

Breaking The Silence: The Impact of Adolescent Sexual Violence On Mental Health and Its Preventive Measures

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Abstract

Adolescent sexual violence is a deeply entrenched public health issue with profound psychological, emotional, and developmental consequences. This literature review explores the impact of adolescent sexual violence on mental health and examines the range of preventive measures implemented across various contexts. Drawing on recent empirical and theoretical studies, the review highlights how sexual violence during adolescence contributes to a heightened risk of depression, anxiety, post-traumatic stress disorder, and suicidal ideation. The pervasive silence surrounding these incidents driven by stigma, cultural norms, and institutional failure further exacerbates psychological harm and limits access to support systems. The review adopts a three-tiered prevention model, discussing primary, secondary, and tertiary interventions, including comprehensive sex education, early detection and response mechanisms, trauma-informed care, and evidence-based programmes such as Safe Dates and youth empowerment initiatives. Findings underscore the need for multi-sectoral collaboration among educators, health professionals, policymakers, families, and communities to foster safer environments for adolescents. Breaking the silence through advocacy, systemic reform, and inclusive education emerges as a critical pathway to preventing abuse and promoting long-term mental well-being. The review concludes by emphasising the importance of integrating culturally sensitive and sustainable strategies into national and community-level responses to adolescent sexual violence.

Keywords: Adolescent sexual violence, Mental health, Prevention, Trauma-informed care, Advocacy,

E.G.C.S.J

Accepted 15 August 2025
Published 28 August 2025
DOI: 10.5281/zenodo.16989572



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Introduction

Adolescent sexual violence remains a profound global challenge that significantly threatens the physical, emotional, and psychological development of young people. Defined as any non-consensual sexual act involving an individual between the ages of 10 and 19, it encompasses a range of behaviours from harassment and coercion to rape. Globally, the prevalence of sexual violence among adolescents is alarming. In Nigeria, for instance, studies have shown that approximately one in four girls experiences some form of sexual violence before reaching adulthood, with most cases remaining undisclosed due to fear, stigma, or lack of support structures (Nguyen et al., 2021). The problem is compounded by the fact that many cases occur within trusted environments such as homes, schools, or among peers, creating a culture of silence and complicity. This widespread underreporting often results from entrenched patriarchal norms, institutional inadequacies, and a lack of safe spaces where adolescents can confidently report abuse without fear of victimisation or disbelief (Idowu, Alake, & Opoku Ahinkorah, 2023).

The consequences of sexual violence during adolescence can be deeply traumatic and long-lasting. Adolescents who endure such experiences often suffer from a range of mental health issues, including depression, anxiety, post-traumatic stress disorder (PTSD), low self-esteem, and suicidal ideation. These psychological outcomes not only affect their academic performance, social relationships, and emotional stability but also undermine their ability to transition into healthy adulthood. As Doerr et al. (2023) emphasise, the psychological harm inflicted by sexual violence in adolescence often exceeds the impact of other forms of violence, contributing to long-term impairments in emotional regulation and prosocial behaviour. Despite these grave implications, there is a noticeable silence around adolescent sexual violence, both in public discourse and institutional response systems. Cultural taboos, victim-blaming attitudes, and a lack of comprehensive sex education contribute to this silence, thereby perpetuating cycles of trauma and societal inaction.

This literature review arises from the urgent need to synthesise emerging evidence on the psychological impacts of adolescent sexual violence and the mechanisms through which these effects manifest. While individual studies have explored the consequences of sexual violence or identified isolated interventions, there remains a need for an integrated, evidence-based understanding of the issue. Furthermore, research into effective, context-specific prevention strategies particularly in regions with high prevalence rates such as sub-Saharan Africa is limited and fragmented. By collating and analysing diverse scholarly contributions, this review aims to bridge existing gaps in knowledge and practice.

The objectives of this literature review are threefold. First, it seeks to explore the spectrum of psychological and mental health outcomes associated with adolescent sexual violence. Second, it will examine the socio-ecological and institutional risk and protective factors that influence both vulnerability to sexual violence and resilience following victimisation. Lastly, the review will identify and evaluate current preventive measures and interventions, assessing their effectiveness and potential for adaptation in different socio-cultural contexts. In doing so, it aims to contribute to policy development, educational reform, and psychosocial support systems that prioritise adolescent safety and mental health.

Conceptual Analysis

Adolescent sexual violence refers to any unwanted sexual act, coercion, or exploitation imposed on a young person typically aged between 10 and 19 years. It encompasses a range of abusive behaviours such as rape, molestation, sexual harassment, and exploitation,

occurring in both private and public spaces. These acts may be perpetrated by peers, family members, authority figures, or strangers, often under conditions of power imbalance or coercion. In many societies, particularly in sub-Saharan Africa, a culture of silence, fear, and victim-blaming discourages victims from disclosing abuse or seeking help (Nguyen et al., 2021). The prevalence of adolescent sexual violence is deeply alarming, with studies showing high rates of underreporting and systemic neglect, which exacerbates the mental and emotional toll on survivors (Idowu et al., 2023). When such violations go unaddressed, they not only violate the rights of the individual but also distort the victim's developmental trajectory, hindering their transition to healthy adulthood.

Mental health and psychological well-being are significantly compromised in adolescents who experience sexual violence. Survivors often suffer from post-traumatic stress disorder (PTSD), depression, anxiety, self-harming behaviours, and suicidal ideation (Doerr et al., 2023). The trauma of sexual violence disrupts the adolescent's emotional stability, identity formation, and capacity for trust and social relationships. Many struggle academically and socially due to the lasting psychological imprint of the abuse. Moreover, in contexts where support services are inadequate or stigmatised, mental health outcomes are further worsened. The invisibility of trauma-related symptoms in some adolescents leads to misdiagnosis or a total absence of intervention. The cumulative effect of such trauma can persist into adulthood, manifesting as chronic mental health conditions or maladaptive behaviours, as highlighted by longitudinal studies (Downing et al., 2021). Early identification and response are therefore crucial in addressing the mental health needs of adolescent survivors.

Prevention and early intervention serve as essential strategies in reducing the incidence and impact of adolescent sexual violence. Preventive measures include comprehensive sexuality education, community sensitisation, the enforcement of child protection laws, and the creation of safe reporting mechanisms. When combined with psychosocial support, trauma-informed care, and school-based interventions, early responses can significantly reduce long-term psychological damage. Importantly, interventions must be culturally sensitive, gender-responsive, and youth-centred to be effective. As the evidence shows, building resilience and ensuring access to mental health services can play a pivotal role in mitigating the long-term consequences of adolescent sexual violence (Luis et al., 2022; Doerr et al., 2023).

Nature of Adolescent Sexual Violence

Adolescent sexual violence remains a deeply troubling and widespread issue with profound implications on the health and development of young people worldwide. Across various global contexts, the prevalence of sexual violence among adolescents is alarmingly high, with a disproportionate impact on girls and young women. For instance, a multi-country study revealed that female adolescents aged 15 to 19 in vulnerable urban environments experienced significantly high rates of intimate partner and non-partner sexual violence, especially in developing regions (Decker et al., 2014). In Sub-Saharan Africa, and particularly in Nigeria, the rates are equally distressing. Idowu, Alake, and Opoku Ahinkorah (2023) observed that a significant proportion of young women in Nigeria reported having experienced sexual violence, yet only a minority sought medical or psychological care. This discrepancy highlights the extent to which underreporting is pervasive, a consequence of societal silence, fear of stigma, and inadequate support systems.

Gendered patterns in the prevalence of adolescent sexual violence are striking. Females are more often victims, with most incidents perpetrated by males, including peers, family

members, and authority figures. The data from the Nigerian Violence Against Children Surveys show that disclosure of sexual violence is extremely low among girls, as societal norms often discourage open conversations about sexuality and victimisation (Nguyen et al., 2021). This culture of silence not only suppresses victims' voices but also perpetuates cycles of abuse. Girls are more vulnerable due to entrenched patriarchal structures that normalise male dominance and female subordination, contributing to the trivialisation or outright denial of their experiences.

The contexts in which adolescent sexual violence occurs are varied, extending beyond the home to schools, peer groups, communities, and increasingly, digital platforms. Perpetrators are not always strangers; in many cases, they are individuals within the adolescent's immediate circle of trust. Studies have shown that schools are a critical site for sexual abuse, especially where institutional accountability is weak and teacher-student boundaries are poorly regulated (Pereira et al., 2020). In some communities, peer harassment and coercion constitute an everyday reality, often dismissed as part of growing up. Dahlqvist et al. (2016) found that persistent peer sexual harassment during adolescence was directly linked to depressive symptoms over time, underscoring how repeated exposure to such abuse deteriorates mental health and emotional well-being. Moreover, the online environment presents a relatively new but rapidly expanding context for sexual violence among adolescents. With increased access to social media and mobile technology, adolescents are at heightened risk of online grooming, exploitation, and exposure to sexual content, especially in contexts where digital literacy is low and parental supervision is minimal. This growing dimension of abuse is often hidden, compounding the difficulties of detection and response.

Cultural and institutional factors play a significant role in both facilitating sexual violence and hindering effective interventions. In many societies, cultural norms reinforce silence, shame, and victim-blaming, especially for girls who report sexual abuse. Such norms are often underpinned by patriarchal beliefs that place a premium on female chastity and family honour, thereby discouraging disclosure or pursuit of justice (Luis et al., 2022). In Nigeria, victims often face stigmatisation not just from their communities but sometimes from service providers themselves, creating further barriers to accessing care (Ughasoro et al., 2022). Additionally, institutions tasked with protecting children and adolescents such as schools, religious bodies, and law enforcement frequently exhibit systemic neglect, either due to lack of capacity, corruption, or embedded biases. The absence of youth-friendly reporting systems and trauma-informed services often leads victims to internalise blame, fostering long-term psychological consequences.

Research also indicates that adolescents exposed to sexual violence often experience not just immediate psychological trauma but enduring effects that shape their behavioural and social development. Doerr et al. (2023) report that sexual violence exposure during adolescence negatively impacts both mental health and prosocial behaviours, compounding existing vulnerabilities caused by other forms of violence. These findings reinforce the importance of addressing the issue comprehensively, through both preventive education and responsive care. The trauma inflicted is not confined to the moment of violation but persists, often manifesting in depression, anxiety, substance use, and a disconnection from social networks.

The scope and nature of adolescent sexual violence are deeply intertwined with broader socio-cultural, institutional, and digital dynamics. It is not a private misfortune, but a public health crisis demanding urgent and sustained action. Underreporting and societal silence continue to mask the real magnitude of the problem, while the failure of families, schools, and

public systems to adequately respond contributes to the persistence of the issue. Breaking the silence surrounding adolescent sexual violence requires dismantling harmful gender norms, improving institutional accountability, and fostering safe environments where adolescents can disclose abuse and receive the support they need. The evidence is clear: sexual violence during adolescence is both prevalent and preventable, but meaningful change will only come through confronting the socio-cultural and structural enablers of abuse.

Mental Health Outcomes of Adolescent Sexual Violence

Adolescent sexual violence has devastating short-term and long-term implications on mental health, often exacerbated by socio-demographic vulnerabilities and neurodevelopmental impacts. In the short term, victims frequently experience a range of psychological disturbances, such as depression, anxiety, and post-traumatic stress disorder (PTSD). These conditions often manifest soon after the assault and may persist if not addressed with appropriate interventions. Symptoms such as recurring nightmares, panic attacks, and emotional numbness are common among adolescent survivors (Doerr et al., 2023). These mental health conditions may be further compounded by sleep disturbances and episodes of self-harm, which some victims adopt as a coping mechanism for the overwhelming emotional pain. Nguyen et al. (2021) emphasise that many young girls experience intense shame, fear, and helplessness immediately following sexual violence, which often interferes with their psychological stability and daily functioning.

Beyond the initial trauma, the long-term effects of adolescent sexual violence are deeply concerning. Survivors often struggle with substance abuse as a form of escapism from their unresolved trauma, leading to increased vulnerability to further abuse and marginalisation. Depression and PTSD can evolve into suicidal ideation, especially when victims feel unsupported or blamed by their community or family (Dahlqvist et al., 2016). In educational settings, many survivors face academic decline due to reduced concentration, absenteeism, and the psychological toll of ongoing emotional distress (Ughasoro et al., 2022). These academic challenges can diminish future opportunities and deepen the sense of hopelessness experienced by victims. The interpersonal consequences are also profound; victims frequently develop trust issues, withdraw socially, or engage in risky relationships. The inability to form and maintain healthy relationships is a persistent concern, as childhood trauma disrupts emotional regulation and attachment patterns into adulthood (Downing et al., 2021).

The experience of adolescent sexual violence cannot be detached from intersectional vulnerabilities. Gender plays a significant role, with female adolescents disproportionately affected due to entrenched patriarchal norms and societal silence around sexual victimisation (Idowu et al., 2023). Socioeconomic status is another critical factor; adolescents from low-income backgrounds often lack access to mental health services and are more exposed to unsafe environments. Moreover, adolescents with disabilities face compounded risks, as their dependence on caregivers may limit their ability to resist abuse or seek help. Racial and ethnic minorities may also be more vulnerable due to systemic inequalities and cultural taboos that hinder open discussion and reporting of sexual violence (Luis et al., 2022). These intersectional dynamics illustrate how structural and social conditions increase susceptibility to both victimisation and its adverse mental health outcomes.

The neurodevelopmental consequences of adolescent sexual violence are particularly alarming. Trauma during the critical developmental phase of adolescence can significantly impair brain structures related to memory, learning, and emotional regulation. According to

Saladino et al. (2021), exposure to sexual trauma affects the hippocampus and amygdala, regions critical for memory and emotional processing. This impairment contributes to cognitive deficits, such as poor academic performance and decision-making difficulties. Victims often exhibit signs of disrupted concentration, confusion, and emotional dysregulation, all of which affect school performance and social interactions. Ferreira et al. (2024) further report that trauma in adolescence may alter temperament, increasing susceptibility to aggressive or self-destructive behaviour. Without early and adequate intervention, these neurocognitive effects can hinder educational attainment and perpetuate cycles of poverty and emotional instability.

In sum, adolescent sexual violence is not only a violation of bodily autonomy but also a profound assault on mental health. Its short-term and long-term effects range from clinical mental health disorders to educational, relational, and cognitive challenges. These impacts are magnified by the intersection of gender, socioeconomic disadvantage, disability, and systemic inequalities. The brain's vulnerability during adolescence underscores the urgency of timely psychological support and trauma-informed care. To break the silence and address these harms, it is essential that institutions implement comprehensive mental health interventions and support systems tailored to the unique developmental and social needs of adolescent survivors.

Mediating Impacts On Mental Health

Protective and risk factors significantly mediate the psychological consequences of adolescent sexual violence, shaping how young survivors internalise and respond to trauma. Among the most prominent protective elements is the presence of strong parental support, which has been shown to foster emotional resilience and provide a foundation of trust and stability for victims. Parental involvement often facilitates access to therapeutic services and helps mitigate the internalisation of shame and guilt, common outcomes of abuse (Saladino et al., 2021). Similarly, peer support plays a crucial role by offering shared experiences, emotional validation, and social inclusion. Adolescents who confide in empathetic peers tend to report reduced levels of anxiety and depression compared to those who remain silent (Dahlqvist et al., 2016). Access to professional therapy is another essential buffer against mental health deterioration. Therapeutic interventions, especially when trauma-informed, provide structured guidance for survivors to process their experiences and reclaim a sense of control over their lives (Luis et al., 2022). Furthermore, the role of schools cannot be understated; responsive school systems that implement supportive policies, train staff on abuse recognition, and provide counselling services can create an environment where adolescents feel protected and empowered to disclose abuse (Pereira et al., 2020).

However, several risk factors can intensify the negative impact of sexual violence on adolescent mental health. Social isolation is one of the most significant, as it prevents victims from accessing emotional and informational support, thereby worsening psychological distress. Isolated adolescents often lack the confidence or opportunity to disclose abuse, making them more susceptible to long-term trauma symptoms such as post-traumatic stress disorder and substance abuse (Nguyen et al., 2021). Compounding this is the lack of access to healthcare, particularly in resource-constrained settings where mental health services are scarce or unaffordable. Without intervention, psychological wounds are left untreated, which can contribute to chronic emotional instability and impaired functioning into adulthood (Ughasoro et al., 2022). Another harmful factor is the presence of hostile school environments where sexual harassment and victim-blaming attitudes prevail. Such settings not only fail to

prevent abuse but also stigmatise victims, discouraging them from seeking help and deepening their trauma (Idowu et al., 2023). When adolescents perceive school as unsafe, it disrupts their academic engagement and undermines their overall mental wellbeing.

The decision to disclose or withhold experiences of sexual violence has a profound influence on recovery trajectories. Disclosure, when met with empathy and constructive support, can significantly alleviate the psychological burden carried by victims. It often leads to timely intervention, justice-seeking efforts, and therapeutic care, all of which contribute to improved mental health outcomes (Doerr et al., 2023). Conversely, nondisclosure is frequently rooted in fear, shame, or mistrust of adults and institutions. This silence can exacerbate the internalisation of trauma, leading to long-term psychological issues such as depression, low self-esteem, and suicidal ideation (Nguyen et al., 2021). Indeed, studies have shown that many adolescents who do not disclose their experiences are more likely to suffer in silence, with little to no access to emotional support systems (Ferreira et al., 2024). Trust and the availability of safe spaces thus become vital components in a survivor's willingness to speak out. When adolescents feel secure and are assured of confidentiality, they are more likely to break the silence, which is the first critical step toward healing.

The impact of adolescent sexual violence on mental health is not linear but rather shaped by a combination of moderating and mediating factors. Protective variables such as supportive family structures, empathetic peer networks, accessible therapeutic care, and responsive school systems serve as crucial buffers against long-term psychological harm. In contrast, risk factors including social isolation, inadequate healthcare access, and unsafe educational settings compound the trauma and hinder recovery. The presence or absence of disclosure further mediates these outcomes, highlighting the importance of fostering environments grounded in trust, empathy, and psychological safety. Understanding and addressing these multifaceted influences is essential for the development of effective mental health interventions and preventive strategies aimed at supporting adolescent survivors of sexual violence.

Preventive Measures and Interventions

Preventing adolescent sexual violence and mitigating its effects on mental health requires a multi-tiered approach involving primary, secondary, and tertiary interventions. Primary prevention focuses on addressing the root causes of sexual violence by equipping adolescents with the knowledge and skills needed to understand consent, build self-esteem, and challenge harmful gender norms. Comprehensive sex education, when delivered through gender-sensitive curricula, not only informs adolescents about their rights and bodily autonomy but also fosters respectful interpersonal relationships (Pereira et al., 2020). Life skills education, including emotional regulation, assertive communication, and problem-solving, has proven essential in helping adolescents recognise and resist potentially abusive situations (Luis et al., 2022). Additionally, public awareness campaigns and media advocacy aimed at reshaping societal narratives around sexual violence can contribute to breaking the silence and stigma often surrounding this issue (Idowu et al., 2023). Changing societal norms requires collective efforts from families, schools, religious institutions, and the media to dismantle harmful ideologies that perpetuate victim-blaming and tolerance for abuse.

Secondary prevention strategies are crucial in the early detection and immediate response to incidents of sexual violence. This includes training school personnel and healthcare workers to recognise signs of abuse and respond sensitively to disclosures. Adolescents are often reluctant to report sexual violence due to fear, shame, or distrust in adult systems (Nguyen et



al., 2021). Therefore, it is imperative to create supportive and non-judgemental environments where victims feel safe to disclose experiences. Counselling services and crisis intervention units must be accessible, adolescent-friendly, and culturally sensitive. Psychological support at this stage can reduce the severity of post-traumatic symptoms and prevent long-term mental health deterioration such as depression, PTSD, or suicidal ideation (Doerr et al., 2023). Counselling also aids in validating the adolescent's experience, promoting resilience, and facilitating emotional recovery.

Tertiary prevention focuses on long-term mental health care and reintegration support for survivors. Many adolescents suffer prolonged psychological trauma following sexual violence, and without proper treatment, symptoms may persist into adulthood, adversely affecting their quality of life (Downing et al., 2021). Trauma-informed care, which recognises the impact of trauma on behaviour and functioning, is fundamental to helping survivors regain a sense of control and trust. Mental health interventions should not only address clinical symptoms but also support educational reintegration and social functioning. As highlighted by Saladino et al. (2021), therapeutic approaches that incorporate strategic counselling, family involvement, and culturally tailored techniques often yield better outcomes for adolescent survivors. Reintegration support should also include vocational training, academic mentoring, and social reintegration initiatives, particularly for those who have dropped out of school or faced community ostracism.

Evidence-based programmes have emerged as effective tools in reducing the incidence and impact of sexual violence. Initiatives like the Safe Dates programme have demonstrated success in preventing dating violence among adolescents by focusing on healthy relationship education, conflict resolution, and gender equity (Decker et al., 2014). Similarly, youth empowerment programmes that involve peer education, leadership training, and community advocacy can help shift power dynamics and promote protective behaviours. However, the implementation of these programmes is not without challenges. Limited funding, lack of trained personnel, cultural resistance, and infrastructural inadequacies often hinder their reach and sustainability (Ughasoro et al., 2022). Furthermore, most interventions are urban-centric, leaving rural adolescents underserved despite being equally or more vulnerable (Ferreira et al., 2024). Therefore, scaling these programmes to accommodate diverse socio-cultural contexts and integrating them into existing educational and health systems is crucial for long-term success.

An effective prevention strategy must be holistic, inclusive, and context-specific. While primary, secondary, and tertiary prevention mechanisms each play unique roles, their success is maximised when integrated within a coordinated, multi-sectoral framework. Evidence-based interventions, backed by community engagement and political will, can significantly reduce the prevalence of adolescent sexual violence and its devastating impact on mental health.

Conclusion

The study has explored the far-reaching consequences of adolescent sexual violence on mental health and highlighted the importance of timely and effective preventive measures. It was established that sexual violence during adolescence can lead to severe psychological effects including depression, anxiety, post-traumatic stress disorder, and in some cases, suicidal tendencies. These outcomes not only affect the victims' immediate well-being but also have long-term repercussions on their education, social relationships, and ability to function in society. The literature also indicated that such violence often goes unreported due

to fear, stigma, and a lack of trust in support systems. The silence that surrounds adolescent sexual violence contributes to its perpetuation and hinders recovery for survivors.

An important insight from the study is that prevention must be approached from multiple angles, involving primary, secondary, and tertiary interventions. Primary prevention strategies such as comprehensive sex education and the promotion of gender equality were shown to be fundamental in equipping adolescents with knowledge and empowering them to challenge harmful norms. Secondary prevention, including early identification and access to supportive services, plays a critical role in mitigating the severity of trauma. Tertiary interventions provide long-term mental health support and aim to reintegrate survivors into their communities with dignity and resilience. These three levels of intervention must work together seamlessly to ensure a comprehensive and sustained response to adolescent sexual violence.

Given the complex and deeply rooted nature of this issue, there is an urgent need for collaboration across all sectors of society. Schools, healthcare systems, legal institutions, families, religious bodies, community leaders, and media platforms must work together to create a safer environment for adolescents. Each stakeholder has a role to play in prevention, support, and rehabilitation. Without multi-sectoral cooperation, efforts will remain fragmented and ineffective. Coordination ensures that victims receive holistic care and that prevention strategies are implemented consistently across various settings.

Finally, breaking the silence that surrounds adolescent sexual violence requires deliberate advocacy, inclusive education, and bold systemic reform. Communities must confront the cultural taboos that hinder open discussion and victim support. Laws and institutional policies must be enforced and reformed where necessary to protect the rights and dignity of young people. Education systems must foster openness and respect, while media and advocacy campaigns must challenge stigma and promote awareness. Only through unified, sustained action can we dismantle the barriers that perpetuate adolescent sexual violence and secure a future where all adolescents can thrive free from fear and trauma.

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Cite this article:

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