

Coping strategies of street-involved youth: exploring contexts of resilience

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Literature on how street-involved youth (SIY) cope with risky environments remains very limited. This exploratory study investigates SIY's coping strategies, employing the 'contexts of resilience' framework (where resilience is understood as a process that changes over time and by environment) to situate an inductive thematic analysis of interviews with 10 current and former SIY. Three themes are explored: social distancing; experiences of violence; and self-harm and suicidality. The first two themes illustrate the double-edged nature of some coping strategies. While social distancing could contribute to isolation from social supports and violent self-defense to retaliatory harm, without alternative resources to prevent victimization these strategies must be acknowledged as reasoned responses to the risks associated with a violent milieu. Strategies assumed to be maladaptive among more normative youth may be among the limited resources available for SIY to utilize in attempts to make positive changes in their lives. The final theme explores self-harm and suicidality as indicative of social and structural needs and shows how in the SIY context such behaviors may not signify an outcome of non-resilience. The adaptation of assessments of coping strategies to be congruent with evaluative contexts should be applied to resilience research addressing other marginalized populations.

Keywords: homelessness; suicide; young adulthood; risk; exclusion

Introduction

This study expands the limited research conversation on street-involved youth (SIY) by moving beyond the dominant focus on deficits, risks, and pathology. While literature regarding coping efforts of SIY has recently begun growing, 'very little work ... has addressed the deeper identity and cultural shifts that determine how homeless youth understand and experience their world, which, in turn, defines and drives their coping efforts' (Kidd and Davidson 2007, p. 235). To contribute to this research gap, we utilized a 'contexts of resilience' approach (Riley and Masten 2005) to guide thematic explorations of the trajectories and coping strategies of 10 current and former SIY residing in Toronto, with emphasis on how they understand and experience their individual strategies. All participants have either faced child maltreatment prior to 16 years of age or violence since they were street-involved, or have experienced both (Table 1). Here we report on three themes that emerged from analysis of in-depth interviews and youth-illustrated timelines: social

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Table 1. Profile of participants.^a

	Age	Sex	Ethnicity	Born abroad [Y/N]	Age first street- involved >1 month	Youth is a parent [Y/N]	Child maltreatment [Y/N]	Violent victim. [Y/N]	Current housing situation	Self-rated health	Self-rated social support	Employment status
Leanne	20	F	White	N	16	N	N	Y	Renting	Good	Excellent	Welfare
William	26	M	White	N	14	N	Y	Y	Subsidized housing	Poor	Good	Welfare
Mona	19	F	Eastern European	Y	16	N	Y	Y	Shelter	Good	Fair	Full-time
Mary	25	F	Afro- Caribbean	Y	15	N	Y	Y	Subsidized housing	Good	Good	Disability
Jordan	24	M	Afro- Canadian	N	20	N	Y	N	Living at parent's	Very good	Good	Welfare
Angelo	21	M	Latin American	Y	10	N	Y	Y	Streets & shelter	Good	Poor	No income
Nolan	26	M	Afro- Caribbean	Y	23	N	N	Y	Renting	Excellent	Excellent	Full-time
Rachel	25	F	East Indian	Y	15	N	Y	Y	Renting	Poor	Fair	Part-time
Chris	24	M	White	N	17	N	Y	Y	Subsidized housing	Fair	Fair	Disability
Jade	22	F	Aboriginal	N	16	N	Y	Y	Renting	Poor	Poor	Welfare

^aAll names are pseudonyms.

distancing; experiences of violence; and suicidality and self-harm. We focus on the process of resilience among a group of 10 youth identified for their resilience by agency staff who knew them well, paying close attention to the dynamic nature of challenges and opportunities they faced over the lifecourse. The participants' narratives are considered within a social-ecological framework which requires situating the youths' pathways and everyday interactions within the macro-level context. In this way we recognize the choices that SIY make as simultaneously personally driven (i.e. agentic) and structurally delimited.

Applying the resilience framework to the experiences of street-involved youth

Literature addressing the difficulties and marginalized circumstances faced by SIY paints a disheartening picture. SIY experience higher rates of childhood maltreatment, pregnancy, violent victimization, mental illness, and addictions (e.g. Molnar *et al.* 1998, Baer *et al.* 2003, Baron 2003a, Nyamathi *et al.* 2005, Ferguson 2009, King *et al.* 2009, Keeshin and Campbell 2011, Kirst *et al.* 2011). Homelessness has a direct negative impact on health, and homeless persons are at a greatly increased risk of premature death (Frankish *et al.* 2005). A study of SIY in Montreal identified mortality rates exceeding those of the general youth population by more than 11 times, with suicide and overdose being main causes of death (Roy *et al.* 2004). Other Canadian studies also found high rates of suicidality among SIY (Kidd 2006, Kirst *et al.* 2011).

Literature addressing the behavior of SIY has focused on pathology or deviance in the form of self harm, perpetration of violence, theft, drug-dealing and use, deviant peer networks, and sex work (e.g. Kipke *et al.* 1997, Baron and Hartnagel 1998, Baron *et al.* 2001, Whitbeck *et al.* 2001, Baron 2003b, Roy *et al.* 2003, Tyler *et al.* 2003, Gaetz 2004, Rice *et al.* 2005, Gwadz *et al.* 2009, Kerr *et al.* 2009). This work has contributed to understanding the extent of SIY marginalization; however, much remains to be discovered about how youth cope in such volatile environments. Recent work has begun to explore street-involved and 'high risk' youths' adaptive capacities and strategies for survival (e.g. Kurtz *et al.* 2000, Ungar 2001, 2004a, Kidd 2003, Rew and Horner 2003, Bender *et al.* 2007, Kidd and Carroll 2007, Ungar *et al.* 2008). We build on this literature, using contexts of resilience as a framework to guide our investigation of how SIY navigate, cope with, and challenge the difficult circumstances they face, with the result that they aspire and are sometimes able to exit street life and take up more conventional roles.

This paper uses the definition of resilience developed by the Preventing Violence Across the Lifespan (PreVAiL) Research Network through an iterative process of literature review, consensus development and team discussion: 'Resilience is a dynamic process in which psychological, social, environmental and biological factors interact to enable an individual at any stage of life to develop, maintain, or regain their mental health despite exposure to adversity' (PreVAiL 2010). Here resilience is not understood as a single dichotomous variable applying to all situations but instead as 'a label that defines the interaction of [an individual] with trauma or a toxic environment in which success, as judged by societal norms, is achieved by virtue of the [individual's] abilities, motivations, and support systems' (Condly 2006, p. 213). To approach resilience as continuous it was necessary to move beyond an outcome-based orientation where resilience is conceptualized as a variable indicating

whether someone displays maintenance of functionality or psychological well-being in the face of difficulties. Such an approach has been criticized for being overly static and reductive, generally failing to: (1) address how resilience may fluctuate by situation, context, or over time, and to (2) move beyond a focus on individual characteristics to investigate the impact of factors at family, community, and institutional levels on resilience (Olsson *et al.* 2003, Riley and Masten 2005, Kolar 2011). Instead, as shown by the previous definition, we draw on a social-ecological and process-based understanding which recognizes the diverse factors that may impact resilience as an adaptive capacity, where resilience is understood to change over time and context. Approaching resilience as contextual allows researchers to move beyond ‘observations *that* resilience has occurred to the study of *how* resilience occurs’ (Original emphasis. Riley and Masten 2005, p. 15).

The concept of resilience is implicitly normative; judgment as to what constitutes positive versus negative adaptation or outcomes is required. Benchmarks of positive adaptation ‘frequently reflect values of White, middle-class families’ (Rigsby, cited in Ungar 2004b, p. 70). This is especially problematic for SIY where condemning certain activities as deviant or maladaptive, such as engaging in violence and illegal activities, may result in overlooking important strategies for living in resource-limited and volatile contexts. As Riley and Masten argue, ‘judgments about how well a person is doing in life require an evaluative context’ (2005, p. 13). Due to the exceptionally difficult circumstances SIY face, using tools to evaluate their behavior developed for more status-quo trajectories (e.g. housed youth; student populations) is inappropriate due to the incongruous evaluative context. It is for this reason that resilience scales were not used to assess participants in our research. We avoid oversimplified accounts of resilience which merely identify deviant, pathological, or maladaptive behaviors, or conversely positive character traits, and instead aim to understand the situations and underlying mechanisms that surround the attempts of these youth to cope with adversity and make improvements in their lives.

Methods

We recruited 10 current or former SIY between ages 19 and 26, all of whom had experienced periods of homelessness for at least one consecutive month. A small sample was determined appropriate as our research involves a unique population rarely studied for positive outcomes. The study was designed to be exploratory and conceptually generative, ‘to indicate rather than conclude’ (Crouch and McKenzie 2006, p. 492) regarding the implications for understanding resilience in relation to the challenges faced by SIY. Thus sampling was not aimed at representativeness but at exploring variants of a particular social setting and developing new insights through in-depth investigation. For inductive, exploratory and analytic studies such as this, a small number of cases (i.e. fewer than 20) are recommended (Crouch and McKenzie 2006). This study received ethical approval from the University of Toronto Research Ethics Board.

To be eligible for the study, youth must have utilized services from agencies specializing in SIY and to have been identified by agency staff who knew the youth well as ‘making positive changes’ in their lives. This was broadly construed to mean that youth have been engaging in activities that promote their mental health and well-being, including: addressing addictions and past trauma; establishing more

supportive relationships; and pursuing goals such as education, stable housing, or employment. In the context of street-involved life, these activities were considered appropriate indications of positive development by both the researchers and collaborating members of the SIY agency. This wide-net approach allowed for consideration of the context of trajectories for better understanding of what constitutes positive adaptation in this group. It is possible that asking SIY to participate because they have displayed positive changes may have biased them towards overestimating their own progress. However, according to the agency staff who assisted in recruitment, because of the way SIY feel judged in relation to normative youth they are more likely to underestimate their contextually significant achievements. Participants were also asked about their history of violence. This was assessed using two 'yes or no' questions regarding whether the participants experienced maltreatment by caregivers prior to the age of 16, and whether they experienced violent victimization in the time of being street-involved. All 10 participants reported some history of violence (Table 1).

Street-involved youth who have made positive adjustments may no longer be street-involved and thus are difficult to locate. Also, self-selection among SIY was deemed inappropriate as there would be no way for youth to reliably screen themselves for positive changes. The team thus relied on the help of three social workers and counselors at a SIY clinic in Toronto to locate and screen five women and five men. These SIY workers discussed potential candidates collectively; final decisions on the inclusion of candidates were left to the worker most familiar with each youth's case. Although participants show different outcomes in terms of self-rated health (Table 1), such outcomes were not considered suitable for determining resilience. Instead, the team felt that broad criteria of 'making positive changes' was more appropriate given the concentration of structural disadvantage faced by this group, meaning that poor health outcomes are to be expected and such outcomes are insufficient to indicate that SIY are not pursuing positive changes. As a hard-to-reach and unique population, this group evaluated as especially 'resilient' but those who knew their histories well and represents some of the more hopeful stories to be found among SIY.

Interviews were conducted in private locations and lasted 90 minutes on average. Counseling support was made available to youth following interviews to prevent possible re-traumatization from recollection of difficult experiences. Pseudonyms were provided and other identifying information removed from transcribed interview data to maintain confidentiality. Participants were given a small honorarium of \$30 at the beginning of interviews and were told they could stop at any time. All participants completed the interviews which included in-depth discussion of youths' perspectives regarding the most important events in their lives through the use of a visual timeline, open-ended questions and a brief background survey (Table 1) to assess their social support, health, and socioeconomic status. Interviews and timelines were analyzed inductively through a critical realist lens. Such an approach requires that researchers account for participants' experiences as both agentic and embedded in structural and social contexts that exist independently from experience but that are always socially mediated (Maxwell 1992). Critical realism is a philosophical doctrine that complements the social-ecological and process-based 'contexts of resilience' framework: it focuses on multi-level interacting and dynamic causal mechanisms to explain social reality and does this from a perspective critical

of structures that contribute to social exclusion, thereby giving voice to marginalized populations (Archer 1995, Houston 2001, Fitzpatrick 2005). Two researchers elicited emerging themes and refined these upon consecutive readings of the data. Themes were discussed with collaborating members from the SIY agency who confirmed our analysis by drawing on their experiential knowledge. Excerpts from interviews are used to illustrate themes. This helps to show, in the participants' own words, the challenges that youth identified as important in their lives and promotes critical engagement with pre-established definitions and implicit judgments of the concept of resilience.

Findings

The 10 interviews conducted with former or currently SIY in Toronto involved an ethnically diverse sample of participants, half of whom were born abroad (Table 1). It should be noted that none of the participants have had children. Also, none of them self-identified as being involved in sex work, although this was not asked explicitly. This is somewhat unusual because of high prevalence of involvement in the sex trade (Gaetz 2004) and higher likelihood of pregnancy among SIY (King *et al.* 2009, Bruno *et al.* forthcoming). Although this exploratory study cannot address all possible trajectories and challenges that SIY may face, several themes were identified that contribute to understanding resilience as process among SIY. We discuss three prominent themes: social distancing; experiences of violence; and self-harm and suicidality.

(a) Social distancing: a double-edged survival strategy

We developed the term 'social distancing' to refer to (1) the active attempts of SIY in our study to remove themselves from certain social groups or persons, and (2) their development of anti-social coping mechanisms in the form of attitudes and outlooks on life, such as a non-discriminating and intense distrust of others due to hurtful experiences (see Rew *et al.* 2001, Bender *et al.* 2007, Kidd and Davidson 2007, for e.g. of these behaviors). An example is the extreme independence many of the youth in our study try to maintain, including rejection of help from others, since reliance on others may make them vulnerable when these supports are no longer available: youth cited overdose deaths of friends, turnover of counselors or social workers, and abandonment by caregivers. No alternate term in the homelessness or resilience literature appears adequate to describe this process, with terms such as 'emotion-focussed' versus 'problem-focussed' coping (Unger *et al.* 1998, Kidd and Carroll 2007) dichotomizing and too restrictive for an exploratory purpose. The 'engagement/ disengagement' model (Votta and Manion 2004) was also found to be inappropriate due to approaching coping strategies as static characteristics; moreover, it implies that running away from home is a maladaptive disengagement strategy, when in fact it may be an active attempt to remove oneself from neglect or abuse. This is often the case for SIY as is revealed by high rates of prior child maltreatment (Molnar *et al.* 1998). As such, the term 'social distancing' was generated to emphasize the process of development of these behaviors as coping strategies.

Several participants indicated that because of their experiences, in general they trust people to a far lesser extent or that they have cut ties with friends. While this may seem at first like a maladaptive response that could undermine the creation of social networks to act as supports, listening to the youth's stories revealed that in fact this was often a well-reasoned and purposive survival strategy. We now turn to several examples from their stories.

Jordan began running away from home when he was about 10 years old to remove himself from the fighting between his parents. He first became homeless at age 20 when he had an argument with his mother and was told to leave home. Although he would go without food for days at a time, he nevertheless tried to attend his college classes and sometimes slept in the school but ultimately had to drop out. Eventually, Jordan worked things out with his mother and moved back home. When interviewed, he had begun applying for training in the trades in order to pursue his goal of one day owning a home and having a stable job.

Jordan explained that when he was staying on the streets and in shelters, he maintained distance from other youth in order to ensure his safety:

Just so I wouldn't get sucked into crazy things. Like get desperate . . . I knew some friends that became drug dealers . . . and that ended up gettin' killed cuz of that . . . Plus if people see you like with certain people they'll be looking for you too. Just by association.

In contrast to distancing tactics to maintain safety, Mary told us about how being street-involved meant learning that people may not be there for you when you need them:

When you get discouraged and you're at home, your parents are there to say ' . . . it's ok . . . just write this test again, you'll pass with flying colors cuz you've already done it once!' and there's somebody else to say it . . . But when you're on the streets, there's no one to do that. And even when there is you can't count on it cuz tomorrow they might not be there.

Learning to be independent of others was vital to ensure SIY could care for themselves when others could not be relied upon. This desire for independence speaks to Mary's difficult life experiences: repeated physical and sexual assault from a young age by a stepfather; living in poverty with her mother who would periodically throw her out of the house and did not believe Mary about the assaults; living in foster care and shelters; and gang involvement. Yet, Mary completed high school despite revolving between an abusive home and the chaotic streets.

The transitory nature of street life, with people moving constantly to other areas, moving on and off the streets, and becoming ill or dying at elevated rates from overdoses, violence, or suicide, means that the ability to rely on a steady network is severely limited. Mona came to Canada to live with her mother who worked as a stripper and would 'bring the business home'. Her mother was physically abusive and would refuse Mona entry to the house, resulting in Mona going to foster care at age 15. At age 16 Mona went on welfare and lived with friends before entering the shelter system. When she was interviewed, she still lived in a shelter but had finished high school, had found employment and was taking steps to become a police officer.

When asked what supports she wished she could have had access to, Mona stated: 'I guess friends-I could say it woulda been nice if I had . . . been in one area, stuck to those people . . .' However, for Mona as for many other participants, 'when you're on the streets you're alone. You have to deal with things on your own'. In addition to constant movement and the feeling that difficulties must be handled as an individual, being street-involved also meant often being let down by people you may have relied on in the past. As a result of past betrayals, some of these youth have distanced themselves from others in order to prevent being hurt again:

And then, it's like you rely on that person and blah blah blah and then they disappoint you and it's just another person – I guess I'm scared of, because so many people have disappointed me in my life, I don't need that right now. (Mona)

The 'blah blah blah' emphasized here highlights the mundane nature of repeated disappointments.

Jade lived alone for long periods since she was about 13 years old, stating that she felt like a 'homeless individual in my family long before I ever actually ended up sleeping outside'. Her youth was characterized by several adverse features: constant moving between small communities; her mother's alcoholism and suicidality; living with her mother's boyfriend who sexually abused her younger sister; and frequently running away. After completing high school Jade went to Montreal at age 17 and lived on the streets. There she started doing 'harder and harder drugs' and 'a lot' of drinking. She was sexually assaulted by a person she considered a friend, recounting this as her first experience of sex. She then went to the streets of Toronto and eventually moved into rental housing with her romantic partner. She found stable employment but was then violently sexually assaulted by a coworker, leading her to quit her job and retreat into drug use. Recently, she began addressing her past traumas and problematic substance use and volunteering as a peer facilitator with other SIY. Because of these and numerous other traumas, Jade has learned to 'think of the villain':

Cuz there's a lot of Dillan's [man who first sexually assaulted her] out there in the world and you know, there's just so many people who are willing to take advantage or don't even fucking care and I think when you're so young and you think you're invincible, you don't think of the villain, right?

Without reducing their trust of others, these youth would likely have faced more harm due to being exploited by individuals on the streets or from simply relying on unstable resources. To increase their feeling of having more stable circumstances in their control, distancing emerges as an essential strategy for SIY. Yet as a coping mechanism it is double-edged; not trusting others or trying to independently solve all problems has its limits. For instance, Mary stated:

. . . the whole counseling thing . . . didn't sit well [with me]. And plus I felt like I wasn't dealing with [my mental illness] on my own and I was so accustomed to dealing with things on my own. However much I was sinking, I was gonna sink on my own.

Similarly, Jordan stated that being independent was double-edged: 'I'd say I was pretty lonely. That was the vulnerable part. But . . . Being able to say "no" to certain

things, like knowing what's right and what's wrong . . . made me stronger'. Chris and Leanne removed themselves from drug using friends in order to prevent relapsing. As such, social distancing can serve to protect youth from being exploited or from reinforcing habits they wish to break from. Yet feeling that problems should only be solved individually means that youth may not turn to social and medical services for help when needed. In this way, distancing can be both protective and a source of risk. This information may point to enhanced need for SIY service providers to establish trust with clients and implement strategies to reduce turnover of counselors and social workers to ensure more consistent access to services. Their stories certainly indicate that without situating social distancing in context, its double-edged nature in resilience processes among SIY would be overlooked.

(b) Experiences of violence: self-defense and resilience

All of the 10 youth in this study have faced child maltreatment prior to 16 years of age or violence since they became street-involved, and in most cases experienced both. The stories recounted later show how youth strategize to protect themselves from violent victimization. In addition to the violence she had faced at home, Mary experienced violence on the streets:

Defense, on the street, there's a lot of guys try to do things to you, especially when you're sleeping on the actual street . . . I find that fightin' them off sometimes is enough, and other times it's just lettin' them know that you have back [i.e., people to look out for you] . . . I'd bring my friends just to show that I'm not here alone . . . that helped too to protect me . . .

When one lives on the street, being passive or attempting to avoid conflict can result in being targeted for victimization. To protect herself, Mary established a reputation for being able to defend herself physically and for having friends who could protect her. In an environment where people are vulnerable to assault, countering violence with violence may be a necessary form of self-defense: 'Even though I'm a Christian, I've never lost my fight . . . I've always felt like if I lose my fight, then I have no hope in this kind of lifestyle that I have to live, you know?' Mary stated that without her will to fight back, she would have no chance in surviving as a SIY. Thus when violence comes in the form of self-defense or as the display of evidence that an individual can defend themselves, it can be seen as a source of both risk and resilience in this context.

William's life on the streets began when he was aged 14: 'my mom kinda kicked me out because I didn't have a father and me and my mom don't get along and she does drugs'. He was sexually assaulted when he was 8 years old and his mother did not believe him. He grew up in poverty, had great difficulty in school and few friends to turn to. William revolved between shelters, the streets, his mother's house, and staying with a man he identified as a 'molester'. He developed an addiction at age 18 to prescription opioids. When he attempted to quit on his own he would feel so sick that he thought he was dying, so he turned to methadone maintenance treatment (MMT) for help. The stability afforded him by MMT allowed him to learn to read and write at age 20. Although he was doing well for four years – working occasionally, going to school, and living in stable housing – a breakup with his

girlfriend caused him to lapse into deep depression. He returned to heavy drug use, committed robbery, went to jail, and became homeless again. He was then introduced to a clinic for SIY and began working with a counselor to address his underlying traumas and mental health; he has received a diagnosis for post-traumatic stress and recently found stable housing. When interviewed, William felt cautiously optimistic about his future, soon hoping to be off of drugs and to return to school.

William's account confirms the need for self-defense. He gave us advice for other youth living in shelters, saying that one should not passively accept being targeted for violence: 'The biggest thing I can say is like stand your ground because you can be pushed over in places like that [i.e. shelters] and then it never stops and they make your life a living hell'. While not being involved in violence is ideal, being street-involved may not make complete avoidance of violence very realistic. Nolan, for example, is opposed to the use of violence and wanted to become a police officer in order to help reduce violence in society. When he immigrated to Canada a few years ago, he stayed in a shelter for several months, was diagnosed with cancer and was successfully treated. Nolan's progress was evident when we met him: he rented housing with his brother, was employed full-time, had become fluent in English, and started university.

Although Nolan actively avoided violence, upon being repeatedly physically and verbally assaulted by a youth at the shelter he felt he had to fight back: 'Over two month, he keep doing the same thing. Some time I sit down to think about it . . . But it was too much finally'. Nolan's assertion of his boundaries through engagement in physical conflict resolved this situation, though if the other youth had 'back up' retributive attacks may have occurred. 'Standing one's ground' should be here understood as an interactional process in a violent context. If successful, the strategy may result in being left alone. Yet if unsuccessful, this may result in provocation of later attacks, making this strategy sometimes necessary but simultaneously unreliable for SIY.

Similarly to Nolan, Chris developed self-defensive responses to violence, utilizing outbursts to deter attacks and achieve his immediate safety:

If something's happening to me and I flip shit, like I'm starting to throw things . . . It's not because I'm that pissed off. It's just that it makes the other people feel uncomfortable . . . they're going 'ok maybe we shouldn't fuck with this guy', like. It's a self-defense mechanism . . . I've honed very very well. It has cost me a lot of cell phones because I throw them at the people's heads, but . . . if I'm not broken and bruised, I'm happy for it.

Chris became street-involved at age 17, desiring independence from his parents. Once he tried methamphetamine, Chris described himself as 'hooked that minute' and endured a three-year addiction and developed a reputation for robbery. When he decided it was time to 'smarten up', he left the city for a friend's house for five months and stopped using. Since then, he has been working with a counselor to address his lack of self-esteem and bipolar disorder. When interviewed, Chris had also found a renewed sense of hope and mental, physical, and emotional stability due to receiving subsidized housing and having control over a place of his own.

These stories show that for at least some SIY, engaging in violent behavior should not be oversimplified as maladaptive. Rather, violence can serve to defend oneself or

to develop a reputation of being able to do so. Our participants illustrate how in a context where violence is prevalent and recourse to police is avoided (Gaetz 2004), ‘standing your ground’ involves perpetration of violence as a form of self-defense. Like the social distancing strategy, this one appears double-edged: being involved in any violence holds potential for harm, but if alternatives are difficult to come by then this strategy must be acknowledged as a reasoned response to the risks associated with an individual’s social location. If assessments of resilience assume involvement with violence can only be a source of risk, then the development of protective factors, particularly in the form of defensive responses of SIY, will go unacknowledged.

(c) Self-harm and suicidality: situating negative outcomes in trajectories of resilience

In understanding resilience as a process, setbacks or negative outcomes must be acknowledged as part of the fluctuations that people experience in their responses to difficulties. Investigating instances of setbacks can reveal why positive adaptation did not occur and what protective mechanisms should be made available or enhanced in the future. Ignoring setbacks among marginalized populations such as SIY would create an inaccurate picture that does not do justice to the breadth of difficulties such persons face. As such, here we explore experiences of self-harm and suicidality among our group of SIY as part of their context of resilience which involves violence, social distancing, limited access to resources, and vulnerability on the streets.

After becoming homeless a second time, William faced his urges to self-harm and found a sense of hope that ‘there were people out there who wanted to help me . . . and it’s not just their job . . . they care. And that would be the hugest thing’. This help was provided by a number of external supports: one particular counselor; the SIY clinic more generally; ‘good welfare people’; and by people in a drug-treatment program he attended. William stated that after MMT stabilized his addiction, these supports were the second-most important turning point in his life:

There were points in my life where I tried to commit suicide and like I would hurt myself . . . like cutting [myself] . . . [Counselor X] helped me understand why and I still have a lot of problems today, but it’s not as bad . . . and I know that she’s there.

This support allowed William to address deeper issues with his mental health, which included receiving a diagnosis for post-traumatic stress, and to develop skills to manage his anger and sadness without resorting to self-harm or drug use. Like most of the SIY in our study, William told us that having these supports did a lot to help him during difficult periods, particularly in developing a sense of hope that he could be more than a ‘useless drug addict’ and thus attempt to make changes in his life. In what would be considered a ‘maladaptive’ trajectory by most measures, a resilience lens reveals the triggering points where positive change becomes possible despite a history of trauma, violence, abuse, stigmatization, and resulting self-harm.

Like William, Jade received counseling to address her self-harm behaviors:

I was starting to cut [myself] a lot and like my drugs of choice were becoming . . . higher up the ladder of severity . . . [I was] seeing how many pills you can pop in half an hour and mixing it with this and that. Just like the thrill of not knowing . . . if you’re gonna wake up. People were starting to become really concerned so I figured it was time to . . . intervene . . .

Rather than being concerned about her own well-being, for Jade it was the concern of others that led her to seek help with her drug use and self-harm and to develop what she termed as healthier coping mechanisms, including reducing her drinking and curbing her social anxiety by using her music player and sunglasses as 'horse blinders' to help her from being overwhelmed by the outside world. Like William, it was Jade's external supports that made this change possible.

As a result of being repeatedly physically and sexually assaulted by her stepfather, Mary first attempted suicide before her tenth birthday by riding a bicycle into traffic. Surviving with a broken wrist, life continued as it had in the past. Ten years later, Mary was more independent and her parents had separated. In college she faced financial difficulty and had to move to the shelters. The chaotic shelter environment did not let her focus on homework, but her mother did not allow Mary to return home and berated her, which led Mary to attempt suicide a second time:

I'm like 'I can't afford a place . . . can't you give me somewhere to stay until I find a job or something?' 'No' she said, 'go . . . sell yourself but don't charge too much because you're not worth anything'. And when I [overdosed] on the pills I knew that was the last thought on my mind. I was like 'you know what, you're right. . .'. So.

Regardless of the coping mechanisms that Mary may have had access to, this situation proved to be too much. As it shows, when youth who can usually cope with certain risks or negative outcomes are faced with an accumulation of these, they may not be able to regain a sense of balance as they had in the past. When interviewed, Mary described how the support of agencies, counselors, friends, and the church community had provided a renewed sense of strength. These sources of aid and stability directly facilitated her move into subsidized housing, counseling to address her mental health issues, and being admitted to a university social work program.

These stories show how the process of resilience involves development of coping strategies and beliefs that a trajectory away from homelessness or self-harm is possible. It is evident that the services provided by SIY agencies played a central role in furnishing the stability and support that allowed or encouraged these youth to pursue alternate trajectories. Gaining stable housing is crucial. Without these supports, these youth have pointed out that it would have been far more difficult or impossible for them to make the positive changes they discussed.

As some of these accounts have illustrated, the street environment can prove to be too much *even for SIY identified as among the most positively adaptive*, particularly when risk factors and negative events compounded. The high mortality rates of SIY where suicide is the leading cause (Roy *et al.* 2004), as well as high rates of self-harm (Tyler *et al.* 2003), indicate it is essential to acknowledge that these operate as risks in the context of street life rather than to treat them as definite markers of an outcome of non-resilience or failure to adapt. These youth have shown how it is possible to be making positive changes and then to face unprecedented and overwhelming setbacks which, when combined with the already straining street environment, become extremely destabilizing. Further, these same youth have demonstrated that with the presence of social and structural supports, especially in combination with help-seeking behavior, it is possible to regain strength and improve mental health following instances of self-harm or suicidality, and in turn, that these negative markers in the resilience process are not insurmountable roadblocks in the

trajectories of SIY. From a contexts of resilience perspective, self-harm and suicidality can thus be indications of when SIY encounter limits or barriers within the resilience process with which youth need assistance – particularly in the forms of social and structural supports – to continue pursuing positive changes, rather than of hopeless cases with little chance of escaping their sentence to an outcome of ‘non-resilience’, which in the case of SIY can mean death (Kidd 2004).

Discussion and implications

We use the term ‘contexts of resilience’ because there is no absolute measure of whether or not someone ‘is resilient’. In acknowledging that certain contexts may require very different strategies for coping than are utilized in status quo trajectories, alternative strategies cease being automatically pathologized. Appropriately situating coping strategies is essential to understand resilience processes of marginalized populations, facilitating recognition of coping strategies from perspectives of SIY (Liebenberg and Ungar 2009). As shown earlier, this involves investigation of how certain strategies may be double-edged in that they are both protective and a source of risk, as well as appreciation of the positive changes that SIY have made in the face of the significant challenges of street life. Thus while many of these strategies may not be ideal, they are often what is available for SIY to navigate this environment purposefully and as effectively as possible given the circumstances.

Consistent with research conducted by Kidd and Davidson (2007), we found that mutual support and self-reliance can be important resources for SIY to pursue positive changes. But in addition, we found that mutual support was not always possible and that extreme self-reliance can work against youth. Thus social distancing was identified as an important, yet double-edged, coping strategy: while it could insulate SIY from negative influences, it could also extend to severe distrust of others which can prevent help-seeking from counselors or other social services. Social distancing can thereby increase vulnerability during experiences of compounding setbacks when having access to stable supports is vital for preventing suicide or self-harm. Use of violence for self-defense was also double-edged: it may secure immediate safety and prevent victimization through displays of being able to defend oneself, but has the potential to result in retaliatory attacks or criminal charges. Despite the negative consequences of both of these strategies, they are important tools for SIY who have few resources to navigate street and shelter environments in a way that avoids physical and emotional harm and contributes to maintaining a baseline environmental stability which facilitates their movement toward positive change. The double-edged nature of these coping strategies highlights the conditions of social and structural disadvantage faced by SIY, and correspondingly, the needs which have contributed to the necessity of such problematic behavioral strategies in the pursuit of survival and contextually-significant positive change.

The youth in this study reflect only a small minority of SIY, many of whom continue to struggle with the myriad challenges of street survival (Gaetz 2004). We interviewed 10 youth identified as making more stable positive changes in their lives, given the extensive challenges they face. While the achievements of and strategies utilized by youth in this study may seem maladaptive in comparison to activities of normative youth, they take on impressive dimensions when considered within the

context of severe deprivation, instability, and trauma, and despite experiences of self-harm and suicidality. For instance, William's learning to read at age 20, his progress with his addiction and mental health, and his pursuit of further education all stand out as immense achievements for someone who faced poverty and abuse from childhood. Both Mary and Rachel faced extreme and repeated abuse at the hands of caregivers as well as violent victimization on the streets, yet managed to develop self-defense tactics and achieve enough stability to complete high school and enter (Mary) or complete (Rachel) college programs. Angelo has received a grant to pursue his artistic work and is heavily involved in helping the SIY community despite having limited options due to his illegal immigrant status. All participants demonstrated remarkable capacity for regaining and improving their mental health and making positive changes despite severe hardship. As noted, several were in the process of leaving or had left street life (Table 1). It has thus been important to look to the strategies of, and the resources available to, these youth who have been among the more successful in pursuing trajectories of resilience for lessons that can be gleaned in encouraging positive changes for other SIY.

Study limitations include identification of maltreatment by one self-report question; this was deemed sufficient considering the extensive literature on prevalence of maltreatment among SIY as discussed earlier, and given that our focus was on positive adaptation rather than abuse history. Given the restriction of this study to a small group of youth, its purpose was to be *indicative* of possible coping strategies and avenues for further research. Certainly alternate approaches to the data are possible. A psychologically-focused investigation may be fruitful for understanding whether in SIY's responses to threats, they may be employing 'task-oriented meanings' whereby youth underscore their inner resolve to overcome present crises. Investigation of the manifestations of individual volition and motivation can enhance understanding of how cognitive appraisals and coping responses operate among youth in marginalized circumstances (e.g. Ntoumanis *et al.* 2009).

Future research efforts should explore the variety and complexity of coping mechanisms among a larger sample of SIY over a longer time period. These efforts should promote understanding of how strategies such as self-defensive violence or social distancing can be tapped into by services for SIY in order to promote protective aspects of coping and limit risk-contributing aspects and to directly aid youth in navigating street-involved life as safely as possible. Such an understanding can act as a supplement to other services such as housing, financial assistance, and addiction treatment to facilitate exit from street life. Providing training to SIY on strategies for navigating street life has the potential to contribute to their immediate safety and well-being through enhancement of positively-oriented coping until exit is made possible. Exit can be facilitated by increasing availability of low-cost, well-maintained housing, increasing social assistance, providing avenues for community involvement to enhance feelings of belonging, increasing access to addiction services and counseling, and decriminalizing homelessness by repealing loitering and panhandling laws which target marginalized populations like SIY (Barnaby *et al.* 2010).

Conclusion

In taking a strengths perspective, a resilience approach to research seeks to identify and find ways to build skills and capacities that promote positive outcomes. Such an

approach allowed us to build on the limited literature addressing coping of SIY to identify: risks that street-involved life poses to youth; the adaptive nature of behaviors that may otherwise be overlooked as deviant or maladaptive; and the ways that these youth have made positive changes in spite of severe circumstances and experiences of self-harm and suicidality. This approach does justice to the experiences of the youth in that it recognizes their agency while acknowledging the limits to agency they experience. More importantly, it avoids painting SIY as one-dimensional ‘failures’ or ‘deviants’ by questioning the normative assumptions in definitions of resilience and coping strategies, and thus facilitates practical investigation of how their strategies can be made more effective, even if these strategies may be double-edged. In turn, this is indicative that resilience research addressing other marginalized or non-status-quo populations could benefit from adaptation of assessments of coping strategies to be made congruent with evaluative contexts.

References

- Archer, S., 1995. *Realist social theory*. Cambridge: Cambridge University Press.
- Baer, J.S., Ginzler, J.A., and Peterson, P.L., 2003. DSM-IV alcohol and substance abuse and dependence in homeless youth. *Journal of studies on alcohol*, 64 (1), 5–14.
- Barnaby, L., Penn, R., and Erickson, P., 2010. *Drugs, homelessness, and health: homeless youth speak out about harm reduction*. Toronto: Wellesley Institute, The SHOUT Clinic Harm Reduction Report, 2010.
- Baron, S.W., 2003a. Street youth violence and victimization. *Trauma violence abuse*, 4 (1), 22–44.
- Baron, S.W., 2003b. Self-control, social consequences, and criminal behavior: street youth and the General Theory of Crime. *Journal of research in crime & delinquency*, 40 (4), 403–425.
- Baron, S.W. and Hartnagel, T.F., 1998. Street youth and criminal violence. *Journal of research in crime & delinquency*, 35 (2), 166–192.
- Baron, S.W., Forde, D.R., and Kennedy, L.W., 2001. Rough justice: street youth and violence. *Journal of interpersonal violence*, 16 (7), 662–678.
- Bender, K., et al., 2007. Capacity for survival: exploring strengths of homeless street youth. *Child youth care forum*, 35, 25–42.
- Bruno, T., et al., Forthcoming. Missed conceptions: early parenthood as conformist behaviour among street-involved youth. *Deviant behavior*.
- Condly, S.J., 2006. Resilience in children: a review of literature with implications for education. *Urban education*, 41 (3), 211–236.
- Crouch, M. and McKenzie, H., 2006. The logic of small samples in interview-based qualitative research. *Social science information*, 45 (4), 483–499.
- Ferguson, K.M., 2009. Exploring family environment characteristics and multiple abuse experiences among homeless youth. *Journal of interpersonal violence*, 24 (11), 1875–1891.
- Fitzpatrick, S., 2005. Explaining homelessness: a critical realist perspective. *Housing, theory & society*, 22 (1), 1–17.
- Frankish, C.J., Hwang, S.W., and Quantz, D., 2005. Homelessness and health in Canada: research lessons and priorities. *Canadian journal of public health*, 96 (Suppl. 2), S23–S29.
- Gaetz, S., 2004. *Understanding research on homelessness in Toronto: a literature review*. Toronto: York University and Wellesley Central Health Foundation.
- Gwadz, M.V., et al., 2009. The initiation of homeless youth into the street economy. *Journal of adolescence*, 32, 357–377.
- Houston, S., 2001. Transcending the fissure in risk theory: critical realism and child welfare. *Child & family social work*, 6, 219–228.
- Keeshin, B.R. and Campbell, K., 2011. Screening homeless youth for histories of abuse: prevalence, enduring effects, and interest in treatment. *Child abuse & neglect*, 35 (6), 401–407.

- Kerr, T., *et al.*, 2009. Injection drug use among street-involved youth in a Canadian setting. *BMC public health*, 9 (1), 171.
- Kidd, S.A., 2003. Street youth: coping and interventions. *Child & adolescent social work journal*, 20 (4), 235–261.
- Kidd, S.A., 2004. “The walls were closing in, and we were trapped”: a qualitative analysis of street youth suicide. *Youth & society*, 36 (1), 30–55.
- Kidd, S.A., 2006. Factors precipitating suicidality among homeless youth: a quantitative follow-up. *Youth & society*, 37 (4), 393–422.
- Kidd, S.A. and Carroll, M.R., 2007. Coping and suicidality among homeless youth. *Journal of adolescence*, 30, 283–296.
- Kidd, S.A. and Davidson, L., 2007. You have to adapt because you have no other choice: the stories of strength and resilience of 208 homeless youth in New York City and Toronto. *Journal of community psychology*, 35 (2), 219–238.
- King, K.E., *et al.*, 2009. Identity work among street involved young mothers. *Journal of youth studies*, 12 (2), 139–149.
- Kipke, M.D., *et al.*, 1997. Homeless youth and their exposure to and involvement in violence while living on the streets. *Journal of adolescent health*, 20, 360–367.
- Kirst, M., Frederick, T.J., and Erickson, P.G., 2011. Concurrent mental health and substance use problems among street-involved youth. *International journal of mental health*, 9 (5), 543–553.
- Kolar, K., 2011. Resilience: revisiting the concept and its utility for social research. *International journal of mental health & addiction*, 9 (4), 421–433.
- Kurtz, P.D., *et al.*, 2000. How runaway and homeless youth navigate troubled waters: the role of formal and informal helpers. *Child & adolescent social work journal*, 17 (5), 381–402.
- Liebenberg, L. and Ungar, M., 2009. Introduction: the challenges in researching resilience. *In*: L. Liebenberg and M. Ungar, eds. *Researching resilience*. Toronto: University of Toronto Press, 3–25.
- Maxwell, J.A., 1992. Understanding and validity in qualitative research. *Harvard educational review*, 62 (3), 279–300.
- Molnar, B.E., *et al.*, 1998. Suicidal behavior and sexual/physical abuse among street youth. *Child abuse & neglect*, 22 (3), 213–222.
- Ntoumanis, N., Edmunds, J., and Duda, J.L., 2009. Understanding the coping process from a self-determination theory perspective. *Health psychology*, 14 (2), 249–260.
- Nyamathi, A.M., *et al.*, 2005. Hepatitis C virus infection, substance use and mental illness among homeless youth: a review. *AIDS*, 19 (Suppl. 30), S34–S40.
- Olsson, C.A., *et al.*, 2003. Adolescent resilience: a concept analysis. *Journal of adolescence*, 26, 1–11.
- Preventing Violence Across the Lifespan [PreVAiL] Research Network., 2010. *Theme 2: resilience*. Available from: <http://prevail.fims.uwo.ca/theme2.html> [Accessed 23 July 2011].
- Rew, L., *et al.*, 2001. Correlates of resilience in homeless adolescents. *Journal of nursing scholarship*, 33 (1), 33–40.
- Rew, L. and Horner, S.D., 2003. Personal strengths of homeless adolescents living in a high-risk environment. *Advances in nursing science*, 26 (2), 90–101.
- Rice, E., *et al.*, 2005. The effects of peer group network properties on drug use among homeless youth. *American behavioral scientist*, 48 (8), 1102–1123.
- Riley, J. and Masten, A.S., 2005. Resilience in context. *In*: R.D. Peters, B. Leadbeater, and R.J. McMahon, eds. *Resilience in children, families, and communities: linking context to practice and policy*. New York: Kluwer Academic/Plenum, 13–25.
- Roy, E., *et al.*, 2003. HIV incidence among street youth in Montreal, Canada. *AIDS*, 17, 1071–1075.
- Roy, E., *et al.*, 2004. Mortality in a cohort of street youth in Montreal. *JAMA*, 292, 569–574.
- Tyler, K., *et al.*, 2003. Self-mutilation and homeless youth: the role of family abuse, street experiences, and mental disorders. *Journal of research on adolescence*, 13 (4), 457–474.
- Ungar, M., 2001. The social construction of resilience among “problem” youth in out-of-home placement: a study of health-enhancing deviance. *Child & youth care forum*, 30 (3), 137–154.

- Ungar, M., 2004a. *Nurturing hidden resilience in troubled youth*. Toronto: University of Toronto Press.
- Ungar, M., 2004b. A constructionist discourse on resilience: multiple contexts, multiple realities among at-risk children and youth. *Youth & society*, 35 (3), 341–365.
- Ungar, M., et al., 2008. Distinguishing differences in pathways to resilience among Canadian youth. *Canadian journal of community mental health*, 27 (1), 1–13.
- Unger, J.B., et al., 1998. Stress, coping, and social support among homeless youth. *Journal of adolescent research*, 13 (2), 134–157.
- Votta, E. and Manion, I., 2004. Suicide, high-risk behaviors, and coping style in homeless adolescent males' adjustment. *Journal of adolescent health*, 34, 237–243.
- Whitbeck, L.B., et al., 2001. Deviant behavior and victimization among homeless and runaway adolescents. *Journal of interpersonal violence*, 16 (11), 1175–1204.