



Gender Violence: Protective Factors and Resilience

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Key Points

- **RESILIENCE** reflects the ability to maintain a stable equilibrium and relatively stable healthy level of psychological and physical functioning, even in the face of highly disruptive stressful and traumatic events.
- Adequate **PUBLIC POLICY** programs can contribute to strengthen resilience in childhood creating supportive environments that help to build skills tackling future disparities.
- Resilience arises from everyday life as a process that regulates stressor events, in this sense its strengthening can also have positive effects on mental **HEALTH**.
- Research on adolescent risk factors for delinquency suggested that, due to **SEX** and genetic differences, some youth displaying resilience and others a heightened vulnerability.
- Building resilience needs to be achieved with specific **GENDER**-sensitive programs.

Sex and gender shape health [1] by way of both biological and sociocultural factors, but difficulties still persist in understanding the origins of the differing factors and the connections between them. Despite growing recognition of the importance of these issues, progress needs to be made to further implement sex and gender integration as standard practice, because the assumptions and the models that are built on them can have specific consequences that are relevant not only to research and healthcare but also to public policy.

In effect, the complexity of gender differences in health extends beyond notions of either social or biological disadvantage. These issues become critical when they

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expose vulnerable individuals to a greater danger in facing the sudden changes that are typical of our times. Only individuals considered more resilient are able to satisfactorily face the daily challenges of life today.

In this context, the concept of resilience [2] is usually intended as the capacity to buffer change and to learn and develop tenacity. It is a framework for understanding how to sustain and enhance adaptive capabilities in a complex world of rapid change. Its broad use in different disciplines has motivated social scientists and policy researchers to adopt its patterns and concepts in specific analyses [3].

Some authors [4] described how resilience arises from everyday life as a process that regulates stressor events. In this model, the ability to react successfully when coped with the greatest stresses is acquired day by day when faced with life's smaller daily problems. In recent years more concrete theories of the concept of resilience have been developed based on this understanding, from a theoretical perspective of both the treatment and above all the prevention of underdeveloped resilience.

Literature teaches us that individuals can learn skills to improve their resilience and that this can, in part, be achieved by using public policy tools. However, the most fruitful investment for any public policy program is to promote social and emotional abilities and prevent vulnerability by contributing to structure a capacity for resilience in the early stages of development, preferably in childhood.

In fact, resilience is not a stable human attribute. It is strongly influenced by external social factors, and therefore it can be adjusted, and above all it can be easily learned. The most appropriate public policies work at various levels to change the environment by implementing protective factors that enable children to navigate adverse events constructively through articulated prevention strategies that include school, after-school programs, and, where necessary, social services and mental health practitioners.

Children exposed to maltreatment or other forms of abuse should benefit from early prevention interventions directed at the treatment of the mother-child relationship, through which a more adaptable personality can be developed. Children with lower ego control and ego resilience levels [5] need interventions focused on the development of flexible adaptive skills in different situations and contexts. Preadolescence prevention efforts should focus on strengthening social skills and emotional and behavioral regulation skills in order to reduce both socially and individually destructive behavior.

Effective parenting and good teaching practice can increase resilience in children, but adults can learn to become more resilient as well. While the importance of establishing resilience in childhood cannot be emphasized enough, there are programs for promoting resilience in adults that offer promising results, such as the Promoting Adult Resilience (PAR) program [6] and RESilience and Activity for each DaY (READY) program [7]: the research on psychological resilience suggests that it is largely a malleable phenomenon, and as such it is suitable for intervention even in the workplace [8].

In general, working on protective factors in childhood seems to be a useful strategy for children at risk of domestic violence as well, since there are individual and familial characteristics that predict resilience levels among children exposed to domestic violence [9].

Public policy social programs such as Positive Youth Development [10] help to strengthen resilience and self-control and have demonstrated that they can generate a relevant improvement to the attitudes of individuals, also with respect to gender differences, and with a relevant impact on the health sector [11].

In conclusion, the cognitive skills that underpin resilience seem like they can indeed be learned over time, creating resilience where there was none, but unfortunately, the opposite may also be true. This is why the fact that protective factors operate across different levels interacting with different environments gives a relevant responsibility to public policy programs in order for researching models to be realistic and interventions to be effective, especially considering how individual capacity interplays with external protective factors. In many cases levels of mental distress among communities need to be understood less in terms of individual pathology and more as a physiological response to relative deprivation, poor environments, and social injustice, which erode the developing of emotional, spiritual, and intellectual resources essential to psychological well-being and good outcomes as adults.

There is a need for more research on the interactions between adversities, internal and external protective factors, and public policy interventions to foster individuals to tolerate stressor events in order to build resilience, as well as to tackle gender inequalities in health.

Program	Ref.	Aim
Promoting Adult Resilience (PAR) program	Liopsis et al. [6]	The cost of lost working time from mental health problems extends from costs on family, to employers, through lost productivity, and to the community. A mentally healthy workforce has benefits for individuals, employers, and the community alike [12]
REsilience and Activity for each DaY (READY) program	Burton et al. [7]	Potentially, it is aimed to promote well-being targeting five protective factors identified from empirical evidence: positive emotions, cognitive flexibility, social support, life meaning, and active coping
Public policy social programs such as Positive Youth Development	Sanders et al. [10]	It is directed to tackle the increasingly diverse society and underlying disparities that impair the health and well-being of a number of populations and youth development and create the conditions by which young people from all populations have opportunities to develop skills and habits that lead to long-term good health

Mentioned programs/Table drafted by Santa D'Innocenzo

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Suggested Reading

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