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Emotion Regulation and Resilience among Street-Connected Children in Early Childhood: A Systematic Literature Review

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ABSTRACT

Background/purpose. Street-connected children face cumulative adversity, yet evidence on emotion regulation and resilience in the early-childhood period remains fragmented. This review examined the direct evidence for children aged birth to eight and cautiously integrated age-adjacent evidence to clarify mechanisms, protective conditions, intervention implications, and research gaps. Materials/methods. A PRISMA 2020-guided systematic literature review searched Scopus, PsycINFO, PubMed, and Google Scholar for peer-reviewed sources published from 2013 to 2025. Of 128 records, 22 sources met eligibility criteria. Ten provided direct evidence on children and young people in street situations; 12 provided contextual evidence on emotion regulation or resilience in early childhood and adversity-exposed populations. Findings were synthesized narratively and thematically, with evidence tiers kept separate. Results. No included direct study isolated street-connected children aged birth to eight, and no study longitudinally tested emotion regulation and resilience together in this population. Direct evidence nevertheless showed that resilience depends on more than individual coping: safe relationships, peer solidarity, education, child-protection services, family and community participation, and access to structural goods were recurrent protective conditions. Evidence that emotion regulation contributes to resilience was plausible but primarily indirect, derived from general early-childhood and adversity research. Intervention evidence favored coordinated, family- and community-linked support; early-childhood-specific trials were absent. Conclusion. Emotion regulation should be treated as a developmentally scaffolded and potentially modifiable process, while resilience should be framed as a relational and structural achievement rather than an individual trait. Claims of effectiveness for street-connected young children remain premature. Future studies require age-disaggregated samples, culturally valid measures, longitudinal designs, and rigorous evaluations of trauma-informed, multisystemic interventions.

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1. INTRODUCTION

Street-connected children are not a homogeneous group. The term includes children for whom streets and public spaces play a central role in everyday life, relationships, work, identity, or survival. A rights-based vocabulary is preferable to labels that define children solely by homelessness or presumed deviance (United Nations Committee on the Rights of the Child, 2017). Across low- and middle-income settings, street connection is associated with poverty, disrupted caregiving, violence, exploitation, stigma, substance exposure, interrupted schooling, and

restricted access to health and protection services (Abate et al., 2022; Embleton et al., 2020; Jörgensen et al., 2024; Woan et al., 2013). These conditions create sustained developmental stress while simultaneously limiting the stable relationships through which young children usually learn to regulate emotion.

Emotion regulation refers to processes through which the occurrence, intensity, duration, and expression of emotion are shaped in relation to goals and context (Gross, 1998). In early childhood, regulation is initially interpersonal: infants and younger children rely heavily on adults to notice cues, reduce arousal, label feelings, and organize safe responses. Increasingly self-directed strategies emerge through repeated co-regulation, language development, executive function, play, and social participation (Harrington et al., 2020; Noroña-Zhou & Tung, 2021; Thümmler et al., 2022). In street-connected contexts, the developmental question is therefore not simply whether a child possesses self-control, but whether reliable people and safe settings are available to scaffold regulation.

Resilience is similarly better understood as a dynamic process of positive adaptation under adversity than as exceptional toughness (Masten, 2014). This distinction is ethically important. When basic rights, housing, education, health care, and protection are unstable, celebrating individual endurance can obscure preventable structural harm. Evidence from street-connected populations points toward relational and structural forms of resilience, including peer solidarity, supportive adults, family and community participation, and restored access to education and services (Goodman et al., 2023; Hills et al., 2016). Resilience may involve agency and coping, but it is enabled or constrained by the surrounding social ecology.

The literature at the intersection of street connection, early childhood, emotion regulation, and resilience is sparse. Direct studies commonly combine children and adolescents, report broad psychosocial outcomes, and do not disaggregate findings for children younger than eight. Conversely, the early-childhood literature provides stronger developmental evidence about co-regulation and socio-emotional learning but is usually based on children living with caregivers and attending stable educational settings. Treating these two evidence bases as equivalent would overstate what is known. A useful review must therefore separate direct evidence from contextual evidence and make the inferential distance visible.

This systematic literature review addresses five questions: (RQ1) What direct evidence exists on emotion regulation and resilience among street-connected children in early childhood? (RQ2) Which individual, relational, institutional, and structural factors shape resilient adaptation? (RQ3) What is known about the relationship between emotion regulation and resilience? (RQ4) What interventions show promise for strengthening these capacities? and (RQ5) What methodological and substantive gaps should guide future research? The contribution of the review is not to claim a mature evidence base, but to identify what can be concluded, what can only be inferred, and what remains unknown.

2. LITERATURE REVIEW

2.1 Emotion Regulation as a Developmental and Contextual Process

Process models distinguish among strategies deployed before or after an emotional response is fully activated, while developmental approaches emphasize changes in regulatory capacity with age, language, executive function, and social experience. Across both perspectives, strategy effectiveness is context-sensitive. Suppression may carry costs when it becomes a rigid default, yet temporary emotional concealment may serve immediate safety in threatening environments. Reappraisal, attentional shifting, problem solving, and help-seeking may be adaptive when children have sufficient cognitive and relational resources. Accordingly, street-connected children's observable behavior should not be judged against normative expectations without considering survival demands.

Research in general early-childhood samples shows that emotion regulation is associated with social competence, school readiness, and psychological adjustment, and that preschool social-emotional learning can improve relevant competencies (Harrington et al., 2020; Murano et al., 2020). Longitudinal evidence also shows heterogeneous regulatory trajectories during toddlerhood (Noroña-Zhou & Tung, 2021). These findings support malleability, but they do not establish identical mechanisms or intervention effects for children living or working in street situations.

2.2 Resilience as a Multisystemic Achievement

A multisystemic account locates resilience across interacting ecological levels (Bronfenbrenner, 1979). Individual capacities such as self-efficacy and problem solving matter, but so do safe relationships, peer networks, schools, community organizations, legal protection, and access to housing and health care. In Kenya, program evidence indicates that reintegration was more likely when family and community participation accompanied child-focused

services (Goodman et al., 2023). Qualitative evidence likewise shows that systemic discrimination and rights violations shape health inequities experienced by street-connected children and youth (Embleton et al., 2020).

This perspective cautions against equating survival behavior with well-being. Substance use, withdrawal, aggression, or emotional suppression can be functional responses to immediate danger while carrying long-term developmental costs. Conversely, agency, peer support, spirituality, humor, and practical competence may coexist with distress. Resilience assessment must therefore attend to both strengths and unmet rights, avoiding either deficit-only narratives or romanticized accounts of coping.

2.3 An Integrated Analytical Lens

The review uses an integrated lens combining emotion-regulation theory, developmental co-regulation, ecological systems thinking, and dynamic resilience. The proposed relationship is conditional rather than deterministic: supportive ecological resources may create opportunities for co-regulation and adaptive strategy use; improved regulation may support participation, relationships, and coping; and successful adaptation may further expand access to supportive resources. Because direct longitudinal evidence is unavailable, the model developed from this review is presented as a testable synthesis hypothesis rather than a confirmed causal pathway.

3. METHODOLOGY

3.1 Review Design and Protocol

A systematic literature review was conducted and reported with reference to PRISMA 2020 (Page et al., 2021). A protocol specifying questions, eligibility criteria, information sources, extraction fields, and synthesis procedures was prepared before screening, but it was not prospectively registered. The review was designed for qualitative and narrative synthesis because the expected evidence included heterogeneous populations, study designs, constructs, and outcomes.

3.2 Search Strategy and Eligibility

Scopus, PsycINFO, PubMed, and Google Scholar were searched for peer-reviewed sources published from January 2013 through December 2025. Search strings combined population terms ("street-connected child*", "street child*", "child* in street situations", homeless child*, vulnerable child*) with concept terms ("emotion regulation", "emotional regulation", self-regulation, coping, resilience, adaptation) and developmental terms ("early childhood", preschool, young child*). Database syntax was adapted while preserving the conceptual blocks. Reference lists of eligible reviews were checked for additional sources.

Two evidence tiers were eligible. Direct evidence included empirical studies or systematic/scoping reviews focused on children or young people in street situations and reporting emotion regulation, coping, resilience, well-being, or closely related psychosocial outcomes. Contextual evidence included early-childhood studies or reviews on emotion regulation and resilience under adversity that could inform developmental interpretation. Contextual sources were retained only when their inferential distance was explicitly reported. Adult-only studies, opinion pieces, non-academic reports, records without identifiable methods, and sources unrelated to either emotion regulation or resilience were excluded. English- and Indonesian-language full texts were eligible.

3.3 Screening, Appraisal, and Synthesis

After duplicates were removed, titles and abstracts were screened, followed by full-text assessment. Disagreements were resolved by discussion. Extraction fields covered source, country, population and age range, sample, design, constructs, methods, key findings, limitations, and evidence tier. Empirical studies were examined using design-relevant domains from the Mixed Methods Appraisal Tool (Hong et al., 2018), while review articles were considered against core AMSTAR 2 principles such as transparency of search, selection, appraisal, and synthesis. Appraisal informed the weight placed on findings; no numerical cut-off was used because the purpose was evidence mapping in a sparse field.

The synthesis proceeded in three stages: line-by-line coding of relevant findings; grouping of codes into descriptive themes; and development of analytical themes aligned with the five review questions. Direct and contextual evidence were synthesized separately before cautious integration. No meta-analysis was attempted because measures, populations, and designs were not sufficiently comparable.

Table 1. Eligibility criteria applied during full-text assessment.

Domain	Included	Excluded
Source type	Peer-reviewed empirical studies and systematic/scoping reviews	Editorials, opinion pieces, non-academic reports
Population	Direct tier: children/youth in street situations; contextual tier: early-childhood or adversity-exposed populations	Adult-only populations
Concept	Emotion regulation, coping, resilience, adaptation, well-being, or closely related psychosocial outcomes	No relevant regulatory or resilience construct
Period/language	2013-2025; English or Indonesian	Outside period; other languages without accessible translation
Reporting	Full text with identifiable methods and findings	Insufficient methodological information

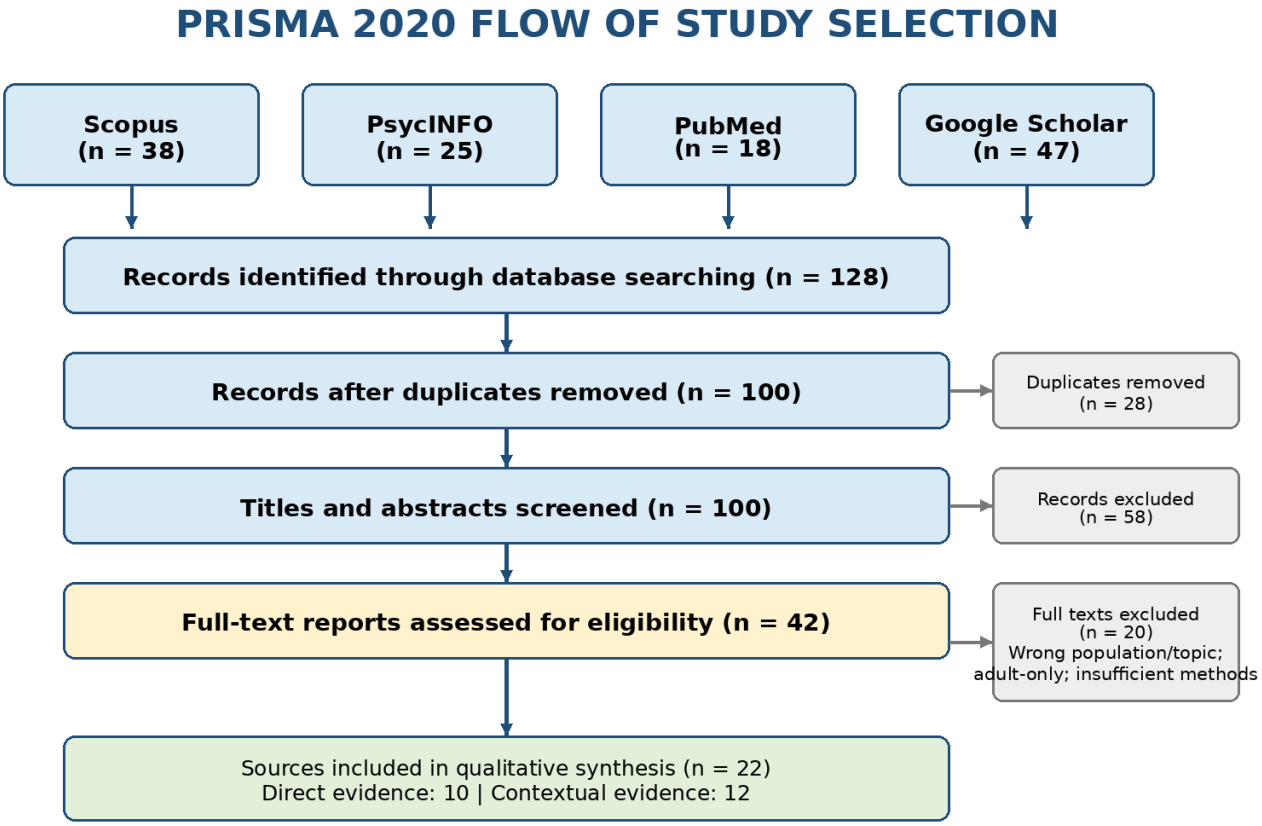


Figure 1. PRISMA 2020 flow of study selection.

4. FINDINGS

4.1 Characteristics of the Evidence Base (RQ1)

The search identified 128 records. After removal of 28 duplicates, 100 titles and abstracts were screened; 42 full texts were assessed and 22 sources were included. Ten sources contributed direct evidence from street-connected populations and 12 contributed contextual evidence. The direct evidence was geographically concentrated in sub-Saharan Africa, especially Ethiopia, Kenya, and South Africa. Designs included cross-sectional surveys, qualitative studies, mixed-methods studies, program data, and reviews. Critically, none of the direct studies isolated children

aged birth to eight, and most combined school-age children and adolescents. This absence is the central finding for RQ1: a literature exists on street-connected children and resilience, and another on early-childhood emotion regulation, but direct evidence at their intersection is extremely limited.

Table 2. Characteristics and evidentiary role of the 22 included sources.

No.	Source	Population/context	Design	Contribution and boundary
1	Gita & Dissasa (2023)	Street-connected children, Ethiopia	Mixed methods; n=155	Direct: well-being and resilience; mixed ages.
2	Maepa (2021)	Street and non-street children, South Africa; 8-18 years	Comparative cross-sectional; N=600	Direct: resilience difference; not early-childhood-specific.
3	Goodman et al. (2023)	Street-involved children and youth, Kenya	Retrospective program cohort; n=227	Direct: structural resilience and reintegration.
4	Embleton et al. (2020)	Street-connected children/youth and stakeholders, Kenya	Qualitative multi-method; n=100	Direct: structural inequities and rights.
5	Abate et al. (2022)	Street children, Ethiopia	Mixed methods	Direct: adversity and health context; no specific ER measure.
6	Ayenew et al. (2020)	Street children, Ethiopia	Community cross-sectional	Direct: substance use as coping/risk context.
7	Hills et al. (2016)	Street children, South Africa	Qualitative	Direct: violence, substance use, and resilience.
8	Watters & O'Callaghan (2016)	Children/adolescents in street situations, LMICs	Systematic review; 5 intervention studies	Direct: intervention evidence; age-mixed.
9	Woan et al. (2013)	Street children/youth, LMICs	Systematic review	Direct: health burden and adversity context.
10	Jörgensen et al. (2024)	Children in street situations and working children	Scoping review	Direct: access to health, services, and rights.
11	Noroña-Zhou & Tung (2021)	Toddlers	Longitudinal	Contextual: developmental trajectories of ER.
12	Miu et al. (2022)	Childhood adversity across populations	Meta-analysis	Contextual: ER as a possible pathway to psychopathology.
13	Murano et al. (2020)	Preschool children	Meta-analysis of SEL interventions	Contextual: modifiability of socio-emotional competencies.
14	Nilfyr & Ewe (2025)	Preschool children	Systematic review	Contextual: interaction and emotional self-regulation.
15	Thümmler et al. (2022)	Early-childhood education	Integrative review	Contextual: educators' role in emotional development.

No.	Source	Population/context	Design	Contribution and boundary
16	Gartland et al. (2019)	Children exposed to social adversity	Systematic review	Contextual: resilience factors and measurement.
17	McLaughlin et al. (2020)	Children exposed to trauma	Transdiagnostic review/model	Contextual: mechanisms of risk and resilience.
18	Compas et al. (2017)	Children and adolescents	Meta-analysis and narrative review	Contextual: coping/ER and psychopathology.
19	Harrington et al. (2020)	Early childhood	Conceptual review	Contextual: ER and school readiness.
20	Risnawati et al. (2023)	Young children	Quantitative developmental study	Contextual: social-cognitive correlates of ER.
21	Ambarita & Gampu (2025)	Early-childhood storytelling	Systematic literature review	Contextual: narrative approaches to ER.
22	Xie & Yi (2024)	Adolescents	Quantitative	Contextual: ER strategies and resilience; age-adjacent.

4.2 Emotion Regulation under Chronic Adversity (RQ1 and RQ3)

Direct studies seldom measured emotion regulation as a distinct construct. Instead, they reported distress, coping, substance use, peer relations, self-esteem, well-being, or broad resilience. Consequently, the review cannot support a precise prevalence estimate for emotion dysregulation or a direct effect of regulation on resilience among street-connected young children. The evidence is consistent with, but does not prove, emotion regulation as a mechanism connecting adversity to adaptation.

Contextual developmental evidence clarifies why the mechanism remains plausible. Early regulation develops through repeated co-regulation, and chronic adversity can disrupt attention, threat processing, executive function, and access to supportive adults (McLaughlin et al., 2020; Miu et al., 2022). Yet strategy labels should be interpreted cautiously. Emotional suppression, vigilance, avoidance, and peer dependence may be short-term adaptations to danger even when they predict poorer long-term outcomes. A trauma-informed interpretation asks what function a behavior serves before classifying it as maladaptive.

4.3 Protective Conditions for Resilient Adaptation (RQ2)

Protective conditions clustered at four levels. At the child level, studies described agency, self-efficacy, problem solving, hope, and help-seeking. At the relational level, peer solidarity, responsive adults, non-stigmatizing social workers, and family participation were recurrent. At the service level, education, health care, child-protection systems, and continuity of follow-up mattered. At the structural level, housing, legal rights, anti-discrimination practices, and family livelihoods shaped whether gains could be sustained. The strongest direct program evidence favored coordinated child, family, and community action rather than child-only skills training (Goodman et al., 2023).

Family involvement was not uniformly protective. Family conflict, abuse, neglect, or economic pressure can contribute to street migration, while safe and supported family participation can facilitate reintegration. Interventions should therefore assess family functioning and safety rather than assuming that reunification is intrinsically beneficial. Where family care is unsafe or unavailable, stable alternative relationships and community-based protection become especially important.

4.4 Intervention Evidence (RQ4)

Intervention evidence was limited and heterogeneous. The systematic review by Watters and O'Callaghan (2016) located only five quantitative evaluations for children and adolescents in street situations in low- and middle-income

countries. More recent program evidence from Kenya supports a socio-ecological reintegration model combining child-focused rehabilitation with family and community strengthening (Goodman et al., 2023). Neither evidence base isolates children under eight or tests emotion regulation as the primary outcome.

General early-childhood evidence supports developmentally appropriate socio-emotional learning, storytelling, play, emotion labeling, and adult co-regulation (Ambarita & Gampu, 2025; Murano et al., 2020; Thümmler et al., 2022). These approaches are promising components, not proven packages for street-connected children. Transfer requires culturally responsive adaptation, flexible delivery outside conventional classrooms, safeguarding procedures, and coordination with housing, health, and protection services.

4.5 Evidence Summary and Research Gaps (RQ5)

Table 3. Summary of conclusions by research question.

RQ	Focus	Synthesis	Confidence
RQ1	Direct early-childhood evidence	No direct study isolated ages 0-8; evidence is sparse and age-mixed.	Very limited
RQ2	Protective conditions	Relational, service, and structural supports recur more consistently than any single child trait.	Moderate for age-mixed populations
RQ3	ER-resilience relationship	Plausible and supported indirectly; not directly tested longitudinally in street-connected young children.	Indirect
RQ4	Interventions	Multisystemic and reintegration approaches are promising; no early-childhood-specific controlled trials.	Preliminary
RQ5	Priority gaps	Age-disaggregation, cultural validation, longitudinal designs, child voice, and intervention trials.	Consistent gap

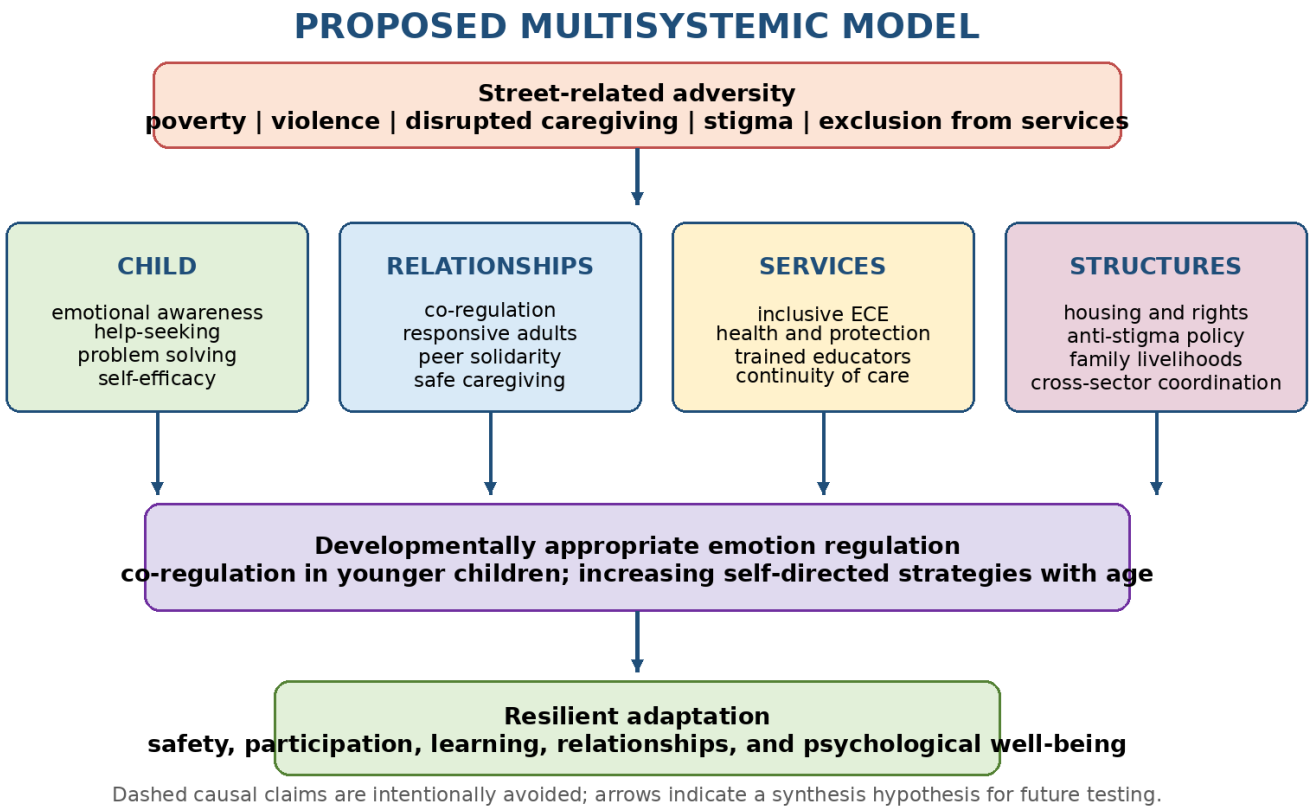


Figure 2. Proposed multisystemic model linking ecological resources, emotion regulation, and resilient adaptation. The model is a synthesis hypothesis, not a confirmed causal model.

5. DISCUSSION

5.1 Emotion Regulation Is a Plausible but Unconfirmed Mechanism

The most important interpretive correction is the distinction between plausibility and direct evidence. General developmental and adversity research provides a strong rationale for emotion regulation as one pathway through which chronic stress affects psychological adjustment. However, the direct street-connected literature reviewed here rarely measured emotion regulation and did not isolate early childhood. It would therefore be inaccurate to claim that emotion regulation has already been demonstrated as the central mechanism of resilience in this population.

A more defensible proposition is developmental and conditional: safe, responsive relationships may support co-regulation; co-regulation may expand children's capacity to identify emotions, tolerate arousal, seek help, and select context-appropriate strategies; and these capacities may increase participation in education, relationships, and services. Each link requires direct testing. For children in immediate danger, structural safety and adult protection are prerequisites, not optional additions to a skills curriculum.

5.2 Resilience Should Not Individualize Structural Harm

The direct evidence strongly supports a multisystemic interpretation. Street-connected children may display remarkable agency, but their adaptive possibilities remain shaped by legal protection, social inclusion, housing, health care, education, and the reliability of adults and institutions. Goodman et al. (2023) operationalized this insight as structural resilience and showed the value of linking child-focused reintegration with family and community participation. Embleton et al. (2020) similarly demonstrated that inequities are produced through social and political structures, not simply through individual behavior.

This framing changes practice. Assessment should identify strengths without treating children as solely responsible for adapting to unsafe conditions. Outcomes should extend beyond symptom reduction or school attendance to include safety, stable relationships, rights realization, and continuity of support. Reintegration should be monitored over time and should not proceed when family environments remain unsafe.

5.3 Implications for Early-Childhood Education and Protection

Early-childhood programs serving street-connected or street-involved families should prioritize predictable routines, emotionally responsive adults, play-based emotion language, co-regulation, and non-punitive responses to survival-related behavior. Educators need preparation in trauma-informed practice, safeguarding, referral pathways, and collaboration with social workers and health providers. Mobile, community-based, and flexible services may be more accessible than conventional center-based provision for children with unstable attendance.

Intervention intensity should match developmental stage. Younger children require external regulation and caregiver work; older children may benefit from explicit strategy coaching and peer-group activities. Family-inclusive practice should begin with safety assessment and material support. When family involvement is not appropriate, mentoring, foster or kinship support, community organizations, and child-protection services may provide alternative regulatory relationships.

5.4 Limitations

This review has four main limitations. First, the protocol was not prospectively registered. Second, Google Scholar is less reproducible than bibliographic databases, and only English- and Indonesian-language full texts were eligible. Third, the corpus intentionally combined direct and contextual evidence; although the tiers were kept separate, contextual interpretation cannot substitute for population-specific evidence. Fourth, age aggregation, construct heterogeneity, and limited reporting prevented meta-analysis and precise assessment of early-childhood effects. These limitations narrow the certainty of the conclusions but also define a clear research agenda.

6. CONCLUSION

The literature does not yet permit strong causal or effectiveness claims about emotion regulation and resilience among street-connected children in early childhood. No included direct study isolated children aged birth to eight or longitudinally examined both constructs together. The strongest conclusion is ecological: resilient adaptation is supported by safe relationships, peer and adult support, education, protection services, family and community participation when safe, and access to structural goods. Emotion regulation is a developmentally plausible and modifiable process, but current support is primarily indirect.

Future research should recruit age-disaggregated street-connected samples; validate culturally and contextually appropriate measures; combine children's accounts with caregiver, educator, and service data; and use longitudinal and rigorous quasi-experimental or experimental designs. Intervention trials should test developmentally differentiated, trauma-informed programs that integrate co-regulation and socio-emotional learning with family, community, and structural support. Until such evidence is available, practice should remain cautious, rights-based, and multisystemic.

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