

Understanding how adolescents experience violence and its perceived impacts on mental health: A qualitative study across 13 countries

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Research Article

Keywords: Adolescents, Youth, Violence, Mental health, Gender, Poverty, Gender norms

Posted Date: June 5th, 2025

DOI: <https://doi.org/10.21203/rs.3.rs-6822872/v1>

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Additional Declarations: The authors declare no competing interests.

Abstract

Purpose: There is limited data on how adolescents globally perceive violence as impacting their mental health. The present paper explores similarities and differences in adolescents' experiences of violence and their perceived impacts on mental health by sex and context.

Methods: Adolescents aged 12-19 participated in 71 focus group discussions across 13 countries: Belgium, Chile, China, the Democratic Republic of the Congo, Egypt, Indonesia, Jamaica, Jordan, Kenya, Malawi, Sweden, Switzerland, and the United States. Each country held between four and ten FGDs segregated by sex and age. Almost all adolescents were sampled from low- or middle-income urban communities. An inductive thematic analytical approach was used to analyze emerging themes.

Results: Across countries, both girls and boys discussed concerns about emotional, physical, and sexual violence within their homes, peer groups, schools, and neighborhoods. Notably, while boys were more likely to discuss physical violence, girls primarily focused on sexual violence. Results also highlight adolescents' vulnerability to violence victimization and emotional distress, with gender, poverty, and cultural context interacting to produce risk. Additionally, inequitable gender norms were discussed as key factors in increasing aggression for boys and sexual harassment and assault for girls.

Conclusions: While the manifestations of violence differ by sex and context, it is clear that violence is experienced by adolescents globally and takes a high emotional toll. Although the provision of mental health services is important, it is equally critical to address societal and family structures with community and national commitments to address the issues that predispose adolescents to experiencing distress.

Implications and Contribution

This is the largest and most geographically diverse qualitative study of violence and mental health in adolescence to be reported. Findings highlight the overlapping vulnerabilities which expose adolescents to both violence and distress across all settings, with similarities and differences observed by sex and context. Programs and research need to focus on both individual and structural factors that produce violence and distress.

Introduction

The 21st century has witnessed complex social and cultural changes that have substantially impacted adolescent mental health and well-being globally [1, 2]. Approximately one in seven adolescents (aged 10–19 years) experience a mental health condition, which often goes undiagnosed and untreated [3]. These conditions contribute to approximately 13% of the global burden of disease among adolescents, with depression, anxiety, and behavioral disorders leading diagnoses of mental illness and disability [2–4]. Globally, there has been an urgent call to action to address the mental health crisis among adolescents, especially in the wake of the COVID-19 pandemic [5–8].

Violence exposure is a primary trigger of emotional distress during adolescence [3]. The socio-ecological model that guides the present study recognizes that individual, interpersonal, community, and societal factors interact to protect adolescents from or expose them to experiences of violence and their consequences [9]. Research has shown that household-level adverse childhood experiences (ACEs), bullying victimization, and being a victim of community violence are predictive of several mental health conditions [10–14]. However, most existing studies focus on one domain of violence in a single setting, such as domestic or school violence, and most are based on data from high-income countries [10, 15, 16]. Additionally, most studies have focused on quantitative associations, obscuring the meanings of violence exposures from the perspectives of young people themselves. Exploring the similarities and differences in violence experiences from youth voices across different contexts could aid in understanding shared risk and protective factors across the socio-ecological model to address youth violence [17].

There is a well-established body of evidence demonstrating a sex gap in violence experiences and mental health outcomes [4, 18, 19]. The sex gap is partially driven by larger structural factors such as norms and power which shape adolescents' mental health and the ways in which they experience violence [20]. For instance, whereas boys are often taught to use physical strength and aggression to establish their identity, girls are socialized to be less assertive and more compliant [4, 19, 21]. Given these different socializations – which tend to be relatively consistent across hegemonic cultures and geographies – girls are more susceptible to internalize their distress through depression, anxiety, and suicidal ideation [4, 18]. Boys, on the other hand, are more likely to externalize their distress through physical aggression and violence but also have a greater overlap of being victims and perpetrators of violence [22–25]. However, within the field of gender-based violence, there is a distinct difference between perpetration and victimization with boys primarily perceived to be as perpetrators and girls the victims [26]; this limits the ability to understand how violence victimization affects everyone (boys and girls) and the role the gender system plays in these experiences of violence and mental health.

To fill the above gaps, the current study compares violence experiences and mental health consequences across a wide range of cultural settings using the voices of both boys and girls. Specifically, we explore differences and similarities of these experiences and responses by sex and across different contexts.

Methods

Site selection, participant recruitment and safeguards

This study draws on a collaboration between United Nations Children's Fund (UNICEF) and Johns Hopkins University (JHU) as part of the *2021 State of the World's Children* Report [19, 27]. Across 13 participating countries, a series of 71 focus group discussions (FGDs) were conducted with adolescents focused on their perceptions of mental health among young people. While participants were not prohibited from using personal experiences, the intent of the study was to investigate how young people

as a population in communities around the world think about mental health issues; thus, FGDs rather than individual interviews were used.

Each country's lead investigator was asked to obtain local institutional review board (IRB) approval for FGDs; provide information to all FGD participants on where to access mental health supports; have the capacity to make referrals for mental health services if a FGD participant revealed significant issues needing follow-up; obtain consent and/or assent; facilitate and record all FGDs; and transcribe and translate FGDs into English. FGD facilitators with previous qualitative experience underwent two training sessions led by JHU to cover the objectives of the study, the importance of confidentiality, and the safeguarding of participants.

Investigators recruited an average of eight participants for each FGD stratified by age (12–15 vs. 16–19) and sex. In Belgium and Switzerland, however, some FGDs were held with mixed sex groups. There was no attempt to validate the sex of participants; those who were non-binary were invited without self-identifying to join the sex group of their preference. Participants were largely drawn from low- or middle-income, urban or peri-urban areas of their communities (Table 1). More detailed sample information is provided in Appendix A.

Ethics Approval

All sites obtained local ethics board approval prior to the start of data collection. For adolescents less than 18 years, both adolescent assent and parental consent were obtained. For adolescents 18 years and over, informed consent was elicited from the young people themselves. The JHU IRB waived ethical review for secondary data.

Data Collection

Data collection was undertaken between February and June 2021. All FGDs used a standard FGD guide (see Appendix B). FGDs were audio-recorded, transcribed verbatim, and translated from the original language into English where necessary [19]. Table 1 summarizes the number of FGDs by participating country and data collection method which varied owing to COVID-19 restrictions.

Table 1
Focus group discussion (FGD) characteristics for each country

Country	Number of FGDs	Stratification	Data Collection Modality
Francophone/Flemish, Belgium	6	Sex and age Mixed	In-person
Santiago, Chile	6	Sex and age	Online
Shanghai, China	6	Sex and age	In-person
Kinshasa, DRC	4	Sex and age	In-person
Asyut, Egypt	6	Sex and age	In-person
Yogyakarta, Indonesia	4	Sex and age	In-person
Kingston, Jamaica	9	Sex and age	Online
Amman, Jordan	4	Sex and age	In-person
Nairobi, Kenya	4	Sex and age	In-person
Blantyre, Malawi	4	Sex and age	In-person
Stockholm, Sweden	10	Sex and age	In-person
Lausanne, Switzerland	4	Sex and age Mixed	Online
New Orleans, USA	4	Sex and age	Online

[Insert Table about here.]

Data Analysis

All data analyses were conducted by the JHU study team using the English language transcriptions of the FGDs. An inductive thematic analytical approach was taken to identify emerging themes across different geographies based on the study's objectives [28]. Open coding was initially used to identify thematic content. The first phase of open coding was carried out by three JHU analysts using transcripts from four countries across an equal number of geographic regions. Subsequently, transcripts were coded independently by two JHU analysts and a codebook was developed (see Appendix C). All analyses were conducted using Atlas.ti 9.1 [29]. For the present study, we restructured the quotations in Microsoft Excel by types of violence experiences and thereafter explored similarities and differences by sex, geographical region, and the environment (family, peer, school and neighborhood) in which the violence was reportedly taking place. Exploring similarities and differences aided in providing a nuanced understanding of how violence experiences affected mental health of adolescents.

Results

Across all regions and countries, girls and boys reported concerns about violence exposure within their homes, peer groups, schools, and neighborhoods which they said directly affected their mental health. Adolescents also discussed violence within digital environments, which is explored in depth in another manuscript in the present supplement [30]. Types of violence reported include emotional, physical, and sexual violence. Mental health conditions were plentiful, with the most common including distress, fear, anxiety, and aggression.

For heuristic purposes, we separate the perceptions and experiences of different types of violence victimization by sex, with context-specific differences highlighted within each section. Thereafter we report what respondents perceived as the impacts of such violence on mental health; however, adolescents' narratives underscore the interconnectedness of themes across the socio-ecological model.

Perceptions and experiences of different types of violence victimization by sex of respondents

Both boys' and girls' experiences

Both boys and girls around the world discussed *emotional violence* which included verbal and relational aggression. They talked about experiencing and witnessing this violence by peers, teachers, and family members. Peer emotional violence was discussed across all countries and both sexes, specifically through verbal and relational bullying which was often experienced in school. It was not uncommon among adolescents that teasing, aggressive joking, and insults were used to criticize a peer's appearance, behavior, or academic performance. A young boy from Indonesia said

At school, almost everyone thinks that grades are the main thing. So, when there is anyone, or any of their friends are not performing well, they will be bullied and denigrated and deemed as dumb or stupid. (Indonesia, younger male)

According to young people, additional drivers of peer harassment included jealousy, psychological problems, interest in the same romantic partner, and gang involvement. One girl from China gave an example:

[The bully] would always stop me. Sometimes he would use words to attack me...It's so hard for me to understand why he did it...Later, I learned that he might have psychological problems, so he did this behavior. Then I thought I could understand him. (China, older girl)

Not only was school a locality for peer harassment but respondents also talked about teachers who made fun of them for their appearance, poor academic performance, or misbehavior. For instance, a

young person in Belgium discussed stress experienced as a result of ineffective communication and emotional abuse by teachers:

Once, I left, I don't know, three centimeters between the title and the first question. [My teacher] yelled at me to humiliate me in front of the whole class for that... There are teachers who expect me to do something, but if I'm not told explicitly, I don't understand. And then they yell at me. And, well, it's just stressful. (Belgium, mixed groups)

Young people from Egypt and Jordan talked about experiencing and witnessing *physical violence* by school personnel. One of the most traumatic situations described by young people was being forced to watch teachers beat other students:

Once a teacher came in class and said 'stand up.' We all stood up but one of us was tying his shoes. The teacher grabbed the boy and he beat him so badly that he bled all over... We were all crying. We were terrified. (Egypt, younger boy)

Within homes, physical violence including hitting, slapping, and beatings were noted as parental responses to a variety of issues from poor exam performance to socializing with friends of whom parents disapprove. Such socializing brought physical punishment especially in the Middle East and in some African settings, where the adult assumption was that the young person was engaged in inappropriate sexual behavior. An older adolescent girl in the DRC described one such situation:

I am staying with my aunt... I had a boy, and we didn't go out together, but he just helped me with just a little bit for transportation... When my aunt learned the news, instead of coming to ask me about what I was [doing with the boy], no, my aunt and uncle hit me hard and stripped me naked and took me to the boy's house and told the boy that he wanted me and that he should take me. (DRC, older girl)

Both girls and boys often ascribed such parental responses to their jumping to conclusions and responding violently without listening to their child's explanation. For instance, a girl in Jordan described a mother's regret about beating her son:

The boys tells his mother [what happened] and his mother says, 'Why did you not say that to me [in the first place]' And she regrets that she did not listen to him and repents herself because she beat him... This thing happens a lot. (Jordan, older girl)

In some African communities where poverty is extreme, young people spoke of violence as the consequence of insufficient food, clothing, and the inability to pay school fees. Young people in these countries described classmates and neighbors who would say hurtful things because an adolescent was impoverished:

Some of the problems boys face include being mocked to say, 'Who are you? Your homes are poor, you are not eating daily, look at us we are gaining weight now, you are just getting thin!' (Malawi, younger boy)

Furthermore, adolescents described family members verbally harassing them when they asked for school fees or food. There was a general narrative that family members expected both boys and girls to contribute toward household expenses by working. Several adolescents also talked about how parental substance use exacerbated the emotional abuse they experienced, with consequences on their education:

You can find a girl who has been sent home from school because of school fees...and the father drinks alcohol or it could be the mother drinking, when they inform their parents today I've been sent home for lack of school fees...they beat her up, they bully her, and she has actually stopped eating...[because] they don't even give her food (Kenya, younger girl)

Boys' experiences

More than girls, boys talked about physical violence by peers as well as in the neighborhood. The dynamics of physical aggression among peers paralleled – and often stemmed from – emotional aggression. Physical aggression and substance use were commonly viewed as normative social interactions and coping mechanisms despite being harmful

You might find that someone is using drugs and you just know drugs doesn't make people think straight. He might be sitting somewhere just studying people yet he doesn't know them and if you follow him, anything can happen or even fighting can may erupt from nowhere. He might beat you then you get injured or you beat him then you get arrested. (Kenya, older male)

Boys also talked about peer physical violence perpetrated by gangs, school dropouts, and youth who use substances.

One time I was walking in the street and there were some kids and they wanted to beat me for no reason, so I hit him back. (Egypt, younger boy)

This led them to feeling unsafe on the streets. These issues were disproportionately raised in Chile, Egypt, Malawi, Jamaica, and Sweden:

Young people have to worry about their security nowadays. Hence, there is the fact that there is a rise in the crime and the rise in people going missing because truth be told, we don't know who a predator is and who is the prey. (Jamaica, older boy)

Underlying all these narratives was the notion that, for boys, coping with distress is often expressed as physical aggression.

Personally I wouldn't want to resort to [violence], but there are situations where...it really requires it...for example, the other side causes you [to feel] anger, when you can't really dialogue...there's no way to talk, [or] make that person understand [which] forces you to come to your senses for violence. (Chile, older boy)

Girls' Experiences

While occasionally reported by boys, *sexual violence* was predominantly a concern of adolescent girls. Sexual violence included sexual harassment and molestation. A number of girls discussed concerns about being sexually harassed or molested in their homes by fathers, stepfathers, siblings, other relatives, or family friends. Particularly in Malawi and Kenya, girls talked about sexual violence being the result of cramped living conditions and living in close proximity with relatives who sometimes considered sexual aggression their prerogative

[Some] stepfathers tell their children that, 'In order to pay your school fees you are supposed to sleep with me and also to find food for you to eat'...So the child has no choice...Not knowing that they are destroying the girl and abusing her, they just do it so that they satisfy themselves. (Malawi, older girls)

A few girls further elaborated that if they disclosed sexual victimization to their mothers or to law enforcement, they were considered culprits or accused of lying:

I took her to [the district] police station...the police never followed up, they acted harsh and chased us from there...Until now she is not okay, because she said there is no point in going to ask for help and no one is helping her...She asked her mom for help, the mom was not on her side, she was on the side of the [stepfather]. (Kenya, older girl)

Sexual aggression in school was described as both non-verbal and verbal. In Chile and Belgium, for example, girls reported school prohibitions against wearing shorts or skirts due to the potential for provoking male students and teachers:

In the school where I studied, the girls could not wear short tights because there were male teachers who could look at their legs, so we had to go around exercising, with sweatpants, all hot, simply because the male teachers could look at our legs. (Chile, older girl)

Girls in Egypt, Malawi, Kenya, and Jordan talked about being solicited by teachers for sexual favors. In addition, several girls suggested that for those who reported such solicitation, they, rather than their teacher, would be held responsible:

The teachers harass girls even in primary or preparatory school, he touches her in ways, and she is unable to talk, because if she does, he will fail her and if she tells her people, they will say you are wrong, no teacher would do that...And if they talk, it will be a scandal to the girl. (Egypt, older girl)

Girls across diverse geographies also talked about their worries related to the clothing they wore outside the home which might be construed as sexually provocative and "asking for" sexual aggression from peers and adult males:

When a girl, for example, is wearing a skirt or shorts in the street and she can be approached by young people our age, there are certainly also adults who do this and who don't respect women at all, and who

follow them, or who talk to them...Afterwards, we'll say it's our fault, whereas, if they know how to control themselves, there's no problem. (Belgium, older girls)

Young people in many countries also expressed a constant fear that their neighborhood was not safe due to both threatened and experienced sexual aggression. An older girl in Kenya gave an example about how poverty, sexual abuse, and police inaction intersected to compromise safety for girls in her community:

Here in our slums most men do everything in return, let us say he gives you money, he cannot let you go just that way...he will say you have sex with him. If you refuse, the kind of beating that you will receive it not little...and if you take him to the police, they say that one you will finish at home...At the end of the day you are the one who is hurt. (Kenya, older girl)

This fear of sexual violence led to some girls to restricting social engagements in the community by either coming home earlier than planned or not going out at all.

What makes me afraid is society...I am woman, I can't go out late because unfortunately they can catch me, they can rape me, or they can hurt me. Imagine maybe in 5 more years [where] society is going to be. (Chile, younger girl)

In the Middle East and North Africa (MENA), emotional, physical, and sexual violence were discussed as strategies to uphold patriarchy and reinforce male dominance. To cope, girls limited social contacts and restricted their mobility in the community. Additionally, familial concerns about girls' sexual vulnerability in the community resulted in requiring a male chaperone to accompany their adolescent daughters outside the home, and/or pressuring them to leave school and marry early:

[Parents] say that the girl must get married. For the boys it is normal, he can get married anytime he wants...She is angry [with] her family and hates this too much...There is a threat, and they continue to threaten her (Jordan, younger girl)

Additionally, we heard narratives from MENA of physical violence directed at girls by brothers, uncles, and sometimes mothers. Young people from this region suggested that such violence was considered normative, especially when perpetrated by a brother:

I know someone who had a brother that wanted money, he would take it from his sister, and if she refused he would hit her (Egypt, younger girl).

Girls also discussed shame and stigma connected to sexual victimization within the family and community. Respondents suggested that if girls told their families about experiences of sexual violence, they would be blamed or ostracized. This was powerfully illustrated by a younger girl in Jordan who described a hypothetical family's reaction to a daughter's sexual assault:

It is possible that she will be beaten by her family and be afraid of them and commit suicide so they will not punish her and commit suicide because she feels that she is the reason for degrading her family and commit suicide in order to let them forget her and preserve their dignity. (Jordan, younger girl)

Perceived impact of violence on mental health

Young people described a ranged of negative feelings stemming from violence in their environment, including distress, fear, anxiety, and aggression. So too, both boys and girls talked about the mental health consequences of violence, which could result in lower self-esteem, greater indifference to the world around them, withdrawal from social interactions, depression, anxiety, disordered eating, self-harm, and suicidality.

At first, the bullying really made me feel down. It even made me reclusive and stay at home a lot...If someone cannot accept the treatment that's being done upon him...[he may] commit self-harm, and [he] would also vent through other ways. So, their mental state is receiving so much pressure. (Indonesia, older boy)

The pervasive fear for personal safety in the neighborhood was a powerful and recurrent theme. Young people attributed neighborhood risks to a range of factors including poverty-related robbery, high levels of unemployment, alcohol and drug use, and widespread anger and aggression among adolescents. A girl in Jamaica gave an example about how these worries affect mental health:

Epecially boys growing up in a garrison community [politically-controlled, fortified urban residential areas marked by poverty and violence], they worry about coming home alive. It's not just the girls because you know gang related violence and not everyone is included or involved. So, boys tend to worry about those stuff and that can cause emotional trauma (Jamaica, older girl)

Such seemingly random violence created a sense of vulnerability which translated into fear of being out of the house. Both boys and girls talked about such fears across Malawi, Egypt, Kenya, Belgium, Chile, China, and Sweden:

Yeah, like when you walk outside in the evenings, or like walk home from a friend, or just walk somewhere outside, it's quite hard, you get very worried about...yes, what...could happen. (Sweden, mixed group)

Given the marked stigma associated with verbalizing their experiences, boys talked about using drugs and alcohol to cope with violence exposures and how their responses also perpetuated the cycle of peer violence. In addition, in Egypt, Malawi, Jamaica, and Jordan, young people discussed how experiencing violence had emotional and educational consequences:

When a child has abusive parents, he goes to school worried. He is always in deep thoughts for being scolded by his mother every day...and he cannot even pass examinations and the result is him repeating

classes. One keeps worrying, and does not do well in school. (Malawi, younger girl)

Girls highlighted the immense psychological impacts of sexual violence, and described feelings of helplessness, trauma, anxiety, depression, and suicidality connected to these experiences:

[My little sister], she's thirteen. Once we were home, it smelled like smoke...She had taken some newspaper, and she had set it on fire. She wanted to test. And she really wanted to die at some point...it's often [due to] harassment. Since she is a little stronger than us, she is often harassed. (Belgium, older girl)

Whatever the rationale, violence across the different environments takes a toll on the mental health of young people. As described by an older girl from Jamaica:

I'm a girl that has been through a whole lot of stuff in my life, physically, verbally, and emotionally, and there is a point in my life, where I was suicidal and also, uhm, practiced self-harm. It's not something that I'm proud about. (Jamaica, older girl)

Discussion

It is clear from listening to the voices of young people that they perceive their exposures to violence as major causes of emotional distress. While this distress may not reach the attention of health professionals or rise to the level of psychopathology, it can have significant implications on adolescent health and well-being [31]. As research has shown, exposure to violence during adolescence affects the developing brain and impacts how individuals cope with stress across the life course [32, 33]. While violence exposure was discussed frequently by young people, the nature and consequences of violence exposures differ substantially by sex. This is consistent with other reports [34, 35]. Programmatically, there is a need to tailor interventions that acknowledge the differential impacts of violence on adolescent girls and boys.

The differences by sex identified in this research highlight how sexism, patriarchy, and other forms of discrimination establish inequitable gender norms which harm both males and females [36]. These norms promote male dominance based on physical strength and power, by creating a perception of masculinity which is associated with being strong, tough, independent, and emotionless. Males who challenge those norms risk being bullied and ridiculed [37]. Females, on the other hand, are socialized to be more passive and in need of protection [37]. After puberty, females' freedom of movement within their neighborhoods often become increasingly constrained [21]. Sexuality becomes stigmatized, and any expression or suggestion of sexual expression – whether through dress, friendship networks or even a passing greeting – is seen as a moral transgression and is met with violence, ostracization, and self-blame [38, 39]. Findings from the present study suggest that this is especially true in the MENA region which has some of the highest gender inequalities as measured by the Global Gender Gap Index which ranks Jordan at 126th and Egypt as 134th out of 146 countries of the world [40]. Programs addressing

violence need to address inequitable gender norms since they play a large part in widening gender disparities in both violence experiences and mental health challenges [41].

We also see from our results how gender and patriarchy intersect with poverty, especially in African countries. Power imbalances between older men (e.g., stepfathers, teachers) and younger girls in sexual situations; emotional abuse by peers and family members due to poverty-related deprivation; and a lack of credibility in trying to report violence victimization to authority figures all contributed towards feelings of helplessness, depression, and suicidal ideation. Children and adolescents from lower socio-economic communities have a greater likelihood of experiencing adverse childhood experiences (ACEs), reduced educational attainment, worse mental health, and greater exposure to community violence than their higher income peers [42]. While the provision of mental health services and violence mitigation strategies are critical, it is also important to address underlying structural issues by creating local strategies with adolescents and families to mitigate inequities. Four policy focal areas have been proposed to reduce poverty in the region: accelerating the fertility transition, leveraging the food system, mitigating fragility in conflict situations, and addressing poverty financing gap [43].

The findings of this research have both programmatic and policy implications. Youth violence affects adolescents around the world and has implications on mental health [3]. Strategies to prevent and mitigate violence include addressing structural determinants, notably gender inequality, poverty, and power. Across the socio-ecological model there is a need to promote favorable family environments, provide quality education, strengthen youth skills, connect youth to support services, create positive community environments and intervene across different environments to reduce harm and prevent the cycle of violence [17]. Gender inequality can be addressed by community mobilization programs and bystander interventions that work to transform norms and values that reinforce inequity [44]. To address poverty, there is a need for economic strengthening through cash transfers, group savings and loans coupled with gender equality training and microfinance with gender norm training [44]. For policy, there is a need for implementation and enforcement laws which prioritize banning violent punishment of children by parents, teachers and other caregivers; criminalizing sexual abuse; preventing alcohol misuse, and preventing access to firearms and other weapons [44]. In particular, there is a need to have multisectoral collaborations through liaison between family, community, school, healthcare, and policy level actors which can all prevent, interrupt and mitigate the harmful effects of violence [44]. Future research should conduct a systematic analysis of different micro- and macro-level interventions addressing structural exposures, violence experiences, and their consequences among adolescents to determine the impact and cost-effectiveness of these interventions.

Limitations

There are a few limitations to the present research of note. First, the samples upon which this paper is based were neither nationally representative nor randomly selected; rather, they were convenience samples. Second, while every attempt was made for consistency of questions and data collection methods across geographies; the translation and interpretation of both language and cultural factors

challenge such consistency. Third, given the sampling strategy of the study, it is not possible to see how the issues of violence and mental health differentially affect sub-populations of adolescents such as gender and ethnic/cultural minorities. Four, given that the study was conducted during the COVID-19 pandemic, data collection strategies varied depending on government restrictions on in-person gatherings. Finally, variability in both the skills of FGD facilitators and translators resulted in uneven quality of data among and within sites. That said, this is the largest and geographically most diverse qualitative study of adolescent violence and mental health yet reported; and the voices of the young people reported here are worth heeding.

Conclusions

This study has shown that violence is universally experienced by adolescents and that it takes a high toll on mental health and emotional well-being. We have also seen that the nature of violence and its impacts differ for boys and girls. Today, there is growing concern about the mental and emotional health of young people; and while the provision of mental health services is critical, there is a need to consider and address poverty and unequal gender norms that contribute towards violence experiences. It is clear from what young people have told us that societal and family structures contribute significantly to mental distress, and, here, the solutions will require community and national commitments so as to address the issues that predispose adolescents to experiencing distress.

Abbreviations

FGD	focus group discussion
IRB	Institutional Review Board
JHU	Johns Hopkins University
MENA	Middle East and North America
UNICEF	United Nations Children’s Fund

Declarations

Funding Information:

This work was supported by Wellcome Trust through a contract with UNICEF Headquarters for the preparation of the State of the World’s Children 2021 report, *On My Mind: Promoting, protecting and caring for children’s mental health*.

Acknowledgements:

This study was developed in conjunction with UNICEF's *State of the World's Children 2021* report, *On My Mind: Promoting, protecting and caring for children's mental health*. The study was initiated by UNICEF Headquarters in collaboration with the Johns Hopkins University Global Early Adolescent Study, and was made possible through partnerships with organizations across 13 countries. These include: Centre de Référence en Santé Mentale, Steunpunt Geestelijke Gezondheid, Universidad de Santiago de Chile, Shanghai Institute for Biomedical and Pharmaceutical Technologies, Kinshasa School of Public Health, Assiut University, Universitas Gadjah Mada, University of the West Indies, Terre des Hommes, African Population and Health Research Center, Kamuzu University of Health Sciences, Karolinska Institutet, Unisanté, and Institute of Women and Ethnic Studies. We are immensely grateful to the researchers and program specialists from these organizations who helped to shape the research questions and then organized, facilitated, recorded, transcribed, and translated focus group discussions with adolescents. We would also like to gratefully acknowledge the support from the Wellcome Trust and from UNICEF country offices. Above all, we are thankful for the young people around the world who gave their candid insights during 71 focus groups discussions.

Conflicts of Interest:

The authors have no conflicts of interest to disclose.

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