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Protective and susceptibility indicators related to the resilience of adolescents in socially vulnerable conditions

Indicadores protetivos e de suscetibilidade relacionados à resiliência de adolescentes em situação de vulnerabilidade social

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Abstract

The study aimed to review the scientific production on the performance of protective and susceptibility indicators in relation to the resilience of adolescent students in situations of social vulnerability. The study is an integrative review and was guided by the following question: What is the scientific evidence on the performance of protective and susceptibility indicators in relation to the resilience of adolescent students in situations of social vulnerability? A total of 3,249 papers were identified in the databases and after applying the inclusion and exclusion criteria, 18 articles constituted the final sample. The studies assessed revealed several mechanisms and interventions that describe how to act in order to stimulate resilience. It is relevant to consider resilience among adolescent students as an element that enhances human capacity to deal with the adversities experienced in their daily lives.

Keywords: Adolescent; Resilience, psychological; School health services; Social vulnerability.

Resumo

O estudo teve como objetivo analisar a produção científica sobre o desempenho dos indicadores protetivos e de suscetibilidade em relação à resiliência de adolescentes escolares em situação de vulnerabilidade social. O estudo é do tipo revisão integrativa e foi norteado pelo seguinte questionamento: quais são as evidências científicas sobre o desempenho dos indicadores protetivos e de suscetibilidade em relação à resiliência de adolescentes escolares em situação de vulnerabilidade social? Nas bases de dados foram identificados o total de 3.249 adolescentes, e, após a aplicação dos critérios de inclusão e exclusão, 18 artigos constituíram a amostra final. Nos estudos existem os

diversos mecanismos e as intervenções que descrevem como atuar estimulando a resiliência. É relevante considerar a resiliência entre os adolescentes escolares como o elemento potencializador da capacidade humana para lidar com as adversidades vivenciadas em seu cotidiano.

***Palavras-chave**: Adolescente; Resiliência psicológica; Serviços de saúde escolar; Vulnerabilidade social.*

Adolescence is a period of fast development and change, with significant consequences such as adoption of risky behaviors. During this phase, mental health disorders are associated with unhealthy and risky behaviors. When coupled with social vulnerability, adolescence becomes a more complex issue (Lee et al., 2021).

Thus, social vulnerability is associated with difficulties, but also with the potential that these individuals have or can acquire and how these phenomena can influence their own health (Anhas & Castro-Silva, 2017; Fonseca et al., 2013).

Furthermore, adolescence is the starting point for a large rate of mental disorders that negatively impact this phase and will likely persist into adulthood. These negative impacts include emotional distress, poor academic performance, and involvement in risky behaviors, such as alcohol abuse, drug use, teenage pregnancy and violence (Dray et al., 2017).

In this connection, it is important to understand resilience as a resource regularly used in interventions to promote mental health with the most positive outcomes. Resilience is defined as the protective or positive processes that mitigate maladaptive outcomes in the face of risk conditions. This construct is often referred to as multidimensional, with internal and external factors contributing to an individual's response to an adverse situation (Lee et al., 2021).

Research on resilience is generally associated with protective and susceptibility factors. Risk/susceptibility factors are stressful events that increase the likelihood of adolescents developing a range of physical, social, or emotional problems. Adolescents living in a context of social vulnerability can weaken their protective factors and hinder the development of resilience (Vanderley et al., 2020).

It's worth highlighting some adverse events resulting from the social and economic precariousness in which many families live, with a direct impact on the physical, cognitive, emotional, and occupational domains of adolescents. If these social inequalities are not addressed, their harmful effects will be felt in future generations (Souza et al., 2019).

In contrast, protective factors emerge, comprising a set of influences capable of modifying and improving the individuals' response when they are exposed to a risk that predisposes them to a negative and maladaptive outcome. These factors are related to the individual's own circumstances, be they family, socioeconomic, support networks, and/or the environment in which the individual lives (Fonseca et al., 2013; Vanderley et al., 2020).

Thus, schools can contribute to minimizing the susceptibility factors and enhancing the protective factors by constituting environments fit for those interventions that aim to promote the integral development of the individual, through the implementation of universal and intersectoral programs, designed to support the physical and mental health of children and adolescents or those aimed at the general population (Lee et al., 2021).

Given this scenario, the importance of coordinated action between education and health professionals for the development of specific actions aimed at adolescents stands out; in this connection we ought to consider the relevance of developing resilience to face the challenges and difficulties present in the adolescents' daily lives marked by social vulnerability (Vanderley

et al., 2022). The integration between health and education constitutes a relevant assumption for comprehensive care of this population. Such integration requires transcending the technical and welfare-based conception and broadening the horizons of action, with the aim of stimulating educational and relational skills, in addition to encompassing specific knowledge about the process of human biopsychosocial development (Vanderley et al., 2022).

Thus, the integrative review aims to review the scientific production on the performance of protective and susceptibility indicators in relation to the resilience of school adolescents in situations of social vulnerability.

Method

This is an integrative review, a research method that allows for critical evaluation and compilation of available evidence on a topic under investigation, and identifies weaknesses that can potentially guide future research. To this end, we used the methodological recommendations of Sousa et al. (2017) regarding a research method that is deployed along six distinct phases: 1) identifying the topic and selecting the research question for developing the integrative review; 2) establishing inclusion and exclusion criteria for studies to be conducted or performing a literature search; 3) defining the data to be extracted from the selected studies/categorizing the studies; 4) evaluating the studies selected in the integrative review; 5) interpreting the results; 6) reporting the findings' synthesis.

In the first phase, the research question was developed based on the PICo strategy (Lockwood et al., 2015): (P) – population (school adolescents); (I) – Intervention (resilience); (Co) – Context (social vulnerability). Thus, the research was guided by the following question: what is the scientific evidence on the performance of protective and susceptibility indicators in relation to the resilience of school adolescents in situations of social vulnerability?

In this phase, the Health Sciences Descriptors (DeCS), the Virtual Health Library (VHL), and the Medical Subject Headings (MeSH) pages were consulted. The following descriptors were selected: adolescent/adolescence, psychological resilience, social vulnerability, school health services, or school health fostering, and their corresponding terms in Portuguese. The Boolean operators AND/OR were used in the search strategy, and in some international databases, the following keywords were used: resilience; vulnerability.

In the second phase, the following databases used to search for articles were selected: National Library of Medicine (PubMed), Embase, Scopus, Web of Science, and *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (Lilacs, Caribbean Literature in Health Sciences). Language filters (Portuguese, English, and Spanish) were used across all the databases, and inclusion criteria related to consistency with the research question and full-text availability were applied. Exclusion criteria included duplicate articles indexed in the databases, theses and dissertations, conference abstracts, editorials, book chapters, literature reviews, and articles that did not address the objective of the study.

Regarding the research period, the goal was to map the literature without time constraints, due to the limited number of articles that discuss this topic in Brazil and worldwide. The search and selection of articles took place in September 2022. After the search, the articles were screened through the software EndNote online in order to exclude duplicates. The article selection process was carried out by reading the title and abstract, using the Rayyan Qatar Computing Research Institute platform. In order to clarify the search and selection of articles, the recommendations of

the Preferred Reporting Items for Systematic Reviews and Meta-Analyses were adopted (Moher et al., 2009). Disagreements were settled by consensus among the investigators and then the full article was read.

Subsequently, data collection and definition of the variables chosen for analysis were performed and they included: journal name, authors, year of publication, title in the original language, country, language, type of study described by the original authors, number of participants, main results regarding protective and susceptibility indicators, and level of evidence. This process of extracting results and mapping was performed descriptively. To classify the level of evidence, we adopted the division proposed by the Joanna Briggs Institute (2013), which specifies the following levels of evidence: 1) Experimental studies – systematic reviews and randomized clinical trials; 2) Quasi-experimental studies; 3) Analytical observational studies – cohort and case-control studies; 4) Descriptive observational studies – cross-sectional studies, case series, and case studies; 5) Expert opinions and research databases.

The fourth phase of the research involved reading and evaluating the studies to answer the research objective and question. Thus, the critical appraisal was performed using an adapted version of the Critical Appraisal Skills Program developed by Moreira et al. (2020), using the following questions: 1) objectives clarity and rationale; 2) methodology adequacy ; 3) procedural presentation and discussion of the methods used; 4) adequate sample selection; 5) data collection details; 6) ethical aspects of the study; 7) rationale and rigor in the data analysis; 8) reporting and outcome discussion; 9) report on the study's contributions and indications of gaps for future research.

In the fifth phase of our investigation, the outcome was interpreted descriptively. The results were reported in a summary table and discussed based on the available literature on the topic. Furthermore, comparisons of the results were made and conclusions were drawn from the findings in the literature, highlighting potential research gaps, and providing suggestions for future research. Finally, in the last phase, we summarized the knowledge obtained in the results of the articles reviewed.

Results

The database search identified 3,249 papers; the EndNote software helped to exclude 1,246 duplicates. This resulted in a total of 2,003 articles. The use of the Rayan platform not only helped remove duplicate studies retrieved by the EndNote, but also facilitated peer review; this review helped exclude a further 190 duplicate articles, yielding a total of 1,813 articles. After applying the inclusion and exclusion criteria, 18 articles constituted the final sample, as shown in Figure 1.

Among the articles selected, the majority were issued in the United States of America (5). The others were from Spain (2), Colombia (1), Turkey (1), Australia (1), Chile (1), Brazil (3), China (2), Africa (1), and Nigeria (1). Regarding the language of the articles, the majority (13) was written in English, three were written in Portuguese, and two in Spanish.

The articles selected were published between the years 1993 and 2022. The greatest number of publications (two articles) was issued in 2022. The articles found were published in various journals in the areas of Psychology, Psychiatry, Adolescent Health Promotion, Nursing, and School Health. Regarding the levels of evidence, two articles were identified as level 1; three as level 2; three as level 3; eight as level 4; and two as level 5. An assessment of the characterization of the selected articles regarding the database, author, year, country, journal, language, objectives, study type, number of participants, level of evidence, and protective and susceptibility indicators is shown in Tables 1 and 2, respectively.

Figure 1

Study selection flowchart, adapted from Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA)

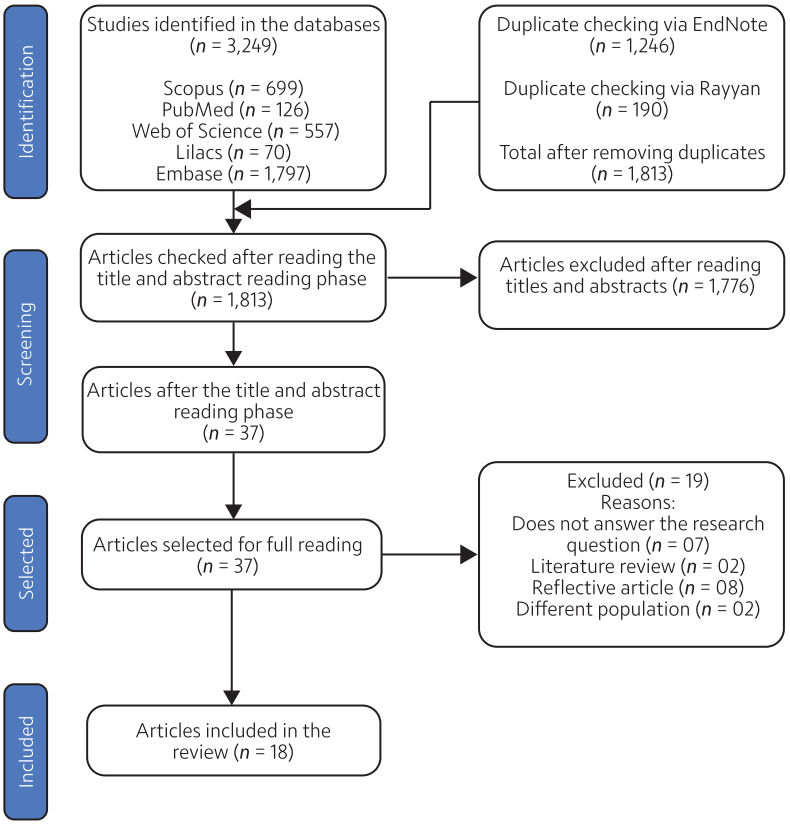

Table 1

Presentation and summary of the articles included in the review

1 of 2

Author (year)	Country, periodical and language	Title	Type of study/ number of participants/level of evidence (JBI)
Ali et al. (2010)	USA. International Journal of Environmental Research and Public Health. English.	Adolescent Propensity to Engage in Health Risky Behaviors: The Role of individual Resilience	Data from the National Longitudinal Study of Adolescent Health/ 90,000 adolescents/ 4.
Tapia et al. (2013)	Spain. Spanish Journal of Psychology. English.	Measuring Subjective Resilience despite Adversity due to Family, Peers and Teachers	Cross-sectional descriptive observational study/ 471 students who answered four questionnaires/ 4.
Alvarán-López et al. (2021)	Colombia. Hacia Promoc. Salud. Spanish.	*Valoración de La resiliencia em escolarizados: línea base para programas de intervención, Antioquia, 2018*	Transversal study/2,185 students/ 4.
Lee et al. (2021)	EUA. American Journal of Health Promotion. English.	Evaluation of a Resiliency Focused Health Coaching Intervention for Middle School Students: Building Resilience for Healthy Kids Program	Quasi-experimental intervention study/287 school adolescents/ 2.
Demirci et al. (2021)	Turkey. Current Psychology. English.	Character strengths and psychological vulnerability: The mediating role of resilience	Cross-sectional descriptive observational study/ 381 students aged 14 to 18 years/ 4.
Dray et al. (2017)	Australia. Journal of Adolescence. English.	Effectiveness of a pragmatic school-based universal intervention targeting student resilience protective factors in reducing mental health problems in adolescents.	Randomized controlled trial/ 3,115 seventh grade students/ 1.
Flores et al. (2022)	Chile. The Journal of School Health. English.	Internalizing Problems and Resilience in Primary School Students in Low and High Socioeconomic Vulnerability establishments in Chile.	Cross-sectional, exploratory and descriptive study/1,460 students aged 9 to 12/ 4.

Table 1

Presentation and summary of the articles included in the review

2 of 2

Author (year)	Country, periodical and language	Title	Type of study/ number of participants/level of evidence (JBI)
Frazier et al. (2015)	USA. Adm Policy Ment Health. English.	Building Resilience After School for Early Adolescents in Urban Poverty: Open Trial of Leaders @ Play	Intervention study - Quasi-experimental study/ 46 adolescents aged 11 to 17 and their respective parents/ 2.
Germano & Colaço (2012)	Brazil. Estudos de Psicologia. Portuguese.	*Abrindo caminho para o futuro: redes de apoio social e resiliência em autobiografias de jovens socioeconomicamente vulneráveis*	Qualitative study with interviews with life stories of the participants/ 21 young people/ 5.
Haack et al. (2012)	Brazil. Revista Interinstitucional de Psicologia. Portuguese.	*Resiliência em adolescentes em situação de vulnerabilidade social.*	Quasi-experimental study (intervention and control)/ 35 adolescents (15 intervention and 20 control)/ 3.
Jaffee & Gallop (2007)	USA. Journal of the American Academy of Child and Adolescent Psychiatry. English.	Social, Emotional, and Academic Competence Among Children Who Have Had Contact With Child Protective Services: Prevalence and Stability Estimates	Longitudinal study over 3 years - Cohort/ 5,501 children aged 1-14 years/ 3.
C. Li et al. (2022)	China. School Mental Health. English.	The Effect of Model-Based Group Counseling on the Resiliency of Disadvantaged Adolescents from Poor Areas of China: A Single-Blind Randomized Controlled Study	Randomized, single-blind controlled trial/ 650 seventh- to eighth-grade students/ 1.
H. Li et al. (2011)	China. Asian Journal of Social Psychology. English.	Risk, protection, and resilience in Chinese adolescents: A psycho-social study	Cross-sectional descriptive observational study/ 636 Chinese students aged 15-19/ 4.
Luthar et al. (1993)	USA. Development and Psychopathology. English.	Resilience is not a unidimensional construct - insights from a prospective-study of inner-city adolescents	Cross-sectional/ 138 9th grade students/ 4.
Mampane (2014)	Africa. South African Journal of Education. English.	Factors contributing to the resilience of middle-adolescents in a South African township: Insights from a resilience questionnaire	Mixed methods that begin with a quantitative and qualitative research phase of focus groups/ 291 9th grade high school students/ 4.
Olowokere & Okanlawon (2014)	Nigeria. Journal of School Nursing. English.	The Effects of a School-Based Psychosocial Intervention on Resilience and Health Outcomes Among Vulnerable Children	Quasi-experimental (pre-test-post-test)/ 109 vulnerable children (50 experimental and 59 control) + 14 teachers and 15 school nurses/ 2.
Simón-Saiz et al. (2018)	Spain. Enfermeria Clinica. Spanish.	*Influence of resilience on health-related quality of life in adolescents*	Descriptive, cross-sectional, multicenter and multistage study/ 844 students aged 15-18/ 3.
Xavier et al. (2011)	Brazil. *Revista Brasileira de Crescimento e desenvolvimento humano*. Portuguese.	*Juventude e resiliência: experiência com jovens em situação de vulnerabilidade*	Qualitative method, the strategy of conversation groups was used, guided by themes (action research)/ 11 young people aged between 15 and 19 years old/ 5.

Note: JBI: Joanna Briggs Institute.

Table 2

Protective and resilience susceptibility indicators present in the articles

1 of 2

Author (year)	Protective and susceptibility indicators for resilience
Ali et al. (2010)	Protectives: The school provides smoking, alcohol, and drug prevention policies and/or programs. Susceptibility: Risk behaviors such as smoking, drinking alcohol, and using illegal drugs.
Tapia et al. (2013)	Protectives: Resilience depends on environmental characteristics or situational factors. One such factor is the motivational climate in the classroom, which is a set of teaching standards that guide learning goals and foster adolescents' interest in learning. The article also cites other protective factors in the school context, such as attachment patterns; motivation; and self-regulation of thought, emotion, and behavior. Susceptibility: Adolescents in school face challenges that are often experienced as adversity: family problems, adapting to new schools, challenging work; or they participate in stereotyped peer groups and are therefore vulnerable to academic performance deficits.
Alvarán-López et al. (2021)	Protectives: The following dimensions: family relationships, self-esteem, adaptability to new situations, creativity, and affection strengthen resilience. Furthermore, adolescents, as protagonists of their own projects, become strategic actors in the development of society. Susceptibility: The greater social vulnerability of adolescents is related to having a disability, being an immigrant, coming from contexts of armed conflict, experiencing teenage pregnancy, or being Lesbian, Gay, Bisexual and Transgender (LGBT).

Table 2

Protective and resilience susceptibility indicators present in the articles

Author (year)	Protective and susceptibility indicators for resilience
Lee et al. (2021)	Protectives: A school-based health coaching program designed to build resilience and teach students coping skills and strategies to increase their self-efficacy. Susceptibility: Poor health behaviors, poor academic performance, engagement in risky behaviors, and suicidal ideation.
Demirci et al. (2021)	Protectives: Character strengths have the potential to promote well-being and prevent psychopathology; high levels of wisdom, courage, optimism, and calmness, accompanied by psychological resilience, can lead to a decrease in psychological vulnerability. Parents and educators can develop and nurture the traits that will empower these adolescents. Susceptibility: Psychological vulnerability, genetic factors, personality traits, history of psychopathology, traumatic events, disadvantaged socioeconomic status, lack of social support, and developmental disabilities.
Dray et al. (2017)	Protectives: Peer, individual, family, and community relationships impact health behaviors. Internal factors (cooperation/communication, empathy, goals/aspirations, problem-solving, self-awareness, self-efficacy) or external factors (meaningful participation and support from school, caring peer relationships). Susceptibility: Mental health problems such as anxiety and depression; risk behaviors such as substance use; lack of physical activity; lack of commitment to sexual health; and bullying.
Flores et al. (2022)	Protectives: Public policies that generate structural changes in the psychoeducational and school environment, psychological support teams that can be integrated into schools and external networks in society. Susceptibility: Schools with high or low vulnerability, classified according to the country's social vulnerability index; social exclusion; psychopathologies; and the lack of coordination between schools and public health services.
Frazier et al. (2015)	Protectives: The contributions of neighborhood, family, and peer influences on behaviors and decision-making committed to the healthy development of young people; the Leaders @ Play Project, which aims to support skill acquisition, healthy relationships, and family involvement for enrolled youth, promoting educational instruction, skill demonstration and discussion, role-playing, sports, and recreation to provide an environment for self-development beyond school. Susceptibility: Economic disadvantage exacerbates risks; smoking, alcohol, and illicit substance use; early sexual activity; and high rates of community violence.
Germano & Colaço (2012)	Protectives: The role of the social support network (family, friends, close social groups); financial support for basic needs, such as food, health, education, and work. Susceptibility: Facing significant risks and adversities at home, at school, in the neighborhood, and at work; difficulty establishing meaningful relationships with peers, friends, family, teachers, and others who can provide affection and emotional support.
Haack et al. (2012)	Protectives: Individual, family, and support network factors; the need for care, instruction on how to deal with a risky environment, and nonviolent confrontation of conflict situations. Susceptibility: Exposure to violent situations, disruptions in family dynamics, low socioeconomic status compared to the number of family members, low education, urban disasters, terrorist attacks, murder, being a "caregiver" for younger siblings, substance abuse, and the lack of a more appropriate space to clarify doubts about sexuality.
Jaffee & Gallop (2007)	Protectives: Supportive relationships with caregivers, teachers, or other family members. Susceptibility: Physical, sexual, or psychological abuse; parental neglect; mental health problems and difficulties in school and social relationships; exposure to risks related to parental criminality; serious mental illness; substance abuse; and domestic violence.
C. Li et al. (2022)	Protectives: It is necessary to improve the promotion and universality of mental health interventions in schools, in areas marked by poverty, with a psychoeducational and counseling approach. Susceptibility: Physical, sexual, and mental abuse; crime; disasters; parental and state neglect; poverty and stigma.
H. Li et al. (2011)	Protectives: Family attachment, opportunities and recognition of prosocial involvement at school; good academic performance and behavior. Susceptibility: Lack of parental care and affection, low academic engagement, child abuse, parental psychopathology, problematic behaviors (conduct problems, school dropout, and drug use), and parental divorce.
Luthar et al. (1993)	Protectives: The adolescent's education, occupation, employment, and life history. Susceptibility: Stress, family disruptions, and social vulnerability.
Mampane (2014)	Protectives: At least one family member is employed, formal housing, brick home, both parents alive, does not get involved in fights at school, good problem-solving skills, sufficient nutrition, few stressors/problems, feeling protected, lives with parents, good treatment at home, good life experiences, adequate academic progress. Susceptibility: If schools do not serve as safe havens, they expose students to "physical and emotional violence, boredom, alienation, academic frustration, bullying, gangs, humiliation and failure, harsh punishment, and expulsion from school, community, and resources"; poverty; and segregation, racial or otherwise.
Olowokere & Okanlawon (2014)	Protectives: Counseling, memory books, peer support (children's clubs), and resilience games. Susceptibility: Children affected by Human Immunodeficiency Virus (HIV) or other chronic illnesses; children who have lost one or both parents; children requiring unique family care; abused and neglected children; children with physical disabilities; children affected by armed/communal conflict; and children requiring legal protection. This results in symptoms of depression, anger, hopelessness, loneliness, low self-esteem, and suicidal ideation.
Simón-Saiz et al. (2018)	Protectives: Information seeking; cognitive appraisal; and positive reinterpretation. Research indicates that women cope with stress by expressing their emotions and seeking social support, while adolescent boys use cognitive restructuring strategies, escape, forgetting their emotions, or focusing on relaxing activities. Susceptibility: Problems with family and school; concern about achieving good academic results and making decisions about the future.
Xavier et al. (2011)	Protectives: Dreams, desires, perspectives on life, and the ability to plan and pursue future projects for a better quality of life. Susceptibility: Exposure to domestic violence; close relationship with drugs; conflict with the law; rejection within the family and society; experiences of abandonment, prejudice, and significant economic vulnerability.

Discussion

This review provided an opportunity to assess the scientific literature on the performance of protective and susceptibility indicators in relation to the resilience of socially vulnerable adolescent students. The susceptibility related to this research topic can be seen in the scientific literature of this study, which is related to the community, family, personal, and school contexts. Therefore, it is understood that these conditions are closely intertwined and can harm the individual's overall development, as they exacerbate the negative implications for the adolescent's learning process and sociocultural development.

According to the results of a study conducted in Spain, resilience can vary from one environment to another, as the adaptive or maladaptive processes that produce it or cause its shortage tend to spread in harmful environments (Tapia et al., 2013). These findings reaffirm that personal, family, and community factors are tied to one another and, together, build the individual's resilience.

Therefore, it is necessary to elucidate these susceptibilities, since raising awareness and recognizing them is the primary requirement for empowering family members, teachers, and health professionals to foster a support network capable of establishing mobilizations and coordination for assistance that promote health and citizenship.

Among the indicators of susceptibility in relation to adolescent resilience, at the community level, the following stood out: the territory of insecurity and violence to which these adolescents are exposed, and the need to flee their country of origin. This reality is marked by armed conflicts and dictatorial regimes, which contribute to situations of persecution, conflict, violence, human rights violations, and events that seriously disrupt public order.

Forced displacement continued to increase in the world during the first four months of 2024, reaching 120 million cases (United Nations High Commissioner for Refugees, 2025). In 2023, the *Comitê Nacional para os Refugiados* (National Committee for Refugees) recognized 77,193 people as refugees in Brazil; out of these, 44.3% were children, adolescents, and young people up to 8 years of age (Junger et al., 2024). However, forced child migration has not yet managed to unite universal efforts to protect and ensure the fundamental rights of those children and youth population (Abelson et al., 2023).

The framework of maladjustment and disruption in the family dynamics plays a significant role in adolescent resilience. Due to their complexity, family circumstances are triggered by a variety of situations, such as parental psychopathology, parental divorce, difficulties in providing families' support, precarious housing conditions, parental criminality, lack of affection and care, and exposure to domestic violence.

In this connection, the literature highlights that family relationships are vital for human development and can act as both a protective and a risk factor for the emergence of dysfunctional cognitions, emotional difficulties, and behavioral maladjustments in adolescents (Lara et al., 2021). A study conducted in Colombia with 2,185 schoolchildren showed that the lack of family affection increased sixfold the likelihood of failure to develop resilience in students who reported lacking an affectionate relationship with their parents (Alvarán-Lopez et al., 2021). Thus, a lack of affection implies lower personal competence and resilience, while having self-esteem and feelings of accomplishment are essential indicators for the development of these young people (Ali et al., 2010).

Furthermore, studies have shown that among the most common susceptibility factors cited in the articles, in addition to family and community problems, the following ought to be included:

adolescents' self-perception of their psychopathologies; the emergence of chronic diseases; poor academic performance; lack of social support; economic disadvantage; bullying; physical, sexual, and psychological abuse; occurrence of a disability; belonging to groups considered stereotypical regarding gender, race, or religious beliefs. Given perceived problems or challenging situations, personal susceptibilities can highlight adolescents' low resilience and potential involvement in risky behaviors, such as alcohol abuse and drugs use; violent situations; early and unsafe sexual practices; teenage pregnancy; suicidal ideation; and poor health behaviors.

Thus, the social context can offer opportunities for adolescents to feel socially accepted, or it can foster a feeling of vulnerability that hinders the development of resilience (Ali et al., 2010). The repercussions on adolescents' mental health include the occurrence of anxiety and stress, which stem from concerns about achieving good academic results and making decisions about the future (Simón-Saiz et al., 2018), a dilemma faced due to the social demands imposed on the future adults.

Having a social support network that encompasses friends, family, community, and cultural background makes a difference in overcoming risk and social vulnerability among young people. A study conducted in Brazil with low socioeconomic background adolescents found that the presence of parents, friends, boyfriends, teachers, and church mentors provided essential support, as they were their primary source of social support, especially during difficult times (Germano & Colaço, 2012).

Thus, the protective factors for resilience are: social support outside the family that contributes to resilience at the community level; resilience at the family level associated with the relationships of parents and other family members; and personal resilience linked to the individual's psychological, cognitive and emotional processes (Ali et al., 2010).

In a general context, based on this study of resilience among Brazilian adolescents, it is possible to observe that, despite their good resilience performance, these young people revealed the need for care, guidance, and support to face risk contexts and deal more appropriately with conflict situations (Haack et al., 2012). Hence, we can reaffirm the need for support from the State, family, school, and other interpersonal relationships in the monitoring and guidance of young people.

In the community and school framework, poverty exacerbates risks and poor outcomes for urban minority youth. Furthermore, underfunding of public schools in low-income communities is highlighted. The precariousness of the educational environment and spaces, teaching materials, and teaching staff who is often less experienced and more overwhelmed with low expectations for student learning, results in a multitude of poor outcomes (Frazier et al., 2015).

Regardless of Frazier's study historical context, his study remains relevant, given the high number of public school students with literacy deficiencies, overload, limitations, and lack of use of playful and motivational teaching resources by teachers for the development of teaching and learning programs. As a consequence, a significant number of students under 21 years of age were identified; they had migrated from regular education to *Educação de Jovens e Adultos* (Youth and Adult Education), still in the early years of elementary school. This highlights the deficiencies of the educational system in ensuring the conditions for these students to remain in basic education, in the regular learning processes (Sampaio & Hizim, 2022).

Therefore, it is essential to elucidate the main protective indicators that enhance resilience that were found in this study: they include the different affective environments (family, community and school), the dynamics of relationships between each other and their peers, parents, teachers and health professionals, and other approaches to overcoming adverse situations in the daily lives of this public.

The concepts of work at the individual level were reviewed in a study conducted in the United States, which considered that external factors such as relationships and the environment are strategies used in health coaching to help individuals to change their behaviors. The results of the health coaching intervention with 287 adolescent students showed that half of those young people reported improved relational resilience, and more than 60% reported improved personal resilience (Lee et al., 2021).

Another individual protective factor is character strength, which is the positive attribute that can be observed in the mental, emotional, and behavioral dimensions and contributes to building resilience. One study demonstrated that the character strengths namely wisdom, courage, optimism, and peace increase resilience and decrease psychological vulnerability. In this sense, the importance of protective factors in building resilience is reaffirmed (Demirci et al., 2021).

Associated with the topic above, the life stories of Brazilian adolescents at socioeconomic disadvantage reaffirmed that the absence of public policies aimed at this public motivates them to seek more accessible protective resources, such as personal issues (personality, motivation, reflexivity, optimism, spirituality) and interpersonal relationships between peers, family and society (Germano & Colaço, 2012).

In the school context, most trials evaluating the effect of school-based protective factor interventions on adolescent mental health outcomes included the implementation of a resilience-focused program in the school curriculum. Furthermore, an Australian study highlighted the ongoing challenges in developing sustainable prevention programs that provide both effective strengthening of protective factors and prevention of mental health problems in adolescents (Dray et al., 2017).

Resilience should be fostered at school community level, because teachers trained to foster resilience can provide different support than those who are not. Furthermore, it is desirable for the school to establish clear protocols for providing this support, as well as share strategies and experiences with the entire educational community (Flores et al., 2022).

Furthermore, a program called Leaders @ Play was developed in the United States for high school students to participate in after-school activities, with the aim to reduce academic failure, risky behaviors, and exposure to urban violence. This program integrated evidence-based tools for building social skills during recreational activities and promoted resilience among youth and their families. Thus, it became an alternative for reducing risks in disadvantaged communities; in other words, it proved to be a strategy for promoting positive resilience factors (Frazier et al., 2015).

Still in the school environment, a study of 636 Chinese students helped measuring resilience among students, family attachment, opportunities and recognition of prosocial engagement at school, and expectations of academic success as predictors (H. Li et al., 2011). Furthermore, a study of African schoolchildren found that most dealt with multiple stressors. Based on this, they defined their resilience based on who they are, what they can use their skills for, how they set goals for the future, and which social support models they have at home or at school (Mampane, 2014).

A randomized controlled trial conducted in China that included an eight-week psychoeducational and group counseling approach found that after the intervention (C. Li et al., 2022), the articulation of aspects that promote the integral development of students can ensure a school environment based on the objective of educating and caring, which considers the biopsychosocial and cultural aspects of students, impacting the creativity, motivation, and engagement required for the cognitive development in the construction of critical and reflective knowledge.

In an evaluation of the impact of a psychosocial training program on resilience in vulnerable children among Nigerian nurses and teachers, significant changes were observed in nurses' knowledge scores six weeks after the intervention. It was also noted that the children's resilience, self-esteem, and social connectedness also significantly improved (Olowokere & Okanlawon, 2014). This intervention represents another opportunity for building resilience through interdisciplinary collaboration between nurses and teachers.

A qualitative survey conducted with young people in São Paulo, through discussion groups, provided an opportunity for dialogue and the exchange of experiences, with the recognition of their life stories. These activities enabled them to recognize their potential, as they reflected that, despite the adversities they faced, the dynamics allowed them to build secure perspectives and, thus, became more resilient (Xavier et al., 2011).

The complexity and diversity of susceptibility factors, in relation to the resilience of adolescent students that contribute to those students' involvement in risky behaviors, requires the preparation of education and health professionals. The development of such individuals is important to ensure a protective school environment that values individual potential in the construction of collective proposals. In fact, developing respectful, supportive, and affectionate relationships in the construction of knowledge and life projects, with a view to valuing happier modes of self-perception and interaction with and in the community is essential.

Although this study contributed to understanding the different factors associated with adolescents' resilience, we observed that the papers emphasized external factors, which highlighted a limitation in the in-depth analysis of internal resilience factors in adolescents. Therefore, we suggest that future studies expand the recognition of aspects involving self-knowledge in the development of resilience challenging adversity, the personal and collective skills of these young people to deal with stressful situations, in order to enable them to mobilize their potential to transform the challenges into opportunities.

Conclusion

Several studies conducted across different continents highlight the importance of considering resilience in adolescent students as a potential driver of human capacity to cope with the adversities experienced in daily life. Furthermore, the results also demonstrate the importance of considering factors associated with resilience at the personal, family, and community levels, as they can influence the development of this construct in this target audience.

Studies have identified the main protective factors that foster resilience, such as school and the motivational classroom climate; family affection and attachment; relationships with teachers, peers, and the community; adolescents' protagonism in their own projects; and the creation of coaching programs and Leaders @ Play interventions in schools, which aim to support the acquisition of nonviolent communication and relational skills in conflict resolution. Furthermore, ensuring didactic instruction, through the demonstration and discussion of personal skills, role-playing, sports, and recreation, can provide an environment for self-development, self-knowledge, and the stimulation of creativity both inside and outside school. Research also shows that psychological support teams and health promoters in schools, in conjunction with support networks in society, aligned with intersectoral public policies, contribute to youth resilience.

Furthermore, scientific evidence has demonstrated that the most common susceptibility factors are: alcohol abuse and drug use; family problems; urban violence; traumatic events; teenage

pregnancy; suicidal ideation; poor academic performance; poor health behaviors; psychopathologies; lack of social support; bullying; socioeconomic disadvantage; chronic diseases; physical, sexual, and psychological abuse; and the role of the school as a welcoming environment.

Therefore, education and health professionals must be grounded in scientific evidence. Furthermore, they must act in an integrated manner and with unified objectives to encourage the protagonism and autonomy of these adolescents, with the aim of expanding protective factors and mitigating resilience-prone factors. Furthermore, these professionals are responsible for the comprehensive development of young people; that is, they must ensure health promotion strategies that foster mechanisms for overcoming adversity and individual and collective mobilization to mitigate social vulnerability.

References

Abelson, M. I., Silveira, L. M., & Assis, S. G. D. (2023). Nas margens da insegurança: investigações sobre crianças em situação de migração e refúgio. *Physis, 33*, e33072. https://doi.org/10.1590/S0103-7331202333072

Ali, M. M., Dwyer, D. S., Vanner, E. A., & Lopez, A. (2010). Adolescent propensity to engage in health risky behaviors: the role of individual resilience. *International journal of Environmental Research and Public Health, 7*(5), 2161-2176. https://doi.org/10.3390/ijerph7052161

Alvarán-López, S. M., Bedoya-Mejía, S., & Grisales-Romero, H. D. J. (2021). Valoración de la resiliencia en escolarizados: línea base para programas de intervención, Antioquia, 2018. *Hacia la Promoción de la Salud, 26*(2), 83-101. https://doi.org/10.17151/hpsal.2021.26.2.7

Anhas, D. D. M., & Castro-Silva, C. R. D. (2017). Sentidos atribuídos por adolescentes e jovens à saúde: desafios da Saúde da Família em uma comunidade vulnerável de Cubatão, São Paulo, Brasil. *Saúde e Sociedade, 26*, 484-495. https://doi.org/10.1590/S0104-12902017169735

Demirci, I., Ekşi, H., Ekşi, F., & Kaya, Ç. (2021). Character strengths and psychological vulnerability: The mediating role of resilience. *Current Psychology, 40*, 5626-5636. https://doi.org/10.1007/s12144-019-00533-1

Dray, J., Bowman, J., Campbell, E., Freund, M., Hodder, R., Wolfenden, L., Richards, J., Leane, C., Green, S., Lecathelinais, C., Oldmeadow, C., Attia, J., Gillham, K., & Wiggers, J. (2017). Effectiveness of a pragmatic school-based universal intervention targeting student resilience protective factors in reducing mental health problems in adolescents. *Journal of Adolescence, 57*(1), 74-89. https://doi.org/10.1016/j.adolescence.2017.03.009

Flores, J., Caqueo-Urízar, A., Ramírez, C., Díaz, P., Durán, C., & López, L. (2022). Internalizing Problems and Resilience in Primary School Students in Low and High Socioeconomic Vulnerability Establishments in Chile. *Journal of School Health, 92*(8), 794-803. https://doi.org/10.1111/josh.13169

Fonseca, F. F., Sena, R. K. R., Santos, R. L. A. D., Dias, O. V., & Costa, S. D. M. (2013). As vulnerabilidades na infância e adolescência e as políticas públicas brasileiras de intervenção. *Revista Paulista de Pediatria, 31*, 258-264. https://doi.org/10.1590/S0103-05822013000200019

Frazier, S. L., Dinizulu, S. M., Rusch, D., Boustani, M. M., Mehta, T. G., & Reitz, K. (2015). Building resilience after school for early adolescents in urban poverty: Open trial of Leaders@ Play. *Administration and Policy in Mental Health and Mental Health Services Research, 42*, 723-736. https://doi.org/10.1007/s10488-014-0608-7

Germano, I. M. P., & Colaço, V. D. F. R. (2012). Abrindo caminho para o futuro: redes de apoio social e resiliência em autobiografias de jovens socioeconomicamente vulneráveis. *Estudos de Psicologia* (Natal), *17*, 381-387. https://doi.org/10.1590/S1413-294X2012000300005

Haack, K. R., Vasconcellos, J. D. S. D. L., Pinheiro, S. D., & Prati, L. E. (2012). Resiliência em adolescentes em situação de vulnerabilidade social. *Gerais*: *Revista Interinstitucional de Psicologia, 5*(2), 270-281. https://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1983-82202012000200007

Jaffee, S. R., & Gallop, R. (2007). Social, emotional, and academic competence among children who have had contact with child protective services: prevalence and stability estimates. *Journal of the American Academy of Child & Adolescent Psychiatry, 46*(6), 757-765. https://doi.org/10.1097/chi.0b013e318040b247

Joanna Briggs Institute. (2013). *Levels of Evidence*. The University of Adelaide. http://joannabriggs.org/jbi-approach.html#tabbed-nav=Levels-of-Evidence

Junger, G., Cavalcanti, L., Oliveira, T., & Silva, B. G. (2024). *Refúgio em números*. Ministério da Justiça e Segurança Pública. https://static.poder360.com.br/2024/06/obmigra-refugiados-brasil-13jun2024.pdf

Lara, A. C. D. C., Carvalho, T. M., & Teodoro, M. L. M. (2021). Family relations and adolescents dysfunctional cognitions: a systematic review. *Psicologia em Pesquisa, 15*(1), 1-19. https://doi.org/10.34019/1982-1247.2021.v15.29297

Lee, J. A., Heberlein, E., Pyle, E., Caughlan, T., Rahaman, D., Sabin, M., & Kaar, J. L. (2021). Evaluation of a resiliency focused health coaching intervention for middle school students: building resilience for healthy kids program. *American Journal of Health Promotion, 35*(3), 344-351. https://doi.org/10.1177/0890117120959152

Li, C., Ma, C., Li, P., & Liang, Z. (2022). The effect of model-based group counseling on the resiliency of disadvantaged adolescents from poor areas of China: a single-blind randomized controlled study. *School Mental Health*, 1-18. https://doi.org/10.1007/s12310-021-09479-x

Li, H., Martin, A. J., Armstrong, D., & Walker, R. (2011). Risk, protection, and resilience in Chinese adolescents: A psycho-social study. *Asian Journal of Social Psychology, 14*(4), 269-282. https://doi.org/10.1111/j.1467-839X.2011.01356.x

Lockwood, C., Munn, Z., & Porritt, K. (2015). Qualitative research synthesis: methodological guidance for systematic reviewers utilizing meta-aggregation. *JBI Evidence Implementation, 13*(3), 179-187. https://doi.org/10.1097/xeb.0000000000000062

Luthar, S. S., Doernberger, C. H., & Zigler, E. (1993). Resilience is not a unidimensional construct: Insights from a prospective study of inner-city adolescents. *Development and Psychopathology, 5*(4), 703-717. https://doi.org/10.1017/S0954579400006246

Mampane, M. R. (2014). Factors contributing to the resilience of middle-adolescents in a South African township: insights from a resilience questionnaire. *South African Journal of Education, 34*(4). https://doi.org/10.15700/201412052114

Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & Prisma Group. (2009). Reprint - Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Physicaltherapy, 89*(9), 873-880. https://doi.org/10.1371/journal.pmed.1000097

Moreira, E. D. S., Vale, R. R. M. D., Caixeta, C. C., & Teixeira, R. A. G. (2020). Automutilação em adolescentes: revisão integrativa da literatura. *Ciência & Saúde Coletiva, 25*, 3945-3954. https://doi.org/10.1590/1413-812320202510.31362018

Olowokere, A. E., & Okanlawon, F. A. (2014). The effects of a school-based psychosocial intervention on resilience and health outcomes among vulnerable children. *The Journal of School Nursing, 30*(3), 206-215. https://doi.org/10.1177/1059840513501557

Sampaio, C. E. M., & Hizim, L. A. (2022). A educação de jovens e adultos e sua imbricação com o ensino regular. *Revista Brasileira de Estudos Pedagógicos, 103*(264), 271-298. https://doi.org/10.24109/2176-6681.rbep.103i264.5135

Simón-Saiz, M. J., Fuentes-Chacón, R. M., Garrido-Abejar, M., Serrano-Parra, M. D., Larrañaga-Rubio, E., & Yubero-Jiménez, S. (2018). Influence of resilience on health-related quality of life in adolescents. *Enfermería Clínica, 28*(5), 283-291. https://doi.org/10.1016/j.enfcli.2018.06.003

Sousa, L. M. M., Marques-Vieira, C. M. A., Severino, S. S. P., & Antunes, A. V. (2017). A metodologia de revisão integrativa da literatura em enfermagem. *Revista Investigação em Enfermagem, 21*(2), 17-26. https://doi.org/10.51723/CCS.V32I01.886

Souza, L. B. D., Panúncio-Pinto, M. P., & Fiorati, R. C. (2019). Crianças e adolescentes em vulnerabilidade social: bem-estar, saúde mental e participação em educação. *Cadernos Brasileiros de Terapia Ocupacional, 27*, 251-269. https://doi.org/10.4322/2526-8910.ctoAO1812

Tapia, J. A., Vizcaíno, M. D. C. N., & Díaz, M. Á. R. (2013). Measuring subjective resilience despite adversity due to family, peers and teachers. *The Spanish Journal of Psychology, 16*(1), 1-13. http://dx.doi.org/10.1017/sjp.2013.33

United Nations High Commissioner for Refugees. (2025). *Global trends*: *forced displacement in 2024*. UNHCR. https://www.unhcr.org/global-trends-report-2024

Vanderley, I. C. S., Neto, W. B., Araújo, E. C., Rosário, H. R. V., & Monteiro, E. M. L. M. (2022). Resilience of School Adolescents in a Socially Vulnerable Situation in the Light of Tidal Model. *Research and Theory for Nursing Practice, 36*(4), 331-347. https://doi.org/10.1891/rtnp-2021-0019

Vanderley, I. C., Sibalde Vanderley, M. A., Silva Santana, A. D., Scorsolini-Comin, F., Brandão Neto, W., & Meirelles Monteiro, E. M. L. (2020). Factores relacionados con la resiliencia de adolescentes en contextos de vulnerabilidad social: revisión integradora. *Enfermería Global, 19*(59), 582-625. https://dx.doi.org/10.6018/eglobal.411311

Xavier, K. R., Conchão, S., & Junior, N. C. (2011). Juventude e resiliência: experiência com jovens em situação de vulnerabilidade. *Journal of Human Growth and Development, 21*(1), 140-145. https://doi.org/10.7322/jhgd.20003

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