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STRESSFUL LIFE EVENTS AMONG HOMELESS PEOPLE IN LEÓN (NICARAGUA): QUANTITY, TYPES, TIMING, AND PERCEIVED CAUSALITY

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Abstract. Nicaragua is one of the countries with the lowest levels of development in Latin America, where there is a lack of data on homeless people, a group that is stigmatised and lives in a situation of extreme poverty. The study examines the quantity, types, timing, and perceived causality of stressful life events (SLE) experienced during childhood and adolescence, and throughout their adult lives, by homeless people in the city of León (Nicaragua) (n = 41). A structured interview was used to collect the data. The findings showed that the homeless people interviewed in León had experienced a high number of SLE, of extreme severity and at very early ages. Most of these SLE occurred before they first became homeless. In terms of the perceived causal relationship between SLE and their homelessness, the interviewees mainly attributed being homeless to material factors, affective or relationship factors, or to an excessive consumption of alcohol and/or drugs. Suffering from multiple and serious SLE, largely as a result of living in socioeconomically disadvantaged environments, appears to be an important vulnerability factor both in becoming homeless and in this homelessness becoming chronic.

Keywords: Homeless, Stressful life events, Social exclusion, Poverty, Central America.

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1
Introduction

In social contexts with low levels of economic and social development, people in situations of poverty and/or social exclusion are largely subject to processes of pseudoinheritance -inheritance pretended and not real- of poverty from parents to children, and chronification -process by which poverty and social exclusion becomes chronic-(Vázquez, 2016, 2017; Vázquez & Panadero, 2016). In disadvantaged groups, these circumstances are associated with experiencing stressful life events (SLE), episodes that play a key role in one’s life and that frequently cause significant changes for the person involved. The experiencing of SLE among people in contexts of poverty and social exclusion are quantitatively more numerous and qualitatively more severe than those experienced by the general population, both during their childhood and adolescence and throughout their adult lives (Vázquez, Panadero & Rincón, 2007, 2010). This situation is particularly prone in countries with lower levels of development (Hackett, Hackett, Bhakta, & Gowers, 2000; Vázquez, Panadero & Martín, 2015). In Nicaragua, research carried out amongst groups who live in conditions of poverty and social exclusion (e.g., trash pickers, female victims of intimate partner violence living in poverty) confirm the relationship between the degree of poverty and the amount and severity of SLE suffered (Vázquez, 2017, Guillén, Panadero, Rivas & Vázquez, 2015).

A great deal of research has shown that reports of SLE are related to the presence of a wide variety of physical and mental health problems (Croply & Steptoe, 2005; Hackett, et al., 2000; Hatch & Dohrenwend, 2007), and a reduction in the quality of life among the people who exhibit them (Krug, 2004). Furthermore, coping with many serious SLE at an early age is a risk factor for people becoming chronically subject to situations of poverty and social exclusion (Koegel, Melamid, & Burnam, 1995; Stein, Leslie, & Nyamathi, 2002; Vázquez & Panadero, 2016; Vázquez, 2017), as this situation appears to have an adverse effect on the acquisition of skills that subsequently enable individuals to establish stable relations (Whitfield, 1998). This leads to adverse family histories that may limit their ability to receive protective support in crisis situations (Susser, Struening & Conover, 1987; Herman, Susser, Struening, & Link, 1997).

Studies conducted in various social contexts have shown that homeless people suffer from an extraordinarily large number of SLE during their lives (e.g., Hatch & Dohrenwend, 2007; Muñoz, Vázquez, Bermejo & Vázquez, 1999; Zugazaga, 2004), especially before becoming homeless (Muñoz et al., 1999). According to results reported by various authors, experiencing multiple and serious SLE is a vulnerability factor that facilitates becoming homeless (e.g., Muñoz et al., 1999; Shinn, et al., 2007; Zugazaga, 2004), makes remaining homeless more likely (e.g., Muñoz et al., 1999; Shinn, et al., 1998; Toro & Oko-Riebau, 2015), and impacts the reiterated slide back into homelessness after having gained access to independent housing (Roca, Panadero, Rodríguez, Martín, & Vázquez, 2017). In addition, homelessness is in itself a vulnerability factor for experiencing multiple and serious SLE (e.g., Muñoz et al., 1999; Roll, Toro, & Ortola, 1999; Toro & Oko-Riebau, 2015).

The literature points towards the fact that SLE experienced by homeless people are, more often than not, of economic nature (e.g., loss of employment, economic crisis ...), health problems (physical health, mental health, disability, use of alcohol and other drugs, suicide
attempts...), problems in social relationships (loss of close relatives -parent, children, partners ...
or friends, abandonment by one or both parents, problems in social relationships, loneliness and abandonment, rupture of their social networks ...) and other situations of victimization (institutionalization, physical and sexual violence, aggression, legal problems, incarceration ...) (e.g., Brown et al., 2016; Muñoz et al, 1999; Padgett et al., 2012; Roll, Toro, & Ortola , 1999; Shinn et al., 2007; Toro & Oko-Riebau, 2015; Zugazaga, 2004).

Different authors (e.g., Hatch & Dohrenwend, 2007; Muñoz et al., 1999; Zugazaga, 2004) state that economic factors are not the only SLE with a strong influence on the situation of homeless people. Health factors, problems in social relationships, and experiences with institutions can also function as vulnerability factors that lead to them becoming and/or remaining homeless. People who become homeless at an early age experience a greater number of stressful life events than those who do so later on in life (Brown et al., 2016). Among homeless people, experiencing multiple and severe SLE is related to psychological distress, serious mental illness, substance abuse and dependence, and bad physical health (e.g., Padgett et al., 2012; Toro & Oko-Riebau, 2015), with very negative effects on the chronification of their situation of homelessness. According to Muñoz et al. (1999) research with homeless people from different countries is necessary to determine whether this pattern of results is common in different cultural contexts. Furthermore, although various studies report consistencies in the SLE to which most homeless people attribute their situation (Ji, 2006; Tessler, Rosenheck, & Gamache, 2001; Vázquez, Panadero, & Zúñiga, 2017a, 2017b, 2018), information on this subject is lacking in cultural contexts with low levels of economic and social development.

Nicaragua, with an estimated population of 5.5 million inhabitants, is one of the countries with the lowest levels of development in Latin America (UNDP, 2016). 6.2% of Nicaragua's population lives on less than 1.9 dollars a day, and 29.6% live below the national poverty line (UNDP, 2016). Estimates suggest that more than half of León's approximately 185,000 inhabitants live below the poverty line, and that there are major population groups living in extreme poverty (Vázquez, 2013). In this city, homeless people make up one of the most socially excluded groups (Suarez, Berrios, Bonilla, & Vázquez, 2018), and there is a lack of data on their characteristics, circumstances and needs. This absence of information has very negative consequences, including a lack of social awareness of this group's situation, an absence of institutional care provisions for them, and a total lack of public policies, intervention programmes and care mechanisms for homeless people (Suarez et al., 2018).

The aim of this study is to establish the quantity, types, timing, and perceived causality of the SLE experienced by homeless people in the city of León (Nicaragua), analysing the potential effect of the SLE as vulnerability factors in the genesis and maintenance of the situation of homelessness. The results obtained will be then related to the available information of other groups in a context of social exclusion in León (Nicaragua) and of homeless people in other sociocultural contexts (e.g., Europe or the United States). It is expected that the results will be useful in the design of social protection policies as a prevention of homelessness for vulnerable groups and will also work towards an improvement in the quality of life of those who are in such a situation.
Method

Sixty-eight homeless people in the city of León (Nicaragua) were reached out to (56 male, 12 female) in March and April 2017, and 41 (60.3%) of them were interviewed. Twenty-seven (39.7%) of the homeless people located (24 male, 3 female) were not interviewed, but excluded based on mental health problems (40.7%; n=11), excessive alcohol consumption (29.6%; n=8), excessive consumption of inhaled glue (25.9%, n=7), or for other reasons (3.7%; n=1). The age average of the homeless people interviewed (78.0% male, 22.0% female) was of 45.9 (SD = 17.66), 95.1% of the interviewees were of Nicaraguan nationality, and all of them considered themselves as being racially "mestizo". On average, the interviewees had 1.5 children (SD = 1.53). Of those interviewed, 27.3% had received no education (22.0% did not know how to read or write), 26.8% had received primary education, 39.1% had received secondary education and 4.8% had received university education. The interviewees had been forced to spend the night in the street or in a place unsuitable for human habitation for the first time at an average age of 23.8 years (SD = 13.49).

The participants were located based on the information obtained through a point-in-time count of homeless people in León, carried out in March 2017 (Suarez et al., 2018). Participation in the study was requested of all contacted homeless people who did not exhibit a severe cognitive deterioration derived from the suffering of serious mental health problems or excessive consumption of psychoactive substances. Homeless people with an excessive consumption of alcohol or other psychoactive substances were interviewed on at least three occasions. There were cases in which the possible participants exhibited a high and sustained consumption of alcohol or inhaled glue, in such cases it was not possible to interview them.

The interviews were carried out by two Nicaraguan researchers from the Faculty of Medical Sciences of the National Autonomous University of Nicaragua (UNAN-León), with extensive knowledge of psychology and medicine, who determined whether interviewing a specific individual was viable or not. The interviewers registered on a "contact sheet" the main reason that, in their opinion, prevented the interview being carried out, so the exclusion criteria outlined have an exclusionary character. The largest possible number of homeless people was interviewed, however it is not possible to guarantee the representativeness of the sample, since there are no censuses of homeless people in the city of León and 39.7% (n = 41) of the homeless people located were not finally interviewed.

After each interviewee had been located, the purpose of the research was explained to them and their informed consent was requested. The information was collected using a structured interview, which enabled the possible problems associated with the interviewees' difficulties with reading and understanding to be circumvented. The structured interview used was an adaptation of the instrument used by the research team in previous studies with people in a homeless situation carried out in different Spanish-speaking countries (e.g., Spain, Puerto Rico, Cuba...). The structured interview was a paper and pencil interview, with a duration of 30 to 60 minutes. The instrument designed to gather information of stressful life events consisted of the initial instructions “Now I will ask you some questions about negative life events we go through. I would like you to indicate, for each one of them, if you have experienced them, and if you have, at which age you experienced it for the first time”. After this introduction, we state the question “Throughout your childhood and adolescence (before
did any of the following situations happened in your family?”, which was followed by a list of 21 statements with dichotomous alternative responses (“yes” or “not”). If the response was affirmative, the age at which it was experienced for the first time was gathered. Next, the following question was posed: “At some point in your life, have you suffered from any of the following situations?”, which was followed by a list of 23 statements with dichotomous alternative responses (“yes” or “not”). If the answer was affirmative, the age at which it had happened for the first time was collected, and then we asked “Were you homeless when it happened?” With dichotomous alternative responses (“yes” or “not”).

A large part of the homeless people contacted was provided with food and, in specific cases, basic health care, regardless of whether or not they finally participated in the interviews. The database was developed and processed using the SPSS statistical analysis and data management system.

**Results**

The interview collected information on the SLE experienced by the participants throughout their lives, and during their childhood and adolescence in particular. Table 1 contains information on the percentage of homeless people who had endured certain SLE during their childhood and adolescence (before the age of 18) and the average age at which these events occurred for the first time.
Table 1. Stressful life events experienced by the homeless people in León (Nicaragua) before the age of 18 and the age they experienced them for the first time

<table>
<thead>
<tr>
<th>Have you suffered from any of the following situations before 18 years old?</th>
<th>n</th>
<th>%</th>
<th>Mean age at which it happened for the first time (yrs.) (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>His/her family suffered from major economic problems</td>
<td>30</td>
<td>73.2</td>
<td>7.6 (3.88)</td>
</tr>
<tr>
<td>Suffered from physical abuse</td>
<td>24</td>
<td>58.5</td>
<td>9.0 (3.93)</td>
</tr>
<tr>
<td>A parent had problems with alcohol or drugs</td>
<td>24</td>
<td>58.5</td>
<td>8.1 (4.94)</td>
</tr>
<tr>
<td>Left school</td>
<td>21</td>
<td>51.2</td>
<td>11.9 (4.13)</td>
</tr>
<tr>
<td>A parent left the family home</td>
<td>20</td>
<td>48.8</td>
<td>4.8 (5.31)</td>
</tr>
<tr>
<td>Problems of family violence</td>
<td>19</td>
<td>46.3</td>
<td>8.0 (3.85)</td>
</tr>
<tr>
<td>His/her parents divorced or separated</td>
<td>18</td>
<td>43.9</td>
<td>7.9 (6.21)</td>
</tr>
<tr>
<td>Serious fights and arguments between the parents</td>
<td>16</td>
<td>39.0</td>
<td>7.3 (4.22)</td>
</tr>
<tr>
<td>Housing problems in childhood</td>
<td>13</td>
<td>31.7</td>
<td>9.4 (2.36)</td>
</tr>
<tr>
<td>Frequent changes of residence</td>
<td>13</td>
<td>31.7</td>
<td>11.7 (3.97)</td>
</tr>
<tr>
<td>Prolonged unemployment of a member of their family</td>
<td>12</td>
<td>29.3</td>
<td>9.8 (3.93)</td>
</tr>
<tr>
<td>Serious fights and arguments between the interviewed and his/her family</td>
<td>11</td>
<td>26.8</td>
<td>11.1 (7.15)</td>
</tr>
<tr>
<td>Thrown out of home</td>
<td>7</td>
<td>17.1</td>
<td>11.6 (5.35)</td>
</tr>
<tr>
<td>Brought up by people other than their parents (relatives, adoptive family)</td>
<td>7</td>
<td>17.1</td>
<td>7.3 (5.32)</td>
</tr>
<tr>
<td>A parent had a physically incapacitating health problem</td>
<td>6</td>
<td>14.6</td>
<td>7.7 (4.35)</td>
</tr>
<tr>
<td>He/she has been abandoned</td>
<td>6</td>
<td>14.6</td>
<td>9.3 (6.89)</td>
</tr>
<tr>
<td>Expelled from school</td>
<td>6</td>
<td>14.6</td>
<td>11.3 (5.71)</td>
</tr>
<tr>
<td>Ran away from home</td>
<td>5</td>
<td>12.2</td>
<td>15.7 (1.26)</td>
</tr>
<tr>
<td>One of their parents was in prison</td>
<td>2</td>
<td>4.9</td>
<td>9.0 (1.41)</td>
</tr>
<tr>
<td>A parent had a serious mental health problem</td>
<td>2</td>
<td>4.9</td>
<td>7.3 (0.58)</td>
</tr>
<tr>
<td>Suffered from sexual abuse</td>
<td>1</td>
<td>2.4</td>
<td>---</td>
</tr>
</tbody>
</table>

As shown in Table 1, a large percentage of the homeless people have experienced various SLE during their childhood and adolescence. These SLE occurred at a very early age, mainly between the ages of five and ten. The SLE experienced by more than half of the interviewees before reaching adulthood included major financial problems, one of their parents suffering from problems with alcohol or drugs, or experiencing abuse, mainly between the ages of eight and nine; and leaving school at the age of twelve, on average.

The extent to which they suffered from other SLE related to family conflicts is equally noteworthy. For example, a large percentage experienced problems linked to violence within their family, serious arguments with someone in the family, serious fights and arguments between their parents, being thrown out of their home, abandoned, being raised by people other than their parents, or having housing problems between the ages of seven and eleven years old. It was also very common for one of their parents to have left the family home before the interviewees had reached the age of five, on average, or for them to have frequently changed their place of residence by the age of twelve, on average. The interviewees also, to a large extent, report other SLE related to one of their parents, mainly when they were between
five and ten years old, such as prolonged unemployment, a disabling physical illness, leaving the family home, or divorce/separation.

Table 2. Stressful life events experienced by homeless people in León (Nicaragua) during their lives, the age at which they experienced them for the first time and their situation at the time.

<table>
<thead>
<tr>
<th>Have you suffered from any of the following situations at some point in your life?</th>
<th>It has happened to him/her</th>
<th>Mean age at which it happened for the first time (yrs.) (SD)</th>
<th>He/she was homeless when it happened</th>
<th>n %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffered from major financial problems</td>
<td>36 87.8</td>
<td>21.4 (10.31)</td>
<td>6 14.6</td>
<td></td>
</tr>
<tr>
<td>Drunk too much at some point in their life</td>
<td>33 80.5</td>
<td>19.2 (10.22)</td>
<td>7 17.1</td>
<td></td>
</tr>
<tr>
<td>Suffered from serious unemployment problems</td>
<td>32 78.0</td>
<td>27.3 (10.73)</td>
<td>7 17.1</td>
<td></td>
</tr>
<tr>
<td>Death of the father</td>
<td>24 58.5</td>
<td>24.6 (16.60)</td>
<td>6 14.6</td>
<td></td>
</tr>
<tr>
<td>Separation or divorce from the spouse</td>
<td>22 53.7</td>
<td>28.3 (10.36)</td>
<td>5 12.2</td>
<td></td>
</tr>
<tr>
<td>Suffered from a serious illness, injury or accident</td>
<td>19 46.3</td>
<td>31.4 (14.03)</td>
<td>11 26.8</td>
<td></td>
</tr>
<tr>
<td>Death of the mother</td>
<td>19 46.3</td>
<td>23.2 (16.38)</td>
<td>4 9.8</td>
<td></td>
</tr>
<tr>
<td>Suffered from physical violence (over 18 years old)</td>
<td>16 39.0</td>
<td>23.2 (8.03)</td>
<td>5 12.2</td>
<td></td>
</tr>
<tr>
<td>Been in prison</td>
<td>12 29.3</td>
<td>20.2 (4.42)</td>
<td>2 4.9</td>
<td></td>
</tr>
<tr>
<td>Abused drugs at some point in their life</td>
<td>10 24.4</td>
<td>16.9 (5.90)</td>
<td>3 7.3</td>
<td></td>
</tr>
<tr>
<td>Suffered abuse by their spouse or partner</td>
<td>8 19.5</td>
<td>21.9 (5.22)</td>
<td>0 0</td>
<td></td>
</tr>
<tr>
<td>Emigrated from their country of origin</td>
<td>7 17.1</td>
<td>22.4 (8.62)</td>
<td>2 4.9</td>
<td></td>
</tr>
<tr>
<td>Lost their home due to eviction, demolition or other causes</td>
<td>6 14.6</td>
<td>32.8 (23.36)</td>
<td>0 0</td>
<td></td>
</tr>
<tr>
<td>Death of the spouse or partner</td>
<td>6 14.6</td>
<td>30.2 (10.55)</td>
<td>0 0</td>
<td></td>
</tr>
<tr>
<td>Arrested or detained for a crime</td>
<td>6 14.6</td>
<td>28.7 (13.35)</td>
<td>2 4.9</td>
<td></td>
</tr>
<tr>
<td>He/she has left behind his partner and/or children in his/her country of origin</td>
<td>4 9.8</td>
<td>26.5 (8.10)</td>
<td>0 0</td>
<td></td>
</tr>
<tr>
<td>Convicted of a crime</td>
<td>4 9.8</td>
<td>22.5 (3.77)</td>
<td>1 2.4</td>
<td></td>
</tr>
<tr>
<td>Death of a child</td>
<td>3 7.3</td>
<td>30.7 (5.51)</td>
<td>0 0</td>
<td></td>
</tr>
<tr>
<td>Done work that separated them from their home</td>
<td>3 7.3</td>
<td>25.7 (6.81)</td>
<td>1 2.4</td>
<td></td>
</tr>
<tr>
<td>Suffered from sexual assault (over 18 years old)</td>
<td>3 7.3</td>
<td>21.7 (15.18)</td>
<td>1 2.4</td>
<td></td>
</tr>
<tr>
<td>Reported to the police</td>
<td>1 2.4</td>
<td>30.5 (43.13)</td>
<td>2 4.9</td>
<td></td>
</tr>
<tr>
<td>Had a serious mental health problem</td>
<td>1 2.4</td>
<td>---</td>
<td>1 2.4</td>
<td></td>
</tr>
<tr>
<td>Admitted to a psychiatric hospital</td>
<td>0 0</td>
<td>---</td>
<td>0 0</td>
<td></td>
</tr>
</tbody>
</table>

As shown in Table 2, the sample of homeless people has experienced a significant number of SLE throughout their lives. More than three quarters of the sample had gone through serious unemployment problems (for the first time at the age of 27, on average), significant financial problems (for the first time at the age 21 and a half, on average), and drinking in excess at some time in their life (for the first time at the age of 19, on average). More than half of the interviewees had experienced the death of their father (before the age of...
25, on average), or separation or divorce from their spouse (for the first time at the age of 28, on average). These events mostly occurred prior to them becoming homeless.

The percentage of respondents who had suffered significant personal losses was also high: death of their mother (at the age of 23, on average) or the death of their spouse or partner (at the age of 30, on average). Meanwhile, many of them had had problems with the legal system, and as such 29% reported having been in jail (for the first time at the age of twenty, on average), mainly before becoming homeless. A large percentage of excessive drug use was also observed, mainly before the individuals concerned became homeless. Furthermore, 46% had suffered from an illness, injury or serious accident (for the first time at the age of thirty, on average), and a quarter had done so after becoming homeless. 17% had emigrated outside their country of origin (at the age of 22, on average), mostly before becoming homeless. Finally, almost one out of four of those interviewed had experienced abuse from their spouse or partner, and 39% had suffered physical violence after the age of eighteen. This happened for the first time at the age of 23 (on average), and mostly prior to the interviewee becoming homeless in both cases.

When the interviewees were asked about the events during their lives which in their opinion had had the greatest influence on them becoming homeless, they mentioned alcohol and/or drug abuse (9 interviewees), problems with their family of origin (9 interviewees), poverty and financial problems (6 interviewees), unemployment (5 interviewees), lack of their own home (5 interviewees), death of their mother (4 interviewees), separation or desertion by their partner (3 interviewees), suffering from violence (2 interviewees) and suffering from intimate partner violence (2 interviewees). Furthermore, one interviewee in each case identified their criminal behaviour, their lack of education, leaving home, desertion by their family, the death of their spouse, the death of a daughter, having had to work abroad and the personal choice to be homeless as a relevant cause of their homelessness situation.

**Discussion and conclusions**

The homeless population in León (Nicaragua) has experienced many very severe SLE at an early age, during their childhood and adolescence, and during the course of the rest of their adult lives. In social contexts with low economic and social development, the unequal distribution of resources creates large groups of people in situations of extreme poverty and/or social exclusion (Guillén et al., 2015, Vázquez, 2013), among whom experiencing SLE is widespread (Guillén et al., 2015; Vázquez, 2017). Experiencing SLE seems to have a highly negative impact on the processes of pseudoinheritance and chronification of these individuals and their children who live in situations of difficulty or social exclusion.

The SLE suffered by homeless people in Leon were quantitatively more numerous, qualitatively more severe and occurred at younger ages than for other non-excluded groups in different regions of Nicaragua (Vázquez et al., 2015) or in the city of León (Vázquez et al., 2007, 2010; Guillén et al. 2015). However, the homeless people interviewed suffered from SLE in a similar manner to other socially excluded groups in the city of León, such as trash pickers (Vázquez, 2017), who are mainly subject to processes of chronification of a situation
of social exclusion, with pseudoinheritance from parents to children (Vázquez, 2016; Vázquez & Panadero, 2016).

The interviewees experienced the studied SLE mainly before they became homeless, which supports the hypothesis that suffering from multiple and serious SLE is an important vulnerability factor for homelessness (Hatch & Dohrenwend, 2007; Muñoz, et al., 1999; Zugazaga, 2004). Authors such as Whitfield (1998) point out that suffering from multiple SLE, especially during childhood and adolescence, could lead to difficulties in acquiring skills that subsequently enable them to establish strong relationships, maintain stable housing or an employment.

The interviewees experienced a large number of SLE in their family unit from an early ages, and so their childhoods appear to be characterised by neglect and conflicts (violence, abuse, fights between their parents, alcohol or other drug abuse by their parents, separations, etc.) experienced mainly between the ages of seven and eleven. These adverse family histories may have limited their ability to receive support in crisis situations from their families (Susser et al., 1987; Herman et al., 1997), and facilitated them becoming homeless at relatively early ages. Furthermore, the large number of SLE suffered during childhood and adolescence, especially in the family environment, may have influenced their development of behaviours leading to early school dropout, and subsequent very low-skilled employment. A large number of interviewees left education at a very early stage, to the extent that half of the interviewees had failed to complete primary education. In addition, as various authors point out, the accumulation of SLE in childhood increases the risk of developing a wide variety of physical and mental health problems (Croply & Steptoe, 2005; Hackett et al., 2000; Hatch & Dohrenwend, 2007) and a reduction in the quality of life (Krug, 2004), which are factors which potentially influence becoming and remaining homeless.

The interviewees stated that they had first become homeless before the age of 24, on average, after previously experiencing a significant number of severe SLE: a large percentage reported having had problems due to excessive alcohol and/or drug consumption, the death of their mother, suffering from situations that separated them from their social environment (imprisonment or migration) and suffering from major financial problems and physical violence before the age of 24. Muñoz et al. (1999) observed that in Spain, SLE such as the death of family members, suffering from illnesses or working far from home tended to occur before people first became homeless, while problems related to social relationships and the lack of social support tended to occur to a greater extent during the period of transition to homelessness. Many of the interviewees also reported problems of unemployment, a breakdown in their relationship with their partner (due to separation, divorce or death), suffering from illnesses, injuries or serious accidents or the death of their father before the age of thirty, a period in which a large percentage of the interviewees became homeless for the first time.

As observed in other cultural contexts (Hackett et al., 2000; Hatch & Dohrenwend, 2007; Muñoz, et al., 1999; Zugazaga, 2004), in León (Nicaragua) "material factors" (economic problems, unemployment ...) are not the only factors with an influence on people becoming and remaining homeless. "Health factors" (excessive consumption of psychoactive substances, suffering from diseases or serious accidents), "affective or relationship factors" (death of parents, separation from or death of the partner, emigration, abuse, violence), and
"institutional factors" (problems with the criminal justice system) may have influenced the individuals' transition towards homelessness and remaining homeless.

A large number of the homeless people interviewed in León (17 of those interviewed) attributed their situation mainly to "material factors": poverty, economic problems, unemployment, lack of housing or migration. In the opinion of Muñoz et al. (1999), "material factors" arise to a large extent during periods of transition towards homelessness, and the homeless largely consider them to be the cause of their situation. Similarly, a significant number of interviewees (12 interviewees) attributed their situation mainly to "affective or relationship factors" (leaving home, problems with their family, desertion by the family, death of relatives, separation or abandonment by their partner, general violence or intimate partner violence) or excessive consumption of alcohol and/or drugs (9 interviewees). Muñoz et al. (1999) point out that homeless people tend to attribute their situation to the rupture of their social relationships rather than to other factors. However, albeit to a lesser extent, some of the homeless people interviewed (3 interviewed) attributed their situation to "personal factors": a lack of education, criminality or the desire to be homeless. The data obtained in Nicaragua, one of the countries with the highest rates of poverty in Latin America, are consistent with those reported in other cultural environments with higher rates of economic and social development (Ji, 2006; Tessler et al., 2007; Vázquez et al., 2018), where homeless people also attributed their situation mainly to economic problems, interpersonal conflicts, excessive consumption of alcohol and/or drugs and physical and/or mental health problems, and primarily used explanations based on individualistic causes when explaining their situation (Vázquez et al., 2018).

The SLE that the interviewees most frequently experienced for the first time after becoming homeless were related to suffering from illnesses, injuries or serious accidents. This is easily explained by the harshness of life on the streets, the absence of resources for homeless people and the weakness of the healthcare system in Nicaragua, the high level of consumption of alcohol and other psychoactive substances, the lack of hygiene and the poor levels of nutrition among the group (Suarez, et al., 2018). However, to a lesser extent the interviewees also reported that they began to consume alcohol excessively after becoming homeless, which can be interpreted as a possible way to alleviate the discomfort associated with their circumstances, which may ultimately be a factor facilitating the chronification of their homelessness.

One of the main limitations of this study is that it was impossible to interview people in the most extreme situation of homelessness, who in most cases had serious problems related to mental health and/or excessive consumption of alcohol and drugs - primarily inhaled glue. Unfortunately, the main consumers of inhaled glue in León (Nicaragua) were the youngest homeless people - who sometimes appeared to be minors (Suarez, et al., 2018), and sufficient information could not be obtained from them.

In addition to being a social need, ending the "pseudohereditary" nature of poverty and preventing chronification among those suffering from exclusion is an ethical issue with regard to which no efforts should be spared (Vázquez, 2016). In the Nicaraguan context, as well as an adequate redistribution of resources and the promotion of equal opportunities for those born in less privileged environments, it is necessary to implement public policies, intervention programmes and assistance mechanisms that minimise the number and intensity of SLE
suffered by the less privileged groups, with an emphasis on prevention of the primary causes leading to homelessness, and enabling victims to overcome their situation or at least, to provide an improvement in the quality of life of homeless people.

In this sense, it is extremely important to develop policies for the protection of children at risk of social exclusion, aimed at reducing the number and severity of SLE experienced by children and adolescents and to implement early detection strategies to provide rapid and effective support in case the SLE takes place. Likewise, implementation of psychosocial and health street outreach teams would allow an individualized approach to meet needs and develop the wellbeing of people living homeless, facilitating their social inclusion processes. At Leon city it would be essential to provide the homeless with coverage for the most basic needs: food, hygiene (toilets, showers, clothes ...), basic medical care, and, as far as possible, accommodation. Also, it would be necessary to eliminate barriers that hinder the access of people in situations of social exclusion to the standard care services and facilities (e.g., healthcare centres, hospitals, psychosocial care centres, city council's institutional support programs...) and; implement programs and services aimed at the most vulnerable homeless groups: children and youths, women, elderly, people with mental health problems, or people with disabilities.

References.


