

SUBSTANCE USE AND VIOLENCE IN ADOLESCENCE: EMOTIONAL AND RELATIONAL DYNAMICS

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Abstract

Introduction. This study examines the coping mechanisms, emotional factors, and family contexts that influence substance use and violent behavior among adolescents.

Methods and Materials. The research draws on 27 semi-structured interviews with 18-year-old students from 11 counties in Romania. A thematic content analysis was performed through an inductive approach, involving open coding of meaning units and the extraction of key themes related to substance use, violence, and emotional regulation strategies.

Results. The analysis identified three main themes concerning substance use and violent behavior. Adolescents' narratives suggested that drug use often served as a coping response to academic stress, family instability, and a lack of emotional support. Conflictual parental relationships—particularly paternal absence and exposure to domestic violence—were associated with early initiation of substance use and the development of maladaptive coping strategies, including alcohol consumption, drug use, and violent behavior. Participants also described positive emotional self-regulation strategies, such as engaging in sports or withdrawing from conflicts; however, these strategies appeared insufficiently developed to effectively prevent substance use.

Conclusions. Substance use among adolescents reflects a response to chronic stress, family trauma, and exposure to violence. The quality of relationships, particularly within the family, serves as both a risk and protective factor for problematic behaviors. Strengthening the protective aspects of these relationships could reduce the likelihood of antisocial behaviors among adolescents. Effective interventions should address adolescents' multidimensional emotional and social vulnerabilities to prevent the onset of risk behaviors.

Keywords: adolescence, drug use, violence, emotional regulation, coping strategies.

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Introduction

Adolescence is recognized as a transitional stage toward maturity, characterized by profound biological, psychological, and social changes that influence how young people interact with their environment and regulate their emotions. This period presents both significant opportunities and vulnerabilities for the personal development of adolescents (Steinberg, 2014). The pursuit of autonomy, increased emotional sensitivity, and the need for belonging have been identified as central factors in adolescent development during this stage. Research indicates that adolescents experience a broad spectrum of emotions, often expressed abruptly, ranging from enthusiasm and joy to anger, anxiety, or frustration. In the absence of effective emotional regulation skills, adolescents are predisposed to engage in risky behaviors (Fakaruddin & Nor, 2020; Arnett, 1999).

In addition to emotional changes, adolescents also experience shifts in the dynamics of relationships with family and peer groups. Tensions arising from excessive parental control have been identified as factors generating frustration and conflict within the family dynamics of adolescent-parent relationships (Deković & Meeus, 1997). Simultaneously, the pressure to integrate into peer groups has led adolescents to seek rapid solutions for managing intense emotions or situations perceived as stressful, thereby facilitating the adoption of risky behaviors such as alcohol consumption, drug use, or engagement in dangerous conduct (Sinha, 2008).

Drug use among adolescents has been associated with difficulties in emotional regulation and the absence of effective stress management strategies. Wills and Hirky (1996) demonstrated that many young individuals resorted to substance use to alleviate internal tension and to avoid the direct experience of negative emotions, particularly in contexts characterized by emotional insecurity or prior trauma. Furthermore, problematic use was correlated with elevated levels of perceived stress and a lack of social support, factors that facilitated the development of avoidant or impulsive behaviors (Hussong et al., 2001).

The heightened propensity for risk-taking and the pursuit of intense experiences, characteristic of this developmental stage, can lead some adolescents to use drugs to heighten sensations of exhilaration or feelings of omnipotence (Willoughby et al., 2021).

At the European level, according to the European Drug Report (EMCDDA, 2024), the average age of onset for illegal drug use was approximately 16 years for cannabis, 21 years for synthetic stimulants, and 23 years for heroin, although in some isolated cases initiation occurred considerably earlier. In Romania, data from the National Anti-Drug Agency (2022) indicate that adolescents begin using substances such as cannabis as early as 15 years of age, highlighting that the absence of effective family communication significantly increases the risk of this behavior.

Violence during adolescence often represents a response to difficulties in emotional regulation and has become an increasingly significant concern due to the emotional vulnerability characteristic of this developmental period, and the heightened expression of aggression at both interpersonal and community levels.

Purwadi et al. (2020) highlighted that adolescents exhibiting limited emotional self-regulation and a propensity to suppress emotions are more likely to engage in aggressive and violent behaviors. Such behaviors may be further exacerbated by substance use, which is frequently employed as a coping strategy for emotional stress (Wong et al., 2013). The combination of emotional regulation difficulties, ineffective coping strategies, and drug use forms a hazardous triad that can elevate the risk of violence, particularly among adolescents exposed to stressful environments. Exposure to violence (either as a victim or a witness) increases the risk of drug use, perpetuating a vicious cycle involving trauma, aggression, and substance abuse (Flannery et al., 2004). According to the World Health Organization, violence remains a leading cause of mortality and morbidity among adolescents, with profound consequences not only for physical health but also for mental health, heightening the risk of emotional disorders, self-destructive behaviors, and social integration difficulties (WHO, 2024).

The present study examines these interconnected factors with the objective of elucidating how emotional processes, adaptation strategies, and substance use contribute to violent behaviors among adolescents.

Method and materials

Twenty-seven semi-structured interviews were conducted with male students in their final year of high school, all aged 18.

Participants were selected through convenience sampling, recruiting students identified as exhibiting one or more risk behaviors from 14 high schools across various counties in Romania, thereby ensuring contextual and socio-cultural diversity. The counties in which the interviews were conducted were Timiș, Dâmbovița, Teleorman, Galați, Hunedoara, Argeș, Arad, Brașov, Călărași, Gorj, and Sălaj.

Data regarding family, peer groups, emotions, and future plans were obtained through interviews, while questionnaires collected information on habits, coping strategies, health, and demographic variables.

The interviews sought to capture adolescents' perceptions, experiences, and representations related to protective and risk factors associated with violence. These interviews were conducted by psychologists and school counselors, following a structured thematic guide.

All interviews were audio-recorded with the written consent of the participants, subsequently transcribed verbatim and analyzed using methods specific to qualitative research.

The data collection period extended from September 16 to December 20, 2024. Each interview lasted from one to one and a half hours, depending on the participants' openness and availability.

The study was conducted in accordance with the Declaration of Helsinki and approved by the Ethics Committee of the "Francisc I. Rainer" Institute of Anthropology, Romanian Academy, Certificate no. 1333/29-11-2023.

For the present study, thematic content analysis was utilized to explore how drug use and violent behaviors are reflected in adolescents' experiences.

The research questions formulated for this purpose were as follows:

1. How is familial violence (abuse or neglect) associated with emotional vulnerability and risk behaviors among adolescents?
2. What protective factors do adolescents identify against drug use and violent behavior?
3. What risk factors increase adolescents' vulnerability to substance use and aggressiveness?

Specific objectives

O1. Exploring the interconnections between familial violence (abuse or neglect), emotional vulnerability, and behavioral risk manifestations: substance use and aggressive acts.

O2. Examination of the significance of protective factors perceived by adolescents in preventing drug use and violent behavior.

O3. Identification of emotional, relational, and contextual factors contributing to adolescents' vulnerability to psychoactive substance use and aggressive behavior.

Thematic analysis

The interviews were analyzed using thematic content analysis, employing an inductive approach based on data collected through interviews. The analytical process included a systematic review of transcripts, open coding of meaning units at the sentence and thematic fragment levels, and the generation of initial codes. Subsequently, the codes were grouped into recurring categories

and synthesized into themes and subthemes pertinent to understanding the relationships among emotion regulation, substance use, and violent behaviors.

The analysis was conducted manually, guided by the principles of qualitative methodology, aiming to capture both common patterns and significant differences in participants' experiences. In the final stage, the themes were validated through comparative rereading of the raw data to ensure coherence and fidelity of interpretation relative to the original material. This analytical strategy facilitated an in-depth understanding of coping strategies, emotional vulnerabilities, and protective factors against psychoactive substance use and violent behavior during adolescence.

Results, discussions

Table 1 presents the distribution of respondents based on the quality of their relationships with their mother, father, and school peers. More than half of the adolescents described friendly relationships with both their mother and father, with a greater proportion indicating a friendly relationship with the mother. Nearly three quarters reported friendly relationships with their peers. Difficult and tense relationships with the father were reported nearly 20% more frequently than those with the mother.

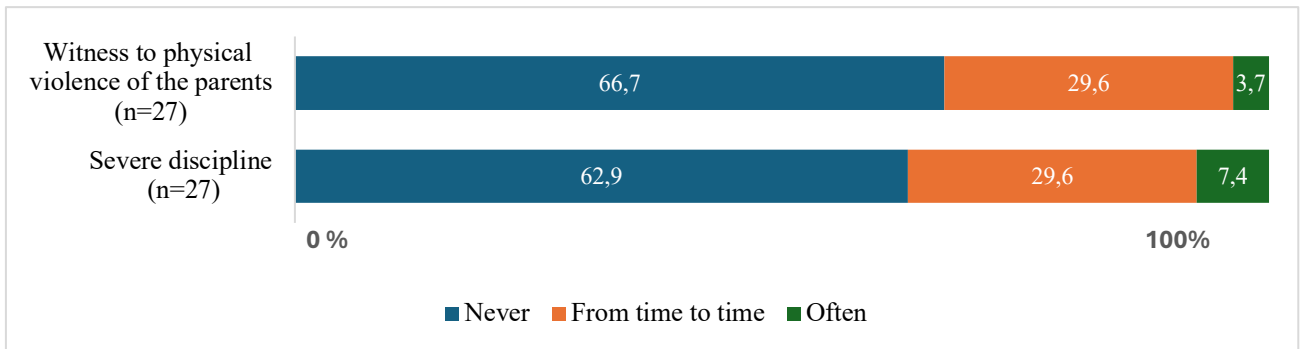
Table 1
Relationships with close people

Relationships with close people		Total (n)	%
Relationship with mother n= 27	Friendly	16	59.2
	Difficult	8	29.6
	Tense	1	3.7
	Special situation(deceased)	2	7.4
Relationship with father n= 27	Friendly	12	44.4
	Difficult	6	22.2
	Tense	8	29.6
	Special situation(deceased)	1	3.7
Relationship with colleagues n=27	Friendly	20	74
	Difficult	7	25.9
	Tense	0	0

Figure 1 illustrates adolescents' exposure to violence or severe discipline within the family environment, highlighting the frequency of experiences involving physical aggression, verbal aggression, or other forms of coercive discipline, which may adversely affect the emotional and behavioral development of the participants.

Figure 1

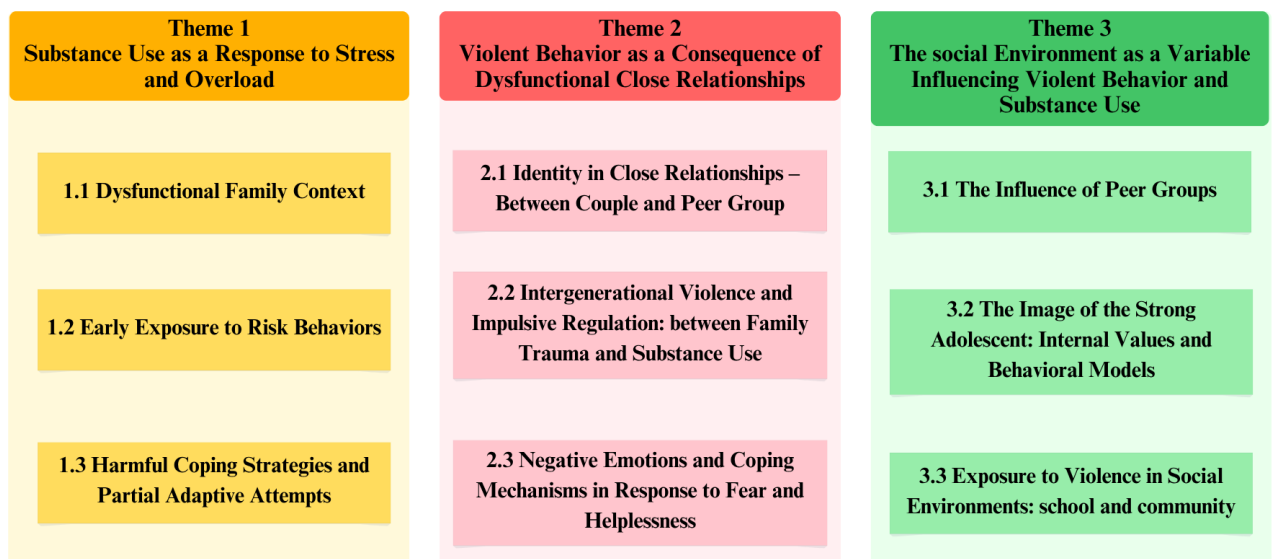
Participants exposure to violence or severe discipline (%)



Through content analysis of the interviews, three principal themes were identified: (1) *Substance use as a response to stress and overload*, (2) *Violent behavior as a consequence of dysfunctional close relationships*, and (3) *The social environment as a variable influencing violent behavior and substance use* (Figure 2).

Figure 2

Themes and subthemes identified through thematic analysis



Theme 1: Substance use as a response to stress and overload

This theme is grounded in the analysis of the experience of a male student from Dâmbovița County (Interview no. 21), raised in an unstable family environment characterized by difficult relationships with his mother, tense relations with his father (incarcerated at the time of the interview), frequent exposure to domestic violence, and occasional application of severe physical discipline. Beyond the family context, the adolescent developed risk behaviors marked by daily tobacco and drug use, along with frequent alcohol consumption (3–4 times per week), all occurring amid a general state of physical and emotional exhaustion:

"I was using drugs heavily when I had the exam [our note – preparation for the theoretical driving exam]... I was sleepless and hungry."

From this male student's statements, several subthemes concerning the family of origin were identified, which may have influenced the initiation and frequent use of drugs as a coping mechanism. These subthemes also emerged in other interviews. In instances where substance use was not explicitly mentioned, it was identified through responses to the administered questionnaires.

Subtheme 1.1 Dysfunctional family context

The same male student expressed a self-perception shaped by negative childhood experiences, stating: "*To be honest, I believe I am one of the more unfortunate cases.*" This self-characterization may be interpreted as an indicator of a process of negative self-identification, wherein one's biography was predominantly understood through the lens of loss, instability, and lack of familial support. Link et al. (1989) demonstrated that adolescents from dysfunctional backgrounds tended to internalize a negative label that influenced the development of their self-esteem, sense of personal efficacy, and capacity to adapt to stress. In such cases, identity construction may be anchored in suffering, predisposing individuals to resignation and the maintaining of risk behaviors, including substance use as a form of emotional coping. Thus, the label of "unhappy" appears not only as a subjective perception but also as a valid reflection of a biographical trajectory characterized by deficiencies, relational ruptures, and a lack of affective continuity. As evidenced below, this trajectory has facilitated the development of a vulnerable identity and coping strategies manifested through harmful behaviors.

The male student described himself as coming from an unstable family environment, with parents who separated when he was very young, an incarcerated father, and an authoritarian mother who frequently resorted to physical violence during his childhood: "*My mother used to scold me harshly, but when I was little, she also used to beat me... and she is intimidating me even now....*" This subjective perception of an "*unfortunate case*" is identified in the specialized literature as a frequently observed characteristic among substance-using adolescents, where the absence of a stable parental model and familial conflict have exacerbated emotional and behavioral vulnerability (Anderson & Henry, 1994; Khandelwal et al., 2017).

The male student's parents had fewer than 12 years of schooling, which may have been a contributing factor to his problematic behavior. Multiple studies have demonstrated that low parental education level predicts early onset and problematic substance use, mediated by factors such as deficient parental support, exposure to adverse life events, and the influence of a problematic peer group (Wills et al., 1995; Vakalahi, 2002; Arslan & Sari, 2019).

The analysis of case studies showed that drug users came from diverse social backgrounds and educational levels, with not only disadvantaged social groups being affected. Peer pressure and curiosity emerged as the main factors triggering drug use. Some users, although they did not consider themselves marginalized, expected greater support and understanding from both their families and society (Baciu, 2017).

Additionally, Wills and Yaeger (2003) argued that conflictual relationships with parents and a lack of parental monitoring were linked with coping styles characterized by avoidance or externalization toward primary caregivers, which in turn increased the risk of substance use under conditions of heightened stress.

The absence of direct paternal involvement, in this case due to the father's incarceration, contributed to the intensification of feelings of abandonment and the weakening of the adolescent's emotional support system. This finding is corroborated by Murray et al. (2012), who demonstrated that parental incarceration was significantly associated with an increased risk of antisocial behaviors among children, even when controlling for other preexisting risk factors. However, the same meta-analysis did not identify a clear association between parental incarceration and the child's subsequent drug use, suggesting that this behavior may be influenced more by other specific environmental or personal factors. In contrast, Muentner et al. (2024) found, in a sample of

adolescents from rural areas, that the experience of parental incarceration (current or past) was associated with an increased likelihood of alcohol, marijuana, cocaine, heroin, and methamphetamine use.

Subtheme 1.2 Early exposure to risk behaviors

Data collected through questionnaires indicated that the median age for smoking initiation was 14 years. Hanna et al. (2001) demonstrated that early adolescent smoking initiation predicts both academic problems and other risk behaviors such as alcohol consumption, drug use, or early initiation of unprotected sexual activity, which may culminate in unwanted pregnancies. Nevertheless, in the interviewed sample, although 74% of students reported smoking daily, only 22% progressed to other substances. Although smoking is, in itself, a health-risk behavior, in some cases it appeared in participants' discourse as a form of emotional self-regulation or everyday coping, without being associated with a general tendency toward deviance or addiction.

Adolescents described tobacco as a means of temporary calming, used in contexts of stress, anger, or anxiety. For example, in conflict situations, some chose to withdraw, smoke a cigarette, and reflect on the event, suggesting a cognitive self-regulation process: avoiding the immediate impulse in favor of processing the emotion. These behaviors can be understood as forms of *functional self-medication* – a concept describing the use of relatively accessible substances to alleviate emotional discomfort, without necessarily involving profound addictive mechanisms (Weinstein & Mermelstein, 2013).

However, it is important to clearly distinguish the differentiation adolescents make between tobacco use and drug use. Many of them have explicitly affirmed their refusal to consume illicit substances, relying on personal moral benchmarks or family-transmitted values: "*that I cannot tolerate*" was a frequently encountered expression among the interviewed students regarding the idea of drug use. Thus, smoking becomes a boundary behavior wherein the individual acknowledges the need for emotional regulation but retains control over their decisions and avoids escalation toward high-risk forms of consumption.

Although smoking during adolescence is considered a predictor of other consumption behaviors, this association is not deterministic. Social context, personal values, and coping strategies significantly influenced adolescents' trajectories toward drug use or its avoidance (Cheetham et al., 2015). Adolescents demonstrating a high level of risk awareness, alongside a clear moral delineation between "acceptable" and "unacceptable" behaviors, were less likely to escalate their consumption (Wills et al., 2001).

Regarding alcohol consumption, the median age of first use was identified as 14 years, indicating an early onset of alcohol intake. Grant et al. (2006) demonstrated that early alcohol use is associated with an increased risk of subsequent development of alcohol dependence, as well as drug use and abuse. King and Chassin (2007) provided an important qualification, indicating that initiation of alcohol consumption before the age of 13 was not a significant predictor of alcohol or drug dependence in the absence of early drug use.

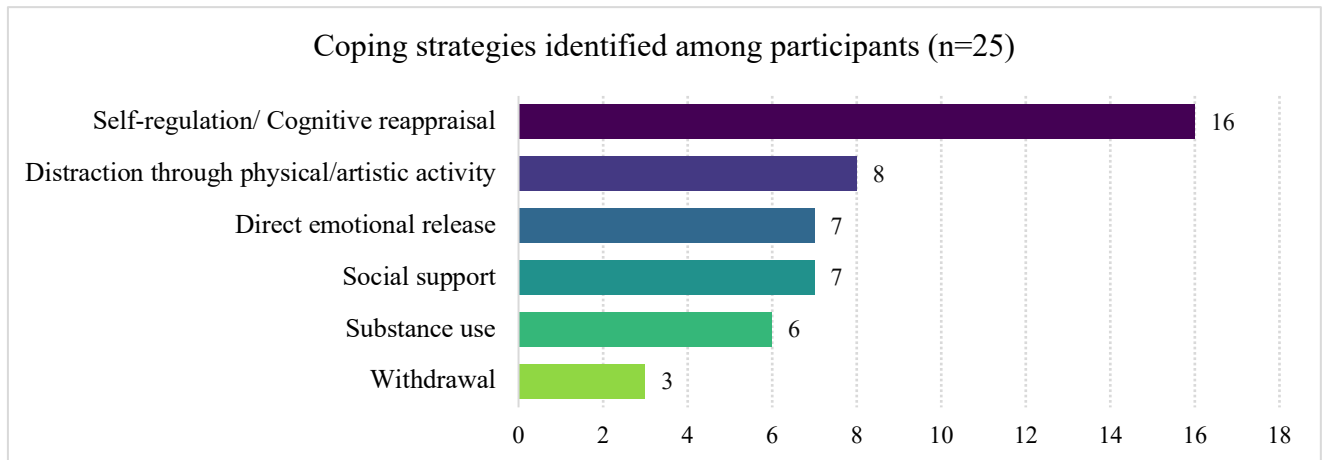
Beyond the timing of consumption initiation, individual psychological characteristics and coping styles constituted significant factors in understanding vulnerability to problematic use. Rada et al. (2024) emphasized that coping strategies characterized by antisocial behaviors and heightened aggression were associated with problematic alcohol consumption. Conversely, assertive behaviors and achievement-oriented attitudes showed no significant associations with this type of substance use, suggesting a potential protective role against related risks.

Subtheme 1.3 Harmful coping strategies and partial adaptive attempts

Regarding self-regulation strategies in situations where fear was experienced, 25 students reported calming strategies, as illustrated in Figure 3.

Figure 3

Coping strategies when feeling fear (N)



From the students' accounts concerning coping strategies, it was evident that they predominantly used tobacco/nicotine in situations where they felt fear:

"I firstly try on my own with a cigarette and a walk" (Interview no. 25, male student, Galați)

"...I smoke one or two cigarettes." (Interview no. 9, male student, Sălaj)

However, it is important to note that self-regulation strategies involving healthy behaviors were also described, although they were insufficient to fully replace the substance use behavior. Among these are physical exercise *"I go to the gym, I do sports, and that calms me down the most"* (Interview no. 21, male student, Dâmbovița) – and withdrawal from tense situations: *"I try to withdraw because often when I am angry, I say various things and vent on people I should not."* (Interview no. 16, male student, Argeș).

A series of studies have found that physical exercise is associated with a significant reduction in anxiety symptoms and an enhancement of emotional self-regulation capacity among adolescents (Sabourin et al., 2023; Lin & Gao, 2023).

Al Sudani and Budzyńska (2015) identified a positive correlation between physical activity and task-oriented coping, as well as an association with higher levels of emotional intelligence.

The present study found that the cessation of positive emotional regulation activities, particularly sports, was perceived as loss of identity, followed by an affective "void" that was subsequently filled through substance use. This substitution is described in the specialized literature as a coping mechanism associated with a diminished capacity for self-regulation (Wills et al., 2001; Wagner et al., 1999).

Another attitude observed among the students included in the study was a tendency to withdraw from conflicts and to reject abusive behaviors, both relationally and in their expression. This orientation may reflect processes of emotional self-regulation and a set of personal values that discourage aggression. In some cases, such responses have been interpreted in the specialized literature as expressions of resilience in contexts characterized by family violence, avoiding the replication of the aggressive model constitutes an indicator of positive adaptation (Kassis et al., 2013).

"I believe that even if I wanted to be like that, I could not... I have witnessed what domestic abuse entails" (Interview no. 21, male student, Dâmbovița).

The specialized literature indicates that adolescents who have experienced multiple traumas and emotional difficulties are more likely to adopt dysfunctional emotion-regulation strategies, such as substance use (Vaughn-Coaxum et al., 2017; Doba et al., 2022).

Although the male student (Interview no. 21, Dâmbovița) did not explicitly acknowledge the negative impact of substance use ("*I do not have a definitive example that it affected me, just day by day.*"), he exhibited ruminative behaviors ("*I keep thinking about this issue until I get over it and fall asleep*"). These accounts suggest a minimization of the consequences, as well as a limited awareness of their negative impact. This phenomenon aligns with the findings of Wagner et al. (1999), who observed that substance-using adolescents tend to adopt avoidance-based coping and self-regulation strategies. The clear indications of rumination and emotional blockage identified in the aforementioned accounts may be associated with difficulties in emotion regulation. Tanveer et al. (2023) identified a significant correlation between emotion-regulation dysfunctions and emotion-focused coping strategies among traumatized adolescents.

The explicit mention of an attempt to voluntarily cease consumption was followed by a collapse in subsequent motivation ("*I put a bit of a stop to it... but it felt like I no longer cared about anything.*" (Interview no. 21, male student, Dâmbovița). This ambivalence between the desire for control and the lack of internal resources reinforces the observations of Wills et al. (2001), who highlighted that adolescents experiencing high levels of stress tended to develop risk behaviors when coping strategies were predominantly dysfunctional.

Aliyari et al. (2024) demonstrated that adolescents who experienced childhood trauma (physical abuse, neglect) tended to develop dysfunctional regulation strategies, such as emotional suppression, which impaired their capacity for self-regulation and adaptation.

Theme 2: Violent behavior as a consequence of dysfunctional close relationships

Subtheme 2.1 Identity in close relationships – Between couple and peer group

The thematic analysis of the interviews revealed a recurrent pattern of concealing substance use, linked to identity tensions and ambivalent relationships both among close associates and within romantic partnerships. This concealment was often accompanied by cognitive dissonance and a dissociation between the identity of the "*affective partner*" and that of the "*substance user*", which adversely affected communication and trust within the relationship. Hiding substance use from one's partner thus indicated a conflict between the relationally assumed identity and actual behaviors: "*She did not know about the use, I was hiding it.*" (Interview no. 25, male student, Galați)

Relationally, this strategy was interpreted by the partner as infidelity, which resulted in a temporary separation. This mechanism of secrecy has been described in the specialized literature as a putative secret, negatively impacting relational dynamics and exacerbating emotional conflict (Aldeis & Afifi, 2015): "*We were no longer together because she thought I was with another girl and using drugs, I was hiding it from her.*" (Interview no. 25, male student, Galați)

Simultaneously, some statements identified the partner as the primary source of emotional support: "*My only friend is my girlfriend, who now serves as friend, brother, and sister*" (Interview no. 25, male student, Galați)

"I know that if I get angry and perhaps lose control, and my girlfriend is not nearby to calm me down, I lose control" (Interview no. 11, male student, Timișoara)

In relationships with close others, the social context described by students as facilitating the initiation of use was predominantly in environments where group norms encourage experimentation—such as nightclubs or sports peer groups. These descriptions recall how other authors (Fleming et al., 2010; Simons-Morton, 2007) have also portrayed substance use as a means of integration and external validation, within a context where popularity and group acceptance play a central role in shaping self-identity. Peer pressure and the social norms of sports groups

during adolescence facilitated the initiation of use, indicating a form of contextual adaptation, as illustrated by the following quotes:

"I was at a nightclub where they were having a great time[...] I told them. I went to the bathroom, snorted a line, and that made me feel better [...] they were all athletes, and then they all started using drugs." (Interview no. 25, male student, Galați)

"The current friends represent a positive influence. However, I have also been involved with negative peers, with the wrong entourages, and I believe that this shaped my character." (Interview no. 1, male student, Arad)

Subtheme 2.2 Intergenerational violence and impulsive regulation: Between family trauma and substance use

Although the male students' accounts depict environments marked by severe dysfunction (criminality, abandonment, migration), some nevertheless maintained a positive view of their families:

"Good family, but atypical " (Interview no. 25, male student, Galați).

"A loving family, but one that truly did not know how to express its love [...]I lived with a constant fear of being abandoned in this regard." (Interview no. 13, female student, Argeș)

"With less positive aspects, but I believe that the less positive experiences can somehow encourage you to move forward." (Interview no. 23, female student, Teleorman)

The refusal to label one's family as abusive indicates the operation of defense mechanisms such as idealization and rationalization. Affection toward the mother remained strong and stable, providing a core of emotional protection, a potential resilience factor as described by Schiff et al. (2021).

In several cases, the maternal figure, although regarded as positive, was absent due to economic reasons. In some instances, she was also a victim of violence during childhood.

"I did not grow up with my parents, but mostly with my grandparents. [...] Because my parents went to work abroad " (Interview no. 8, male student, Sălaj)

"...my grandfather was violent towards my mother and also had problems with alcohol." (Interview no. 25, male student, Galați)

In this study, the manifestation of physical violence was described by participants in contexts of intense stress or personal failure. Episodes of aggression were not always associated with active substance use, suggesting the presence of deeper emotional and cognitive vulnerabilities. Violent reactions were generally accompanied by regret and subsequent reflection; however, impulsive expressions of anger were also evident.

"And those boys were also throwing some punches [...] I took him and beat him, but I do not regret beating him; no, pardon, I regret that I lost my temper" (Interview no. 25, male student, Galați)

"He also targeted my girlfriend [...] then he attempted to slap me, to punch me, and because I was quicker, more attentive, and more agile, I threw the first punch and broke his jaw." (Interview no. 14, male student, Argeș)

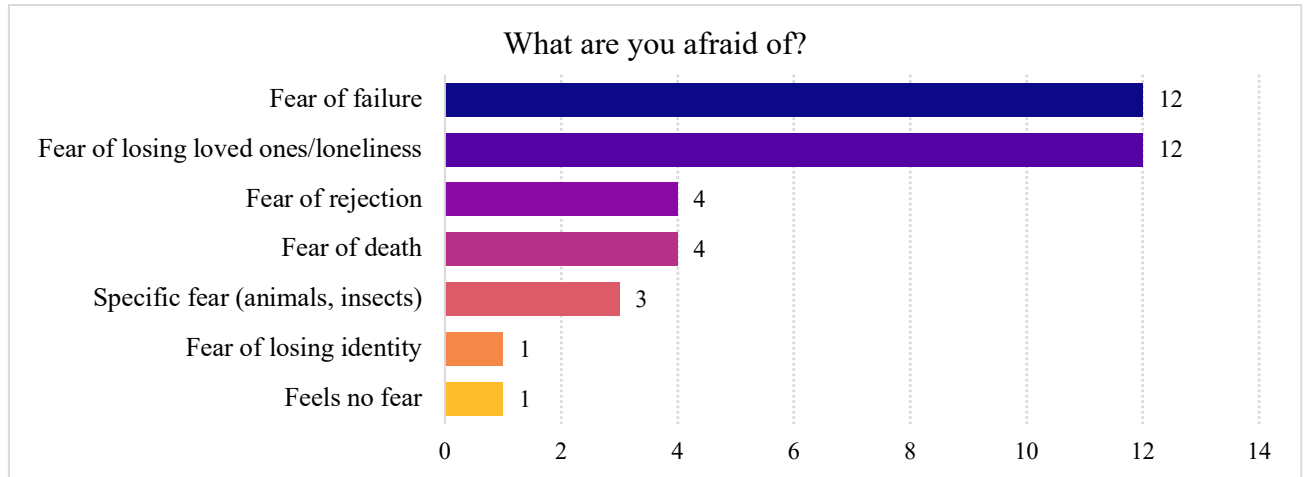
Research has confirmed that the family plays a crucial role in the development of violent behavior during adolescence, functioning both as a risk factor and as a protective element. Family relationships characterized by domestic violence, parental conflicts, or lack of emotional support have been associated with a higher prevalence of violent behaviors, whereas parental involvement, emotional connection with parents, and a positive family climate have exerted a significant protective effect (Ciurbea et al., 2025).

Subtheme 2.3 Negative emotions and coping mechanisms in response to fear and helplessness

The analysis of students' experiences, perspectives, and narratives, through classification and coding, led to the identification of the following categories of experienced fears, found in Figure 4.

Figure 4

Core categories of fear identified through analysis of student experiences and narratives (N)



In addition to these categories, the analysis identified some isolated responses that offer relevant insights. There was a report expressing aggressiveness: *"Usually, I exhibit aggressive behavior; I am more verbally aggressive toward others. Not necessarily with swearing, but simply through the tone of my voice and the expressions I use in that conversation. However, this is a fear of mine that I am still trying to overcome, even within my relationship."* (Interview no. 13, female student, Argeş). Two other descriptions indicate a tendency toward catastrophizing:

"Whether I am in the pool and see that there is nothing, but if someone suddenly grabs my legs, perhaps an octopus appears out of nowhere, grabs my leg in the pool, and I die there." (Interview no. 22, female student, Dâmbovița)

"...I mentioned accidents and... from the illness [...] the risk that some substances or radiation or other agents might remain... enter the body and affect it " (Interview no. 7, male student, Sălaj)

Concerning the manner in which they react when experiencing fear, the analysis of the students' accounts resulted in the identification of two primary categories: 55.6% reported the presence of anger, while 44.4% reported other emotions such as sadness, anxiety, and shame.

Based on the strategies employed in situations eliciting negative emotions, the analysis of the interviews identified the following coping mechanisms, as illustrated in Table 2.

Table 2

Coping strategies when feeling negative emotions

Strategy	Examples
Avoidance/ Withdrawal (10 responses)	<i>"I try to withdraw[...]I know that if I get angry, I might lose control [...] and I fear becoming very aggressive and resorting to physical punishment."</i> (Interview no. 11, male student, Timișoara) <i>"I prefer to step aside."</i> (Interview no. 13, female student, Argeş)

Strategy	Examples
	"Currently, I go for a walk alone, sometimes by car, sometimes on foot." (Interview no. 26, male student, Galați)
Self-regulation (9 responses)	"I try to resolve it somehow[...] If I am afraid of receiving a bad grade, I study as much as possible." (Interview no. 24, female student, Teleorman) "I am simply trying to manage the situation in a way that makes me feel comfortable." (Interview no. 19, male student, Hunedoara) "I try to be as optimistic as possible and then remind myself of the things I am skilled at." (Interview no. 16, female student, Argeș)
Confrontation (7 responses)	"When I am afraid, I either reflect, or, how should I say, I either avoid it, or, if I cannot avoid it, then I confront the problem." (Interview no. 7, male student, Sălaj) "I get very, very angry [...] then it's like a red rag to a bull [...] We fought there." (Interview no. 8, male student, Sălaj) "I become a highly frustrated, recalcitrant person. That is, if I feel that something is happening and someone tries to calm me down, I say, yes, I understand what you want to tell me is happening and everything will be fine... nevertheless." (Interview no. 12, male student, Gorj)
Blockage (7 responses)	"And it is quite taxing to think like this continuously, which makes you feel weak." (Interview no. 6, male student, Călărași) "I cannot resolve it as I wish, or it takes a very long time to resolve, which causes me to reflect." (Interview no. 7, male student, Sălaj) "I remained there frozen" (Interview no. 22, female student, Dâmbovița)
Seeking social support (5 responses)	"...If I have the opportunity, I talk to someone close to me." (Interview no. 1, male student, Arad) "I talked with my grandmother, I spoke with several people, and I managed easily." (Interview no. 25, male student, Galați) "I call my friends." (Interview no. 26, male student, Galați)
Appeal to unhealthy behaviors (2 responses)	"I was heavily using drugs when I was with the gang; it affected me." (Interview no. 21, male student, Dâmbovița) "I feel nervous, yes. And I smoke a lot" (Interview no. 18, male student, Argeș)

From a behavioral perspective, the following were reported: agitation, aggressiveness/physical violence, self-defense, confrontation, substance use (tobacco, alcohol, drugs), communication avoidance, somatization, repression, withdrawal, cognitive reevaluation, calmness, consultation with a psychologist, and discussions with friends.

Twenty-four accounts referring to helplessness in situations of fear were analyzed, with three students choosing not to respond. Of these, twenty-one described situations in which they experienced helplessness, while three denied having had this experience. In the 21 cases, the predominant emotion was sadness, present in 19 responses.

Theme 3: The social environment as a variable influencing violent behavior and substance use

Subtheme 3.1: The influence of peer groups

In the present study, a critical factor in preventing substance use among adolescents was their capacity to actively and consciously construct social networks. Accordingly, some students exhibited a high level of discernment in selecting friends, favoring peer groups where drug use was entirely absent and moral values aligned with those of their family of origin. This deliberate choice was associated with a family environment characterized by a combination of strict parental control and emotional support, typical of the authoritative parenting style described by Darling

and Steinberg (1993). Adolescents raised in such an environment, where rules are clear yet communicated with affection, developed an enhanced capacity for self-regulation and internalization of social norms. Specifically, the authoritative parenting style was linked to a significant reduction in the risk of initiating substance use, as adolescents learned to evaluate risks rationally and regulate their behaviors based on internalized values (Magalhães et al., 2020). Several quotations from interviews underscore the positive attributes of this parenting style.

"Strict yet warm simultaneously; that is, the mother is the most severe while the father is less so... We all get along well and communicate; we are friends." (Interview no. 22, female student, Dâmbovița)

"A good family in certain respects, in the sense that I have always had my parents close to me since early childhood. I have always had what I desired; they provided me with an adequate standard of living[...] Compassion and respect towards them"(Interview no. 19, male student, Hunedoara)

"My family is a beautiful family. Like any family, we also experienced disagreements; however, they have always stood by me and supported me" (Interview no. 1, male student, Arad)

"The family in which I was raised was a very welcoming and open environment from every perspective. They supported me whenever I had a problem, concerns, or needs. I had... At least, my childhood was a very beautiful one. I never lacked anything. My parents behaved exemplarily, and I felt that I could discuss absolutely anything with them". (Interview no. 15, female student, Argeș)

Subtheme 3.2 The image of the strong adolescent: Internal values and behavioral models

After operationalizing the 26 accounts describing a strong boy or girl, the responses were classified into the categories presented in Table 3.

Table 3

Participants description of a strong boy/girl

Description	Examples
Calm/Emotional Control (14 responses)	<i>"To remain calm in critical situations. And not to become upset over trivial matters."</i> (Interview no. 10, male student, Timișoara) <i>"To refrain from arguing with others and to avoid provoking conflict."</i> (Interview no. 2, male student, Arad) <i>"Emotional mastery. One must not become overly agitated; it is essential to maintain calmness as much as possible, and that is all."</i> (Interview no. 14, male student, Argeș)
Intelligence / Logical reasoning (10 responses)	<i>"A calm individual who thinks carefully beforehand "</i> (Interview no. 27, male student, Gorj) <i>"The ability to think very logically, to balance matters so as not to endanger oneself, while also resolving the conflict in question"</i> (Interview no. 12, male student, Gorj) <i>"A calm, benevolent person who knows how to exercise self-control is a strong individual, a thoughtful person."</i> (Interview no. 19, male student, Hunedoara)
Resilience (6 responses)	<i>"A person who... Can overcome many things, anything, so to speak"</i> (Interview no. 5, male student, Călărași)

Description	Examples
Conflict Avoidance (5 responses)	<p>"Knows how to cope with stressful or difficult situations, managing many things that not everyone can handle"(Interview no. 22, female student, Dâmbovița)</p> <p>"So, similarly, if one has been through life. Because then you... If something happens to you and you get through it, that is, you endure it, you are strong and see it through to the end, then you are prepared emotionally, psychologically, and in every respect" (Interview no. 8, male student, Sălaj)</p> <p>"Not to get involved in conflicts, to know his own path, to mind his own business." (Interview no. 11, male student, Timișoara)</p> <p>"It is not advisable to resort to fighting to resolve certain conflictual situations in which, inherently through our contextual and community life, we are involved." (Interview no. 15, female student, Argeș)</p> <p>"He/she generally does not respond verbally." (Interview no. 17, male student, Argeș)</p>
Empathy/Altruism (4 responses)	<p>"a person who can listen to you and offer advice, regardless of how poorly you feel." (Interview no. 12, female student, Timișoara)</p> <p>"The ability to understand other people." (Interview no. 20, male student, Hunedoara)</p> <p>"A person who, even at the moment when you have psychologically fallen, can help you and guide you onto a much better path than where you currently are." (Interview no. 13, female student, Argeș)</p>
Physical self-defense (1 response)	<p>"...To know how to defend oneself physically..."(Interview no. 6, male student, Călărași)</p>

Subtheme 3.3 Exposure to Violence in Social Environments: school and community

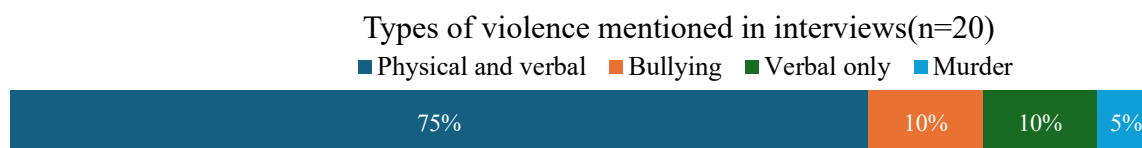
Following the operationalization of 26 statements (with one response missing) concerning the witnessing of a violent scene, the following aspects were identified:

- Five subjects reported that they had not witnessed any violent situation.
- One subject stated that they were a witness but did not provide details regarding the location, action, or involvement.
- Twenty subjects reported having witnessed violent situations.

Among the twenty male students who witnessed violent situations, eleven occurred within the school environment, while nine took place in the community. The primary categories of violence witnessed by the male students are presented in Figure 5.

Figure 5

Types of violent scenes witnessed by participants (%)



4. Based on the subject's involvement, three categories were established, as described in Table

Table 4

Participants involvement in violent scenes

Involvement type	Examples
Observers (13 cases)	"A former friend drew a pocketknife on some boys, and they slapped him and split his lip. I was a witness to this." (Interview no. 6, male student, Călărași)
Involved in conflict de-escalation (4 cases)	"I saw two men on the street actually fighting, pushing each other, and about to end up in the street; I immediately ran to them to try to separate them" (Interview no. 26, male student, Galați)
Involved in violent behavior (3 cases)	"Yes, I was a witness even during school, especially in middle school, as boys usually want to demonstrate their strength and tend to be more hyperactive. I was even involved myself. We fought" (Interview no. 1, male student, Arad).

Analysis of consumption behaviors among adolescents

The data presented in this section are drawn from questionnaires administered to the 27 male students prior to the interviews. The analysis revealed a pattern of substance use with significant implications for public health and the psychosocial development of adolescents. Regarding tobacco consumption, the results indicated that 20 participants (approximately 74%) smoked daily, indicating consistent exposure to associated risks. One participant reported smoking less frequently than daily, while six reported no smoking in the past month, suggesting diverse consumption patterns that may reflect individual differences in susceptibility to addiction and contextual life factors.

Regarding alcohol consumption during the school vacation period, a predominantly situational pattern was observed. Specifically, 17 participants reported consuming alcohol only on special occasions, 7 reported drinking once or twice per week, and 1 participant reported consuming alcohol three to four times per week. Only 2 participants indicated that they did not consume alcohol at all. These findings suggest that although most adolescents associate alcohol use with social events or specific situations, a notable proportion exhibit a pattern of regular consumption, which may increase the risk of developing dependence (Rada & Lungu, 2023).

The most concerning aspect is drug use. During the school vacation period, three participants reported daily use, while another three used drugs only on special occasions. Although the majority claimed not to have used drugs during that period, the overall responses reveal significant experimentation: eleven subjects reported having experimented with cannabis, of whom four mentioned cocaine use, three amphetamines, and two MDMA. This diversification of substances experimented with indicates not only a vulnerability to initiating of drug use but also a potential progression towards substances with stronger psychotropic effects and significant physiological risks (Rodríguez-Cano et al., 2023).

Conclusions

This qualitative study, employing thematic analysis, captured the complex relationship between substance use and violence. The accumulation of personal factors (family traumas, emotional vulnerabilities) and contextual factors (permissive social norms) underscored the emergence of risk behaviors - violence and substance use - as coping mechanisms among the interviewed male students.

This paper highlights, in the local context, the interaction between violence across multiple environments and family support, whose effectiveness in preventing risk behaviors among adolescents varies considerably.

Exposure to violence in the family environment, as well as in school and community settings, was a significant transversal factor influencing the emotional equilibrium and relational styles of the male students. Their accounts revealed a consistent presence of physical and verbal aggression, sometimes manifesting as severe discipline, and at other times as an expression of the need for control. This exposure led to the internalization of such behaviors as acceptable responses to fear or helplessness, which were subsequently reproduced by the adolescents.

The study findings align with observations in the specialized literature, which indicate that exposure to violence and the interaction between personal and contextual factors may facilitate the emergence of risk behaviors.

The data suggest that familial and social support, although potentially protective, does not always exert sufficient influence to prevent risk behaviors.

Substance use was associated with chronic stress, emotional overload, and a lack of self-regulation resources, particularly in cases of severe family dysfunction. Tense relationships with parents, the absence of emotional support, and exposure to violence during childhood created a vulnerable context for adopting harmful coping strategies, including tobacco, alcohol, and drug use. The concealment of substance use within close relationships indicated identity conflict and impaired communication. Such concealment weakened trust in interpersonal relationships, even as close contacts remained an important source of emotional support and motivation for change.

The study highlighted the significant influence of the social environment on violent behavior and substance use. In some cases, a stable family environment characterized by emotional support and clear boundaries provided guidance for interventions aimed at preventing such risk behaviors. Some students were able to mobilize personal and familial resources—such as self-control and family or social support—to avoid continuing along high-risk trajectories.

The data obtained in the study highlight the need for early interventions and prevention programs that address not only substance use but also the psychosocial factors influencing risk behaviors—such as exposure to violence within the family and community, difficulties in managing stress, and the lack of positive role models. It is essential that intervention strategies be multidimensional, focusing on the development of coping mechanisms for situations involving substance use, stress reduction, the promotion of healthy lifestyles, and the introduction and reinforcement of constructive models of emotional regulation and interpersonal dynamics that foster stable and adaptive behavioral patterns among adolescents.

Limitations

Certainly, the study presents several limitations, such as the small sample size and the use of a convenience sampling method, which restrict the generalizability of the findings and affect the reproducibility of the results. Furthermore, the interpretation of the data may have been influenced by the authors' subjective perspectives. In addition, the potential prestige bias among adolescents interviewed by their own school counselors should be considered, as it may have influenced the sincerity of their responses. Nevertheless, the consumption patterns revealed by these data reflect a complex and concerning reality that calls for coordinated action at the public health level.

Competing interests

The authors declare no competing interests.

Ethics Committee Approval

The study was conducted in accordance with the Declaration of Helsinki and approved by the Ethics Committee of the "Francisc I. Rainer" Institute of Anthropology, Romanian Academy, Certificate no. 1333/29-11-2023.

Consent to participate

Informed written consent was obtained from each participant at the time of recruitment. The subjects were informed that they could withdraw from the study at any stage, and they were assured of confidentiality.

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