

VULNERABILITY, RISK AND PROTECTION FACTORS IN COPING STRATEGIES IN ADOLESCENTS ATTENDED TO IN A SPECIALIZED PUBLIC INSTITUTION, MOYOBAMBA -2024

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Abstract

The study is aligned with the third Sustainable Development Goal (SDG), which promotes health and well-being at all stages of life. Its objective was to analyze how vulnerability, risk, and protection factors affect the coping strategies of adolescents cared for in a public institution in Moyobamba in 2024. The applied, quantitative approach used a non-experimental, cross-sectional design and surveys as a data collection technique. The results highlight that protection factors have a significant positive impact on coping strategies, highlighting the importance of strengthening emotional, social, and family support. Although most adolescents presented low levels of vulnerability and risk, moderate risks related to family dynamics and sociocultural factors were identified, underscoring the need for targeted interventions. Emotional coping strategies showed limited effectiveness, indicating the influence of other unstudied elements. On the other hand, protection factors positively impact cognitive, behavioral, and social strategies, strengthening adolescents' ability to manage trauma. This shows that a positive family and social environment is crucial to mitigate the effects of sexual harassment or abuse, reinforcing the need for comprehensive policies and interventions that strengthen these aspects.

Keywords: Vulnerability factors, risk, protection, coping strategies, adolescents.

Resumen

El estudio se alinea con el tercer Objetivo de Desarrollo Sostenible (ODS), que promueve la salud y el bienestar en todas las etapas de la vida. Su objetivo fue analizar cómo los factores de vulnerabilidad, riesgo y protección inciden en las estrategias de afrontamiento de adolescentes atendidos en una institución pública de Moyobamba en 2024. La investigación, de tipo aplicada y enfoque cuantitativo, utilizó un diseño no experimental transversal y encuestas como técnica de recolección de datos. Los resultados destacan que los factores de protección tienen un impacto positivo significativo en las estrategias de afrontamiento, resaltando la importancia de fortalecer apoyos emocionales, sociales y familiares. Aunque la mayoría de los adolescentes presentaron bajos niveles de vulnerabilidad y riesgo, se identificaron riesgos moderados relacionados con dinámicas familiares y factores socioculturales, lo que subraya la necesidad de intervenciones focalizadas. Las estrategias de afrontamiento emocional mostraron eficacia limitada, indicando la influencia de otros elementos no estudiados. Por otro lado, los factores de protección impactan positivamente las estrategias cognitivas, conductuales y sociales, fortaleciendo la capacidad de los adolescentes para manejar el trauma. Esto evidencia que un entorno familiar y social positivo

es crucial para mitigar los efectos del acoso o abuso sexual, reforzando la necesidad de políticas e intervenciones integrales que fortalezcan estos aspectos.

Palabras clave: Factores de vulnerabilidad, riesgo, protección, estrategias de afrontamiento, adolescentes.

Introduction

The study is part of the third Sustainable Development Goal, which seeks to ensure healthy lives and promote well-being at all stages of life. Its relevance lies in addressing adolescence, a critical stage characterized by biological, cognitive and social transformations impact future development (PAHO/WHO, 2023a; UNICEF, 2023). The research not only explores challenges in terms of mental and emotional health, but also identifies resources and coping strategies that can strengthen resilience in adolescents. By understanding the elements of vulnerability, risk and protection, more effective policies and interventions can be designed, contributing to comprehensive well-being of adolescents and the fulfillment of SDGs.

In highly vulnerable contexts, such as public forensic institutions, risk and protection factors are key in adolescents' coping strategies. According to Compas et al. (2001), adverse experiences can generate both adaptive and maladaptive mechanisms. Folkman (2013) highlights coping strategies depend on perception of stress and available resources. This study seeks to develop interventions that promote psychological well-being in adolescents exposed to risk and trauma. Sexual violence in adolescents is a global problem with serious psychological and emotional consequences, especially in young people aged 10 to 19 years. The WHO and the National Institute of Mental Health have associated traumatic experiences such as rape with anxiety disorders, post-traumatic stress and phobias. Globally, 20% of adolescents under 20 years of age have suffered physical or sexual violence by their partners, and 19 million have faced violence before the age of 20. These situations, more prevalent in regions such as Oceania and sub-Saharan Africa, are also worrying in countries such as Peru (WHO, 2023; National Institute of Mental Health, 2023).

In Peru, the Ministry of Women and Vulnerable Populations reported 9,815 cases of sexual abuse in adolescents between 2017 and 2018, 88% in women, with consequences such as anxiety, stress and prolonged challenges for emotional recovery (MIMP, 2023; Velásquez et al., 2020). This problem requires public policies focused on sexual education, active reporting and specialized psychological support to protect the rights of adolescents and promote their resilience. Sexual abuse, particularly in adolescents, is highly traumatic, with long-lasting effects such as anxiety, stress and post-traumatic stress disorder (PTSD). In San Martín, Peru, the increase in cases of sexual rape has intensified these impacts, manifested in nightmares, intrusive memories, hypervigilance, concentration problems and emotional disturbances, deteriorating general well-being of victims (PAHO/WHO, 2023b).

It is essential to address this problem in a comprehensive manner through mental health services specialized in treatment of trauma, with therapeutic approaches appropriate for adolescents (Murillo et al., 2021). Studies have shown that adolescent victims of sexual abuse present higher levels of anxiety and stress compared to their non-exposed peers, with psychological effects that can persist in the long term. Factors such as social support and personal resilience are crucial in recovery process. Providing psychological therapy and access to specialized services not only helps mitigate symptoms, but also promotes emotional and social recovery of those affected (López et al., 2017).

Studies on vulnerability, risk, and protection factors in adolescents highlight the importance of coping strategies and their relationship with social and emotional well-being. Kirkner &

Ullman (2020) showed that disrupted beliefs, perceived control over recovery, and positive social coping are key predictors of post-traumatic growth (PTG) in survivors of sexual violence, although factors such as neighborhood poverty were not significant. Stockman et al. (2023) stressed the need for an ecological approach in research, suggesting that macrosocial factors could influence positive transformations after violence. For their part, Vetere et al. (2018) identified significant differences in the use of strategies such as positive reappraisal, associated with fewer depressive symptoms, versus cognitive avoidance, linked to greater anxiety. D'Urso et al. (2024) added that early victimization affects emotional, behavioral problems, and sleep patterns in adolescents, with persistent effects into adulthood. The authors agree on the relevance of coping strategies and contextual factors for recovery after traumatic experiences. However, they differ in their approach: while Kirkner & Ullman and Vetere et al. emphasize individual and social factors, Stockman and D'Urso highlight the influence of macrostructural dimensions and their persistence over time.

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The studies analyzed share a focus on evaluation of therapeutic strategies and resilience factors in adolescents and girls in vulnerable contexts. Habigzang et al. (2016) evaluated a group cognitive-behavioral therapy model for girls who were victims of sexual violence, finding significant reductions in symptoms of depression, anxiety, stress, and PTSD, with equivalent results among groups of specialized and trained professionals. Luna-Cabrera et al. (2020) and Vanderley et al. (2020) also highlighted impact of family and social support on adolescents exposed to stressful events, such as the pandemic or contexts of social vulnerability, highlighting resilience as a crucial factor in facing adversity. Mendoza (2020) explored variables such as self-esteem, assertiveness, and emotional regulation, which act as predictors of resilience, while Páramo (2011) addressed protective role of family environment against risks such as alcohol consumption.

Regarding differences, Habigzang et al. focused on the effectiveness of specific therapeutic interventions, while Luna-Cabrera, Vanderley, Mendoza and Páramo investigated psychosocial factors that influence resilience and coping. In addition, Páramo directly linked family dynamics to risk behaviors such as alcohol consumption, differentiating himself from broader focus on emotional well-being present in the other studies. They all agree that social and family support is essential to mitigate the effects of adverse situations, although with different practical applications depending on the context.

The studies analyzed agree that adolescents face significant risks to their mental health when exposed to violence, substance use, and vulnerable situations. In all cases, protective factors, such as emotional support, family cohesion, and early interventions, are crucial to mitigate the negative effects. For example, Haquin et al. (2004) and PAHO/WHO (2024) highlight resilience as an essential factor to cope with the impact of violence. Similarly, Tena-Suck et al. (2018) and Reyes-Rojas et al. (2021) highlight the role of family support in reducing risky behaviors, while Sanca-Valeriano et al. (2022) and Sibalde et al. (2020) underline the importance of the community context and institutional policies as facilitators of positive development.

Regarding differences, Haquin et al. (2004) focuses on the direct emotional impact of violence in adolescents, while Tena-Suck et al. (2018) addresses substance use from a genetic-environmental perspective. Reyes-Rojas et al. (2021) and Sibalde et al. (2020) analyze family coping and institutional support, respectively, while Sanca-Valeriano et al. (2022) emphasize specific risk behaviors in Latin America. PAHO/WHO (2024) places special emphasis on sexual violence and psychosocial support. These complementary perspectives offer a comprehensive view of risks and protection strategies in adolescents.

Theories on vulnerability factors in adolescent victims of sexual violence highlight individual, family, community, and sociocultural elements that increase susceptibility. Capriati et al. (2020) claim that these characteristics increase risk and hinder recovery, while Bronfenbrenner (2005) highlights how the environment and social interactions influence psychological or behavioral problems. Erikson, from his theory of psychosocial development, emphasizes that low self-esteem and an unstable identity predispose to toxic relationships, and Bandura, through social learning theory, points out the influence of violent behavior models. Vargas (2021), relying on the theory of social disorganization, emphasizes the lack of community cohesion as a key factor. Although all theories highlight the environment as an essential factor, they vary in their approaches. Erikson prioritizes individual identity, Bandura observes learning, Bronfenbrenner integrates macro factors, and Vargas delves into the community level. These perspectives provide a comprehensive framework for analyzing the complexity of adolescent vulnerability to sexual violence.

The variable "Vulnerability Factors" includes individual and contextual aspects that increase the risk of negative consequences. Najman et al. (2005) identify a history of trauma, mental health problems, and poor support networks as limiting elements. Piñeiro et al. (2022) highlight low self-esteem and social isolation, while Souza et al. (2019) emphasize family dysfunction and economic precariousness. Although they differ in emphasis, the authors agree that a combination of individual and contextual factors determines coping capacity, underlining the need for strategies that consider both aspects.

The variable "Vulnerability factors" in adolescent victims of sexual violence includes biographical, victimization, psychobiological, psychological and previous psychopathology elements, which increase susceptibility to trauma. Garbarino et al. (1992) mention age and family history as relevant biographical factors. Finkelhor & Browne (1985) highlight characteristics of victimization, such as the frequency of abuse and relationship with the aggressor. Yehuda (2002) emphasizes psychobiological factors, such as the response to stress, while Rutter (1987) highlights self-esteem and resilience as keys in the response to trauma. Finally, Kessler (1995) points out that previous psychopathology aggravates vulnerability. Regarding risk factors, Masten & Garmezy (1985) and Compas et al. (2001) relate them to dysfunctional family environments and exposure to violence, but Masten

(2001) highlights that adaptive processes can arise through support resources, such as resilience. The authors agree on the importance of strengthening the environment and individual capabilities, although they differ in emphasizing individual factors (Garbarino et al., Rutter) or contextual factors (Compas et al., Masten).

Lazarus and Folkman (1984) explain responses to stress through adaptive or maladaptive strategies, influenced by context and available resources. Miller et al. (2018) define protective factors as resources that mitigate risks, while Werner and Smith (1992) highlight their buffering role against stress. The theory of resilience (Library, 2019) and the theory of positive youth development (Frías & Barrios Gaxiola, 2016) reinforce that protective factors promote emotional and adaptive well-being. Bronfenbrenner (Álvarez, 2015) adds these operate at different ecological levels. In summary, coping theories address immediate reactions to stress, while resilience and youth development theories focus on sustainable resources for well-being.

The study of protective factors in adolescents addresses various key dimensions promote their resilience to adversity: individual factors (self-esteem, self-confidence), family (emotional support, family cohesion), school (connection with school, extracurricular activities) and community (social support, mental health services). These factors act as buffers against risks, promoting positive development and emotional skills (Aguiar & Acle-Tomasini, 2012). Rutter (2006) emphasizes that the interaction between vulnerability, risk and protection decisively influences adolescent development, highlighting the role of protective factors in mitigating risks and strengthening resilience. Masten (2001) complements this, pointing out the importance of social support and emotional regulation. Coping strategies, defined by Lazarus and Folkman (1984) as cognitive and behavioral efforts to manage stress, are essential in psychological recovery, especially in face of sexual violence. Skinner et al. (2003) describe coping as a dynamic process that includes emotional control, support seeking, and cognitive restructuring. Compas et al. (2001) differentiate between problem-focused strategies, aimed at solving situation, and emotion-focused strategies, focused on regulating emotional responses. Aldwin (2007) expands on this view, pointing out coping modulates both the perception of stress and physiological response. Masten and Reed (2002) highlight how these strategies strengthen adaptation and promote personal growth. Regarding emotional coping, Lazarus (1984) defines it as management of negative emotions through techniques such as meditation or dialogue with loved ones. Folkman & Moskowitz (2004) identify cognitive coping, which involves reinterpreting trauma and challenging negative thoughts, while Compas et al. (2001) address behavioral strategies such as physical or recreational activities. Cohen & Wills (1985) emphasize the relevance of social support, and Pargament (1997) highlights spiritual coping, where religious beliefs help to find comfort and purpose after the trauma.

Coping with stress and trauma involves adaptation processes that can be cognitive, behavioral, social, or spiritual. Although all authors agree on the importance of internal and external resources, they differ in their approaches. Folkman & Moskowitz (2004) and Compas et al. (2001) emphasize direct intervention through thoughts and activities, while Cohen & Wills (1985) and Pargament (1997) prioritize social and spiritual support. Coping theories vary in their conceptualization. Lazarus and Folkman's (1984) Stress Transaction Theory highlight cognitive appraisal and the selection of problem- or emotion-focused strategies (Jorde, 2022). On the other hand, Endler and Parker's (1990) Multidimensional Coping Theory classifies strategies into task-focused, emotion-focused, and avoidance-

focused coping (Sanjuán & Magallanes, 2007). Both theories recognize coping as an adaptive process, although they differ in structure and emphasis. Regarding dimensions, García et al. (2016) classify coping as active (direct modification of stress), passive (acceptance or withdrawal) and avoidant (denial or evasion). Key indicators include frequency of strategy use, perceived social support, and cognitive reappraisal. These categories complement the proposals of Lazarus and Folkman by integrating a practical approach based on personal and social resources.

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Methodology

The research was of an applied type with a quantitative approach, designed to generate knowledge and propose changes based on the variables studied. According to CONCYTEC (2018), the design was non-experimental, cross-sectional, and descriptive correlational. The non-experimental or observational design implies that the researcher does not manipulate the variables, but rather collects data as they are presented in reality, describing the existing relationships in a sample. The quantitative approach utilizes numerical data to objectively measure and analyze variables, employing descriptive and inferential statistics. The cross-sectional nature of the design necessitated the collection of data at a single point in time, thereby providing a snapshot of the existing relationships between variables. The descriptive correlational design aims to examine the relationship between variables without establishing causality, utilizing techniques such as the correlation coefficient.

The following variables were the focus of the study: V1 (vulnerability factors), V2 (risk factors), V3 (protective factors), and V4 (coping strategies). The operationalization of these variables is detailed in attachment one. The population comprised 84 adolescents from the district of Moyobamba, San Martín region, who shared common characteristics related to sexual violence, thereby enabling the generalization of results (Hernández et al., 2014). The inclusion criteria encompassed adolescents between the ages of 12 and 17 years who had been subjected to sexual violence and were attending the district prosecutor's office in Moyobamba. Adolescents with physical or mental sequelae that prevented them from answering the study instruments were excluded from the study.

The study's sample was census-based, consisting of 84 adolescent victims of sexual violence. These subjects were selected as a representative sample using a finite population formula

(Hernández et al., 2014). Non-probabilistic sampling was employed, with the unit of analysis focused on adolescent victims attending the district prosecutor's office in Moyobamba. The investigative approach encompassed the use of surveys, interviews, and documentary analysis, with instruments undergoing validation through expert judgment and Aiken's V index. The reliability of the study was evaluated using the KR20 test and Cronbach's Alpha. The instruments utilized were developed by Miguel Ángel Torres Villavicencio, and the questionnaire focused on vulnerability, risk, and protective factors, with the aim of evaluating aspects affecting children and adolescent victims of sexual abuse. The questionnaire identifies vulnerability, risk, and protective factors, and includes sections on demographics, vulnerability factors (e.g., previous abuse and disabilities), risk factors (e.g., substance abuse and domestic violence), protective factors (e.g., positive relationships with adults and participation in extracurricular activities), and the emotional and psychological impact of the abuse (e.g., anxiety, depression, and post-traumatic stress).

The questionnaire employs a combination of multiple-choice questions, Likert scales, and open-ended inquiries to assess the presence of specific factors and to measure the intensity or frequency of behaviors or feelings. The questionnaire is designed for mental health professionals and researchers who are interested in studying patterns and correlations between risk and protective factors. The instrument underwent a rigorous psychometric validation process, including pilot testing, factor analysis, and Cronbach's alpha calculation, to ensure its validity and reliability. Five experts evaluated the measurement tools, verifying the coherence and relevance of the indicators with the study variables. The first instrument obtained a mean of 0.97, the second 0.98, the third 0.97, and the fourth 0.98, showing high agreement among the evaluators. The KR20 coefficient, a measure of reliability, yielded a value of 0.81 for the vulnerability factors variable, falling above the 0.75 threshold and reaching 78% agreement, thereby ensuring strong reliability. For risk factors, the coefficient was 0.75 with 78% agreement, while for protective factors, the value was 0.81 with 80% agreement. Finally, for the coping strategies, Cronbach's alpha indicated a coefficient of 0.80 with 79% agreement, ensuring the content and criterion validity of all items.

The procedure began with a thorough review of the literature on the topic, identifying previous articles of impact to establish a solid basis for the research and develop specific questions. The scope of the study and participation criteria were clearly defined, ensuring that the design was ethical and compliant. Participant selection was careful, obtaining assent or consent from both adolescents and their legal representatives. Data collection included structured questionnaires, semi-structured interviews and clinical data, with questions on rape experience if applicable. For data analysis, appropriate statistical methods were used, including correlation and regression analyses to study the relationships between rape and adolescent variables. Qualitative analysis, through interviews, focused on identifying patterns related to the impact of rape on risk, vulnerability, and coping factors. The results were interpreted objectively and supported by evidence, discussing their implications and relevance for future interventions or research.

Statistical analysis was essential to investigate the impact of rape, starting with data cleaning and preparation. A descriptive analysis was performed and statistical tests were applied according to the normality of the data, to detect significant differences between the variables. Correlation and regression analysis were also used to explore the relationship between rape and problems such as anxiety and stress. Finally, the results were clearly presented in a scientific report and article. The study respected international ethical principles, highlighting

autonomy, in which informed consent was guaranteed from both adolescents and their parents or legal guardians. It is essential to ensure that adolescents understood the objectives, procedures, and possible risks and benefits of the study. In addition, beneficence was applied, protecting the well-being of participants and maximizing potential benefits, especially in research on the impact of rape on adolescents. Measures were taken to mitigate negative effects on the emotional health of participants.

The principle of non-maleficence was adhered to by avoiding causing harm to participants, with particular caution taken to avoid re-traumatization in studies on traumatic experiences. Ethical and sensitive methods were employed, avoiding re-victimization or unnecessary exposure to distressing situations. The principle of justice was also adhered to, ensuring equitable treatment and impartial selection of study subjects, considering the representativeness of the sample. Finally, the right to confidentiality and privacy of data was respected, and participants were allowed to withdraw from the study without negative consequences. The research also obtained approval from an ethics committee and complied with relevant regulations. Overall, the study was conducted with an ethical approach, prioritizing the well-being of adolescents and respecting their rights and autonomy, contributing to a deeper understanding of this sensitive topic.

Results

Table 1 Frequency and percentage of vulnerability factor levels.

Levels	Frequency									
	Biographical		Previous victimizations		Psychobiological		Psychological		Previous psychopathy	
	f	%	f	%	f	%	f	%	f	%
Low	23	27.4%	33	39.3%	63	75.0%	40	47.6%	53	63.1%
Medium	11	13.1%	25	29.8%	15	17.9%	34	40.5%	26	31.0%
High	50	59.5%	26	31.0%	6	7.1%	10	11.9%	5	6.0%
Total	84	100.0%	84	100.0%	84	100.0%	84	100.0%	84	100.0%

In relation to the information collected in the questionnaire administered to the 84 participants, it is evident that 46.4% are at a medium level in the vulnerability factors variable, which means that a considerable proportion of the respondents face situations of moderate risk that can affect their well-being or performance, but that are not extreme or debilitating. This result suggests that the participants could have some resources or strategies to manage these conditions, although not optimally. On the other hand, 39.3% and 14.3% perceive a low and high level respectively, which indicates that a minority faces high-risk scenarios or, in contrast, more favorable and less challenging conditions

Table 2 Description of results of the levels of the vulnerability factor dimensions.

According to the dimensions of the vulnerability factors variable, 59.5% indicate a high level in the biographical dimension, which suggests that a significant majority of the participants face life situations marked by personal or family backgrounds that increase their vulnerability, such as adverse socioeconomic conditions, limited education or risky environments. On the other hand, 27.4% and 13.1% indicate a low and medium level, respectively, which indicates that a smaller proportion has fewer risk factors in this dimension. In the next dimension, previous victimizations, 39.2% perceive the low level,

meaning that a considerable part of the respondents have not experienced traumatic events or significant aggressions that affect their current state. Meanwhile, 29.8% indicate the medium level and 31% the high level, which reflects that a relevant percentage has been victim of situations that may have had a significant impact on their vulnerability. In the psychobiological dimension, 75% indicate the low level, meaning that the majority of participants do not face significant physical or biological difficulties that contribute to their vulnerability, such as chronic diseases or disabilities. In addition, 17.9% indicate the medium level and 7.1% the high level, which represents a small group with psychobiological conditions that can negatively influence their well-being. Continuing with the psychological dimension, it is indicated that 47.6% of respondents are in the low level, which means that almost half do not present marked emotional or mental difficulties that increase their vulnerability. On the other hand, 40.5% and 11.9% indicate the medium and high levels, respectively, which shows that a significant part does experience psychological challenges that could influence their stability. Regarding the last dimension, previous psychopathy, 63.1% indicated the low level, meaning that employees perceive that they do not have a significant history of severe psychological disorders or antisocial behavior that affects their performance or well-being. 31% indicated the medium level and 6% the high level, indicating that only a minority presents these conditions to a considerable degree.

Table 3. Frequency and percentage of risk factor levels.

	Level	Frequency	Percentage
Valid	Low	40	47.6%
	Medium	28	33.3%
	High	16	19.0%
	Total	84	100.0%

According to the data collected, 47.6% of the participants indicate a low level of the risk factors variable, indicating that participants perceive that they face few situations or conditions that may threaten their well-being or development, such as unfavorable environments, emotional deficiencies or significant economic difficulties. However, 33.3% and 19% of respondents indicate that they are at the medium and high levels, respectively, suggesting that a considerable part experiences moderate or high risks that could affect their stability or performance in different areas of their life.

Table 4. Description of results of the risk factor dimensions

In the risk factors variable, 47.6% of survey participants said that the family structure and composition dimension was at a low level. This suggests that a significant portion of employees perceive their family environment to be structurally stable, with no major changes or ruptures that could generate significant risks, and 41.7% and 10.7% indicate medium and high levels in the same dimension, reflecting variations in the perception of family complexity or conflict. According to the family functioning dimension, 59.5% perceive a medium level, indicating that respondents perceive family dynamics that, although not completely optimal, are not considered dysfunctional either, while 34.5% and 6% perceive low and high levels, respectively, reflecting both specific strengths and weaknesses in relationships and roles within the home. In the next dimension, characteristics of the father

or substitute, 46.4% perceived the level as medium, meaning that participants value the personal characteristics of the father or substitute figure as moderately influential in the risk factors, while 36.9% indicated the level as low and 16.7% as high, showing diversity in the perceptions of support or conflict associated with this figure. In the dimension characteristics of the mother, 46.4% indicated the level as low, this means that many consider that maternal characteristics do not generate great risks in the family dynamics, in addition 28.6% indicated the level as high and 25% as medium, which reflects that in some cases maternal influence can be perceived as a protective or risk factor. Continuing with the dimension of relationships between family members, it is indicated that 53.6% of respondents are at the low level, which means that the majority perceive family relationships as harmonious or with few significant conflicts, while 23.8% and 22.6% indicate the medium and high levels, respectively, which denotes the existence of more complex dynamics in certain groups. With respect to the sociocultural factors dimension, 41.7% were at the high level, this means that participants consider that cultural and social aspects have a considerable impact on the configuration of risks in their environments, in addition, in the same dimension, 36.9% and 21.4% indicate the medium and low levels respectively, reflecting different experiences of sociocultural interaction. In the last dimension of environmental setting, 78.6% indicate a low level, suggesting that most participants consider that the physical and social conditions of their environment do not represent a significant risk, while 20.2% and 1.2% place it at a medium and high level in their respective relationship, reflecting that some perceive more serious environmental limitations or threats.

Table 5. Frequency and percentage of protection factor levels.

Levels	Family structure and composition		Family functioning		Characteristics of the father or substitute		Characteristics of the mother		Relationships between family members		Sociocultural factors		Environmental setting	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Low	40	47.6%	29	34.5%	31	36.9%	39	46.4%	45	53.6%	18	21.4%	66	78.6%
Medium	35	41.7%	50	59.5%	39	46.4%	21	25.0%	20	23.8%	31	36.9%	17	20.2%
High	9	10.7%	5	6.0%	14	16.7%	24	28.6%	19	22.6%	35	41.7%	1	1.2%
Total	84	100.0%	84	100.0%	84	100.0%	84	100.0%	84	100.0%	84	100.0%	84	100.0%
		Level		Frequency		Percentage								
Valid		Low		10		11.9%								
		Medium		44		52.4%								
		High		30		35.7%								
		Total		84		100.0%								

According to the data collected, 52.4% of the participants indicate a regular level of the variable protection factors, which indicates that the participants perceive that they have

moderately effective resources or strategies to face adverse situations, although not sufficiently solid to guarantee optimal protection. However, 35.7% and 11.9% of the respondents indicate that they are at the high and low levels, respectively, which reflects that

Levels	At peer level		At personal level		At skills level		At family level		At knowledge level		At socio-environmental factors level	
	f	%	f	%	f	%	f	%	f	%	f	%
Low	15	17.9%	3	3.6%	14	16.7%	19	22.6%	9	10.7%	6	7.1%
Medium	41	48.8%	32	38.1%	41	48.8%	28	33.3%	12	14.3%	57	67.9%
High	28	33.3%	49	58.3%	29	34.5%	37	44.0%	63	75.0%	21	25.0%
Total	84	100.0%	84	100.0%	84	100.0%	84	100.0%	84	100.0%	84	100.0%

a significant part considers that they have a solid support to face risks, while a smaller group identifies important limitations in their ability to protect themselves against challenges.

Table 6. Description of the results of the dimensions of protective factors.

According to the dimensions of the variable protective factors, 48.8% indicate the medium level in the dimension at the peer level, which suggests that participants perceive moderate support from their peer group, although this is not completely consistent or highly effective. On the other hand, 33.3% and 17.9% indicate a high and low level, respectively, reflecting that a significant group identifies a solid network of support among peers, while others experience limitations in this area.

In the next dimension at the personal level, 58.3% perceive the high level, meaning that most participants consider themselves to have significant personal strength to face challenges and protect themselves against risks, while 38.1% indicate the medium level and 3.6% the low level, evidencing individual variations in perceived personal capabilities.

In the skills dimension, 48.8% indicated the medium level, meaning that participants believe they have functional skills that allow them to manage situations appropriately, although with room for improvement; in addition, 35.5% indicated the high level and 16.7% the low level, showing a disparity in the perception of these skills.

Continuing with the family dimension, it is indicated that 44% of respondents are at the high level, which means that a considerable part perceives the family as a key pillar in their protection against adverse situations. On the other hand, 33.3% and 22.6% indicate the medium and low levels, respectively, which shows differences in the level of perceived family support.

In relation to the knowledge dimension, 75% of respondents indicated the high level, meaning that the majority consider that they have solid and adequate knowledge to identify and manage protective factors. Furthermore, 14.3% indicated the medium level and 10.7% the low level, showing that there is a small percentage that could require more information or training in this regard.

Regarding the last dimension, at the level of socio-environmental factors, 67.9% indicated the medium level, meaning that employees perceive a moderately favorable social and environmental environment, although not entirely stable or safe. 25% indicated the high level and 7.1% the low level, indicating that, although some enjoy an optimal environment, a minority faces less favorable conditions.

Table 7. Frequency and percentage of coping strategy levels.

	Level	Frequency	Percentage
Valid	Low	32	38.1%
	Moderate	37	44.0%
	High	15	17.9%
	Total	84	100.05

In relation to the information collected in the questionnaire administered to the 84 participants, in the variable coping strategies, it is evident that 40.5% are at a moderate level, which means that the participants have resources and strategies to face adverse situations, although these are not always optimal or consistent in their application. On the other hand, 34.5% and 25% perceive a low and high level respectively, which reflects that a significant part presents limitations in their ability to face difficulties, while a smaller proportion demonstrates an outstanding ability in the use of effective strategies to manage problems or tensions.

Table 8. Description of results of the levels of the coping strategies dimensions.

Levels	Emotional		Cognitive		Behavioral		Social	
	f	%	f	%	f	%	f	%
Low	32	38.1%	23	27.4%	23	27.4%	20	23.8%
Moderate	37	44.0%	32	38.1%	44	52.4%	34	40.5%
High	15	17.9%	29	34.5%	17	20.2%	30	35.7%
Total	84	100.0%	84	100.0%	84	100.0%	84	100.0%

According to the dimensions of coping strategies, 44% indicate the moderate level in the emotional dimension, which suggests that participants have an average capacity to manage their emotions in adverse situations, managing to partially control their emotional reactions, but without achieving complete mastery. On the other hand, 38.1% and 17.9% indicate a low and high level, respectively, which indicates that some participants have significant difficulties in managing their emotions, while others show an outstanding ability in this aspect.

In the next dimension, cognitive, 38.1% perceive the moderate level, meaning that they have sufficient mental strategies to analyze and confront problems, although these are not always consistent or completely effective, while 34.5% indicate the high level and 27.4% the low level, reflecting a diversity in the cognitive processing and resolution capacities among respondents. In the behavioral dimension, 52.4% of participants reported a moderate level, indicating that they use practical strategies reasonably, although not always effectively. In addition, 27.4% presented a low level and 20.2% a high level, showing that some face

difficulties when implementing actions, while others have stronger behavioral skills. Regarding the social dimension, 40.5% indicated a moderate level, suggesting that employees perceive their support network as useful, although not always constant. 35.7% indicated a high level and 23.8% a low level, reflecting that some have strong social support, while others have limited resources to cope with stress.

General hypothesis

Ho: Vulnerability, risk and protection factors do not affect coping strategies.

Ha: Vulnerability, risk and protection factors affect coping strategies.

Table 9. Model fit information.

Model	Log likelihood -2	Chi-square	gl	Sig.	Square test	Pseudo
Intersection only	88,603				Cox y Snell	,194
Final	70,488	18,115	6	,006	Negelkerk e McFadde n	,219 ,100

Link function: Logit.

In the results, significance less than 0.05 indicates that vulnerability, risk and protection factors significantly affect coping strategies, providing strong evidence to accept the alternative hypothesis and reject the null hypothesis. This result reinforces the importance of addressing these factors to improve responses to stress and challenges in different contexts. Likewise, according to Negelkerke, it is evident that coping strategies depend on vulnerability, risk and protection factors by 21.9% because these factors directly affect people's ability and resources to face stressful situations or challenges.

Table 10. Parameter estimates

		Estimate	Std. Error	Wald	gl	Sig.
Threshold	[Coping strategies1 = 1]	-1,122	,701	2,560	1	,110
	[Coping strategies1 = 2]	,953	,701	1,850	1	,174
Location	[Vulnerability factors1 = 1]	,494	,799	,382	1	,536
	[Vulnerability factors1 = 2]	,302	,673	,202	1	,653
	[Vulnerability factors1 = 3]	0 ^a	.	.	0	.
	[risk factors1 = 1]	,853	,720	1,404	1	,236
	[risk factors1 = 2]	,979	,646	2,298	1	,130
	[risk factors1 = 3]	0 ^a	.	.	0	.
	[Protective factors1 = 1]	-2,748	,774	12,596	1	,000
	[Protective factors1 = 2]	-1,063	,467	5,182	1	,023
	[Protective factors1 = 3]	0 ^a	.	.	0	.

The analysis shows that the protection factors have a significant impact on the low and medium levels of the variable studied. This is demonstrated by a Wald value greater than 4 in both cases and a statistical significance of less than 0.05, which confirms that their effect is not a product of chance. Therefore, the protection factors play a relevant role at both levels, although they could vary in intensity depending on other conditions or contexts.

Specific hypothesis 1

Ho: The vulnerability, risk and protection factors do not affect emotionality

Ha: The vulnerability, risk and protection factors affect emotionality

Table 11. Model adjustment information.

Model	Log likelihood -2	Chi-square	gl	Sig.	Square test	Pseudo
Intersection only	79,221				Cox y Snell	,121
Final	68,342	10,879	6	,092	Nagelkerk e	,139
Link function: Logit.					McFadde n	,062

According to the results, the significance is greater than 0.05. That is, the null hypothesis is accepted and the alternative hypothesis is rejected. That is, the vulnerability, risk and protection factors do not affect emotionality. Likewise, according to Nagelkerke, it is evident that emotionality depends on the vulnerability, risk and protection factors by 13.9% because these elements directly influence people's ability to experience, interpret and regulate their emotions in the face of different challenges or contexts. Although their impact is partial, it is still essential to consider them in studies or interventions related to emotional health.

Table 12. Parameter estimates

		Estimate	Std. Error	Wald	gl	Sig.
Threshold	[emotional1 = 1]	,784	,715	1,204	1	,273
	[emotional1 = 2]	2,990	,786	14,468	1	,000
Location	[Vulnerabilityfactors1=1]	,826	,835	,979	1	,322
	[Vulnerabilityfactors1=2]	1,250	,710	3,101	1	,078
	[Vulnerabilityfactors1=3]	0 ^a	.	.	0	.
	[riskfactors1=1]	,424	,730	,337	1	,562
	[riskfactors1=2]	,681	,649	1,098	1	,295
	[riskfactors1=3]	0 ^a	.	.	0	.
	[Protectionfactors1=1]	-1,409	,774	3,310	1	,069
	[Protectionfactors1=2]	,275	,454	,367	1	,545
	[Protectionfactors1=3]	0 ^a	.	.	0	.

The result shows that, for the low level of emotionality, the factors analyzed have a statistically significant impact, supported by a Wald value greater than 4 and a significance less than 0.05. This confirms that these variables directly affect this level, which is relevant for the understanding and management of low emotionality in the context studied.

Specific hypothesis 2

Ho: The vulnerability, risk and protection factors do not affect the cognitive

Ha: The vulnerability, risk and protection factors affect the cognitive

Table 13. Model fit information.

Model	Log likelihood -2	Chi-square	gl	Sig.	Square test	Pseudo
Intersection only	85,183				Cox y Snell	,226
Final	63,692	21,491	6	,001	Nagelkerk e	,255
Link function: Logit.					McFadde n	,117

Significance less than 0.05 indicates that vulnerability, risk and protection factors significantly affect the cognitive aspect. These results show that these variables are key determinants in the development and functioning of people's cognitive abilities, which highlights the importance of intervening in these factors to improve cognitive health and mitigate negative impacts. In addition, according to Nagelkerke, it was shown that the cognitive aspect depends on 25.5% of vulnerability, risk and protection factors because these determine the conditions in which the cognitive system develops and operates. Vulnerability and risk generate barriers that affect the efficiency of mental processes, while protection factors act as buffers, promoting stronger cognitive performance even in adverse situations. This result highlights the importance of working to reduce risks and increase protection factors to optimize cognitive development.

Table 14. Parameter estimates

		Estimate	Std. Error	Wald	gl	Sig.
Threshold	[cognitive1 = 1]	-1,144	,718	2,543	1	,111
	[cognitive1 = 2]	,836	,711	1,382	1	,240
Location	[Vulnerabilityfactors1=1]	1,546	,831	3,463	1	,063
	[Vulnerabilityfactors1=2]	1,304	,702	3,454	1	,063
	[Vulnerabilityfactors1=3]	0 ^a	.	.	0	.
	[riskfactors1=1]	-,297	,729	,166	1	,684
	[riskfactors1=2]	,237	,651	,132	1	,716

[riskfactors1=3]	0 ^a	.	.	0	.
[Protectionfactors1=1]	-2,764	,784	12,424	1	,000
[Protectionfactors1=2]	-1,451	,480	9,119	1	,003
[Protectionfactors1=3]	0 ^a	.	.	0	.

The evidence shows that risk factors have a significant impact at low and medium levels, as demonstrated by a Wald value greater than 4 and significance less than 0.05. This suggests that the influence of these factors is real and relevant, justifying the need to address these risks through specific interventions to improve outcomes in individuals exposed to them.

Specific hypothesis 3

Ho: Vulnerability, risk and protection factors do not affect behaviour

Ha: Vulnerability, risk and protection factors affect behaviour

Table 15. Model fit information.

Model	Log likelihood	Chi-square	gl	Sig.	Square test	Pseudo
Intersection only	92,511				Cox y	,079
Final	85,614	6,898	6	,330	Snell Negelkerk e	,091
Link function: Logit.					McFadde n	,040

The results show that there is no impact of vulnerability, risk and protection factors on behaviour, since the p-value is greater than 0.05. This implies that the factors analysed do not have an impact on the behaviour of the individuals studied, which opens the door to exploring other factors or approaches that may better explain the variations in observed behaviour. Likewise, according to Nagelkerke, it shows that behaviour depends on 9.1% of vulnerability, risk and protection factors, which means that these factors explain part of the variations in observed behaviour, but they are not the only elements that determine how people behave. Behaviour is influenced by a variety of factors, and although these three play an important role, their impact is only part of the overall picture.

Table 16. Parameter estimates

		Estimate	Std. Error	Wald	gl	Sig.
Threshold	[behavioral1 = 1]	-1,709	,722	5,609	1	,018
	[behavioral1 = 2]	,792	,696	1,293	1	,255
Location	[Vulnerabilityfactors1=1]	-,339	,797	,182	1	,670
	[Vulnerabilityfactors1=2]	-,427	,675	,400	1	,527
	[Vulnerabilityfactors1=3]	0 ^a	.	.	0	.

[riskfactors1=1]	,407	,725	,316	1	,574
[riskfactors1=2]	,189	,647	,085	1	,770
[riskfactors1=3]	0 ^a	.	.	0	.
[Protectionfactors1=1]	-1,817	,744	5,960	1	,015
[Protectionfactors1=2]	-,767	,467	2,699	1	,100
[Protectionfactors1=3]	0 ^a	.	.	0	.

The result shows that protective factors are a significant predictor of the behavioral factor at the low level, as indicated by the Wald value greater than 4 and significance less than 0.05. This suggests that protective factors have a significant impact on behavior when it is at a low level, and this impact is statistically reliable. This implies that, in contexts where individuals face difficulties or low levels of certain behavioral characteristics, protective factors can play a key role in improving or managing these behaviors.

Specific hypothesis 4

Ho: Vulnerability, risk, and protection factors do not affect social performance

Ha: Vulnerability, risk, and protection factors affect social performance

Table 17. Model fit information.

Model	Log likelihood -2	Chi-square	gl	Sig.	Square test	Pseudo
Intersection only	95,139				Cox y	,253
Final	70,620	24,519	6	,000	Snell Negelkerk e	,286
Link function: Logit.					McFadden	,136

The results show that vulnerability, risk and protection factors significantly affect the social variable, as demonstrated by the significance value less than 0.05. By rejecting the null hypothesis and accepting the alternative hypothesis, it is confirmed that these factors influence the social interactions and behaviors of individuals. This highlights the importance of addressing these factors in social policies or interventions, since they have a direct impact on the way people relate to and participate in society. Likewise, according to Nagelkerke, it is evident that the social factor depends on 28.9% of the vulnerability, risk and protection factors, which means that these factors play a significant role in the social dynamics of individuals, it is likely that there are other elements that also influence how people interact socially. This knowledge is crucial to develop policies or interventions that address these factors and improve social integration and people's relationships.

Table 18. Parameter estimates

	Estimate	Std. Error	Wald	gl	Sig.
Threshold [social1 = 1]	-1,766	,728	5,878	1	,015
[social1 = 2]	,448	,706	,403	1	,526

Location	[Vulnerabilityfactors1=1]	,735	,821	,801	1	,371
	[Vulnerabilityfactors1=2]	,102	,691	,022	1	,883
	[Vulnerabilityfactors1=3]	0 ^a	.	.	0	.
	[riskfactors1=1]	,434	,725	,358	1	,550
	[riskfactors1=2]	1,041	,658	2,505	1	,114
	[riskfactors1=3]	0 ^a	.	.	0	.
	[Protectionfactors1=1]	-3,216	,807	15,871	1	,000
	[Protectionfactors1=2]	-1,551	,490	10,004	1	,002
	[Protectionfactors1=3]	0 ^a	.	.	0	.

According to the results, the protective factors are a significant predictor of the social variable at low levels. Since the Wald value is greater than 4 and the significance is less than 0.05, it is concluded that there is an important and statistically significant relationship between these factors and the social factor, specifically at low levels of the variable. This indicates that the protective factors can help improve the social conditions of individuals who are at low levels of social interaction or participation, making their impact more noticeable in these circumstances.

Discussion

A comprehensive analysis of Specific Objective 1 reveals a distribution of vulnerability factors among adolescents, indicating varying levels of risk. In the domain of biographical factors, 26.2% of the sample is classified as being at risk, while 31% are considered to be at slight risk. Furthermore, previous victimization data indicates that 21.4% are at risk and 13.1% are at slight risk, while psychobiological factors show only 7.1% at slight risk. In the psychological domain, 8.3% of adolescents are identified as being at risk, with an additional 3.6% exhibiting only slight risk. Finally, in the domain of previous psychopathology, only 1.2% exhibit mild risk. While a considerable proportion of adolescents exhibit signs of risk or mild risk, the majority do not demonstrate moderate or significant levels of vulnerability, suggesting an overall positive picture of the studied population. These findings are consistent with those reported by Capriati et al. (2020), who emphasize the role of vulnerability factors in the context of the individual, family, and sociocultural environment. This underscores the importance of environmental influences in predisposing individuals to adverse experiences, as argued by Bronfenbrenner (2005). Furthermore, Stockman et al. (2023) underscore the necessity of considering the macro-environmental context when addressing the interaction of these factors, thereby reinforcing the imperative to devise comprehensive preventive strategies.

Regarding objective 2, the results demonstrate variability in the risk factors associated with family and sociocultural dynamics. In the context of family structure and composition, 10.7% of the adolescents exhibited a slight risk, while 6% demonstrated a significant risk. In the domain of family functioning, the figures stand at 6% for both levels. The characteristics of the father or surrogate reflect 11.9% at risk and 4.8% at slight risk, while the characteristics of the mother show 14.3% at risk and 2.4% at slight risk. The data further reveals that relationships between family members present 16.7% at mild risk and 10.7% at risk, with only 1.2% at moderate risk. Sociocultural factors show 22.6% at slight risk and 19% at

significant risk, while the environmental setting reflects 7.1% at slight risk and 6% at risk. Finally, social interaction with individuals exhibiting inappropriate behaviors affects 11.9% of adolescents at risk and 8.3% at mild risk. These findings are consistent with those reported by Vanderley et al. (2020), who identified that community and family support play a crucial role in reducing social vulnerability. Concurrently, the findings of Haquin et al. (2004) and Reyes-Rojas et al. (2021) underscore the pivotal protective function of family cohesion and emotional support in preserving adolescent mental well-being. The ecological approach proposed by Stockman et al. (2023) underscores the impact of sociocultural factors on trauma responses.

Conversely, with regard to objective 3, the protective factors exhibited by adolescent victims of sexual abuse or harassment manifested varied levels of risk across the dimensions examined. At the peer level, 40.5% exhibited moderate risk, 28.6% slight risk, and 13.1% significant risk. At the personal level, 46.4% are classified as moderate risk, 29.5% as slight risk, and 15.5% as significant risk. In terms of skills, 34.5% present moderate risk, 35.7% mild risk, and 1.2% significant risk. At the family level, it is noteworthy that 100% of the sample did not present risk, underscoring the pivotal role of family support as a cornerstone of protection. However, at the knowledge level, 50% of adolescents are at significant risk, followed by 39.3% at moderate risk. Finally, social and environmental factors show 59.5% at moderate risk and 34.5% at slight risk, evidencing the influence of the environment in the protection of adolescents. These observations are consistent with the findings of Vetere et al. (2018), who reported a positive correlation between positive reappraisal and improved emotional well-being, noting that strategies such as problem solving can reduce anxiety. In addition, Kirkner & Ullman (2020) emphasize the pivotal role of positive social support in fostering posttraumatic growth in contexts involving sexual violence.

With regard to objective 4, the analysis of coping strategies indicates that, while many adolescents utilize them on occasion, there is still room for enhancement. In the emotional dimension, 16.7% of respondents reported never using emotional strategies, while 20.2% indicated frequent use. In the cognitive dimension, 26.2% use them rarely, and 25% use them frequently. The behavioral dimension demonstrates that 27.4% employ these strategies on occasion, while 9.5% do so consistently. Finally, the use of social strategies is shown to be occasional, with only 35.7% of individuals using them consistently. This comprehensive analysis underscores the importance of enhancing coping strategies through targeted interventions, as previously proposed by Mendoza (2020) and Luna-Cabrera et al. (2020). The regression analysis substantiates that protective factors are pivotal in the development of effective coping strategies. This finding aligns with the assertions put forth by D'Urso et al. (2024), who underscore the necessity of prompt and sustained interventions to address the sequelae of trauma. The findings underscore the significance of fortifying emotional and social resources, aligning with the recommendations put forth by the WHO (2024) for comprehensive psychosocial support.

The findings indicate that 46.4% of the participants exhibit a medium level of vulnerability factors, suggesting the presence of moderate risks that, while not extreme, have the potential to adversely affect their well-being and performance. This observation suggests that adolescents possess limited resources to manage these circumstances, though not in an optimal manner. Conversely, 39.3% exhibited a low level of vulnerability, suggesting less challenging conditions. However, 14.3% demonstrated a high level of vulnerability, underscoring the necessity for targeted interventions for this demographic. Within the

specific dimensions, 59.5% report high levels in biographical factors, highlighting conditions such as socioeconomic adversities and risky environments, consistent with Bronfenbrenner's (2005) theories on the influence of the environment on vulnerability. Conversely, dimensions such as previous victimization show 39.2% at low levels, which could indicate a lower prevalence of traumatic events in this population. However, the 31% at high level indicates that a significant group has faced adverse experiences that increase their vulnerability.

In the psychobiological factors, 75% of the participants present low levels, suggesting a lesser influence of adverse physical conditions on their vulnerability, while 7.1% report high levels, representing a more affected group in terms of physical health. In the psychological domain, 47.6% are at low levels, but 40.5% at medium levels and 11.9% at high levels highlight important emotional challenges for a significant portion of the adolescents. Finally, prior psychopathy shows low levels in 63.1%, but 6% at high levels underscores the importance of addressing a history of psychological disorders in this population (Najman et al., 2005).

On the other hand, risk factors, we observed that most adolescents (47.6%) perceive low levels of risk factors, reflecting a general perception of stability in their environment. However, 33.3% face moderate risks and 19% face high risks, highlighting the need for specific interventions for this group. In terms of dimensions, family structure and composition show that 47.6% perceive low levels, suggesting stability in their family environments, while 41.7% and 10.7% at medium and high levels reflect variations in family complexity. Family functioning, with 59.5% at medium levels, evidences functional family dynamics, but with areas for improvement. In father and mother characteristics, low levels are observed in 36.9% and 46.4%, respectively, but high levels in these dimensions highlight the potential influence of parental figures on perceived risks (Reyes-Rojas et al., 2021). In family relationships, 53.6% report low levels, while sociocultural factors present 41.7% at high levels, highlighting the significant impact of the social environment on perceived risks. Finally, in the environmental setting, 78.6% report low levels, but 20.2% identify moderate limitations in their environmental conditions.

Likewise, the protective factors are moderately effective in this population, with 52.4% of the participants reporting medium levels. However, 35.7% show high levels, which reflects the presence of solid resources to face adversities, while 11.9% identify important limitations. In the peer level dimension, 48.8% perceive moderate support, but 33.3% at high levels reflect the importance of interpersonal relationships as a protective resource. At the personal level, 58.3% perceive high levels, showing a remarkable individual strength, while 3.6% at low levels evidence areas where intervention is required to strengthen coping skills. In terms of skills, 48.8% report medium levels, suggesting a functional capacity, but with room for improvement. At the family level, 44% perceive significant support, confirming the crucial role of the family as a buffer against risks. In knowledge, 75% at high levels reflect a solid understanding of protective factors, although 10.7% at low levels indicate education needs in this aspect. In the socio-environmental dimension, 67.9% report medium levels, indicating that, although most perceive a favorable environment, some face conditions that limit their ability to protect themselves from risks (Werner & Smith, 1992).

Likewise, coping strategies, 40.5% of adolescents report a moderate level, indicating a reasonable capacity to handle adverse situations. However, 34.5% at low levels reflect limitations in their strategies, while 25% at high levels suggest a group with outstanding abilities. By dimensions, in the emotional dimension, 44% are at moderate levels, while 17.9% at high levels show an ability to manage emotions effectively. In the cognitive

dimension, 38.1% report moderate levels, but 27.4% at low levels show difficulties in processing problems. The behavioral dimension has 52.4% at moderate levels, reflecting functional practical strategies, but with room for improvement. Finally, in the social dimension, 35.7% report high levels, showing useful support networks, although 23.8% at low levels indicate limited resources (Lazarus & Folkman, 1984).

The findings indicate that vulnerability, risk, and protection factors exert a substantial influence on coping strategies, as evidenced by the significance of less than 0.05 in the majority of the dimensions examined. This finding underscores the necessity of incorporating these factors in the design of interventions aimed at enhancing individuals' responses to stressful situations, in accordance with the theories of Lazarus and Folkman (1984) on the dynamic interaction between stress and coping strategies. According to Nagelkerke, these factors account for 21.9% of the variance in coping strategies, underscoring their significance in managing challenges across diverse contexts.

The analysis of the protective factors reveals that they have a significant incidence in the low and medium levels of coping strategies, with a Wald value greater than 4 and a significance of less than 0.05. This finding aligns with the proposition by Werner and Smith (1992) that protective factors function as buffers in the face of adversity, thereby fostering resilience. These outcomes align with the assertions made by Masten (2001), who underscores the significance of a favorable environment in moderating the repercussions of risk. While the efficacy of these factors may vary depending on the context, the extant evidence supports the need to fortify these factors as a pivotal strategy to enhance stress responses.

Regarding emotionality, the results show that the factors of vulnerability, risk and protection do not have a significant impact ($p > 0.05$). However, according to Nagelkerke, these factors explain 13.9% of the variance in this dimension, indicating a partial impact that should not be ignored. These findings agree with Capriati et al. (2020), who highlight that emotionality is influenced by a combination of internal and external factors, such as family environment and previous experiences. The significant impact observed in the low level of emotionality suggests that these variables may be relevant in specific contexts, which supports future research to deepen these relationships.

The significance of less than 0.05 in the cognitive aspect highlights the influence of vulnerability, risk and protective factors on the development and functioning of cognitive abilities. According to Nagelkerke, these factors explain 25.5% of the variance, underlining their importance. Protective factors, in particular, act as moderators, promoting stronger cognitive performance even in adverse situations, as proposed by Lazarus and Folkman (1984). This finding reinforces the need to address risks and strengthen protective resources, in line with studies by Bronfenbrenner (2005) on the ecological interaction of individual and contextual factors. In the behavioral dimension, the results show that the factors analyzed do not have an overall significant incidence ($p > 0.05$), although protective factors are significant predictors at the low level of this dimension. This suggests that, in contexts where individuals face behavioral difficulties, protective factors may play a key role in improving their responses. These results are consistent with Mendoza (2020), who highlights the importance of emotional regulation and social support in the management of maladaptive behaviors.

In the social aspect, vulnerability, risk, and protection factors have a significant impact ($p < 0.05$), with an explained variance of 28.9% according to Nagelkerke. The significance of protective factors is particularly pronounced in contexts characterized by limited social interaction, as evidenced by the Wald value exceeding 4. This observation aligns with the

findings of studies conducted by Haquin et al. (2004) and Reyes-Rojas et al. (2021), which underscore the pivotal role of social and familial support in enhancing social integration among adolescents facing vulnerabilities. The practical and theoretical implications of these findings are significant for the design of policies and interventions aimed at at-risk adolescents. The evidence supports the need to strengthen protective factors, such as social support, family cohesion, and access to emotional and educational resources. This finding aligns with the recommendations put forth by the World Health Organization (2024), which underscores the significance of psychosocial support in facilitating the recovery of adolescents subjected to violence or abuse. From a theoretical standpoint, the findings underscore the relevance of models such as Bronfenbrenner's (2005) integrated microsystems and macrosystems framework, and Lazarus and Folkman's (1984) coping theory, emphasizing the dynamic interplay between stress and available resources. The necessity of adopting ecological and systemic approaches in research and clinical practice to comprehensively address the needs of this population is also stressed.

Conclusions

The results of the study indicate that, while adolescents demonstrate moderate levels of vulnerability and risk, protective factors and coping strategies are foundational in mitigating the negative effects. These findings underscore the importance of strengthening personal, family, and community resources, aligning with previous studies that highlight resilience and social support as essential elements for adolescent well-being (Bronfenbrenner, 2005; Masten, 2001). Consequently, these results substantiate the implementation of educational and therapeutic interventions that are oriented towards the promotion of efficacious coping strategies and the fortification of protective factors in contexts characterized by risk. The findings underscore the significance of vulnerability, risk, and protective factors in shaping coping mechanisms, particularly within the cognitive and social domains. This underscores the necessity of fortifying protective factors to enhance stress responses and promote well-being in adolescents who are at risk. The protective factors identified in this study emerged as the primary positive predictors of coping strategies, functioning as buffers against the deleterious effects of vulnerability and risk factors. This finding underscores the necessity to develop interventions that fortify family, social, and community support.

While vulnerability and risk factors did not demonstrate a significant incidence in the behavioral dimension and only a partial incidence in emotionality, their influence in the general context should not be underestimated. These factors interact with other individual and contextual variables, which require further exploration. The results underscore the pivotal role of the family and social environment as pivotal sources of support. The findings indicate that family cohesion and the presence of robust social networks are associated with enhanced coping strategies, particularly in the social and cognitive dimensions, where protection exhibited a higher prevalence. While the behavioral dimension exhibited a reduced dependence on the aforementioned factors, it was identified that areas such as emotional regulation and educational intervention hold significant potential for enhancing coping strategies. The integration of psychosocial programs could be essential to address these needs. The study's findings underscore the imperative for public policies aimed at mitigating risk factors and fortifying protective factors in adolescents. Educational programs, family therapies, and community support networks have been identified as pivotal in mitigating the effects of vulnerability and risk. This study contributes to the theoretical framework of

developmental ecological theory and coping theory, integrating micro and macro perspectives on how adolescents cope with stress. The findings of this study provide an empirical basis for the design of interventions focused on the specific needs of this vulnerable population. The findings underscore the importance of a comprehensive, multidimensional approach to address the complexities of coping strategies in adolescents, especially those exposed to situations of risk or vulnerability.

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