There is additional speculation that identifying with the collective team identity can serve as a protective factor (D'Andrea et al., 2013), which is supported by the evidence regarding the protective capacity of collective identities described previously in this paper. Since engagement in sports stands to enhance a wide range of physical and psychological developmental outcomes by building strengths and assets, youth sports programs have been implemented with a Positive Youth Development framework, a framework that is well-suited for work with CYSS, as described above (Fraser-Thomas et al., 2005). Additionally, sports have been increasingly attributed a

potential to combat social exclusion (Coaffee, 2008), underlying the decision to implement these programs with various marginalized groups around the world.

Sports-based interventions have been implemented using several different frameworks. Sports have been observed to act as a "hook" by which hard-to-reach populations can be engaged and can subsequently be connected to additional services and resources (Sherry, 2010) – a framework referred to as "plus sport" (Coalter, 2010). Programmers working with CYSS in Uganda, for example, noted that if they offered sporting activities, they were able to attract more children to their centre, who would then engage in other useful programming like educational seminars (Mitchell et al., 2007). A plus sport approach is also taken by the Homeless World Cup (HWC), a charity founded in 2003 with the objective of working with homeless and socially disadvantaged individuals from around the world to facilitate access to social opportunities by connecting them with valuable resources that will support well-being (Homeless World Cup Foundation, n.d.). The premise of this organization is that soccer can inspire disadvantaged individuals to make change in their lives, and it provides them with avenues to build *self-worth*, *belonging* and *agency* through sport. HWC organizes a yearly global soccer tournament in conjunction with 74 organizations around the world that support high-risk children, youth and adults who are living on the streets. A survey conducted by the organization with HWC players from around the world found that 94% believe that their participation has had a positive impact on their lives; 83% found that participation improved their relationships with important others; and 77% feel that their lives have changed markedly through playing soccer (Homeless World Cup Foundation, n.d.). Qualitative data collected from Australian participants in the HWC who attended a world tournament in South Africa concluded several beneficial effects of participating in the HWC. Participants reported finding a sense of social connectedness and *belonging* within

the initiative and formed valuable relationships with their teammates, staff and other individuals involved in the program (Sherry, 2010). These male participants also described developing a feeling of mutual obligation and responsibility that motivated them to work towards their goals, noting a more positive sense of self and greater well-being. Their involvement with HWC had long-term effects extending beyond the termination of their program participation as well. Participants were connected with outside resources like rehabilitation centres, shelters, and support networks, and were able to continue making meaningful contributions through sport, for example by coaching for the HWC, training in first aid to assist with on-pitch first aid, and working as player mentors. Participants attributed many of their later successes (e.g., finding a place to live, accessing education or training programs, and pursuing employment) to their involvement in the HWC (Sherry, 2010).

Researchers concluded participation had two major areas of benefit: improving sense of self-esteem and *self-worth* and promoting a sense of *belonging*. The importance of these two qualities in the resilience of CYSS in this sample provides additional support for the value that this type of program could hold for the CYSS population in León. Unfortunately, there is no local affiliate of the HWC in Nicaragua, though there are in the neighbouring countries of Guatemala and Costa Rica. The passion for soccer and benefits that it bestowed on the boys in this research, coupled with the value that has been substantiated through the HWC for other CYSS around the globe, provide a strong rationale for implementing this type of intervention for CYSS in Nicaragua. The plus sport approach has been taken with other sports as well, including boxing - a very popular sport in Nicaragua- a program found to be successful in building youth participants' sense of personal competency in boxing and developing healthy *self-regulation* (Haudenhuyse et al., 2012). All of the boxing coaches in this program were previous

participants; a similar program model would create vocational opportunities that are realistic and desirable for boys as coaches who could jointly serve as peer role models.

A second framework called “sport plus” supplements sports programming with additional initiatives that work synergistically to maximize developmental outcomes. That is, sports are used as a mechanism for delivering additional programming (Coalter, 2010). An example of this type of approach is the Do the Good program, a sports-based intervention incorporating principles from several trauma-informed therapeutic approaches including Dialectical Behavioural Therapy (DBT) to support adolescent females living in residential facilities who had experienced maltreatment (D’Andrea et al., 2013). DBT components in the program supported development of *self-regulation,* distress tolerance, and interpersonal effectiveness skills. Coaches received a 24-hour training which provided psychoeducation on trauma, coaching techniques, and effective communication, as well as receiving sideline coaching during games. Coaches had no previous mental health training beyond what was typical for staff working in a residential program. Compared to a treatment as usual group, girls who participated in this program experienced reductions in both internalizing and externalizing symptoms, benefits that are believed to have arisen from social support from their team and coaches, and the opportunity for learning and mastery of new skills, increasing capacity for *self-regulation* (D’Andrea et al., 2013). Based on current research findings, all of these elements would be relevant to increasing resilience in the CYSS population in León.

Including sporting activity as part of a larger intervention (either sports plus or plus sports) that includes social, educational and/or health components offers a promising option that would be engaging to CYSS. Since there are multiple different ways in which these interventions can be organized and delivered, this approach seems flexible enough for effective

implementation in LMIC. In addition, since these programs are delivered in group contexts, they are cost effective, and previously implemented programs have demonstrated that non-mental health professionals can effectively deliver the intervention, which carries further implications for cost effectiveness. Based on available research, it would be feasible to apply sports-based programs through existing local NGOs (D'Andrea et al., 2013). An additional major benefit to this type of intervention are the positive effects on physical health, which could be especially important in a population that otherwise faces numerous significant health risks. Overall, implementing a sports-based program stands to have far-reaching benefits for CYSS in León, with evidence to support that it could directly influence *agency, self-worth, belonging,* and *self-regulation,* many of the qualities that are associated with resilience in this sample.

Policy

According to a UNICEF report, the goal of all policies pertaining to CYSS should be to "reconnect youth on the streets with their human rights" (Thomas de Benitez & Jones, 2008, p. 2). There are so many areas in which policy stands to have a positive impact on the circumstances of CYSS. At the heart of many of the choices that policymakers must make is the society's level of tolerance towards adversity: do people accept systemic injustices and inequalities as part of life, for example, or is this something that the majority oppose and will advocate for action to be taken on? In addition, a decision needs to be made about what point an issue shifts from one that is targeted at the individual level to one that needs to be addressed at the level of society (Bottrell, 2009). The needs of CYSS can and should be addressed by efforts at multiple levels. The general comment on CYSS generated by the UNCRC (2017) provided a thorough set of policy recommendations to ensure the needs of this population are met. The

following policy recommendations are directed specifically towards issues that arose in the current research that call for urgent consideration by local governments.

The plight of many families who are facing unemployment or lack of formal employment contributes to poverty and family stress and creates a situation whereby children are at greater risk of street involvement. Policies to increase employment and to better conditions for workers who find themselves in situations of informal and precarious employment could help to address some of these concerns. A highly conspicuous omission or lack of enforcement of laws punishing the sale of drugs in the León community was noted by participants in the current study and must be remedied in order to limit difficulties with substance abuse and dependence in these boys, many of whom began using drugs in early childhood. Fortunately, individual members of the León community, as well as NGO staff, have experience and knowledge regarding the sale of drugs and can consult with authorities to develop a comprehensive plan to address this issue, which should include harsher penalties when drugs are sold to minors. Exclusion from schools was a major risk factor illustrated by research participants, occurring when children did not have necessary documentation to enroll or had failed a grade multiple times. Policies must ensure children can access schools and health care without official documentation and ensure that children who are falling behind can be integrated in an accessible way. Furthermore, the process of obtaining legal documentation should be made as easy and accessible as possible for families who face many barriers in obtaining it, including a lack of literacy skills, living far away from the offices that process requests, lack of confidence with bureaucratic processes, and missing supporting documentation, to name but a few. Additionally, a formal youth protection and juvenile justice system should be in place (Berckmans et al., 2011), and should be monitored by a third party to ensure that children's rights are being respected, as findings suggest that

children's rights are frequently violated within these systems in Nicaragua. It is important that protection and justice systems also utilize remediative efforts with a child's family, where possible, or with the child themselves. Simply removing children from situations that are viewed as detrimental (e.g., abusive homes or street situations), for instance, without a concurrent focus on building positive relationships and providing therapeutic support will not be sufficient to reduce the negative effects of adverse contexts (Center on the Developing Child at Harvard University, 2015).

These are simply several of the many possible ways of making change to local policy in ways that would better support CYSS and their families. Despite being a signatory to the UNCRC, findings of the current research suggest that Nicaragua is not fulfilling its responsibilities and enacting these changes would support a move in the right direction. In accordance with the requirements set out by the UNCRC, all policies should have the objective of furthering the realization of children's rights to "dignity, life, survival, wellbeing, health, development, participation and non-discrimination" (United Nations, 2017, p. 5). Going forward, policymakers must work to understand the social, economic and political variables that contribute to the CYSS phenomenon in their communities – similar to what was done on a small scale in the current research - and generate meaningful, realistic steps towards modifying these variables in their communities in ways that will promote well-being and resilience of CYSS and their families (Raffaelli et al., 2014). Civil society actors, such as Chavaladas and other NGOs, provide a wealth of in-depth knowledge and extensive experience working in this area, and partnerships between these non-State and State actors would enhance the State's capacity to meet children's needs. It is fundamental for the voices of CYSS and their families to be heard in these

efforts, and therefore use of participatory methods would be best practice in setting this agenda (United Nations, 2017).

Research

A number of questions that could be examined in future research with CYSS have been outlined in the section above; many relate to the need to explore questions of resilience and mental health in larger samples of CYSS. Findings from the current research, however, yield certain implications for the study of resilience within this group and in general. The contention that six qualities collectively represent resilience is one that could be tested empirically. A measure setting out to quantify each of these six qualities could be developed for use with CYSS in León. Establishing how these qualities relate to other indicators of positive adaptation and mental health would be a necessary step to validate the conceptual model generated through the current research. The resulting measure, once validated, could be used to determine the impact of existing interventions on CYSS' resilience and well-being. Lee and Perales (2007) undertook a similar endeavor, developing a novel measurement of resilience based on the Circle of Courage, a four-factor model of resilience generated through work with Indigenous communities (Brendtro et al., 1990). This measure was utilized to assess the impact of an intervention designed to enhance the experience of these four factors and determine how they related to other valuable outcome measures. For the Chavaladas project and other entities that aim to promote resilience in CYSS locally, this could be a valuable tool for documenting the effectiveness of their interventions in promoting resilience.

The results of this research raise questions consistent with those that persist in the resilience literature. It is still unclear who should be reporting on resilience – is it a subjective phenomenon, or do "experts" have a more objective perspective? Disparities between

respondents that emerged in this research regarding the resilience of the boys in the street group indicate that the two are not equivalent, which underscores the importance of collecting multiple perspectives on resilience in order to gain a more thorough understanding of the phenomenon. Furthermore, given the fact that resilience is a dynamic quality that is experienced in some contexts and at some times, but not others, when should it be measured? Ideally, research with CYSS in the future will include longitudinal designs that will allow for measurement of how this quality fluctuates over time in this group, and how that compares with other groups of youth. Idiosyncrasies in the data, including the distinct relationships between subscales on the CYRM among the groups of boys, provide additional support for the use of qualitative data in any study of resilience, especially one that is taking place in a context that is underrepresented in the literature. Finally, because resilience has culturally- and contextually specific features, it is likely that using a standardized measure of resilience in these underrepresented communities will fail to capture processes that are specific to that context. In addition to using qualitative data, employing an initial focus group with local consultants where possible, a practice recommended by the Resilience Research Centre (2016), allows researchers to develop items specific to measuring resilience in that context. These items can accompany the CYRM and enhance the cultural relevance of the questionnaire.

Limitations

The conceptual model generated through the current research was developed to be communicable, easy to understand, and readily lendable to the development of intervention and policy recommendations. That said, this presentation was but one way to present the wealth of data from interviews, focus groups and questionnaires, and there are surely other valuable ways that these data could be organized. It is also important to note that the lens that I used to

conceptualize, collect, and interpret these research data has been fundamentally informed by my experience as a white woman from a privileged, Western background. I have made efforts during the research process to practice objectivity with constructivist grounded theory coding and analysis of data, to consult and discuss my interpretations of the data with various experts in statistical analysis and research, and to interpret findings in conjunction with Chavaladas staff and a local Nicaraguan consultant. These strategies were implemented to promote objectivity and reduce the influence of my preconceptions or biases on the outcomes of this research. That said, the final results of this study have been undoubtedly shaped by my experiences and beliefs.

There are several additional limitations that should be noted in the interpretation of these data. Sample sizes were small and this necessarily affects the generalizability of findings. This research was meant to be an in-depth study of resilience as it pertains to a specific population of CYSS, an objective which in itself limits the generalizability of findings. However, I believe that given similarities and experiences that are shared between CYSS and other marginalized groups in disparate contexts, some of the findings from the current research may serve as jumping off points for similar research in other LMIC contexts.

It is also important to note that the participants in this study were all boys who were connected to the Chavaladas project in some capacity. This in itself might suggest the presence of resilient processes that differ from CYSS who are not connected to the project, or perhaps from female CYSS on the streets of León. Though care was taken to gather perspectives from multiple groups of CYSS and others who have contact with them, it is likely that the experiences of the boys who participated in this research diverge from the young people on the streets who do not have contact with a supportive project like Chavaladas, and who in a sense are less

"visible". This population should not be forgotten and a means of making it possible for these children to engage and be heard should be sought in future research endeavours.

I made a concerted effort to be involved in Chavaladas activities and become familiar to the boys and their families before beginning data collection, and relied on the input from Chavaladas staff to ensure that potential participants who were approached to become involved in the research were those who had existing, trusting relationships with the project. These efforts were meant to promote increased trust and openness between myself and the participants in order to increase the reliability of participants' accounts. However, CYSS are a population with legitimate reasons to mistrust other people, especially those whom they are largely unfamiliar with and whose motivates may be unclear to them, and therefore their accounts in this research may be justifiably incomplete (Aptekar & Heinonen, 2003). Researchers undertaking a study of CYSS should take care to build relationships with local partners and with CYSS over time to ensure that children feel comfortable to share their stories, in turn increasing the reliability of the data.

There are several caveats in the use of paper-and-pencil tests with this population. This is a format that boys who are living on the street are not familiar with, and often times boys had a difficult time understanding certain words and concepts. Although efforts were made to explain and double-check boys' responses, these results should be interpreted with caution. Researchers have noted that CYSS sometimes respond to questionnaire items in a way that reflects "bravura" or self-enhancement, and high scores might be a reflection of that (Raffaelli et al., 2014). However, it has also been noted that self-enhancement potentially reflects a resilient process in contexts of adversity where threats to self-concept might be more likely, serving to protect self-concept and promote well-being (Bonanno, 2004).

Finally, this study, like most others with the CYSS population, was cross-sectional. This can influence findings of resilience, which is a dynamic quality, and may lead to limitations that are particularly pertinent within a CYSS population that is characterized by high rates of early death and incarceration (Raffaelli et al., 2014). These children would be necessarily excluded from the research and this could provide a biased picture of the resilience of this group as a whole. A call for longitudinal research designs for CYSS-focused research has been made many times in the past and continues to be an important priority for this field, although it is challenging to maintain contact with this population over time. Research partnerships with NGOs may be a promising way to orchestrate this research as these organizations are dedicated to sustaining relationships over time with CYSS.

Conclusion

This research contributes to our understanding of resilience as a dynamic, context-specific process that emerges through the interactions between children, their relationships and their environments and takes place in diverse groups - including those who have long been associated with a discourse of victimization and vulnerability. This exploration of resilience in male CYSS in León, Nicaragua was one of the few research studies setting out to document resilience in a population of street-involved young people, and one of even fewer taking place in LMIC. The findings of the current study demonstrate that resilience manifests in ways that have evolved to match contextual and individual needs, and in ways that reflect cultural beliefs and values. This adds to a growing body of evidence documenting trajectories of "hidden resilience" in marginalized groups like CYSS which diverge from normative developmental trajectories in some ways, but still serve to meet developmental needs for belonging, recreation, participation, agency, and a sense of purpose (Malindi & Theron, 2010). The findings from this research bring

awareness to the risks and resilience-enhancing factors present in the lives of CYSS in León, knowledge which is invaluable in the development of culturally relevant interventions (Healy et al., 2018). My hope is that this knowledge can be used as a foundation for developing rights-focused resilience-promoting interventions and directing policy efforts to best support local CYSS. Furthermore, I hope that this study inspires additional research efforts with CYSS in LMIC. Findings from research with CYSS in other contexts would provide opportunities to further elucidate both the universal and context-specific features of resilience, and to understand how this process unfolds as a function of the context and culture, knowledge that is critical to enhancing our understanding of child development in general. Continued efforts must be made to engage marginalized groups of youth, and to give voice to those who have been neglected and unrepresented in research; they have a lot teach us about the nature of resilience.

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Appendix A

Participants by group, for each modality of qualitative data collection

Group	Subject	Interview (n=35)	Focus Group (n=5; N=27)
At-risk (n=8)	D1	✓	✓
	D2	✓	
	D3	✓	✓
	D4	✓	✓
	D5	✓	✓
	D6	✓	✓
	D7	✓	
	D8	✓	
"Street" (Risk and Harm Reduction; n=8)	C1	✓	✓
	C2	✓	
	C3	✓	✓
	C4	✓	
	C5	✓	✓
	C6	✓	
	C7	✓	
	C8	✓	
Graduates (n=6)	E1	✓	
	E2		✓
	E3		✓
	E4		✓
	E5		✓
	E6		✓

Group	Subject	Interview	Focus Group
Program Staff (n=6)	P1	✓	✓
	P2	✓	✓
	P3	✓	✓
	P4	✓	✓
	P5	✓	✓
	P6	✓	✓
Family Members (n=10)	F1		✓
	F2	✓	✓
	F3		✓
	F4		✓
	F5	✓	✓
	F6		✓
	F7		✓
	F8		✓
	F9	✓	
	F10	✓	
Community Members (n=8)	Com1	✓	
	Com2	✓	
	Com3	✓	
	Com4	✓	
	Com5	✓	
	Com6	✓	
	Com7	✓	
	Com8	✓	

Appendix B

Interview and focus group questions for youth

1. What activities do you do in a typical day? What part of your day do you most look forward to? What do you like about that part of your day?
2. Which part of your day do you like the least?
3. Who do you trust the most in your life? Who can you count on?
4. What neighbourhood do you live in/sleep in? How do you feel when you walk around your neighbourhood?
5. What kinds of problems do you face that make you worry, or make you nervous or upset, or just irritate you? How much do those problems bother you on a scale from 1 to 10?
6. What can you do to overcome this problem? Is there any way to solve it?
7. What are some ways that your life could be better?
8. Describe yourself as a person. What do you like most about yourself? What characteristics do you have that make you proud?
9. What would you change about yourself if you could, if anything?
10. What are your favourite places to go in the city? Where do you go the most? Are there places in the city that you avoid?
11. Do you think that other people understand you? What kinds of opinions and attitudes do people in your community have towards you?
12. What is your favourite thing about living in Nicaragua? In León?
13. Is there anything that you would change about Nicaragua? About León?
14. What is the hardest thing in your life?
15. What is the most important thing in your life?
16. If you could change anything in your life right now, what would it be?
17. Where do you see yourself in 1 years? In 5 years? What would be the most important thing to you at that time?
18. How did you come to know about Chavaladas? How long have you been involved with the project?

Appendix C

Interview and focus group questions for Chavaladas staff

1. Tell me a bit about the strengths, or resilience, in the children that you work with at Chavaladas
2. What changes do you notice in the children who begin attending Chavaladas?
3. What are some behaviours that you find are least amenable to change?
4. Given unlimited resources, what do you think would be the most helpful thing to promote healthy development in the children that you work with?
5. Are there certain characteristics in the boys you work with that give you more or less hope that the program will be effective?
6. What are the biggest differences that you notice between the boys in the day program (at-risk groups) and the boys in the street group?
7. Since you began working at Chavaladas, have you noticed changes in the perceptions of the staff towards these children? And the perceptions of the community?
8. For you, what is the most fundamental part of this program?
9. What needs do you observe in the children that you work with that might distinguish them from children living on the streets in other parts of the country? In other parts of the world? How do you think your intervention has been adapted to meet these needs?
10. What has been your biggest challenge working at Chavaladas? What has surprised you the most about working here?

Appendix D

Interview and focus group questions for family members

1. How did you come to know about Chavaladas? How long have you been involved with the project?
2. Describe your experience with Chavaladas.
3. Have you learnt anything from your participation in the project?
4. How has your experience with Chavaladas influenced your relationship with your child?
5. Has Chavaladas influenced your ability to parent your child? If so, how?
6. Is there anything that you would like to change about Chavaladas that would make it more helpful for you as a parent?
7. Have you noticed any changes in your child since they started the program?
8. What aspects of your child are you most proud of? How do these qualities contribute to his success day-to-day?
9. What do you think are the biggest obstacles facing your child day-to-day? What do you think would be helpful for them in solving these problems?
10. In your opinion, what are the five most important characteristics for your child to have?
11. What are your biggest fears about your child's future? What are your dreams for him? What do you think would help him avoid the negative and have a positive future?

Appendix E

Interview questions for community members

1. Have you noticed children and youth living on the street in León? Over time, have you noticed more, or fewer of these kids present? Do you know of places in the country where there are more, or fewer? Why do you think that is?
2. What are your interactions with these young people? Where do they take place?
3. Do you think that the government should do more to support them? If so, what do you think would help?
4. Are there other agencies or organizations that you think would be better suited to support them? If so, what do you think they should do to help?
5. If you had to guess, what do you think their lives are like? What would the hardest parts be? What do you think will happen to them in the future?
6. How do you see these young people? How do you think other people in the community see them?

Appendix F

Child and Youth Resilience Measure (Ungar & Liebenberg, 2011) – Self-Report

Please circle the number that best captures your feelings about each question.

Pregunta	**No/Never**	**A little**	**Sometimes/ somewhat**	**Quite a bit**	**A lot**
1. There are people who I admire	1	2	3	4	5
2. I cooperate with people around me	1	2	3	4	5
3. Getting an education is important to me	1	2	3	4	5
4. I know how to behave in different social situations	1	2	3	4	5
5. My parent(s)/caregiver(s) really look out for me	1	2	3	4	5
6. My parent(s)/caregiver(s) know a lot about me	1	2	3	4	5
7. If I am hungry, there is enough to eat	1	2	3	4	5
8. I work hard to finish what I start	1	2	3	4	5
9. My spiritual beliefs are an important source of strength for me	1	2	3	4	5
10. I feel proud about my cultural heritage	1	2	3	4	5
11. People like to spend time with me	1	2	3	4	5
12. I talk to my family/caregiver(s) about how I feel	1	2	3	4	5
13. I can resolve my problems without hurting myself or hurting others (for example, doing drugs and/or being violent)	1	2	3	4	5
14. I feel supported by my friends	1	2	3	4	5
15. I know where to get support or help in my community	1	2	3	4	5
16. I feel that I belong/belonged at my school	1	2	3	4	5

17. My family/caregiver(s) stand by me during difficult times	1	2	3	4	5
18. My friends stand by me during difficult times	1	2	3	4	5
19. I am treated fairly in my community	1	2	3	4	5
20. I have opportunities to show others that I am becoming an adult and can act responsibly.	1	2	3	4	5
21. I know my strengths.	1	2	3	4	5
22. I participate in religious activities	1	2	3	4	5
23. I think it is important to contribute to my community	1	2	3	4	5
24. I feel safe when I am with my family/caregiver(s)	1	2	3	4	5
25. I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	1	2	3	4	5
26. I enjoy my family's/caregiver's cultural and family traditions	1	2	3	4	5
27. I feel proud of being Nicaraguan	1	2	3	4	5

Note: A Spanish translation of this questionnaire was completed by participants

Appendix G

Child and Youth Resilience Measure (Ungar & Liebenberg, 2011) – Staff Report

Please select one of the following responses based on your feelings about the young person:

	No	Sometimes	Yes
1. Do you think the youth has people he/she wants to be like?	No	Sometimes	Yes
2. Does the youth cooperate/share with people around him/her?	No	Sometimes	Yes
3. Do you think getting an education or doing well in school is important to the youth?	No	Sometimes	Yes
4. Does the youth know how to behave/act in different situations (like school, home or church)?	No	Sometimes	Yes
5. Do you or the youth's caregiver(s) know where he/she is and what he/she is doing most of the time?	No	Sometimes	Yes
6. Do you or the youth's caregiver(s) know a lot about him/her (for example what makes him/her happy, scared, sad)?	No	Sometimes	Yes
7. Is there is enough to eat at home when the youth is hungry?	No	Sometimes	Yes
8. Does the youth try to finish what he/she starts?	No	Sometimes	Yes
9. Is the youth proud of his/her ethnic background (for example where his/her family comes from or his/her family history)?	No	Sometimes	Yes
10. Do people think the youth is fun to be with or like to play with the youth?	No	Sometimes	Yes
11. Does the youth talk to you or the youth's other caregivers about how he/she feels?	No	Sometimes	Yes
12. When things don't go the youth's way, can he/she fix it without hurting him/herself or other people (for example hitting others or saying nasty things)?	No	Sometimes	Yes
13. Do you think the youth feels supported by his/her friends?	No	Sometimes	Yes
14. Does the youth know where to go to get help?	No	Sometimes	Yes
15. Do you think the youth feels/felt that he/she belongs/ belonged at his/her school?	No	Sometimes	Yes
16. Do you and the youth's family care about him/her when times are hard (for example if the youth is sick or has done something wrong)?	No	Sometimes	Yes
17. Do you think the youth's friends care about him/her when times are hard (for example if the youth is sick or has done something wrong)?	No	Sometimes	Yes
18. Do you feel the youth is treated fairly in his/her community?	No	Sometimes	Yes
19. Do you feel the youth is given chances to show others that he/she is growing up and can do things by him/herself?	No	Sometimes	Yes
20. Do you feel the youth knows what he/she is good at?	No	Sometimes	Yes
21. Does the youth participate in organized religious activities (such as church or mosque)?	No	Sometimes	Yes
22. Does the youth think it is important to help out in his/her community?	No	Sometimes	Yes
23. Do you think the youth feels safe when he/she is with you or his/her other caregiver(s)?	No	Sometimes	Yes
24. Does the youth have chances to learn things that will be useful when he/she is older (like cooking, working, and helping others)?	No	Sometimes	Yes
25. Does the youth like the way his/her family celebrates things (like holidays or learning about his/her culture)?	No	Sometimes	Yes
26. Does the youth like the way his/her community celebrates things (like holidays, festivals)?	No	Sometimes	Yes

Note: A Spanish translation of this questionnaire was completed by participants.

Appendix H

Connor-Davidson Resilience Scale (Connor & Davidson, 2003) – Youth Report

For each statement below, please make one selection that best indicates how much you agree with the following statements as they apply to you over the last MONTH.

If a particular situation has not occurred recently, answer according to how you think you would have felt.

1. Not at all true
2. Rarely true
3. Sometimes true
4. Often true
5. True nearly all the time

Question	1	2	3	4	5
1. I am able to adapt when changes occur.					
2. I have at least one close and secure relationship that helps me when I am stressed.					
3. When there are no clear solutions to my problems, sometimes fate or God can help.					
4. I can deal with whatever comes my way.					
5. Past successes give me confidence in dealing with new challenges and difficulties.					
6. I try to see the humorous side of things when I am faced with problems.					
7. Having to cope with stress can make me stronger.					
8. I tend to bounce back after illness, injury, or other hardships.					
9. Good or bad, I believe that most things happen for a reason.					
10. I give my best effort no matter what the outcome may be.					
11. I believe I can achieve my goals, even if there are obstacles.					
12. Even when things look hopeless, I don't give up.					
13. During times of stress/crisis, I know where to turn for help.					
14. Under pressure, I stay focused and think clearly.					
15. I prefer to take the lead in solving problems rather than letting others make all the decisions.					
16. I am not easily discouraged by failure.					
17. I think of myself as a strong person when dealing with life's challenges and difficulties.					
18. I can make unpopular or difficult decisions that affect other people, if it is necessary.					
19. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.					

20. In dealing with life's problems, sometimes you have to act on a hunch without knowing why.					
21. I have a strong sense of purpose in life.					
22. I feel in control of my life.					
23. I like challenges.					
24. I work to attain my goals no matter what roadblocks I encounter along the way.					
25. I take pride in my achievements.					

Note: A Spanish translation of this questionnaire was administered to participants

Appendix I

Strengths and Difficulties Questionnaire- Youth Report

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	☐	☐	☐
I am restless, I cannot stay still for long	☐	☐	☐
I get a lot of headaches, stomach-aches or sickness	☐	☐	☐
I usually share with others, for example CD's, games, food	☐	☐	☐
I get very angry and often lose my temper	☐	☐	☐
I would rather be alone than with people of my age	☐	☐	☐
I usually do as I am told	☐	☐	☐
I worry a lot	☐	☐	☐
I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
I am constantly fidgeting or squirming	☐	☐	☐
I have one good friend or more	☐	☐	☐
I fight a lot. I can make other people do what I want	☐	☐	☐
I am often unhappy, depressed or tearful	☐	☐	☐
Other people my age generally like me	☐	☐	☐
I am easily distracted, I find it difficult to concentrate	☐	☐	☐
I am nervous in new situations. I easily lose confidence	☐	☐	☐
I am kind to younger children	☐	☐	☐
I am often accused of lying or cheating	☐	☐	☐
Other children or young people pick on me or bully me	☐	☐	☐
I often offer to help others (parents, teachers, children)	☐	☐	☐
I think before I do things	☐	☐	☐
I take things that are not mine from home, school or elsewhere	☐	☐	☐
I get along better with adults than with people my own age	☐	☐	☐
I have many fears, I am easily scared	☐	☐	☐
I finish the work I'm doing. My attention is good	☐	☐	☐

Note: A Spanish translation of this questionnaire was administered to participants

Appendix J

Strengths and Difficulties Questionnaire- Staff/Caregiver-Report

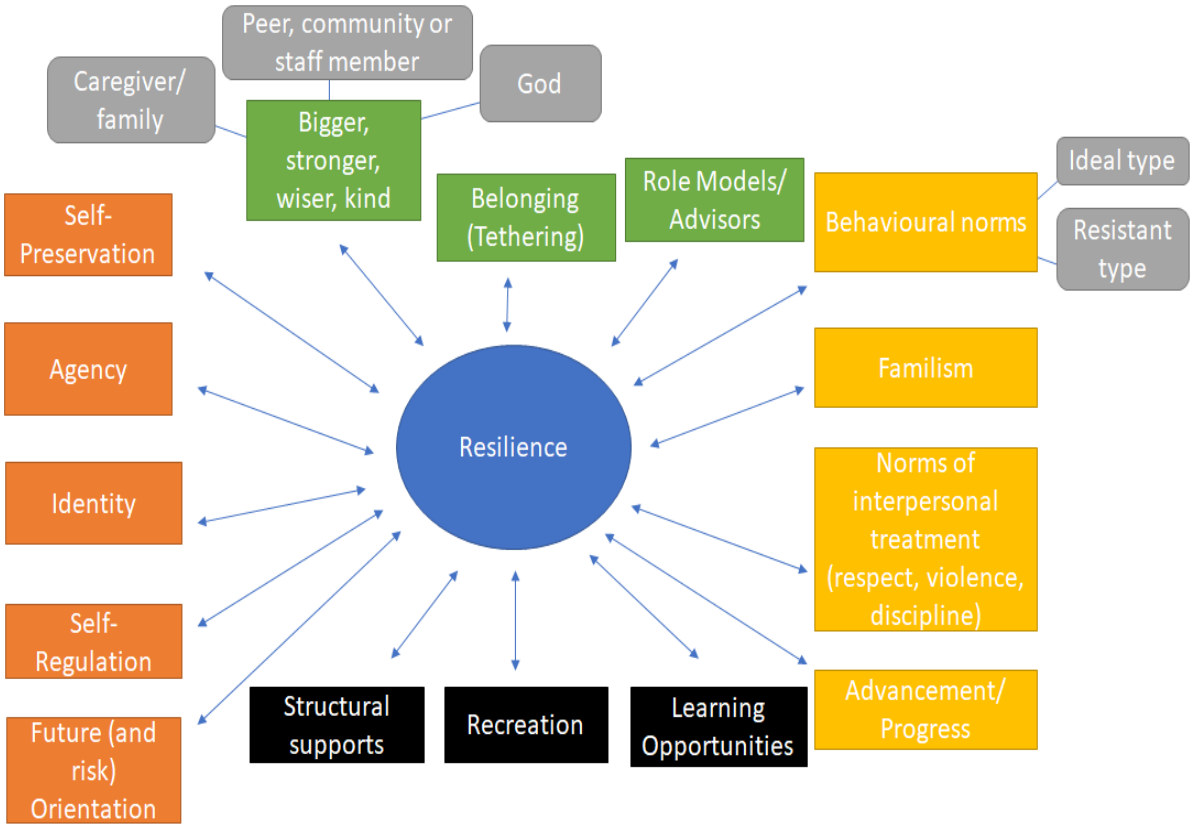
For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young person's behaviour over the last six months or this school year.

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other youth, for example books, games, food	☐	☐	☐
Often loses temper	☐	☐	☐
Would rather be alone than with other youth	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other youth or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other youth	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other youth	☐	☐	☐
Often offers to help others (parents, teachers, children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets along better with adults than with other youth	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Good attention span, sees work through to the end	☐	☐	☐

Note: A Spanish translation of this questionnaire was administered to participants

Appendix K

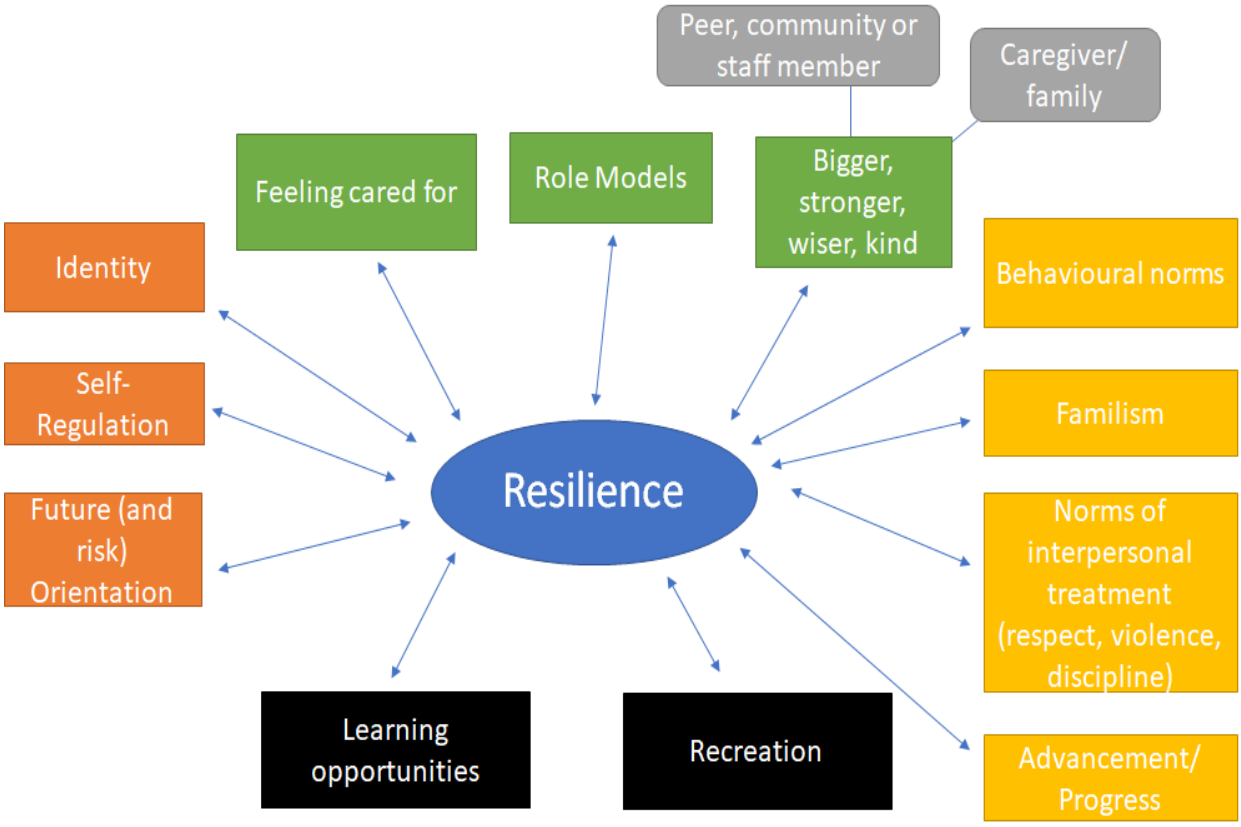
Resilience model generated using "street" group transcripts in early phases of analysis



Note. Colours represent different ecological levels (orange = individual, green = relational, black = contextual, yellow = cultural, grey = subcategories of higher-level categories)

Appendix L

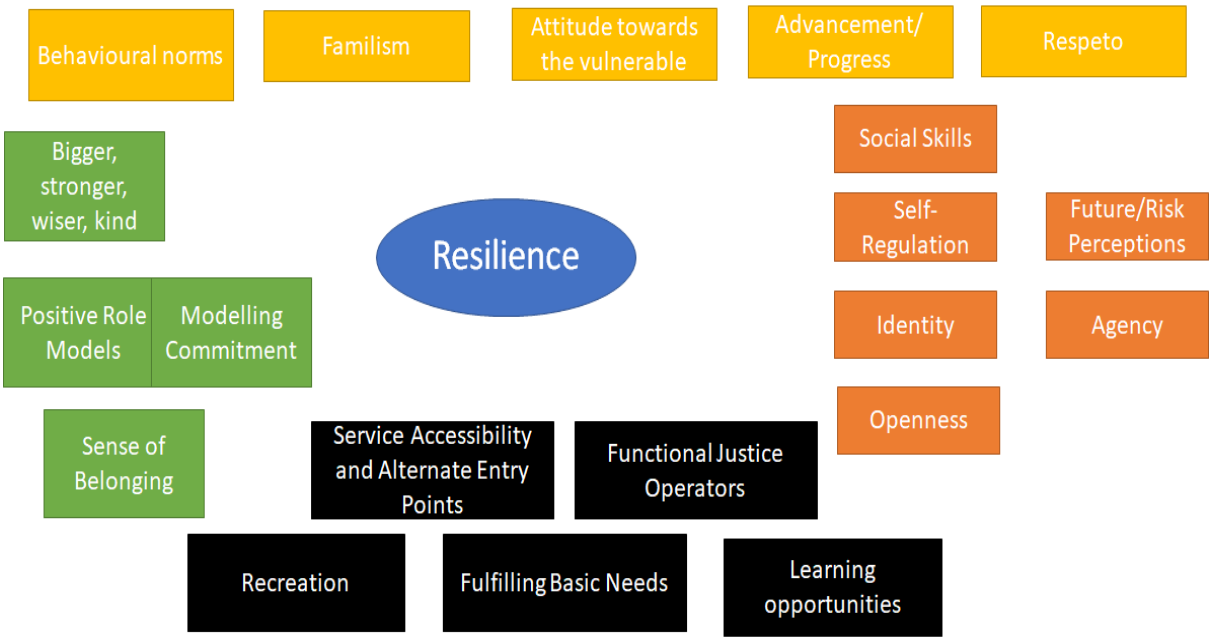
Resilience model generated using "at-risk" group transcripts in early phases of analysis



Note. Colours represent different ecological levels (orange = individual, green = relational, black = contextual, yellow = cultural, grey = subcategories of higher-level categories)

Appendix M

Overarching resilience model generated using all groups in early phases of analysis



Note. Colours represent different ecological levels (orange = individual, green = relational, black = contextual, yellow = cultural)

For purposes of clarity, no arrows were included, but can be presumed to connect all rectangles with the centre oval.

Appendix N

Youth scores on resilience and mental health questionnaires

ID	Group	CYRM Score	CD-RISC Score	SDQ Total Score	Staff-Reported CYRM Score	Staff-Reported SDQ Total Score	Caregiver-Reported SDQ Total Score
D1	At-risk	92	64	21	34	20	25
D2	At-risk	N/A	N/A	N/A	34	16	21
D3	At-risk	109	91	22	34	11	14
D4	At-risk	98	77	22	39	8	14
D5[1]	At-risk	133	100	26	41	18	24
D6	At-risk	111	N/A	6	33	13	N/A
D7	At-risk	112	90	24	36	17	22
D8	At-risk	104	77	22	32	18	4
C1	Street	99	40	25	27	12	N/A
C2[2]	Street	81	71	14	25	13	N/A
C3	Street	103	82	21	23	17	N/A
C4[3]	Street	116	N/A	20	16	12	N/A
C5	Street	108	93	27	31	14	N/A
C6	Street	N/A	N/A	N/A	27	12	N/A
C7	Street	101	80	17	21	12	N/A
C8	Street	107	N/A	N/A	N/A	N/A	N/A
E1	Graduate	94	93	6	N/A	N/A	N/A
E2	Graduate	91	71	19	N/A	N/A	N/A
E3	Graduate	91	65	25	N/A	N/A	N/A
E4	Graduate	69	45	10	N/A	N/A	N/A
E5	Graduate	82	69	19	N/A	N/A	N/A
E6	Graduate	95	73	19	N/A	N/A	N/A

Scores ranged from 0-135 on the CYRM; 0-100 on the CD-RISC; 0-40 on the self-, staff- and caregiver-reported SDQ; and 0-52 on the staff-reported CYRM.

Cases of missing data arose when participants were unavailable to complete questionnaires following the interview or focus group, or had to leave before all questionnaires could be administered. Noted here as N/A.

[1] Referred to as “Diego” in the case studies

[2] Referred to as “Martín” in the case studies

[3] Referred to as “José” in the case studies

Appendix O

Caregiver Informed Consent Form

Date: December, 2018

Study Name: Building systemic understandings of resilience in Nicaraguan street-involved boys

Researcher name: Kayla Hamel (Principal Investigator)
Third Year Doctoral Student in Clinical Developmental Psychology
York University, 4700 Keele St.

Purpose of the Research: The purpose of this research is to develop a conceptual model of resilience as it pertains to street-involved boys in León, Nicaragua. The first part of the project will evaluate the outcomes of the program provided by Chavaladas, and determine which children benefit most from this type of intervention. The second part of the project will collect perspectives of boys, their family members, and staff to understand *where* in children and youths' lives they see a need for intervention, *what* cultural values are influential in daily experiences of well-being and adversity, and *how* these values are used in the process of meaning making to contribute to individual hope and wellbeing**.** Ultimately, this research will contribute to the development of culturally-specific and relevant resilience-promoting interventions for street-involved boys in Nicaragua.

What You Will Be Asked to Do in the Research: Participation in this study is voluntary. If you agree to allow your child to participate in this study, he will be asked to complete a questionnaire. He will also be invited to participate in an individual interview and/or focus group. He will be asked about his experiences of adversity in his day-to-day life, his strengths, and his hopes for the future.
Focus groups will involve 4-5 youth at a time and will last approximately 60 minutes. Individual interviews will last 15-20 minutes. Both will take place in the Chavaladas office.

Risks and Discomforts: Some of the questions during the interview may feel difficult to answer. There is a possible risk that your child may become upset while speaking about his experiences. The researcher will be available to help your child if he feels uncomfortable or starts to feel upset. If your child feels discomfort, or experiences negative thoughts at any point before, during or after participating in the research, the researcher will be available to answer any questions your child may have. You can decide to have your child stop participating in the study at any point. Your child can also decide to stop participating in the study at any point because participation is voluntary. If you or your child would like to speak to someone about any discomfort that you experience during the interview or focus group, you can speak to one of the staff of Chavaladas.

Benefits of the Research and Benefits to You: Participants will be increasing awareness about diverse manifestations of resilience, and will be contributing to the development of programs to enhance psychological resilience for street-involved children and youth.

Voluntary Participation. It is entirely you and/or your child's choice whether or not your child agrees to participate in this study. If you and/or your child do/does not agree to take part in the study, this will have no impact on you and your child's participation in any of the programs offered by Chavaladas. You and/or your child's decision not to participate in the study will have no influence on the nature of you and your child's relationship with any of the members of this research team.

Withdrawal from the study. If you and/or your child do/does agree to take part in the study, then you and/or your child have/has the right to only answer the questions you and/or your child is/are comfortable answering. Your child can also stop participating in the study at any time, for any reason. You can also decide to have your child stop participating in the study at any point. You and/or your child's decision to stop participating or to refuse to answer particular questions will have no impact on you and your child's participation in any of the programs offered by Chavaladas. You and/or your child's decision to withdraw from the study will have no influence on the nature of you and your child's relationship with any of the members of this research team. If you and/or your child decides to withdraw from the study, all information about your child's participation will be immediately destroyed.

Confidentiality: All information your child shares during the research project will be kept anonymous and confidential. Your child's name will not appear in any report or publication of the research. All personal information will be removed from the collected documents and will be replaced with an identification number. Information will be collected and analyzed from questionnaires, focus group and interview transcripts. Your child's information will be safely stored in a locked cabinet of a secure research office, and on a password protected, secured laptop computer. Only the primary researchers will have access to this information. Information about your child personally will not be shared with anyone, and confidentiality will be provided to the fullest extent possible by law. The data your child provides will be stored for a period of five years, after which time it will be destroyed.

There are several limitations to confidentiality. If your child discloses that they are a risk to themselves, or to others, or indicate that they have been abused, or if they indicate that another child under the age of 16 is at risk of harm, the researcher will have to break confidentiality by disclosing this information to the appropriate authorities.

Questions About the Research? If you have questions about the research in general or about your role in the study, please feel free to contact me at hamelk@yorku.ca or my supervisor, Dr. Yvonne Bohr at * and/or *. You may also contact the Graduate Program in Psychology at York University at gradpsych@yorku.ca and/or 416-736-5290.

This research has received ethics review and approval by the Delegated Ethics Review Committee, which is delegated authority to review research ethics protocols by the Human Participants Review Sub-Committee, York University's Ethics Review Board, and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, please contact the Sr.

Manager & Policy Advisor for the Office of Research Ethics, 5th Floor, Kaneff Tower, York University (telephone 416-736-5914 or e-mail ore@yorku.ca).

Legal Rights and Signatures:

I, _____, consent to participate in *Building systemic understandings of resilience in Nicaraguan street-involved boys*, conducted by Kayla Hamel. I have been fully informed of the objectives of the project being conducted. I understand these objectives and consent to my child completing a questionnaire and being interviewed for the project. I understand that steps will be undertaken to ensure that the information collected will remain confidential unless I consent to my child being identified. I also understand that, if I wish to withdraw my child from the study, I may do so without any repercussions. My child may also withdraw himself from the study without repercussions.

I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

Signature _____ **Date** _____
Parent/Caregiver

Signature _____ **Date** _____
Principal Investigator

Audiotape Consent

I _____, give my consent for my child to be audiotaped in a brief semi-structured interview and/or focus group about his experience of resilience and adversity. I understand that the purpose of the audiorecording is strictly for this study, to be coded by the research team, and then destroyed after a period of two years. My questions have been answered to my satisfaction and I agree for my child to participate in this study. I understand that I or my child can stop taping at any time.

Signature _____ **Date** _____
Parent/Caregiver

*Note***:** A Spanish translation of this form was signed by participants.

Appendix P

Minor Assent Form

Date: January, 2019

Study Name: Building systemic understandings of resilience in Nicaraguan street involved boys

Researcher name: Kayla Hamel (Principal Investigator)
Third Year Doctoral Student in Clinical Developmental Psychology
York University, 4700 Keele St.

Purpose of the Research: We are doing this research to understand 'resilience' as described by street-involved boys in León, Nicaragua. The goal of the first part of the project is to see how well the program provided by Chavaladas works, and see which children benefit most from this program. The second part of the project will ask boys, their family members, and Chavaladas staff *where* in their lives they see a need for support, *what* cultural values they notice in their daily experiences of well-being and hardship, and *how* these values create feelings of hope and wellbeing**.**

In the end, we hope that this research will help us develop programs to build resilience for Nicaraguan street-involved boys.

What You Will Be Asked to Do in the Research: Participation in this study is voluntary. If you agree to participate in this study, you will be asked to fill out questionnaires. You will also be invited to answer questions with the researcher one-on-one and/or in a group. You will be asked about things that are hard in your day-to-day life, your strengths, and your hopes for the future. Focus groups will involve 4-5 youth at a time and will last about 60 minutes. Individual interviews will last 15-20 minutes. Both will take place in the Chavaladas office.

Risks and Discomforts: Some of the questions during the interview may feel difficult to answer. There is a possibility that you may become upset while speaking about your experiences. The researcher will be available to help you if you feel uncomfortable or start to feel upset. If you feel uncomfortable, or experience negative thoughts at any point before, during or after participating in the research, the researcher will be available to answer any questions you may have. You can decide to stop participating in the study at any point because participation is voluntary. If you would like to speak to someone about any discomfort that you experience during the interview or focus group, you can speak to one of the staff of Chavaladas.

Benefits of the Research and Benefits to You: By participating in this study, you will help us understand more about resilience and how it can look in different groups of young people. You are also helping us develop programs to build psychological resilience for street-involved children and youth.

Voluntary Participation. It is entirely your choice whether or not to participate in this study. If you do <u>not</u> agree to take part in the study, this will not affect your participation in any of the

programs offered by Chavaladas, or your relationship with any of the members of this research team.

Withdrawal from the study. If you agree to take part in the study, then you have the right to only answer the questions you are comfortable answering. You can also stop participating in the study at any time, for any reason. Your decision to stop participating or to refuse to answer particular questions will not affect your participation in any of the programs offered by Chavaladas, or your relationship with any of the members of this research team. If you decide to withdraw from the study, all your information will be immediately destroyed.

Confidentiality: All information you share during the research project will be kept anonymous and confidential. That means that your name will not appear in any report or publication of the research. You will be assigned an identification number which will be on all of the documents instead of your name. Information will be collected and analyzed from questionnaires, focus group and interview transcripts. Your information will be safely stored in a locked cabinet of a secure office, and on a password protected, secured laptop computer. Only the researchers will have access to this information. Information will not be shared with anyone, and confidentiality will be provided to the fullest extent possible by law. The data you provide will be stored for a period of five years, after which time it will be destroyed.

If you participate in the focus groups, at the start of the session everyone will be asked to respect the privacy of the other group members. All participants will be asked not to repeat anything said during the focus group, but it is important to understand that other people in the group with you may not keep all information private.

There are several limitations to confidentiality. If you tell us that you are a risk to yourself, or to others, or if you share that you have been abused, or that another child under the age of 16 is at risk of harm, the researcher will have to break confidentiality by sharing this information to the appropriate authorities.

Questions About the Research? If you have questions about the research in general or about your role in the study, please feel free to contact me at hamelk@yorku.ca or my supervisor, Dr. Yvonne Bohr at * and/or *. You may also contact the Graduate Program in Psychology at York University at gradpsych@yorku.ca and/or 416-736-5290.

This research has received ethics review and approval by the Delegated Ethics Review Committee, which is delegated authority to review research ethics protocols by the Human Participants Review Sub-Committee, York University's Ethics Review Board, and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, please contact the Sr. Manager & Policy Advisor for the Office of Research Ethics, 5th Floor, Kaneff Tower, York University (telephone 416-736-5914 or e-mail ore@yorku.ca).

Legal Rights and Signatures:

I, _____, consent to participate in *Building systemic understandings of resilience in Nicaraguan street involved boys*, conducted by Kayla Hamel. I

have been fully explained the purpose of the study. I understand these objectives and consent to completing a questionnaire and being interviewed for the project. I understand that steps will be taken to ensure that the information collected will be confidential unless I consent to being identified. I also understand that, if I wish to stop participating in the study, I may do so at any time without any consequences.
I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

Signature_____ **Date**_____
Participant

Signature_____ **Date**_____
Principal Investigator

Audiotape Consent

I _____, give my consent to be audiotaped in a brief semi-structured interview and/or focus group about my experiences of resilience and adversity. I understand that the purpose of the audiorecording is only for this study, to be used by the research team, and then destroyed after two years. My questions have been answered fully and I agree to participate in this study. I understand that I can stop taping at any time.

Signature_____ **Date**_____
(Participant)

*Note***:** A Spanish translation of this form was signed by participants.