



PROTECTIVE FACTORS PROMOTING RESILIENCE TO SUICIDE IN YOUNG PEOPLE AND ADOLESCENTS

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Suicide in adolescents and young adults has become a public educational and health priority. In this paper, various conceptual questions about suicide are presented, and the protective factors that are associated with suicidal behavior in this population are considered. An overview is provided, based on a review of the studies, on the aspects of resilience that should be promoted to eliminate the negative impact of the adverse situations that arise for young people. Furthermore, we develop guidelines for building resilience, actions that have been proven effective in combating suicide attempts and completed suicide in adolescents and young adults. We produce a profile that includes all of the aforementioned protective aspects that must be taken into account when developing a comprehensive analysis in the context of the quality of life and emotional well-being of this group.

Key words: Adolescence, Young adults, Suicide, Protective factors, Resilience.

El suicidio en adolescentes y adultos jóvenes se ha convertido en una prioridad educativa y sanitaria pública. Se presentan distintas cuestiones conceptuales sobre el suicidio, y se plantean los factores de protección que están relacionados con el comportamiento suicida en esta población. Se ofrece una visión basada en la revisión de estudios sobre los aspectos resilientes que poseen y que deben ser potenciados para eliminar el impacto negativo de las situaciones adversas a las que se exponen. Además, se desarrollan pautas para el fomento de la resiliencia, que se han demostrado eficaces para la lucha contra la tentativa de suicidio y el suicidio consumado en adolescentes y adultos jóvenes, configurando un perfil con todos aquellos aspectos protectores a tener muy en cuenta para un análisis exhaustivo, dentro de la calidad de vida y bienestar emocional en este colectivo.

Palabras clave: Adolescencia, Adultos jóvenes, Suicidio, Factores protectores, Resiliencia.

Today, no one disputes that adolescence and early youth are times of great instability, where young people face many changes that can produce intense psychosocial maladjustment (Bridge, Goldstein & Brent, 2006; Costello, Mustillo, Erkanli, Keeler & Angold 2003; Haynie, South & Bose, 2006; Najman et al, 2008; Pintado, Jiménez, Padilla, Guerra & Antelo, 2010; Reinherz, Tanner, Berger, Beardslee & Fitmaurice, 2006). In addition, for many teenagers and young people, the natural developmental changes are sometimes accompanied by adverse situations (changes in the family, peer and social pressure, changes in friendships or family breakdown, to name a few), which can cause great disruption and can be extremely devastating (Mansilla, 2010; Qin, Mortensen & Pedersen, 2009). The psychosocial problems they face, both the natural ones and the adverse conditions, can be seen as very threatening and almost unsolvable, which can mean that for some adolescents and young people, suicide may seem like a more than viable solution (Sánchez-Teruel, 2010).

Suicide is rare in childhood and early adolescence, it increases considerably in the late teens and the risk continues up to the age of 24, both in males and females (American Foundation for Suicide Prevention - AFSP, 2010; Pan American Health Organization - PAHO, 2003). In Spain, the latest figures (National Institute of Statistics - INE, 2012) report that a total of 159 children, teenagers and young people committed suicide and another 79 died from events of undetermined intent (both sexes and throughout the whole country), the ages of highest risk being between 15 and 24 years. Furthermore, it appears that girls and female adolescents are more likely than boys and male adolescents to attempt suicide, and males in this category are five times more likely to incur serious bodily injury or death in suicide attempts than females (Sánchez-Teruel, 2012). All these data show a situation that is still difficult for education and health professionals to explain (Gould & Kramer, 2001; Nock, 2009; Portes, Sanghu, Longwell-Grice, 2002).

Although there is abundant scientific literature on the suicide risk factors, most has focused on adults (McClean, Maxwell, Platt & Harris, 2008; Nock et al, 2008), showing how biological factors (Brent & Mann, 2005; Mann,

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Bortinger, Oquendo & Currier, 2005), psychosocial factors (Balcázar, 2001; Sánchez-Teruel, 2010) or epigenetic factors (Autry & Monteggia, 2009) may be determinants of this behavior. Studies of suicide in adolescents and young adults have also focused on risk factors such as neurobiological factors (Pandey & Dwivedi, 2012), sexual orientation and diversity (Ryan, Huebner, Díaz, & Sánchez, 2009; Sung-Hong, Espelage & Kral, 2011), family breakdown (Pavés, Santander, Carranza & Vera-Villaruel, 2009), the existence of psychopathology in parents (Nauta et al., 2012), exposure to suicidal behavior or contagion (Brent & Melhem, 2008), troubled relationships among peers (Hinduja & Patchin, 2010; Sánchez-Teruel, Cobos & Peñaherrera, 2011), lack of social support (Balcázar, 2000), abuse and neglect (Brezo et al., 2008) and cultural and ethnic aspects (Priest, Paradies, Gunthorpe, Cairney & Sayers, 2011), however, there are few studies on the protective factors against suicide in adolescents and young people.

Also some reviews or meta-analyses such as the one by Gould, Greenberg, Velting and Shaffer (2003) have raised several risk factors of an epidemiological, family or psychosocial nature that could determine suicide attempts in adolescents and young people. In fact, most of these studies have focused on the risk factors; in particular, they analyze the epigenetic mechanisms (Labonté & Turecki, 2012), the family history of suicide (Nakagawa et al., 2009), homophobia (Coker, Aistin & Schuster, 2010; Russell & Joyner, 2001), dysfunctional peer relationships (Brunstein, Sourander & Gould, 2010; Hawker & Boulton, 2000; Kim & Leventhal, 2008) or the existence of a history of abuse or neglect (Chaffin & Friedrich, 2004). In this line, as other studies have noted (Fergusson, Beautrais & Horwood, 2003; Giménez, Vázquez & Hervás, 2010), there is copious knowledge regarding the risk factors in the scientific literature, empirical, reviews and meta-analyses, whereas knowledge related to the factors that promote protection against the risk of attempted or completed suicide in this group is scarce.

In this regard, it appears that some variables play an important role in cushioning the negative effects of stressful situations regarding the possibility of suicide (Drum & Denmark, 2012; Uchino 2006). Thus, research on adolescents or young people exposed to conflictive or highly stressful situations shows that, despite experiencing these circumstances, the vast majority did not choose this behavior (Caffo & Belaise, 2003; Casullo, Bonaldi & Fernández, 2000; Macgowan, 2004, Masten, Best &

Garnezy, 1991). In addition, not only did the exposure not produce maladaptive disorders or suicidal behavior, but it also seemed to create important psychosocial or personal growth in the adolescent or young person, which previously did not exist (Ahern, 2006; Everall, Altrows & Paulson, 2006; Marin, DiFluvio & Burke, 2009). This phenomenon is known as resilience, and Rutter (1987) defined it as an "interactive concept that relates to the combination of experiences of significant risk and relatively positive psychological consequences despite these experiences" (p. 317), i.e., a quick recovery in the face of stressful, negative or adverse life situations, and psychosocial growth that did not exist prior to exposure.

This has had such an impact in the scientific community that several review studies have been carried out on the concept and models, the protective factors on which it is based, and the most appropriate assessment instruments and intervention programs for resilience in adolescents and young people from the 70s to the present, including some longitudinal studies from the 50s (Ahern, 2006; Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003; Zolkoski & Bullock, 2012). However, it seems that the protective factors in adolescents and young adults do not promote resilience in all risk or adverse situations (Eriksson, Cater, Andershed & Andershed, 2010; Ungar & Liebenberg, 2011). In this line, some reviews on this aspect, such as the study by Amitai and Apter (2012) and the one by Ungar (2012), suggest this.

This paper presents a review of studies on the protective factors that promote resilience in adolescents and young adults, but our interest is focused on the risk of suicide attempts or completed suicide.

METHOD

A review was carried out on the literature produced between the years of 1980 and 2013, as it was in the eighties when empirical studies related to resilience began to appear (Rutter, 1987). A search was performed in the databases Pubmed, Psycinfo, Psycodoc and Psyke using the keywords "resilience" and "protective factors" combined with "suicidal ideation," "suicide attempt" and "suicide". Furthermore, the bibliography was reviewed of only the articles that were accessible in full text for a more in-depth analysis. The inclusion criteria for the studies were:

- ✓ Population of interest: adolescents and young adults
- ✓ Method: quantitative or qualitative
- ✓ Language: English or Spanish



There was a total of 32 studies (the majority carried out in the USA), which are summarized in Table 1. In this table, the studies are presented in order of publication date and with the following information:

- ✓ Identification of authors: Authors and year of publication
- ✓ Participants: number
- ✓ Gender: Male, Female or Transgender
- ✓ Method: quantitative or qualitative
- ✓ Protective factors: Type of variables that promote resilience to suicide

RESULTS

The analysis of the population used in the reviewed studies (N = 32) shows that adolescents participated in 37.5% (12 studies), young adults in 56.3% (18 studies) and 6.3% of studies (2) used both samples. Most of the studies analyzed (27 studies, 84.3% of the total) used convenience samples (university students, advertisements,

associations) and the rest are mostly samples that have a previous risk factor (broken families, physical abuse, sexual abuse or psychopathological disorders) or in other cases a socio-demographic aspect of interest (ethnicity, culture or young motherhood). The number of participants in the studies reviewed can be considered to be high: only 7 studies (21.9%) had less than 100 participants and there were over 1,000 participants in 9 studies (28.1%).

According to the inclusion criteria, the analysis of productivity by year shows a peak in the years 2012 (6 studies, 18.8%) and 2009 (6 studies, 18.8%), followed by the year 2013 (5 studies, 15.6%), so more than half (17 studies, 53.1%) of the scientific productivity on resilience to suicide attempts in adolescents and young adults is found in the period 2009-2013.

With regards to gender, many of the reviewed studies reported samples where females are the majority (17 studies, 53.1%), or well above the other genders (14 studies, 43.8%), in contrast to studies where there is a

**TABLE 1
SUMMARY OF STUDIES ON RESILIENCE TO SUICIDE
IN ADOLESCENTS AND YOUNG PEOPLE (1980-2013)**

Author / Authors and year	Participants (15-25 years old)	Gender	Method	Variable
Sapouna & Wolke, (2013)	N= 3,136 teenagers	Males = 48.5%, Females= 51.5%	Quantitative longitudinal prospective	Positive attributional style, own psychosocial skills and close relationships with family
Kassis, Artz, Scambor, Scambor, & Moldenhauer (2013)	N= 5,149 teenagers	Males = 53%, Females = 47%	Quantitative: transversal	Constructive personal and social relationships with family members, peers and teachers
Kleiman & Beaver (2013)	N= 670 young people (585 young people at follow-up)	Males = 18%, Females = 82%	Quantitative: transversal and longitudinal (depending on the sample)	Search for meaning in life and presence of the meaning of life
Kleiman, Adams, Kashdan & Riskind, (2013)	N=209 young people	Males= 15.8% Females= 84.2%	Quantitative: Longitudinal prospective	Life has meaning (synergy between gratitude and endurance or perseverance in spite of adversity)
Arenas-Landgrave, Lucio-Gómez & Forns, (2012)	N=106 teenagers	Males= 41% Females= 59%	Quantitative transversal	Personality factors (self-esteem, adaptation and self-control)
Gutierrez, Freedenthal, Wong, Osman & Norizuki, (2012)	N = 372 young people	Males= 40.9%, Females = 59.1%	Instrumental	Personal attributes (emotional stability) and social support
Villalobos-Galvis, Arévalo & Rojas, (2012)	N=573 teenagers and young adults	Males= 49.7%, Females= 50.3%	Instrumental	Personal attributes (emotional stability, self-esteem and problem-solving skills) and external protection (social support)
Mustanski & Liu, (2013)	N = 237 young people	Males= 47.7%, Females= 52.3%	Longitudinal prospective	Family support and absence of sexual victimization
Christiansen & Larsen, (2012)	N= 3,465 young people	Not stated	Quantitative: Cases and controls	Accurate diagnosis, lack of access to psychotropic drugs and higher parental income



TABLA 1
RESUMEN DE LOS ESTUDIOS SOBRE RESILIENCIA ANTE EL SUICIDIO
EN ADOLESCENTES Y JÓVENES (1980-2013) (Continued)

Author / Authors and year	Participant (15-25 years old)	Gender	Method	Variable
Rhodes et al, (2012)	N = 4,683 young people	Males= 54.9%, Females= 45.1%	Quantitative, longitudinal (retrospective)	Family adaptation
Li et al. (2012)	N=1,252 teenagers	Males= 45.1%, Females= 54.9%	Quantitative: Transversal	Gratitude Self-esteem
Cleverly & Kidd, (2011)	N= 47 young people	Males= 36%, Females= 64%	Quantitative: Transversal	Self-esteem and structured social networks
Easterbrooks, Chaudhuri, Dym, & Copeman, (2011)	N= 286 young mothers,	Males= 0 %, Females= 100%	Quantitative longitudinal	Will to prosper and prove their competence as mothers.
DiFulvio, (2011)	N=15 young people	Males= 33.3%, Females= 53.3% Transgender=13.3%	Qualitative: Life history and focus groups	Sexual orientation, self-acceptance, sense of belonging and social activism
Poteat, Mereish, Digiovanni, & Koenig, (2011)	N=15,923 teenagers	Not stated	Quantitative: Transversal	Race, identity and sexual integration and family support
Johnson, Gooding, Wood & Tarrier, (2010)	N=78 young people	Males= 16.6%, Females= 83.4%	Quantitative: transversal	Positive self-evaluations
Nrugham, Holen & Sund, (2010)	N= 345 teenagers and 252 young adults	Teenagers: Male= 27.5%, Females= 72.5% Young people: Male= 23%, Female= 77%	Quantitative longitudinal retrospective	Non-violent early experiences
Thomas, Cairney, Gunthorpe, Paradies & Sayers, (2010)	N=361 young aborigines	Males= 47%, Females= 53%	Instrumental	Sense of humor, emotional and family social support and sense of belonging
Palacios, Sánchez & Andrade, (2010)	N = 550 teenagers	Males= 47.3%, Females= 52.7%	Quantitative: Descriptive	Personality factors and search for feelings and sensations
Cardozo & Alderete, (2009)	N = 210 teenagers	Males= 44%, Females= 56%	Quantitative: Transversal	Self-concept, social support and self-regulation of (cognitive- emotional) skills
Cha & Nock, (2009)	N= 54 teenagers	Males = 37%, Females= 63%	Quantitative: Transversal	Capacity to understand and manage emotions (emotional intelligence)
Gramkowski, Kools, Paul, Boyer, Monasterio & Robbins (2009)	N = 56 young people	Males= 48.2%, Females= 51.8%	Quantitative: Transversal	Early protection in structured homes
Hirsch, Wolford, Lalonde, Brunk & Parker-Morris, (2009)	N = 138 young people	Males= 27%, Females= 73%	Quantitative: Transversal	Dispositional optimism
Segal, (2009)	N = 138 young people	Males= 0%, Females= 100%	Quantitative: Transversal	Reasons to live
Shahar, Cohen, Grogan, Barile & Henrich, (2009)	N = 90 teenagers	Males = 40%, Females= 60%	Quantitative: Longitudinal prospective	Social support from friends after an act of terrorism
Fortune, Sinclair & Hawton, (2008)	N = 5,293 teenagers	Males = 22%, Females= 88%	Quantitative: Longitudinal prospective	Seeking help and social support (friends and family)
Clauss-Ehlers, (2008)	N= 305 young adults	Males= 0%, Females= 100%	Quantitative: Transversal	Socio-cultural and ethnic factors for adequate coping



TABLA 1
RESUMEN DE LOS ESTUDIOS SOBRE RESILIENCIA ANTE EL SUICIDIO
EN ADOLESCENTES Y JÓVENES (1980-2013) (Continued)

Author / Authors and year	Participants (15-25 years old)	Gender	Method	Variable
Scourfield, Roen & McDermott, (2008)	N=69 teenagers	Not stated	Qualitative: focus groups	Ecological interventions, competency in sexual diversity of professionals and adverse situations
Martínez-Correa, Reyes del Paso, García-León & González-Jareño, (2006)	N = 200 young people	Males= 27%, Females= 83%	Quantitative: Transversal	Active coping with stress and optimism
Turner, 2005	N=10 young people	Not stated	Qualitative: Phenomenological	Hope
Stronski, Irlanda, Michaud, Narring, Resnick, (2000)	N= 9,268 young people	Males= 56.4%, females= 43.5%	Quantitative: Transversal	Quality of relationships within the family and at school
Anteghini, Fonseca, Irlanda, Blum, (2001)	N= 2.059 teenagers	Males= 44.6%, females= 55.3%	Quantitative: Transversal	Social adaptation with the family (protection), friends (feeling understood) and school (connecting with teachers, more than high academic performance)

male majority (3 studies, 9.4%) or where other genders participate (1 study, 3.1%). Moreover, the absence of this data in the description and in the presentation of the results is noted in some studies (4 studies, 12.5%).

Most of the studies are quantitative (29 studies, 90.6%) compared to a minority of qualitative studies (3 studies, 9.4%). In particular, the quantitative studies used a cross-sectional methodology (13 studies, 44.8%), others used a longitudinal methodology (8 studies, 27.6%) or other methods such as the instrumental method or case-studies and control (8 studies, 27.6%).

Regarding the variables that promote resilience, the results of the review show that positive self-concept, understood as the (positive) evaluation that the adolescent makes of their own abilities, skills and attitudes, is seen as a key aspect (Johnson et al., 2010). Moreover, self-regulation and cognitive flexibility, understood as the adolescent's ability to respond adequately to the demands of the environment, regulating their thoughts and emotions to achieve their objectives, also appear to moderate resilience to suicide attempts (Cardozo & Alderete, 2009; Cha & Nock, 2009). Later studies in this line (Karoly, 2012; Wills & O'Carroll, 2012) have proved this.

Previous research had already raised the importance of positive attributional style in promoting health and well-being (McLean et al., 2008). A positive attributional style is understood as a cognitive process by which people explain the situations (in an external, unstable and

specific way for negative events and in an internal, stable and general way for positive events) experienced throughout their life (Martínez-Correa et al., 2006). In fact, in the review conducted it was found that some studies show the importance of positive attributional style in promoting resilience to suicide in this group (Sapouna & Wolke, 2013).

On the other hand, it seems to be recommended to encourage emotional self-control (perceived or real) control of emotions in situations of danger, conflict or discomfort (Salas-Auvert, 2008; Sánchez-Teruel, 2009) and especially to learn to identify, manage and handle anger, frustration and sadness as necessary and adaptive emotions at a given intensity and valence (Cha & Nock, 2009). In fact, some studies in this review have shown the importance of emotional self-control as a moderating variable of resilience to suicidal behavior in adolescents and young adults, even with regard to exposure to adverse past or present situations (Arenas-Landgrave et al, 2012.; Gutierrez et al., 2012). Also impulse control, defined as impulsivity or control of behavior in pressure situations (Nock, 2009), has been proven to be essential for the promotion of resilience in adolescents that experience suicide ideation or attempts (Villalobos-Galvis, Arévalo & Rojas, 2012).

Other personal variables also stand out that may be considered protective, such as a sense of humor (Rodríguez, 2008), dispositional optimism, defined as the



belief that the future holds more successes than failures (Martínez-Correa et al., 2006) and empathy (Rutter, 2006), understood as the ability to put oneself effortlessly and easily and with high intensity in the place of the people around you (Montes-Berges & Martínez, 2011). Thus, in this review, various studies show that a sense of humor (Thomas et al., 2010), optimism (Hirsch et al., 2009) and empathy (Palacios, Sánchez & Andrade, 2010) appear to be personality factors that are key to resilience in adolescents and young adults in preventing suicidal ideation and attempts.

Other studies have also highlighted the need to work on hope and the reasons to live, focusing the interest on all the positive aspects of their stage in life that should be made visible to counteract the negative effects of the adverse situations in this evolutionary stage (Segal, 2009; Turner, 2005). In this line, the results obtained on the promotion of gratitude along with other variables such as self-esteem and perseverance toward goals in spite of adversity (grit) produce synergistic effects that promote the perception that life has meaning (Li et al., 2012; Kleiman, Adams, Kashdan & Riskind, 2013). In fact, the search for the meaning of life, highlighting all of the positive things, big and small, that make life worth living, offers very promising results in the fight against suicidal thoughts and attempts, thereby promoting resilience even in risk situations (Kleiman & Beaver, 2013).

On the other hand, the skills of asking for immediate support and assistance are also important in promoting resilience to suicide (Pisani et al, 2012; Sánchez-Teruel, 2011; Uchino, 2006) and also eliminating easy access in the home to means of suicide (Biddle, Brock, Brookes & Gunnell, 2008). In this line, the work must be aimed at normalizing the act of asking for help in difficult situations or promoting early detection, through friends or relatives, since only in rare cases does the teenager turn, on their own initiative, to mental health services or to their teachers when in the initial phase of ideation or carrying out the first actions of self-inflicted injury (Christiansen & Larsen, 2012; Fortune et al., 2008). Following this approach, within the socio-family arena, it is fundamental to train the parents and close friends of teenagers so that they are able to offer emotional social support, rather than instrumental support (Thomas et al., 2010). Emotional support involves feelings of belonging, intimacy and confidentiality, as well as behaviors of affection and caring (comforting, listening, encouraging, etc.), which can promote early detection of the ideation phase, thus

avoiding its progression to more severe stages of suicide (Mustanski & Liu, 2013). Also important for building resilience in teenagers is promoting verbal and nonverbal attitudes of expressing emotions and fostering a pleasant atmosphere in the family, where effective guidelines are contemplated for managing conflict (Kassis et al., 2013; Rhodes et al, 2012), especially in adolescents or young people in situations of risk (Easterbrooks et al, 2011; Gramkowski et al, 2009).

The socio-cultural and ecological aspects should also be attended when promoting resilience in adolescents and young adults. In particular, the implementation at the academic or local level of actions to combat violence, intimidation and bullying (Ortega, Mora-Merchán & Jöger, 2007), as well as the visibility of sexual diversity (Coker et al., 2010) and ethnic diversity (Rew, Thomas, Horner, Resnick, & Beuhring, 2001). In fact, most of the studies reviewed consider these issues of vital importance in cushioning the impact of conflicting or negative situations, fostering resilience to ideation, attempted and completed suicide in teenagers and young adults. In particular, positive relationships with peers and teachers must be enhanced as opposed to just high academic performance (Anteghini et al, 2001; Stronski et al, 2000), early experiences of nonviolent conflict resolution among peers (Nrugham et al, 2010) and structured social networks, where interpersonal relationships amongst peers at school and with neighbours in the local area are constructive (Cleverley & Kidd, 2011; Kassis et al, 2013). On the other hand, the sense of belonging, social activism and the amplification of identity-related values should be enhanced in adolescents and young adults from ethnic minorities and sexual minorities (Clauss-Ehlers, 2008; DiFulvio, 2011; Poteat, Mereish, Digiovanni & Koenig, 2011). Some of the reviewed studies also suggest that it is vital that that healthcare and education professionals provide specific training in these aspects (sexual and ethnic diversity) (Scourfield et al., 2008).

The results of the studies reviewed show that the resources that promote resilience to suicide attempts or completed suicide in adolescents and young adults are very heterogeneous. Therefore, the most promising variables have been summarized in Table 2.

CONCLUSION

Suicide remains a major clinical problem and one of the main causes of death in adolescents and young adults. The role of risk factors in suicidal behavior has been established



in the scientific literature for some time, but there is not much literature on the protective factors that promote resilience to suicide in this group. In this review, the few studies found (N = 32) which provided some light on this aspect, have shown that different groups of variables, either accumulatively or in interaction with each other, promote the protection of teenagers and young people from responses such as ideation, attempted or completed suicide, even cushioning the effect of the risk variables. These protective factors vary depending on the population studied, the context, and the result (Amitai & Apter, 2012; Eriksson et al, 2010; Kleiman & Liu, 2013; Ungar, 2012; Zolkoski et al, 2012.). However, several aspects make up a profile that could be used in interventions in this group to amplify this protective effect and minimize the impact of the risk variables. In addition, the research on resilience has great potential to guide the development of effective interventions in risk populations, as other authors have already demonstrated (Eggert & Nicholas, 2003; O’Sullivan, Rainsford & Sihera, 2012).

Researchers and practitioners should focus their efforts even more on providing theories of resilience to suicide, more contextualized regarding the protective factors, without losing sight of the modulating effect of the cultural and ecological factors in understanding how teenagers and young people can overcome adversity and how additionally, this knowledge can be used to create and enhance the strengths and reinforce the positive characteristics in their lives.

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TABLA 2
RESUMEN DE VARIABLES QUE PROMUEVEN LA RESILIENCIA ANTE EL SUICIDIO EN ADOLESCENTES Y JÓVENES (1980-2013)

Internal Factors	Cognitive
	<ul style="list-style-type: none"> ✓ Positive self-concept ✓ Self-regulation and cognitive flexibility ✓ Positive attributional style ✓ Reasons to live
	Affective
	<ul style="list-style-type: none"> ✓ Emotional self-control ✓ Hope ✓ Self-esteem ✓ Gratitude ✓ Perseverance towards goals in spite of adversity
	Behavioral
	<ul style="list-style-type: none"> ✓ Control of impulses ✓ Skills to ask for immediate help and support ✓ Expression of emotions ✓ Conflict management
	Personality
	<ul style="list-style-type: none"> ✓ Sense of humor ✓ Empathy ✓ Search for meaning in life
External Factors	Ecological
	<ul style="list-style-type: none"> ✓ Emotional social support ✓ Early experiences of nonviolent conflict resolution amongst peers ✓ Positive relationships with the family, secondary school peers and teachers ✓ Structured social networks (family, friends and neighbourhood) ✓ Difficulty in accessing means of suicide ✓ Sense of belonging to a group or culture ✓ Social activism ✓ Amplifying the values related to sexual and ethnic identity ✓ Availability and easy access to mental and community health services ✓ Training in sexual and ethnic diversity in professionals



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