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PROMOÇÃO DA RESILIÊNCIA DE ADOLESCENTES QUE VIVEM EM SITUAÇÃO DE POBREZA
RESILIENCE PROMOTION OF ADOLESCENTS WHO LIVE IN POVERTY SITUATION
PROMOCIÓN DE LA RESILIENCIA DE ADOLESCENTES QUE VIVEN EM SITUACIÓN DE POBREZA

Maria Isabelly Costa¹
Paulo Henrique Paula¹
Danila Paula Novais²
Icleia Rodrigues²
Patrícia Pinheiro³
Raelson Rodrigues³

¹Departamento de Enfermagem Universidade de Federal do Ceará, Brasil

²Maternidade Escola Assis Chateabriand, Brasil

³Departamento de Enfermagem Universidade de Federal do Ceará, Brasil

Maria Isabelly Costa - Isabellyfernandes165@yahoo.com.br | Paulo Henrique Paula - paulohed@gmail.com | Danila Paula Novais - danilapaula@hotmail.com |
Icleia Rodrigues - icleiaprodrigues@gmail.com | Patrícia Pinheiro - neyva.pinheiro@yahoo.com | Raelson Rodrigues - raelsonrr@gmail.com



Corresponding Author

Maria Isabelly Fernandes da Costa
Rua Rufino Fernandes da Costa
Palmácia - Ceará
62780000 - Brasil
Isabellyfernandes165@yahoo.com.br

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RESUMO

Introdução: A pobreza é considerada um fenômeno mundial, de processos históricos e exclusão social, sendo compreendida através de uma perspectiva multidimensional, que vai além da privação de renda. Sua definição está relacionada de acordo com a sociedade ou a época em que se vive, sendo necessária a identificação de quais bens e serviços devem ser garantidos.

Objetivo: Analisar na literatura, a promoção da resiliência em adolescentes em situação de pobreza.

Métodos: Revisão integrativa da literatura realizada de dezembro de 2018 a fevereiro de 2019 nas bases LILACS, CINAHL, MEDLINE com os descritores “resilience and poverty and population vulnerables”, publicados nos últimos seis anos.

Resultados: A pobreza é uma vulnerabilidade que potencializa outras vulnerabilidades com implicações como o consumo de álcool e drogas, violência, início precoce das relações sexuais, gravidez na adolescência, infecções sexualmente transmissíveis, e desigualdades sociais

Conclusões: A promoção da resiliência deve ser realizada em todos os níveis de vida, uma vez que as situações vivenciadas repercutem no processo de desenvolvimento, sendo primordiais estratégias que a promovam cada vez mais, principalmente na adolescência.

Palavras-chave: Adolescentes; Vulnerabilidade; Populações Vulneráveis, Resiliência; Pobreza.

ABSTRACT

Introduction: Poverty is considered a worldwide phenomenon, of historical processes and social exclusion, being understood through a multidimensional perspective, that goes beyond income privation. Its definition is related to the society or the period in which it is included, being necessary the identification of which goods and services must be guaranteed.

Objective: To analyze in literature resilience promotion in adolescents in poverty situation.

Methods: Integrative review in literature, performed from December 2018 to February 2019 in databases LILACS, CINAHL, MEDLINE with the descriptors “resilience and poverty and vulnerable population”, published in the last six years.

Results: Poverty is a vulnerability that enhances other vulnerabilities with implications as the alcohol and drugs consumption, violence, early start of sexual intercourses, pregnancy in adolescence, sexually transmitted infections, and social inequalities.

Conclusions: Resilience promotion must be performed in all levels of life, once the experienced situations reverberate in the development process, being primordial strategies that promote even more their resilience, mainly in adolescence.

Keywords: Adolescents; Vulnerability; Vulnerable Populations; Resilience; Poverty.

RESUMEN

Introducción: La pobreza se considera un fenómeno mundial, de procesos históricos y de exclusión social, que es comprendida desde una perspectiva multidimensional, que va más allá de la privación de ingresos. Su definición está relacionada de acuerdo con la sociedad o el tiempo en que se vive y es necesario identificar qué bienes y servicios deben garantizarse.

Objetivo: Analizar en la literatura la promoción de la resiliencia en adolescentes en situación de pobreza.

Métodos: Revisión integral de la literatura realizada entre diciembre de 2018 y febrero de 2019 en las bases de datos LILACS, CINAHL, MEDLINE con los descriptores “resiliencia and pobreza and población vulnerable”, publicados en los últimos seis años.

Resultados: La pobreza es una vulnerabilidad que aumenta otras vulnerabilidades con implicaciones como el consumo de alcohol y drogas, violencia, inicio temprano de las relaciones sexuales, embarazo en la adolescencia, infecciones de transmisión sexual y desigualdades sociales.

Conclusiones: La promoción de la resiliencia debe llevarse a cabo en todos los niveles de la vida, ya que las situaciones experimentadas tienen un impacto en el proceso de desarrollo, siendo estrategias primordiales que promueven cada vez más su resiliencia, especialmente en la adolescencia.

Palabras Claves: Adolescentes; Vulnerabilidad; Poblaciones Vulnerables, Resiliencia; Pobreza.

INTRODUCTION

Poverty is considered a worldwide phenomenon, of historical processes and social exclusion, being understood through a multidimensional perspective, which goes beyond income privation. Its definition is related to the society or the period in which it is included, being necessary the identification of which goods and services must be guaranteed (Dantas, Miranda, Dusek & Avelar, 2018). Living a situation of poverty makes the person even more weakened, mainly adolescents who are in a phase of deep biological,

psychological, social and emotional transformations, increasing the risks to their health, being primordial the development of mechanisms that help adolescents overcome adversities, being essential the presence of protective factors in this process (Alkire, Foster, Seth, Santos, Roche & Ballon 2015).

For that matter, protective factor are understood as mechanisms that decrease the stressful events, risk situations, contributing to resilience promotion (Sapienza & Pedromônico, 2016). Resilience is understood as a capacity to face experiences of negative impact and manifestation of positive answer, even when an aggression was suffered (Minghelli, Tomé, Nunes & Neves, 2013). Once resilience was related to the interaction process, it must not be analyzed through the perspective of invulnerability, because it develops through problems and adversities (Oliveira & Godoy, 2015).

It is possible that the adolescent is in a not adaptable environment and may not be succumbed by it, because of the protective factors, that are understood as ways to decrease the risk and adverse events as self-control, good self-esteem, , future expectations, tolerance to suffering, abilities to solve problems, assertiveness, consistence, emotional stability, autonomy, flexibility, caring, cohesion, good communication, affectivity, quality in interactions, stability, mutual respect, support, good relationship with people who develop a referential role and tolerant environment to the conflicts (Sapienza & Pedromônico, 2016; Prati, Couto & Koller, 2015).

In this perspective, it was purposed to analyze in literature the promotion of resilience in adolescents in poverty situation. Aware that the promotion of resilience to adolescents in poverty situation/vulnerability is necessary, it was judged as pertinent to analyze them by categories, based on the existing publications. As contributions from this paper, it is expected to sensitize health professionals, because, although there are health politics directed to adolescents' health care, it is noticed the necessity of strategies that promote their resilience, promoting a better quality of life.

METHODS

It is an integrative review in literature (IR) that consists in a method that provides the synthesis of knowledge and the incorporation of the applicability of results from significant studies in practice (Sousa, Silva & Carvalho, 2010) performed from December, 2018 to February, 2019, related to the evidence produced from the period between 2014-2019, in which was aimed to analyze the implications of poverty in adolescence (figure 1).

For a better contextualization and analysis, electronic searches were performed on data basis: Literatura Latino- Americana e do Caribe em Ciências da Saúde (LILACS), consulted by Biblioteca Virtual em Saúde (BVS), and Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medical Literature Analysis and Retrieval System Online (MEDLINE), via PubMed; and Web of Science, via Coleção Principal (Thomson Reuters Scientific), accessed by CAPES Portal. In the search, for the linking, the descriptors used were: "adolescence" and "vulnerability", "resilience" and "poverty" and "vulnerable populations", being used the inclusion criteria: original article available in English, Spanish and/or Portuguese, performed with adolescents in situation of vulnerability. The initial search was performed by two independent reviewers and with a patterned protocol for the use of the descriptors and linking in data basis.

A total of 172 articles was found. After identification of pre-selected studies and the selected, the reading of titles and summaries was started, excluding studies that did not attend to the inclusion criteria and/or to the purposed theme. To favor the validation of the selection of the publications for the analysis and more consistence, the results were compared and the discordances resolved in consensus between the reviewers or with the inclusion of a third reviewer, when necessary.

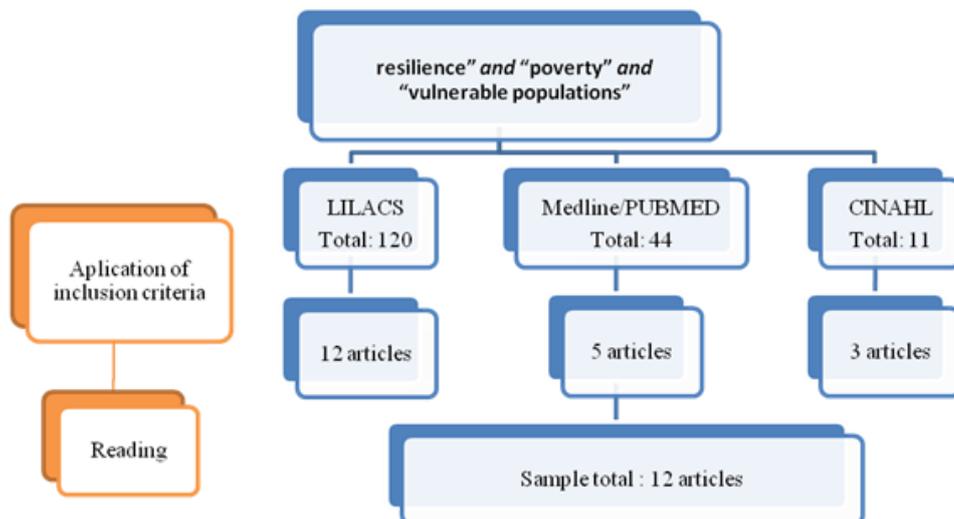


Figure 1 - Flowchart of the research on the data basis LILACS, Medline/PUBMED and CINAHL from December, 2018 to February, 2019.

Then, it was performed a thorough review of the articles, aiming to organize the data in thematic categories according to the similarity of objectives, and results, and conclusions of the selected articles, through a descriptive approach. For the interpretation of the results and presentation of the review, it was chosen to discuss the findings as of the critical evaluations of the convergent themes about the study's leading question.

The research took in consideration the ethical aspects, respecting the authorship of the ideas, the concepts and definitions present in the included articles. The texts were fully analyzed, from which were extracted relevant information to the study, as the main vulnerabilities in adolescence and strategies to promote resilience. In total, 12 articles were used, being referred through the research.

Table 1 – Articles found on the search in data basis LILACS, Medline/PUBMED and CINAHL from December, 2018 to February, 2019.

Estudo	Autor/Ano/ Base de dados	Título	Método	Periódico
01	Alquire et al., 2015 / Cinahl	Multidimensional Poverty Measurement and Analysis: Chapter 10 Some Regression Models for AF Measures	Qualitative	Oxford: Oxford University Press
02	Oliveira; Godoy, 2015/ Pubmed	O processo de resiliência do jovem aprendiz e as estratégias de conciliação estudo-trabalho	Qualitativa	Boletim de Psicologia
03	Costa et al.,2018/ Lilacs	Psychosocial factors faced by pregnant women in late adolescence	Exploratory, latedescriptive	Rev Bras Promoção da Saúde
04	Ferrari et al., 2018 / Lilacs	Experiment and learning in the affective and sexual life of young women from a favela in Rio de Janeiro, Brazil, with experience of clandestine abortion	Qualitative	Ciência & Saúde Coletiva
05	Pessoa et al., 2014 / Lilacs	Critical discourses on resilience: Exploring alternatives strategies used by young people at-risk	Qualitative	From Person to Society
06	Guillera et al., 2015 / Lilacs	Assessing resilience in adolescence: The spanish adaptation of the Adolescent Resilience Questionnaire	Qualitative	Health and Quality of Life Outcomes
07	Folostina et al., 2015 / Lilacs	Using play and Drama in Developing Resilience in children at risk	Qualitative	Social and Behavioral Sciences
08	Santos; Barreto et al., 2014/ Lilacs	Resilience among adolescents: the regard of nursing	Quantitative	Rev enferm UERJ
09	Camargo et al., 2017/ Lilacs	Resilience in children and adolescencts victims of early life stress and maltreatment in childhood	Qualitative	Rev Eletrônica Saúde Mental Álcool Droga
10	Fradkin et al., 2016/ Lilacs	Reprint of "Shared adversities of children and comic superheroes as resources for promoting resilience"	Qualitative	Child Abuse and Neglect.
11	Bené et al., 2017 / Lilacs	Squaring the Circle: Reconciling the Need for Rigor with the Reality on the Ground in Resilience Impact Assessment	Qualitative	World Development
12	Weeland et al., 2014 / Lilacs	Intervention Effectiveness of the Incredible Years: New Insights Into Sociodemographic and Intervention-Based Moderators	Qualitative	Behavior Therapy

Source: Elaborated by the authors (2019).

Next, for a better analysis, it was performed a division in two categories. The first refers to the Situation of Poverty and its implications in Adolescence; and the second related to Resilience Promotion in the context of Adolescence.

RESULTS AND DISCUSSION

3.1. The Situation of Poverty and its implications in Adolescence

The situation of poverty in the period of adolescence becomes even more complex because of many privations that constitute the child and adolescent's well-being. Therefore, poverty is the result of a series of privations that families and individuals face through life (Paz, 2017).

Globally, poverty affects more than 1.3 thousand millions of people, mainly in South Asia and Sub-Saharan Africa, which represent 1.1 thousand millions, corresponding to 83% of multidimensional poors. In Brazil, from a population of 207.6 millions, 7.4% still live in extreme poverty. It is estimated that an average of 40% of the Brazilians still live in situation of misery. From the Brazilian children and adolescents, 61% are considered poor, either because are in families that live with insufficient income (income poverty) or by multiple privations (Programa das Nações Unidas para o desenvolvimento, 2018).

Poverty is a vulnerability that enhances other vulnerabilities with implications as the alcohol and drugs consumption, violence, early start of sexual intercourses, pregnancy in adolescence, sexually transmitted infections, and social inequalities. When the dimensions of vulnerabilities were listed, it was observed that the major part corresponds to individual vulnerability, once it comprehends the individual's biological, emotional and cognitive aspects (Costa, Siqueira, Rocha, Costa & Branco, 2018).

Alcohol is most consumed drug by the adolescents. The average of age for the alcohol consumption is 12.5 years. Violence is associated to the use of alcohol and drugs. It has increased through the last years, being considered a public health problem. In 2015, in Brazil, the number of adolescents between 10 and 19 years old that were victims of violence was alarming, taking the country in a magnitude of victimization (Formigoni, 2015).

It is estimated that 27.5% of the Brazilian adolescents have already had any sexual intercourse, being the majority (36.0%) male, in which only 61.2% have used condoms on the first sexual intercourse. The average for the beginning of sexual intercourse in Brazilian adolescents is between 15 and 16 years old. Yearly, around 14 millions of children are born from adolescent mothers in the whole world. The fecundity rate in Brazil is, in average, 65 gestations for each thousand adolescents between 15 and 19 years old (Costa, Siqueira, Rocha, Costa & Branco, 2018).

Low education, influence of collectivity, low socioeconomic conditions, alcohol consumption, drugs and violence are factors that are associated to the precocious initiation in sexual intercourses, to the fact of not using preservative, to a major number of partners, and unplanned pregnancy (Brasil, 2017).

The world rate of pregnancy is 46 births for each thousand girls from the ages between 15 and 19 years old. Latin American and Caribbean are considered the regions that present an ascendant tendency to pregnancy among adolescents under 15 years old (Fundo das Nações Unidas para a Infância, 2017).

Associated to pregnancy in adolescence, there are complication such as apportion and maternal mortality. Abortion occurs in 31% of women between 15 and 49 years old, causing diverse problems, such as traumas, that leave physical and emotional wounds (Ferrari, Peres & Nascimento, 2018).

In developing countries, as Brazil, problems like unsafe abortion are considered as one of the main alternatives to unplanned gestations, having a negative effect in economy, being possible to vary until 2% of the gross domestic product (GDP), beyond clinical complications and morbimortality of women (Torres, Torres, & Vieira, 2018). Moreover, the restriction of an integral sexual education and access to adequate services of sexual and reproductive health have a direct relationship to pregnancy in adolescence (Fundo de População das Nações Unidas, 2017).

This ways, sexually transmitted infections (STI) are also related to the restriction of sexual education and health services, consisting in a serious problem of public health, being considered the most common worldwide. World Health Organization (WHO) estimates that, in average per day, a million of new cases of infection by any STI are diagnosed. Per year, around 357 millions of new infections, among chlamydia, gonorrhoea, syphilis and trichomoniasis are diagnosed, what considerably increases the risk of acquiring or transmitting the infection by the Human Immunodeficiency Virus (HIV) (Brasil, 2017).

In the last years it has been observed that STIs have increased, mainly among adolescents, for being in a process of bio psychosocial transformations, lack of knowledge about sexuality and restriction to access health services. The UNAIDS Program points that adolescents exposed to challenging environments, with no access to a healthy eating, education, housing, and with high rates of violence have more chances to STIs (Brasil, 2017).

3.2 Resilience Promotion in the context of Adolescence

Resilience is considered a dynamic process that results in the process of positive adaptation in contexts of great adversity, in which the individual can stay healthy even after facing difficult situations. This process is influenced by the interaction between the environment and the individual that, although facing adversities, is able to adapt. In general, resilience has procedural characteristics, with a dynamic and variable movement (Pessoa, Libório & Bottrell, 2014).

In the context of adolescence, resilience shows itself as an important tool in the development of abilities, in which adolescents that are considered as more resilient are able to handle with more facility the problems, adapting themselves to difficult situations, becoming stronger, even if they are in a context of vulnerability and situation of poverty (Guilera, Pereda, Paños, & ABAD, 2015).

In a general way, resilience is complex and involves many approaches, with its social and intrapsychic processes that allows a healthy life, even in a context of unhealthy environment, where even the individual, family, social, and cultural attributes influence, not being the resilience a fixed attribute of the individual, being important to consider the cultural plurality for its promotion. The low social-economic conditions, of poverty, impoverishment, low education, and absence of support network are considered as negative conditions that may difficult the process of resilience development, aggravating vulnerability, through living with stressor events (Folostina, Tudorache, Michel, Erzsebet, Agheana & Hocaoglu, 2015).

Adolescents who live situations of vulnerability, and are exposed to stressor events, and cannot develop the capacity of resilience are understood and seen as more vulnerable, because they can develop alterations in physical and psychological development. Although, individuals can be, in some moments, considered vulnerable, and in others, resilient, before a determined event (Santos & Barreto, 2014).

This way, resilience must not be comprehended as a linear process and not even consider the individual as resilient, but it must be considered the capacity of, in some occasions and according to the circumstances, handling adversities (Whitson, Duan-Porter, Schmader, Morey, Cohen & Colón-Emeric, 2016).

It is important to comprehend that adversities are present since human conception, influencing directly in the individual development, raising the chances of developing physical and mental difficulties along life (Camargo, Fernandes, Yakuwa, Carvalho, Santos, Gherardi-Donato & Mello, 2017).

The promotion must be performed in all environments, but especially inside the vulnerable and risky contexts, being necessary to comprehend the best way to promote it (Fradkin, Weschenfelder & Yunes, 2016). For this, it is necessary the change of paradigm, with basis on the way that each individual reacts to adversities, being important the adaptation of specific strategies for each phase of the development (Béné, Chowdhury, Rashid, Dhali, & Jahan, 2017).

There are many programs that encompass specific contexts and parental competence promoting programs, however all influence positively through development of social competences, positive relationship promotion, involvement and active participation in community, development of cognitive functions, as the capacity of planning, and of functions associated to the emotional, social, and moral development (Weeland, Chhangur, Matthys, de Castro & Overbeek, 2017).

Among the main programs, the universal programs are highlighted - The Positive Youth Development Movement; RESCUR, besides the programs directed to families - The Incredible Years (Eickmann, Emond & Lima, 2016).

Comic Super-Heros (CSH) is considered as a program that can be developed in different contexts, having as main objective the development of resilience through characters considered super heroes, in which, through super powers, empowers the capacity of children before adversities. The Positive Youth Development Movement promotes the development of capacity either related to pairs, articulating with the involvement of the society, in which are based in seven concepts comprehended as feeling, being these: competence and efficacy, confidence, link with the society and its elements, character, strategies for coping, control, and participation (Eickmann, Emond & Lima, 2016).

Bounce Back is implemented in the scholar context with children and adolescents that faced any traumatic situation, being characterized by three components/interventions in group with children, parents, and individually (Langley, Gonzalez, Sugar, Solis & Jaycox, 2017). The Incredible Years Program has as objective to improve family dynamics, capacitating parents to different children problematic, through group sessions (Cefai, Massopoulos, Bartolo, Galea, Gavogiannaki, Zanetti & Lebre, 2014).

The Resilience Curriculum for Early Years and Primary Schools in Europe (RESCUR) is directed to promote social, academic, and emotional learning for all children, mainly with more vulnerable populations, developing necessary capacities to overcome adversities, being based on the approach S (*Sequenced*). A (*Active*), F (*Focused*), E (*Explicit*) (Cefai, Massopoulos, Bartolo, Galea, Gavogiannaki, Zanetti & Lebre, 2014; Durlak, Weissberg, Dymnicki, Taylor & Schellinger, 2014).

CONCLUSIONS

The questions related to poverty/vulnerability and resilience promotion in adolescence are complex, because cut across innumerable aspects related not only to individual life but also to the individual's social aspects, that are related to each one's behaviors and way of life. Adolescence for being a troubled phase, for different sensations, desire for the new, behaviors and inappropriate life style, makes the vulnerable individuals to risky situations, impairing the adolescents' physical, psychological and emotional development. These situations cause a physical, psychological and emotional wear not only in adolescents, but also in family members, friends, and close relatives. This way, resilience promotion must be performed in all levels of the individual's life, once the situations faced rebound in the process of development, being necessary strategies that promote even more resilience in individuals, mainly adolescents.

The limitations of the study are associated to the reduced number of data basis, being suggested that new studies are performed, covering a bigger number of basis, in a way to improve the study in the scope of qualitative investigation, potentializing the expansion of knowledge about resilience in the context of adolescence, and reduce possible gaps.

CONFLICT OF INTEREST

There is no conflict of interest.

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REFERENCES

- Alkire, S., Foster, J., Seth, S., Santos, M., Roche, J., & Ballon, P (2015). Multidimensional Poverty Measurement and Analysis: Chapter 10 Some Regression Models for AF Measures.
- Béné, C., Chowdhury, F. S., Rashid, M., Dhali, S. A., & Jahan, F. (2017). Squaring the Circle: Reconciling the Need for Rigor with the Reality on the Ground in Resilience Impact Assessment. *World Development*, 97(1), 212-23.
- Brasil. (2017). Secretaria de Vigilância em Saúde. Departamento de DST, Aids e Hepatites Virais. Boletim Epidemiológico-Sífilis. Brasília: Ministério da Saúde.
- Camargo, I., Fernandes, t. M., Yakuwa, M., Carvalho, A., Santos, P., Gherardi-Donato, E., & Mello, D. (2017). Resilience in children and adolescents victims of early life stress and maltreatment in childhood. *Rev Eletrônica Saúde Mental Álcool Droga*, 13(3), 156-166.
- Cefai, C., Massopoulos, A., Bartolo, P., Galea, K., Gavogiannaki, M., Zanetti, M., & Lebre, P. (2014). Resilience Curriculum for Early Years and Primary Schools in Europe: Enhancing Quality Education. *Croatian Journal of Education*, 16(2), 11-32.
- Costa, G.F., Siqueira, D.D., Rocha, F.A.A., Costa, F.B.C & Branco, J.G.O (2018). Psychosocial factors faced by pregnant women in late adolescenc. *Rev Bras Promoção da Saúde*, 31(2), 1-8.
- Dantas, S.V. A. D., Miranda, M.G., Dusek, P.M, & Avelar, K. E.S. (2018). Uma avaliação do Programa Bolsa Família. *nterações (Campo Grande)*, 19(4), 713-726.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2014). The impact of enhancing students' social and emotional learning: a meta-analysis of school-based universal interventions. *Child Dev*, 82(1), 405-432.
- Eickmann, S., Emond, A., & Lima, M. (2016). Evaluation of child development: beyond the neuromotor aspect. *Jornal de Pediatria*, 92 (1), 71-83.
- Ferrari, W., Peres, S & Nascimento, M. (2018). Experiment and learning in the affective and sexual life of young women from a favela in Rio de Janeiro, Brazil, with experience of clandestine abortion. *Ciência & Saúde Coletiva*, 9(1), 2937-2950.
- Folostina, R. T., Tudorache, L., Michel, T., Erzsebet, B., Agheana, V., & Hocaoglu, H. (2015). Using play and Drama in Developing Resilience in children at risk. *Social and Behavioral Sciences*, 197(1), 2362-2368.
- Formigoni, M. L. (2015). SUPERA: Efeitos de substâncias psicoativas: módulo 2. – 8. ed. . Brasília: SUPERA.
- Fradkin, C., Weschenfelder, G & Yunes, M (2016). Reprint of "Shared adversities of children and comic superheroes as resources for promoting resilience". *Child Abuse and Neglect*, 54(1), 407-415.
- Guilera, G., Pereda, N.; Paños, A., & Abad, J. (2015). Assessing resilience in adolescence: The spanish adaptation of the Adolescent Resilience Questionnaire. *Health and Quality of Life Outcomes*, 13(100).
- Langley, A. K., Gonzalez, A., Sugar, C. A., Solis, D., & Jaycox, L. (2017). Bounce back: Effectiveness of an elementary school-based intervention for multicultural children exposed to traumatic events. *Journal Consulting and Clinical Psychology*, 83(5), 853-865.
- Minghelli, B., Tomé, B., Nunes, C., & Neves, A. (2013). Comparação dos níveis de ansiedade e depressão entre idosos ativos e sedentários. *Archives of Clinical Psychiatry*, 40(12), 71-76.
- Oliveira, A. L. D., & Godoy, M. M. D. C. (2015). O processo de resiliência do jovem aprendiz e as estratégias de conciliação estudo-trabalho. *Boletim de Psicologia*, 65(143), 175-191.
- Paz, J. (2017). *Enemigo común. Una introducción a la pobreza infantil en la Argentina*, Prometeo, Buenos Aires.
- Pessoa, A., Libório, R., & Bottrell, D (2014). Critical discourses on resilience: Exploring alternatives strategies used by young people at-risk. *The Second World Congress on Resilience: From Person to Society*, 69-72.
- Pnud. (2017). Novo plano estratégico global do PNUD, 2018-2021. Desenvolvimento Sustentável. PNUD Sustentar o Progresso Humano: Reduzir as Vulnerabilidades e Reforçar a Resiliência. . PNUD.

- Prati, L. E., Couto, M. C. P. D. P., & Koller, S. H. (2009). Famílias em vulnerabilidade social: rastreamento de termos utilizados por terapeutas de família. *Psicologia: teoria e pesquisa*, 25(3), 403-408.
- Santos, R. S. & Barreto, A.C.M. (2014). Resilience among adolescents: the regard of nursing Capacidade de resiliencia en adolescentes: el mirar de la enfermería. *Rev enferm UERJ*, 22(3), 359-64.
- Sapienza, G., & M.R.M, P. (2016). Risco, proteção e resiliência no desenvolvimento da criança e do adolescente. *Psicologia em Estudo*, 10(6), 209-2016.
- Souza, M., Silva, M. D., & Carvalho, R. (2010). Revisão integrativa: o que é e como fazer. *Einstein*, 8(1), 102-6.
- Torres, J.D.R.V., Torres, S.A.S., & Vieira, G.D.R (2018). O significado da maternidade para adolescentes atendidas na Estratégia de Saúde da Família . *J. res.: Fundam. Care*, 10(4), 1008-1013.
- Unfpa. (2017). Fundo de População das Nações Unidas Relatório - Mundos Distantes, Saúde e direitos reprodutivos em uma era de desigualdade. Relatório da Situação da População Mundial. . UNFPA.
- Unicef. (2018). Bem-estrua e privações múltiplas na Adolescência. Brasília: UNICEF.
- Weeland, J., Chhangur, R. R., Van der Giessen, D., Matthys, W., de Castro, B. O., & Overbeek, G. (2017). Intervention Effectiveness of the Incredible Years: New Insights Into Sociodemographic and Intervention-Based Moderators. *Behavior Therapy*, 48(1), 1-18.
- Whitson, H.E., Duan-Porter, W., Schmader, K.E., Morey, M.C., Cohen, H.J., Colón-Emeric, C.S (2016). Physical resilience in older adults: systematic review and development of an emerging construct. *J. Gerontol A Biol Sci Med Sci*, 17(71), 489-95.