

ADOLESCENTS' PERCEPTIONS AND EXPERIENCES OF PSYCHOLOGICAL VIOLENCE

DŽENANA HRUSTEMOVIĆ¹, VEDAD Čeleš², BELMA TUKIĆ³, DARIJANA ANTONIĆ⁴,
SLOBODAN STANIĆ¹

¹*Faculty of Pharmaceutical and Health Sciences, Travnik, Bosnia and Herzegovina; dzenana.hrustemovic@gmail.com*

²*Public Hospital Travnik, Department of Internal Medicine, Hemodialysis Unit, Travnik, Bosnia and Herzegovina*

³*Clinic for Nuclear Medicine, Clinical Center University of Sarajevo (KCUS), Sarajevo, Bosnia and Herzegovina*

⁴*Pan-European University "Apeiron", Banja Luka, Bosnia and Herzegovina*

Abstract: Psychological violence among adolescents and young adults represents a significant challenge for both public health and the educational system, with long-term consequences for mental well-being. This study aimed to examine the prevalence and forms of psychological violence among individuals aged 12 to 24, as well as their awareness and personal experiences related to this issue. The research was conducted on a sample of 75 participants aged between 12 and 24 years, using a structured questionnaire that included demographic data, experiences with psychological violence, and familiarity with protective responses. The results revealed that a considerable number of participants had been exposed to various forms of psychological violence, including verbal abuse, social exclusion, and rejection. The study provides insight into the extent of psychological violence in this age group and indicates the need for further support measures. The discussion emphasizes the importance of involving students, parents, and teaching staff in efforts aimed at fostering emotional literacy and non-violent communication. Further research and programmatic development are recommended to enhance supportive strategies in school environments.

Keywords: adolescents, psychological violence, prevention, awareness, emotional literacy.

INTRODUCTION

Adolescence is a developmental period marked by profound emotional, cognitive, and social transformations, but also by increased vulnerability to various forms of violence—among which psychological violence is especially concerning (Gajić & Topalović, 2021). This type of violence includes verbal abuse, social exclusion, manipulation, cyberbullying, and emotional neglect, often leaving lasting consequences on the emotional development of young people and their interpersonal relationships (Zhao et al., 2023).

Psychological violence is frequently covert and normalized through everyday interactions, which makes its recognition and prevention particularly complex. This complexity requires a multisectoral approach in which education plays a vital role (Kecojević, Živković & Petrović, 2024). Various forms of health-related and psychosocial education are recognized as potential means to support adolescents in understanding and addressing such experiences (Smith & Robinson, 2020).

Educational programs that support emotional literacy, assertive communication, and tolerance may contribute to building safer and more inclusive school environments (Stanojević & Milojević, 2022). Although not always physically visible, psychological violence undermines the dignity and emotional security of adolescents. It can take the form of verbal humiliation, rumor-spreading, exclusion, threats, and manipulation through digital media. Adolescents often face difficulties distinguishing conflict from violence, while their social surroundings may trivialize such behaviors by labeling them as “jokes” or “peer pressure.”

Early warning signs—such as social withdrawal, anxiety, emotional instability, or academic underperformance—require sensitive and coordinated responses by teachers, parents, and professional staff

(UNICEF, 2023). In this context, the family has a protective role. Children raised in emotionally stable families with open communication and mutual respect are more resilient and less likely to engage in or suffer from psychological violence (Petković, Radošević & Ilić, 2023).

Parents serve as key role models and shape their children's coping strategies through consistent support and dialogue. Their collaboration with educational and health professionals strengthens the foundation for early recognition and prevention (Bradshaw, Waasdorp & O'Brennan, 2021). Likewise, schools, as the primary social environment for adolescents, should uphold clear anti-violence policies and promote positive classroom climates. Educators play a significant role in recognizing risky behaviors and fostering nonviolent communication through structured programs and continuous professional development (UNICEF, 2023; Bradshaw et al., 2021).

In this system, the role of health and social educators may be especially relevant in promoting psychosocial well-being and offering support to students. Through group work, workshops, and interactive learning, such professionals can help adolescents recognize risk, seek support, and build protective factors (WHO, 2022).

Given the complexity of psychological violence, this study aimed to analyze its prevalence, forms, and consequences among adolescents, with particular attention to their reactions, sources of violence, and awareness of available protective mechanisms. The findings may contribute to a deeper understanding of the emotional and social effects of psychological violence and inform the development of future educational and preventive interventions.

PARTICIPANTS AND RESEARCH METHODOLOGY

This study was designed as a quantitative, descriptive, cross-sectional survey conducted using an online questionnaire. Data collection took place between May 15 and June 6, 2024. The survey was distributed through school staff and youth organizations using closed communication channels—such as school Viber groups, email lists, and educational platforms (e.g., Google Classroom)—ensuring targeted reach to adolescents and young individuals. The survey link was not posted publicly on social media.

A total of 75 participants aged 12 to 24 years were included, covering both adolescent and early post-adolescent age groups. Respondents were recruited from diverse educational institutions and socio-economic settings across the Central Bosnia Canton, aiming to reflect a variety of backgrounds.

Participation was voluntary and based on prior informed consent. All responses were collected anonymously and treated as confidential, in line with applicable ethical standards and institutional research guidelines.

Purposive sampling was used, facilitated by cooperation with schools and local youth organizations. Inclusion criteria were: (1) age between 12 and 24 years; (2) current school enrollment or classification as part of the youth population; and (3) voluntary agreement to participate. The sampling strategy aimed to include participants from different municipalities, educational levels, and socio-economic contexts.

Although random sampling was not employed, efforts were made to achieve demographic and contextual diversity. Therefore, the findings may be indicative of broader trends among youth in the region, while acknowledging the limitations of non-probability sampling.

The data collection instrument was a structured, study-specific questionnaire comprising 20 questions, grouped into three thematic sections:

1. Demographic characteristics (age, gender, educational status);
2. Experiences with psychological violence (forms, frequency, context, and sources of exposure);
3. Awareness and perceptions related to psychological violence and available protective mechanisms.

4. Most items were close-ended, with several using a Likert scale to assess perceptions and awareness levels. The questionnaire was designed for ease of completion, requiring approximately 10 minutes.
5. A previously validated instrument was not used; rather, the questionnaire was developed for the purposes of this study based on the research objectives and a review of relevant literature. A pilot test with a small group of participants was conducted beforehand to assess the clarity and structure of the items.

RESEARCH RESULTS

Table 1. Demographic Data of Respondents

Table 1.1. Age Structure of Respondents

Age Group	Number of Respondents	Percentage (%)
12–14 years	12	16.0
15–17 years	31	41.3
18–20 years	18	24.0
21–24 years	14	18.7
TOTAL 12–17 years	43	57.3
TOTAL 18–24 years	32	42.7

Table 1.2. Gender Structure of Respondents

Gender	Number of Respondents	Percentage (%)
Male	45	60.0
Female	30	40.0

Table 1.3. Educational Status of Respondents

Educational Status	Number of Respondents	Percentage (%)
Completed primary school	25	33.3
Currently attending high school	34	45.3
Completed high school	8	10.7
Currently attending university	8	10.7

The demographic characteristics of the respondents (Tables 1.1 to 1.3) are presented across three categories: age, gender, and educational status. According to the age distribution, 57.3% of respondents were between 12 and 17 years old, while 42.7% were between 18 and 24 years. The largest subgroup was aged 15–17 years (41.3%), while the smallest was 12–14 years (16.0%).

As shown in Table 1.2, 60% of respondents were male and 40% female.

Regarding educational status (Table 1.3), the majority of respondents were currently attending high school (45.3%), followed by those who had completed primary school (33.3%). Equal proportions of respondents (10.7%) reported either completing high school or currently attending university. These figures reflect the expected educational distribution for the age range represented in the sample.

QUANTITATIVE RESEARCH RESULTS

Table 2. Frequency of Experienced Psychological Violence

Frequency of Psychological Violence	Frequency (n)	Percentage (%)
Never	11	14.7%
Rarely	19	25.3%
Occasionally	26	34.7%
Often	9	12.0%
Very often	10	13.3%
Total	75	100.0%

The distribution of self-reported experiences with psychological violence is shown in Table 2. Out of 75 participants, 11 (14.7%) stated they had never been exposed to psychological violence, while 19 (25.3%) reported rare exposure. The most common answer was occasional exposure (n = 26; 34.7%). Furthermore, 9 participants (12.0%) indicated they often experience psychological violence, and 10 (13.3%) reported very frequent exposure. These results point to a notable presence of psychological violence within the studied group and suggest the need for further examination of support systems available to adolescents.

Table 3. Forms of Psychological Violence Among Adolescents

Form of Psychological Violence	Frequency (n)	Percentage (%)
Rejection	16	21.3%
Terrorizing	21	28.0%
Ignoring	19	25.3%
Isolation	12	16.0%
Exploitation	7	9.3%

Note: Respondents could select more than one form of psychological violence; therefore, total percentages exceed 100%.

As illustrated in Table 3, the most frequently reported form of psychological violence was terrorizing (n = 21; 28.0%), referring to emotional intimidation or threat-based behavior. This was followed by ignoring (n = 19; 25.3%) and rejection (n = 16; 21.3%), both indicative of social exclusion and passive aggression. These findings reflect the diversity of psychological violence manifestations encountered by adolescents in everyday social contexts.

Table 4. Adolescent Reactions to Psychological Violence

Reaction to Psychological Violence	Frequency (n)	Percentage (%)
Withdrawal	26	34.7%
Aggression towards others	20	26.7%
Avoidance of the perpetrator	15	20.0%
Seeking help	14	18.7%

Note: Respondents could choose more than one reaction; therefore, total percentages exceed 100%.

As shown in Table 4, the most frequently reported response to psychological violence was withdrawal ($n = 26$; 34.7%), indicating a tendency toward emotional avoidance or internalized coping. Aggressive behavior toward others ($n = 20$; 26.7%) was also mentioned, suggesting that some adolescents externalize their emotional responses. Other reactions included avoiding the perpetrator (20.0%) and seeking help (18.7%). These self-reported responses reflect the range of emotional and behavioral strategies used by adolescents when facing psychological stress.

Table 5. Impact of Psychological Violence on Adolescents' Social Relationships

Impact on Social Relationships	Frequency (n)	Percentage (%)
Social withdrawal / avoidance	41	54.7%
Conflict reactions / aggression	20	26.7%
Seeking help / support reliance	14	18.7%

Note: Respondents could select more than one response; therefore, total percentages exceed 100%.

According to Table 5, over half of the respondents ($n = 41$; 54.7%) reported some form of social withdrawal or avoidance following experiences of psychological violence. Conflict-related reactions such as aggression (26.7%) and help-seeking behaviors (18.7%) were also reported. These findings suggest that psychological violence may influence adolescents' social functioning in multiple ways. The relatively low proportion of adolescents who sought help may warrant further investigation into the accessibility and perceived effectiveness of available support mechanisms.

Table 6. Sources and Settings of Experienced Psychological Violence

Category	Frequency (n)	Percentage (%)
Perpetrator – Family member	46	61.3%
Perpetrator – Teacher	15	20.0%
Setting – School	26	34.7%
Setting – Internet	24	32.0%
Setting – Family home	16	21.3%
Setting – Public space	9	12.0%

Note: Respondents were allowed to select multiple responses; therefore, the total percentage exceeds 100%.

As shown in Table 6, participants reported a variety of sources and environments in which they experienced psychological violence. The most frequently identified source was a family member ($n = 46$; 61.3%), followed by teachers ($n = 15$; 20.0%). Regarding settings, the most commonly mentioned were school ($n = 26$; 34.7%) and the internet ($n = 24$; 32.0%), with some respondents also reporting the family home (21.3%) and public spaces (12.0%). These results indicate the presence of psychological violence across multiple interpersonal and contextual domains.

The use of a multiple-response format allows for a more nuanced understanding of the complexity and overlap between perpetrators and environments in which psychological violence occurs. Since participants could select more than one response, totals may exceed 100%.

Table 7. Reactions and Level of Awareness Among Adolescents Regarding Psychological Violence

Reaction and Awareness	Frequency (n)	Percentage (%)
Sought help	14	18.7%
Aware but did not react	41	54.7%
No protective reaction	20	26.6%

According to Table 7, 18.7% of adolescents reported that they sought help when faced with psychological violence. Over half of the participants (54.7%) stated they were aware of the situation but did not take any action. Additionally, 26.6% of respondents reported no protective reaction. These findings suggest varying levels of awareness and response among adolescents, with some indicating uncertainty or lack of access to protective resources.

DISCUSSION

This study, based on a descriptive analysis of 75 adolescents and young adults aged 12 to 24, identified multiple personal experiences of psychological violence across various settings. The most represented age group was 15 to 17 years, which corresponds to a developmental stage characterized by emotional sensitivity and intense social interaction.

The findings show that schools (34.7%) and online platforms (32.0%) are the most frequently reported settings in which psychological violence occurs, while family members were identified as the most common sources of such violence (61.3%). These results suggest that psychological violence is not limited to a single specific environment, but occurs across the various interpersonal spaces that adolescents interact with daily.

Similar patterns have been recorded in studies from the region. For example, Petrović et al. (2020) reported that over 60% of adolescents in Serbia experienced verbal and emotional violence in school settings.

Kobal Grum (2021) emphasized the importance of family emotional support in mitigating the effects of school-based violence. Although direct comparisons are limited, these findings provide valuable context for understanding the presence of psychological violence in the social environments of young people in Bosnia and Herzegovina.

Only 18.7% of respondents reported seeking help, while the majority indicated awareness of psychological violence but took no further steps. Although this study did not explore the reasons behind such behavior, the results indicate variability in adolescents' response mechanisms and call for further research.

Differences in reactions based on gender were also observed: for example, 26.7% of male respondents reported aggressive reactions. Although the sample was not large enough to draw definitive gender-based conclusions, these findings may point to different response patterns that deserve attention in future studies.

Overall, the data highlight the presence of psychological violence in school, family, and digital contexts. This study does not aim to evaluate educational strategies or preventive frameworks but provides a snapshot of the respondents' personal experiences. These insights can serve as a basis for future research and support the development of context-specific programs for adolescents.

In addition, regional data from the Balkan Epidemiological Study on Child Abuse and Neglect (BECAN, 2018), conducted across nine Balkan countries including Bosnia and Herzegovina, reported lifetime exposure rates to psychological violence among school-aged children at 64.6% based on self-reports. This prevalence closely mirrors the findings of this study and supports the conclusion that psychological violence is a persistent concern among adolescents in this context.

CONCLUSION

Psychological violence among adolescents is a significant and growing public health and social issue, with long-term consequences for emotional, mental, and relational well-being. This study, conducted on a sample of 75 participants aged 12 to 24 from the Central Bosnia Canton, revealed that more than half of respondents had been exposed to at least one form of psychological violence. Emotional withdrawal and social isolation were the most frequently reported reactions, indicating early symptoms of emotional distress.

The study also found that psychological violence most commonly occurred in school environments and through online interactions. A substantial number of respondents also reported experiencing such violence within their own families, highlighting the urgency of addressing domestic dynamics that may compromise adolescent mental health. Moreover, only a small portion of participants stated that they had access to support or knew how to seek help, emphasizing the need to strengthen existing protective systems and improve awareness of available services.

Although this research did not assess specific prevention strategies or the role of health education as a structured intervention, the findings underline systemic shortcomings in awareness, access to help, and institutional response. The study complements findings from regional literature and confirms the widespread nature of psychological violence, as demonstrated in similar contexts such as Serbia and Slovenia.

The value of this study lies in its empirical overview of adolescents' experiences with psychological violence and their behavioral and emotional responses. The findings point to the need for targeted, intersectoral interventions that include education, mental health, and social welfare systems.

Based on the results, the following strategic actions are recommended:

- Strengthening school-based programs aimed at fostering emotional literacy, peer support, and non-violent communication;
- Improving psychosocial support services through school and community-based mental health initiatives;
- Establishing effective municipal-level referral and protection mechanisms;
- Introducing structured family education programs focusing on positive communication and parenting skills.

Ultimately, this study calls for integrated and sustained efforts to address psychological violence as a public health priority. Adolescents have the right to safe environments that promote psychological security and personal development. Ensuring that right requires coordinated action, stronger prevention frameworks, and evidence-based policies adapted to local needs.

REFERENCES

- BECAN (2018). *Balkan Epidemiological Study on Child Abuse and Neglect (BECAN): Final country report for Bosnia and Herzegovina*. University of Thrace, Institute of Child Health. Available at: <https://becan.eu/> [Accessed 26 June 2025]. [in Bosnian]
- Bradshaw, C.P., Waasdrop, T.E. & OBrennan, L.M. (2021). Teachers and parents roles in bullying prevention: A social-ecological perspective. *School Psychology Review*, 50(1), 75–89. <https://doi.org/10.1080/2372966X.2020.1830925>
- Gajić, R. & Topalović, D. (2021). Emotional literacy and violence prevention among adolescents. *Psychology and Society*, 44(2), 133–148.
- Kecojević, D., Živković, M. & Petrović, A. (2024). Digital violence among adolescents – the role of school and family. *Journal for Security and Education*, 5(1), 29–40.
- Kobal Grum, D. (2021). Emotional support from family as a protective factor against school violence among adolescents in Slovenia. *Journal of Health Sciences*, 14(1), 27–35.
- Livingstone, S., Stoilova, M. & Kelly, A. (2021). *Children's data and privacy online: Growing up in a digital age*. London, Engleska: London, Engleska School of Economics and Political Science. <https://www.lse.ac.uk/media-and-communications/research>. Pristupljeno: 29.05.2025.
- Petković, M., Radošević, D. & Ilić, I. (2023). The role of parents in peer violence prevention. *Health Protection*, 52(2), 115–122. <https://doi.org/>

org/10.2298/ZZ2302115P

- Petrović, S., Jovanović, M. & Kostić, I. (2020). Verbal and emotional violence in schools: Adolescents perception in Serbia. Belgrade: Institute for Pedagogical Research. [in Bosnian]
- Smith, P.K. & Robinson, S. (2020). Cyberbullying: Challenges and interventions. *Journal of Adolescent Health*, 66(3), 275–282. <https://doi.org/10.1016/j.jadohealth.2019.11.307>
- Stanojević, D. & Milojević, S. (2022). Health education in modern education – challenges and perspectives. *Pedagogy*, 77(1), 45–60.
- UNICEF (2023). Ending violence in schools: An agenda for action. New York, SAD: United Nations Childrens Fund. <https://www.unicef.org/reports/ending-violence-in-schools>. Pristupljeno: 29.05.2025.
- WHO (2022). Mental health of adolescents. World Health Organisation. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>. Pristupljeno: 29.05.2025.
- Zhao, N., Yang, S., Zhang, Q., Wang, J., Xie, W., Tan, Y. & Zhou, T. (2023). School Bullying Results in Poor Psychological Conditions: Evidence from a Survey of 95,545 Subjects. *arXiv preprint arXiv:2306.06552*. <https://arxiv.org/abs/2306.06552>. Pristupljeno: 31.05.2025.

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