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REVIEW

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Prevalence, risk factors and interventions to prevent violence against adolescents and youths in Sub-Saharan Africa: a scoping review

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Abstract

Background Violence is a pervasive human rights issue with public health consequences affecting adolescents and young people. This review aimed to describe the scope of existing research on the prevalence of violence and risk factors as well as intervention programmes targeted at adolescents and youths in Sub-Saharan Africa.

Method An eleven-year search from 2014 to 2024 was conducted for peer-reviewed research articles, irrespective of their quality, on the prevalence of violence and risk factors as well as interventions on the types of violence against adolescents and youths in all SSA countries using PubMed, Google Scholar, Google search, African Index Medicus and direct searches of reference list of pertinent journal articles. Publications in English or translated to English were included. The methodological framework was described by Arksey and O'Malley and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews guidelines was used to describe the review.

Result Hundred and three studies were identified across 33 out of the 46 Sub-Saharan African countries with the majority of articles emanating from Ethiopia. The prevalence studies consisted of 71 articles, sexual coercion was reported in 52 articles with a moderate number of studies focusing on physical or corporal punishment (21) and emotional violence (27). Also, the male gender was grossly understudied in the various forms of violence. The primary interventions on violence were categorized using the socio-ecological framework and the least implemented intervention based on peer-reviewed articles was at the policy level. The effectiveness of the interventions was reported in some studies while others noted no significant reduction in violence.

Conclusion The findings show there is a modest volume of peer-reviewed articles on prevalence of violence mostly in the dimension of sexual violence. Also, the interventions that addressed the policy level are limited and scale-up of focus on the level is imperative in SSA.

Keywords Violence, Scoping review, Adolescents, Youths, SSA

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Plain English summary

In Sub-Saharan Africa (SSA), adolescents and youths are prone to violence due to their young age and engagement in risky behaviours. There is a need to understand the scope of research on the prevalence of the types of violence and several risk factors associated with violence. Also, to identify the various interventions that have been implemented to reduce violence against these age groups in SSA. The scoping review was done using standard guidance from the PRISMA-ScR and the Arksey and O'Malley framework. The databases such as PubMed, African Journals Online (AJOL), Google, Google Scholar and African Index Medicus were searched. The search focussed on published peer-reviewed articles conducted in SSA and were published from January 2014 to May 2024. A total of 103 studies were found, the prevalence and risk factors associated with violence were reported in 71 studies and 32 were on primary interventions to prevent violence. More than half of the studies focussed on sexual violence while emotional violence was the least studied. Also, the female gender was more studied than the male. Several risk factors at the individual, family, community and societal levels were associated with different types of violence. The most implemented intervention to reduce violence was education and life skills at the individual level which shows that sexual and reproductive health education is still important in reducing violence. However, there is a need for the researchers to implement more strategies at other ecological levels to ensure effective prevention of violence against adolescents and youths in SSA.

Background

Violence against adolescents and young adults is an intentional, undesired, and unnecessary physical, sexual and emotional act that either causes or has a high probability of causing death, physical injury or psychological harm [1]. It is a significant well-recognized threat to public health and human rights globally, with young people at a greater risk as they explore their physical and social environment [2, 3]. Every seven minutes, an adolescent dies from an act of violence in any region of the world, about 82,000 adolescent deaths were linked to violence in 2015 and the highest rate was observed among adolescents aged 15–19 years [4]. A global prevalence study on violence experienced within the past year showed that 50% of the adolescents aged 15–17 years in the included 24 African countries experienced physical, sexual or emotional violence [5].

Evidence has shown that the first sexual experience of many young people is forced or coerced, 42% of the incidents were reported among young women in Sub-Saharan Africa [3, 6] Also, a study among young men in four SSA countries noted a prevalence rate of 5% in Burkina Faso, 12% in Ghana, 8% in Malawi and 4% in Uganda [7]. This was higher than the prevalence rate of 12.7 and 4.7% reported among young girls and boys in the United States [8].

According to the social-ecological model, determinants of violence are multi-faceted, interactive and embedded across various contextual levels, including the individual, family, community, and societal levels [9]. At the individual level, personal and biological factors increase the chances of violence examples are younger age, low or no education, low socioeconomic status and childhood history of abuse [10]. Peers and family dynamics that affect gender roles are linked to family levels while the community level involves the environment in which social relationships are embedded [9]. The societal level includes the health, economic, educational and social policies that affect violence [3]. While some risk factors are identified consistently across studies from many different countries, others are context-specific and vary between and within studies.

The vulnerability of adolescents and youths to various risk factors increases exposure to violence leading to lifelong impacts on their health and psychological well-being [11]. The consequences of these acts of violence can set these adolescents and youths on a trajectory for subsequent violence [1]. Evidence has shown that violence is preventable and several preventive interventions have been implemented in different countries to address violence among adolescents and youths [12]. Interventions aimed at tackling violence can be classified as primary, secondary or tertiary preventive programs [13]. Primary interventions entail the use of strategies to prevent or reduce the occurrence of violence while secondary intervention aims to stop the progression of ongoing violence and prevent re-occurrence [13]. The tertiary intervention limits disability associated with violence [13]. Nevertheless, the primary intervention has the greatest potential for long-term violence reduction as it challenges the attitudes, values and structures that sustain it [14].

Different research on violence has been conducted in SSA but, there is no scoping review on the prevalence, risk factors and primary interventions implemented among adolescents and youths in the last eleven years. This review aimed to map and describe available published peer-reviewed articles on prevalence and risk factors associated with violence as well as the characteristics

and outcome of primary interventions on violence that were implemented among adolescents and youths in SSA. This will ensure a better representation of the volume of research on violence among adolescents and youths with the end goal of identifying research gaps and recommendations for future research.

Methods

The scoping review was conducted and reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines [15]. Scoping reviews involve an extensive literature search, followed by a structured mapping, or charting, of the literature regarding a research area. To ensure the transparency and reproducibility of the research, we adopted a methodological framework described by Arksey and O'Malley, which involves: identifying the question, identifying the studies, selecting the relevant studies, charting the data, and collating, summarising, and reporting the results [16].

Eligibility criteria

The review reported on the prevalence and risk factors associated with violence that focussed on sexual coercion (forced sex or sexual harassment), physical or corporal punishment, and all forms of emotional violence against adolescents and youths (10–26 years). Also, the different primary interventions on violence implemented among this age group were included. Only peer-reviewed articles involving primary or secondary data conducted in SSA, written in English or other languages with available English translations and published from January 2014 to May 2024 were included. Articles from multi-country sites (i.e., countries within the sub-region or between countries within the sub-region and others outside the sub-region) were also included, thus, an article may be cited for two or more countries. No article was excluded based on any quality criteria. Case reports, dissertations, and conference reports/abstracts were excluded. Also, multi-country studies without specific prevalence and articles on violence among SSA populations living outside the region were excluded.

Operational definitions

In this review, sexual violence was defined as "any sexual act or an attempt to obtain a sexual act, unwanted sexual comments, or advances against a person's sexuality using force or coercion, in any setting, including but not limited to home and work [17]." The type of Sexual violence included in the search was sexual coercion which involves forced sex, and sexual harassment.

Sexual coercion is the act of forcing (or attempting to force) another individual through threats, verbal insistence, or deception to engage in sexual behaviour against the individual's will [17].

Forced sex: physically forced to have sex against the individual's will.

Sexual harassment: Any unwanted or unacceptable sexual behaviour that affects the dignity of an individual.

Physical violence: The intentional use of physical force or power against youth by the parent or other caregivers in the family, community or schools leading to injury. Types of physical violence included in the search were physical punishment and corporal punishment. Corporal punishment is defined as "any punishment in which physical force is used and intended to cause some degree of pain or discomfort [18].

Emotional violence entails undermining an individual's sense of self-worth and/or self-esteem. This may include, but is not limited to constant criticism, diminishing one's abilities, name-calling, or making one feel bad. All forms of emotional abuse were included in the search except Intimate partner violence.

Search strategy

The review framework was developed initially to guide the identification of potentially relevant literature documents. Then, a comprehensive search of databases was done to identify the peer-reviewed articles that met the eligibility criteria. The databases used in the search included; PubMed, African Journals Online (AJOL), Google, Google Scholar and African Index Medicus. The reference lists of pertinent journal articles were searched directly using subject and country headings. These databases were searched using words or phrases or combinations of words, Such as "sexual coercion", "forced sex", rape, "violence", "sexual harassment", "attempted forced sex", "unwanted sexual acts", "risk factors", "sexual abuse", "child maltreatment", "child abuse", "physical punishments", "corporal punishments", "emotional violence", "emotional abuse", "violent discipline", "primary intervention", "primary prevention", "interventions against violence", "Sub-Saharan Africa", and using the geographical locations such as the countries in SSA (Benin republic, Burkina Faso, Cabo Verde, Gambia, Ghana, Guinea, Guinea-Bissau, Cote d'Ivoire, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo, Cameroon, Central African Republic, Chad, Republic of Congo, Democratic Republic of Congo, Equatorial Guinea, Gabon, Sao Tome and Principe, Angola, Botswana, Lesotho, Mozambique, Namibia, South Africa, Eswatini, Zambia, Zimbabwe, Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Mauritius, Rwanda, Seychelles,

Somalia, South Sudan, Tanzania and Uganda). Also, citation searches and the bibliographies of studies identified during the search of databases were employed for inclusion of additional articles.

Study selection and data extraction

The identified articles were subjected to title and abstract screening to ensure they met the inclusion criteria. In circumstances where a decision could not be reached, the full article was read and a resolute taken. The next stage included a full-text review of all articles that met the inclusion criteria and data extraction of the articles according to thematic areas identified from the title of our scoping review. Based on the scope of available articles, the data extraction form developed in Microsoft Excel contained the following elements for articles on prevalence and risk factors: name of the first author, country, year of publication, sex category of the study population, setting/context, study design, type of violence, prevalence of violence, and risk factors associated with GBV. Articles that focused on primary interventions or programs implemented among adolescents and youths were reviewed separately based on a socio-ecological framework which includes individual, family, community, school and policy levels. The data extraction form included the name of the first author, country, year of publication, study design, context, type of intervention strategy/socio-ecological level, period of intervention, activities implemented and outcome. No restrictive quality criteria were used for the included articles because this scoping review intended to highlight the volume and scope of research output in this area.

Results

The search strategy identified a total of 329 articles. After removal of duplicates, 231 articles were available for screening of titles and abstracts. Upon completion of screening, 190 articles were selected for full-text review and at the end of the review, 103 articles that met the inclusion criteria were included in this scoping review.

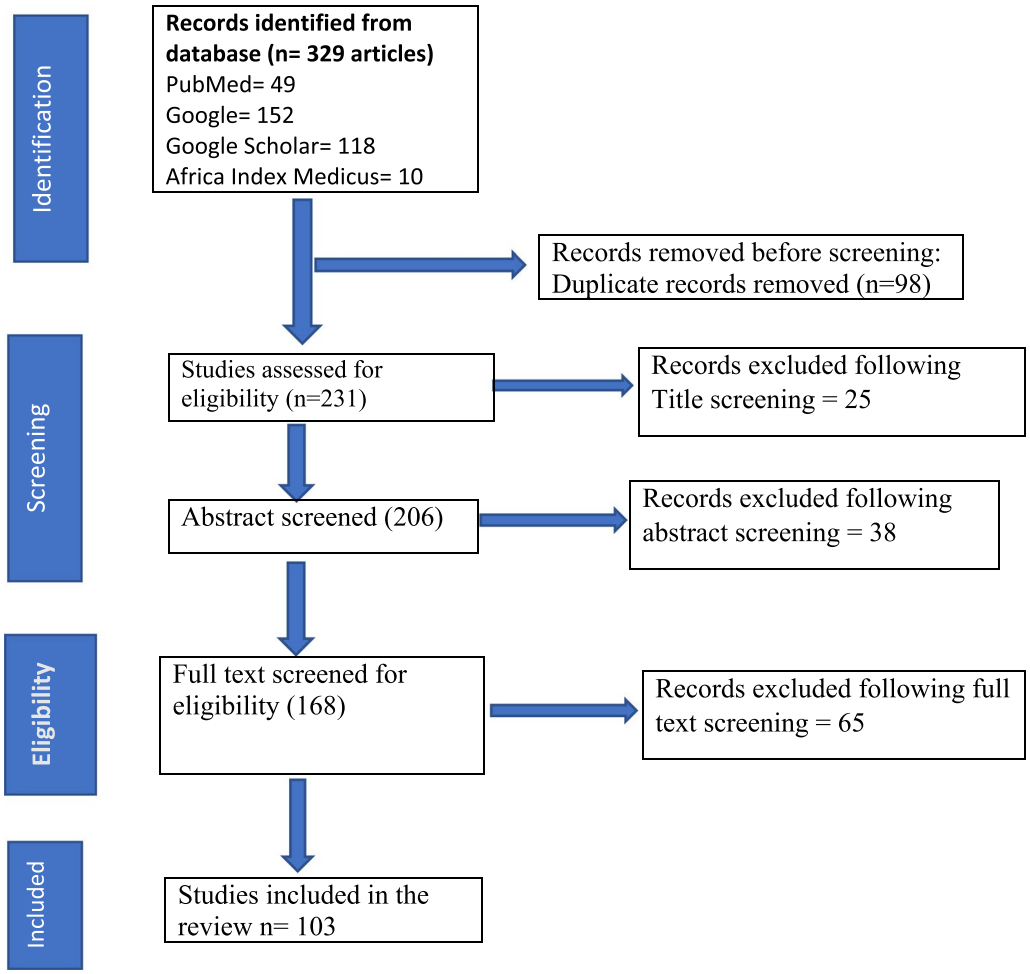

Fig. 1 Process of article selection

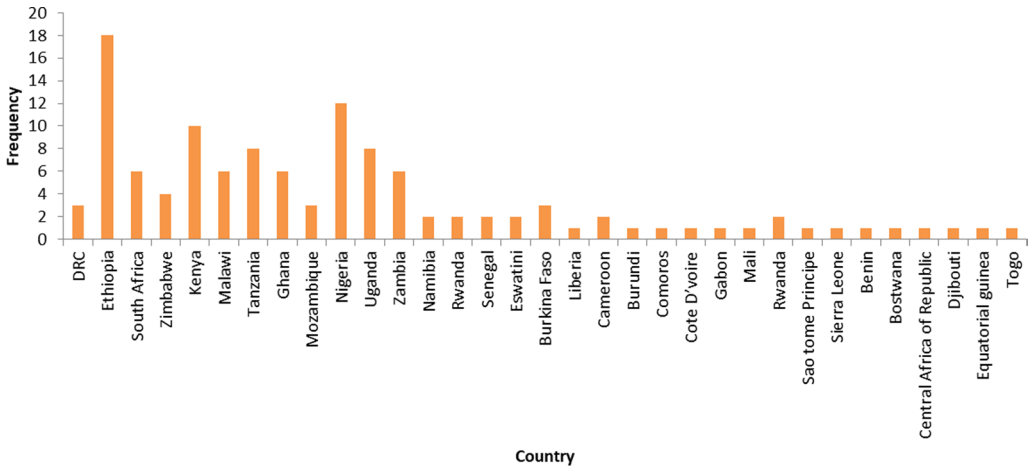

Fig. 2 Volume of research per Sub-Saharan African country for prevalence studies

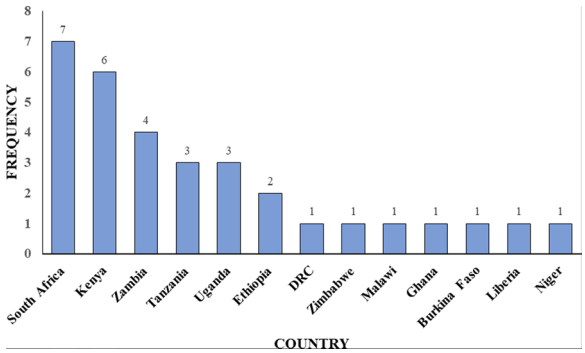

Fig. 3 Volume of research per Sub-Saharan African country for Intervention studies

Studies on Prevalence and risk factors represented 71 articles and primary interventions on violence included 32 articles (Fig. 1). The prevalence and risk factor studies included 33 out of 46 countries in SSA and Ethiopia had the highest number (n = 18) of reviewed studies (Fig. 2). The primary intervention studies included 13 out of the 46 SSA countries and South Africa had the highest number (7) of the reviewed primary intervention studies (Fig. 3). Also, the studies encompassed a variety of study designs including cross-sectional studies (n = 69), longitudinal cohort (n = 1), case–control (n = 1), randomised controlled trials (n = 25), and quasi-experimental trials (n = 7). Regarding gender, most studies focused on girls (55/103) while few were done on boys (4/103). The prevalence studies were conducted in different settings which include school-based settings (37), community/household-based (31), Hospital (2) and refugee camps (1). Also, the primary interventions on violence consisted of the following number of settings: school-based settings (12), community/household-based (17), hotspots for social networks (1), and refugee camps (2). The results of the identified articles are summarized in Tables 1 and 2.

Thematic groupings of articles

The studies identified were reviewed and grouped according to the following categories: prevalence of sexual violence and associated risk factors, prevalence of physical violence and associated risk factors, prevalence of emotional violence and associated factors, and Primary interventions on violence. Using the socio-ecological model, the Risk factors associated with the different types of violence were grouped into societal, community, relationship/family and individual levels. Also, the identified primary interventions studies were organized using the socio-ecological framework.

Prevalence of sexual violence and risk factors

Fifty-two out of the 71 reviewed studies assessed forms of sexual coercion in different settings and genders [6, 19–69]. Twenty-eight articles reported on sexual coercions among females, twenty-two of them ascertained both males and females as victims of the violence and two studies reported only males as victims. The prevalence of sexual coercion was highest in Ethiopia (76.4%) [23]. Forms of sexual coercion reviewed in the studies were forced sex and sexual harassment. The prevalence of forced sex among males ranged from 0.4 to 13.6% [34, 35] and the females had a prevalence of 4.2 to 66% [24, 36]. Mostly, the female gender experienced sexual harassment which ranged from 4.5 to 65.2% [21, 40] while males had a prevalence of 3.8 to 11.5% [35, 46].

Common risk factors associated with sexual coercion at the individual were intake of alcohol, having a boyfriend, witnessing abuse, female gender, being sexually active, substance abuse, risky sexual behaviour and

Table 1 Summary of results on Prevalence and Risk factors associated with different types of violence

First author (year of publication)	Country	Study characteristics (type of study, study design, sample size, study population, setting)	Type of violence studied	Summary of findings	Risk factors at Societal, community, relationship/family, or individual levels
Jonas et al. (2022) [19]	Democratic Republic of Congo (DRC)	A cross-sectional quantitative study done among 3011 females in lower, upper and middle grades at five different schools to assess GBV through Juvenile Victimization Questionnaire (JVQ)	Sexual and physical violence	*Physical*: 70.1% of girls experienced abuse without a weapon within 12 months, 66.3% experienced abuse with a weapon *Sexual*: 93.0% experienced verbal sexual harassment 73.9% experienced	Physical and sexual 1. *Relational (family)*: Living with single parent 2. *Community*: Living in either lower class or middle-class districts
Cafo et al. (2014) [20]	Ethiopia	Cross-sectional study, used a mixed method approach to study GBV among 402 students (195 males and 207 females) in 9th–12th grades through a self-developed questionaire	Sexual violence	*Sexual violence*: Unwelcome touch (22.3%), verbal sexual harassment (63.9%)	1. *Individual*: Low grade (9–10th), Single/un-married and Had a boyfriend. 2. *Relational/family*: Participants who lived with a single parent, lived alone
Belay et al. (2021) [21]	Ethiopia	Using a self-developed questionnaire, a cross-sectional quantitative study was conducted among 788 female night students in an elementary and high school	Sexual and Emotional violence	*Sexual*: The attempted sexual harassment was two-thirds (65.2%) and the lifetime prevalence of forced sex was 132 (16.7%). *Emotional violence*: 41.6%	*Risk of sexual violence Relationship/family*: Young people not living with both parents, and no family support *Community*: Peer pressure
Adinew and Hagos (2017) [22]	Ethiopia	A cross-sectional quantitative study among 462 female university students assessed sexual violence via self-developed questionaire	Sexual violence	Lifetime sexual violence was found to be 45.4%. Among the 45.4% who experienced sexual violence, lifetime prevalence of forced sex was 71 (15.3%) and in the Current academic year was 11 (2.3%). sexual harassment was 16.2%	*Individual*: Having a boyfriend, alcohol consumption, witnessing violence and having friends that drinks *Community*: Rural childhood residence
Bekele and Derresa (2014) [23]	Ethiopia	A cross-sectional quantitative study among 590 female university students assessed sexual violence via the World Health Organization multi-country study self-administered questionnaire	Sexual violence	451(76.4%) have reported to have at least one incidents of sexual coercion in their lifetime and 258 (43.7%) in the past 12 months. 7 (13.1%) respondents experienced forced sex (rape) in their lifetime while 12 (2.0%) in the past 12 months. Sexual harassment: 62% and 41% during lifetime and past 12 months, respectively	*Individual*: Alcoholic intake, childhood witness of sexual coercion, and having more than one sexual partners *Family*: Parents not living together

Table 1 (continued)

First author (year of publication)	Country	Study characteristics (type of study, study design, sample size, study population, setting)	Type of violence studied	Summary of findings	Risk factors at Societal, community, relationship/family, or individual levels
Nimani et al. (2015) [24]	Ethiopia	A cross-sectional study among 332 females in two different high schools to assess prevalence via a self-developed questionaire	Sexual violence	The lifetime prevalence of sexual violence was 32.8% and current prevalence was 16.6%. The prevalence of completed rape was 4 (1.2%) and attempted rape in lifetime was 14 (4.2%) and 73 (22.0%) were verbally harassed	*Individual*: Boyfriend/husband and witness about parental violence. *Family*: No family control
Abeya (2022) [25]	Ethiopia	A cross-sectional study among 632 young females living in 40 rural kebeles of Boset District. A self-developed questionnaire was used	Sexual violence	The lifetime prevalence of sexual coercion at sexual debut was 36.5%. More than a quarter (27.6%) were physically forced	*Individual*: Being married, age group of 15–19 years, alcohol consumption, and Khat chewing. *Family*: Living away from parents
Kassa et al. (2019) [26]	Ethiopia	A cross-sectional quantitative study using a self-developed questionnaire assessed sexual violence among 402 female university students	Sexual violence	The lifetime prevalence of any form of sexual coercion was 59.7% and for 12 months current prevalence was 34.1%. The lifetime proportion of forced sex was 13.7%	*Individual*: History of sexual intercourse, watch pornography, childhood witness of abuse *Family*: Family getting separated and received small pocket money
Takele et al. (2014) [27]	Ethiopia	A cross-sectional quantitative study among 411 female university students to assess violence via self-developed questionaire	Sexual violence	Lifetime prevalence for sexual coercion was 163 (41.1%) and for the last twelve month, the current prevalence was 101 (25.4%). 27 (6.8%) female students were raped	*Individual*: Age at first sex and alcohol use
Seyoum et al. (2017) [28]	Ethiopia	A cross-sectional quantitative study among 395 Female Private University Students via a self-developed questionaire	Sexual violence	171 (43.3%) had faced sexual coercion. 92 (23.3%) faced unwanted sexual act, 159 (40.3%) faced verbal threats	*Individual*: Being a social science student, and drinking of alcohol. *Family*: Poor educational level of the parents and reduced support
Tantu et al. (2020) [29]	Ethiopia	A cross-sectional study using a GBV assessment tool, validated by the World Health Organization and adapted to the Ethiopian context was used among 633 females in grades 9–12 of four different high school	Sexual	*Sexual violence*: Lifetime prevalence was 37.2% and prevalence during the current academic year was 133(22%). The lifetime prevalence of forced sex was 18.5% *Physical violence*: lifetime prevalence was 56.3%	

Table 1 (continued)

First author (year of publication)	Country	Study characteristics (type of study, study design, sample size, study population, setting)	Type of violence studied	Summary of findings	Risk factors at Societal, community, relationship/ family, or individual levels
Bekele et al. (2015) [30]	Ethiopia	Using a WHO multi-country study questionnaire,a cross-sectional quantitative study was done among 605 female university students	Sexual violence	The magnitude of forced sex (rape) as 10.9% (66 victims). 66% of the participants have faced unwanted sexual act in lifetime and 36.5% of the participants had experienced unwanted sexual act within the past twelve months	*Individual*: Khat chewing, having boyfriend and witnessed mother being abused
Mekuria et al. (2015) [31]	Ethiopia	Using a Childhood experience of care and abuse questionnaire (CECAQ),a cross-sectional quantitative study was done among 362 high school female students in grade 10 from 6 different schools	Sexual violence	The prevalence of life time forced sex was 40 (11%). Verbal harassment (40.1%),	*Family*: Living with friends, living alone, No discussion with parents on sexuality, father's poor educational status and lower monthly income
Mullu et al. (2015) [32]	Ethiopia	A cross-sectional study among 124 high school female students in grades 9 and 10 via self-developed questionaire	Sexual violence	*Sexual*: 24.2% Experienced lifetime violence and current prevalence was 12.9%. forced sex 16(12.9%), sexual harassment 25 (20.2%)	*Sexual violence Individual*: Living with boyfriend and alcohol intake
Kebede et al. (2023) [33]	Ethiopia	A cross-sectional study among 1,014 adolescents (468 boys and 546 girls) in grades 2–10 assessed GBV via WHO multi-country study questionnaire	Sexual violence	*Sexual*: The lifetime prevalence of sexual violence among females was 24.6% compared to 14.2% for males, forced sex: males-0.9%, females-6.1%	*Sexual violence Individual*: Older age, lower empowerment and female gender
Naidoo et al. (2017) [34]	South Africa	A cross-sectional quantitative study among 434 high schools students (236 boys and 198 girls) in grade 10 from 14 different schools	Sexual violence	Lifetime prevalence of Forced sex was 14.2% with a non-significant difference between females (15.0%) and males (13.6%) ($p = 0.781$)	*Community*: Urban location *Family*: Discordant mother/father status and low socio-economic status
Rumble et al. (2015) [35]	Zimbabwe	A community-based cross-sectional study among 1156 adolescents (589 boys and 567 girls) living in 7,797 households was done and sexual violence was assessed via WHO Multi-country Study on Women's Health and Domestic Violence Against Women	Sexual violence	The lifetime prevalence of sexual violence among females was 51.6% and The lifetime prevalence of sexual violence among males was 10.9%. sexual harrassment: females -15.0%, males- 3.8% Physically forced sex: females: 9.0%, males: 0.4%.Pressured sex: females-7.4%, males-1.4%	*Family*: Loss of loved ones

Table 1 (continued)

First author (year of publication)	Country	Study characteristics (type of study, study design, sample size, study population, setting)	Type of violence studied	Summary of findings	Risk factors at Societal, community, relationship/ family, or individual levels
Stark et al. (2019) [70]	Multi-country: Kenya, Malawi and Tanzania	A cross-sectional study that used secondary data from the Violence Against Children Surveys (VACS) of the countries done during a household survey aged 13—24. Their sample sizes were: Kenya- 2,683, Malawi: 2,159 Tanzania: 3,739	Physical violence by caregivers	*Prevalence of past year physical violence by caregivers.* Kenya: 589 (9.7%) for males and 381 (8.7%) for females Malawi: 413 (16.1%) for males and 237 (11.1%) for females Tanzania: 761 (15.7%) for males and 683 (11.9%) for females Physical violence by adult in the community: Kenya(male;30.5%, female;22.3%), Malawi (male; 20.4%, female;12.1%). Tanzania (male;27.3%, 22.8%)	*Physical violence Individual*: Younger age (13–14)
Sumner et al. (2016) [47]	Kenya	A cross-sectional community-based study among 1456 boys in Kenya and other 2 countries was done via the Violence Against Children Survey (VACS)	Sexual	The lifetime prevalence of experiencing any form of sexual coercion was 14.8%	*Individual*: Reduced support, risky sexual behavior, Mental health issues. *Society*: Poor gender norms, acceptance of violence as being common
Ohene et al. (2015) [48]	Ghana	A cross-sectional study that used secondary data from the 2012 Ghana Global School-based Student Health Survey (GSHS) to assess violence in 1984 senior high students (1065 boys and 908 girls)	Sexual	*Sexual*: 358 (18.6%) young people reported lifetime sexual violence	*Sexual Individual*: Risky sexual behaviour, victim of abuse
Owusu-Addo et al. (2023) [49]	Ghana	Using a self-developed questionnaire, a cross-sectional study with a concurrent mixed method approach was done among 853 adolescent girls during Covid-19 lockdown and school closures	Sexual violence	Current prevalence of sexual abuse was 32.5%	*Individual*: Regular physical activity, no disability *Family*: Doesn't listen to parents, No close relationship with parents, living with another relative *Community*: Ethnicity

Table 1 (continued)

First author (year of publication)	Country	Study characteristics (type of study, study design, sample size, study population, setting)	Type of violence studied	Summary of findings	Risk factors at Societal, community, relationship/ family, or individual levels
Quarshie (2021) [50]	Ghana	A cross-sectional quantitative study among 1692 students (821 boys and 871 girls) done in a school setting through administration of self-developed questionnaire	Sexual violence	The males (10.4%) and females (24.3%) reported sexual violence victimization during the previous 12 months. Girls (compared to boys) were nearly three times more likely to report sexual violence victimization (aOR = 2.74, 95% CI 2.01, 3.74, $p < 0.001$)	*Individual*: Participants in a sexual relationship and victims of physical abuse
Abubeker et al. (2021) [36]	Ethiopia	Using self-developed questionnaire, a cross-sectional quantitative study was done among 298 female university students in 5 different colleges	Sexual, and emotional violence	*Sexual*: 46.6% experienced sexual violence; The prevalence of attempted and completed rape was 36.7 and 28.8% respectively. *Emotional*: 56.4% had emotional violence	
Bingenheimer et al. (2014) [51]	Ghana	A longitudinal cohort study among 700 female youths in two communities via self-developed questionaire	Sexual violence	The lifetime prevalence of ever-experienced coerced sex was reported in 31%	*Individual*: Having a boyfriend *Family*: Parental conflict
Annor et al. (2022) [37]	Kenya	A cross-sectional study which used secondary data from the 2019 Violence Against Children and Youth Survey (VACS) Questionaire to ascertain violence in 2132 young people (788 boys and 1344 girls)	Sexual, and emotional violence	*Sexual*: Lifetime sexual violence for females was 25·2%, and for males was 11·4. Unwanted attempted sex: females (15.4%), males (6.8%), pressured sex: females (6.5%), males (2.9%). Physically forced sex: females (5.4%), males (1.8%). *Emotional*: Lifetime emotional violence for females was 16·8%, for males was 11·5%	

Table 1 (continued)

First author (year of publication)	Country	Study characteristics (type of study, study design, sample size, study population, setting)	Type of violence studied	Summary of findings	Risk factors at Societal, community, relationship/ family, or individual levels
Baiocchi et al. (2019) [38]	Kenya	A cross-sectional study that used a baseline data from IMPower and sources of strength study to ascertain violence among 4125 class 6 female students in unplanned settlements of Nairobi	Sexual violence	11.0% (453) of the girls reported sexual assault in the last twelve months, with 7.2% reporting rape in the last twelve months while 9.9% reported rape at some point in their lives Family members accounted for 13.1% of rapes, strangers 17.4%, and authority figures 3.8%. 65.7% (n = 344) were boyfriends	*Individual*: Victim of abuse, witness of abuse and alcohol use
Orindi et al. (2020) [39]	Kenya	A cross-sectional quantitative study among 1687 adolescent girls and young women in Nairobi's informal settlements	Sexual, physical and emotional violence	*Emotional*: Among 606 girls aged 10–14 years, about 54% had ever experienced psychological violence and 33% of them experienced it in the past 6 months Insult/make you feel bad-26.5%, humiliate you in front of others-17.3%, threaten to hurt you: 11.3% *Sexual*: 7% had ever experienced it and 5% in the past 6 months attempted sex: 10.7%, physically forced sex: 4.8%, coerced sex: 4.3% *Physical*: 16% experienced it within 6 months. Slapped-12.1%, pushed/throw something/shake: 9.1%, punch with fist: 5.6%, kick/drag: 5.1%	*Emotional* *Individual*: Engagement in chores or activities for payment *Family*: Lack of money for food *Physical violence*: *individual*: Living with a partner and being hungry for food in the past 4 weeks. *Sexual violence*: *Individual*: Risky sexual behavior *Family*: Food insecurity
Ameli et al. (2017) [71]	Malawi	A cross-sectional quantitative study among 561 adolescents (280 boys and 281 girls) from 9 primary schools	Physical and emotional violence	*Emotional*: Both girls and boys (23.13% & 22.86%) had experienced emotional abuse at home within one month *Physical*: physical abuse at home (girls-28.11% & boys-30.36%) within one month, physical abuse at school (girls-42.35% & boys-36.43%)	*Physical* *Individual*: Accepting abuse and depression *Emotional*: *Individual*:Victim of abuse in home and school

Table 1 (continued)

First author (year of publication)	Country	Study characteristics (type of study, study design, sample size, study population, setting)	Type of violence studied	Summary of findings	Risk factors at Societal, community, relationship/ family, or individual levels
Swedo et al. (2019) [83]	Malawi	A cross-sectional study that used a baseline data from 2013 Malawi Violence Against Children Survey to ascertain violence among 595 girls and young women	Emotional	*Emotional violence*: 24.3% (150 persons)	
Maguele et al. (2020) [84]	Mozambique	A cross-sectional quantitative study among 413 secondary school girls in grades 8–12	Emotional	Emotional: More than half of the young women, 230 (55.7%), had experienced at least one act of psychological violence	*Individual*: lack of commitment with the young woman's religion and unemployment
Nguyen et al. (2019) [6]	Multi-country: Nigeria, Uganda, and Zambia	A cross-sectional study based on national survey and conducted among youths in Nigeria (4203), Uganda: (5804) and Zambia (1819)	Sexual and emotional violence	*Sexual*: Forced sex; 20.8%. For Uganda; 10.7% experienced lifetime sexual violence and 31.9% in the past year. Zambia: lifetime sexual prevalence was 16.0%, current sexual prevalence was 25.8% *Emotional violence*: 20.7% for Nigeria, Uganda (21.0%) and Zambia (16.7%)	
Velloza et al. (2022) [40]	Namibia	A cross-sectional study with secondary data from 2019 Namibia Violence Against Children and Youth Survey (VACS), done among 2434 young women	Sexual, physical and emotional	*Sexual*: 11.8% of adolescent girls and young women in Namibia experience childhood sexual violence. attempted forced sex (4.5%), physically forced sex (2.8%). *Physical*: 32.9% had ever experience childhood physical violence *Emotional*: 11.4% experience childhood emotional violence prior to age 18	

Table 1 (continued)

First author (year of publication)	Country	Study characteristics (type of study, study design, sample size, study population, setting)	Type of violence studied	Summary of findings	Risk factors at Societal, community, relationship/ family, or individual levels
VanderEnde et al. (2018) [52]	Malawi	A cross-sectional study with secondary data from National Survey done among 610 sexually youths (244 boys and 366 girls)	Sexual, physical and emotional	*Sexual*: Ever had childhood sexual abuse was 15.6% *Physical*: Ever had childhood physical violence was 50.5%, *Emotional*: Any childhood ever had emotional violence was 22.8%. For young men, prevalence for exposure to violence ranged from 12% for sexual abuse to 69% for physical violence, and for young women, from 18% for sexual abuse to 40% for physical violence. for young men emotional violence: 29.7%, and young women: 18.6%	
Chiang et al. (2018) [72]	Kenya	A cross-sectional study with secondary data from 2010 National Violence against Children Survey done among 566 female youths	Physical and emotional violence	*Physical*: Physical Violence in Childhood was 67.0%, *Emotional*: Violence in Childhood 26.1%	
Ojo et al. (2023) [41]	Nigeria	A cross-sectional school-based study among 431 students in 3 different tertiary institutions	Sexual, and emotional violence	*Psychological Abuse*: Lifetime prevalence of 56.4%. Insulted/ criticized: 46.9%, Belittled: 26.5%, Humiliated: 26.5% *Sexual Abuses*: Lifetime prevalence of 25.3%. Attempted forced sex: 12.5%, Forced to have sex: 6.7%,	
Dogiso et al. (2019) [85]	Ethiopia	A cross-sectional school-based study among 358 high school female students in a secondary school	Emotional	*Emotional*: lifetime prevalence was 34.8%	
Duru et al. (2018) [42]	Nigeria	A cross-sectional school-based study among 600 Female Undergraduates in a Tertiary Institution	Sexual	Sexual violence: About one-third (34%) of the students had experienced sexual abuse in their life-time rape (19.1%)	*Individual*: age, ever married) *Family*: sharing of room *Community*: tribe

Table 1 (continued)

First author (year of publication)	Country	Study characteristics (type of study, study design, sample size, study population, setting)	Type of violence studied	Summary of findings	Risk factors at Societal, community, relationship/ family, or individual levels
Fawole et al. (2018) [43]	Nigeria	A cross-sectional quantitative study among 604 students in public and private secondary schools	Sexual and emotional	*Sexual*: public (41.4%), private (37.4%). Pattern: Attempted forced sex: 43 (14.2%), forced sex: 36 (11.9%) *Emotional*: public (59.2%), private (72.5%). Pattern: belittle: 148 (49.0), spite 189 (62.6%), humilate:141 (46.7%), threatened to kill 26 (8.6%) Experience of emotional violence was significantly higher among male respondents (54.4 vs. 45.5%; $p=0.001$ and 54.7 vs. 45.3%; $p=0.001$ in public and private students respectively. experience of (50.4 vs. 49.6%; $p=0.8$) sexual violence was not significantly different between the sexes	*Emotional* *Individual*: Being a male *Sexual* *Individual*: witnessed abuse and being in a relationship
Manyike et al. (2015) [44]	Nigeria	A cross-sectional school-based study among 506 students (239 boys and 267 girls) in 3 secondary schools	Sexual violence	Lifetime prevalence of sexual violence was 39.3%. Forced sex was 14.6%. Most of the perpetrators were neighbors 54 (27.1%), family friends 39 (19.6%) and teachers 30 (15.1%	*Individual*: being a female *Family*: poor socio-economic status
Doerr et al. (2023) [45]	Nigeria	A cross-sectional study among 961 in and out-of-school adolescents (443 boys and 513 girls)	Sexual violence	Forced sex: 16.8%, female: 15.1% (n = 78), male:18.7%	*Individual*: Mental health problems
Nyandwi et al. (2022) [73]	Rwanda	A cross-sectional study with secondary data from the 2015–2016 National Survey on Violence against Children, done among 1110 adolescents (610 boys and 492 girls)	Physical violence	Physical violence by a parent, adult caregivers or other adult relatives: Males: 28.34, females: 15.77%	*Individual*: being sexually active *Family*: larger family, poor, socio-economic status, no close relationship with biological parents

Table 1 (continued)

First author (year of publication)	Country	Study characteristics (type of study, study design, sample size, study population, setting)	Type of violence studied	Summary of findings	Risk factors at Societal, community, relationship/ family, or individual levels
Miller et al. (2018) [86]	Nigeria	A cross-sectional study with secondary data from the 2014 Nigerian Violence Against Children Survey (VACS), done among 4203 adolescents (2437 boys and 1766 girls)	Emotional violence	Emotional: 17.6% experienced emotional violence	*Emotional violence* *Individual*: gender- being a male, males aged 13–17)
Anwar et al. (2020) [53]	Senegal	A cross-sectional study with secondary data from the 2016 household survey, done among 833 adolescents (409 boys and 424 girls)	Sexual, physical, emotional violence	Emotional: 163 adolescents (19.6%) reported having been the victim of emotional violence in the past month. The prevalence of emotional violence was 17.5% among girls and 21.8% among boys (p = 0.118). Sexual: 66 (7.9%) reported having been sexually abused in the previous 12 months. The overall prevalence of sexual violence was 9.7% among girls and 6.1% among boys ($p = 0.059$)	*Emotional* *Individual*: gender- being a male *Physical* *Family*: poor socioeconomic status *Sexual* *Individual*: gender-being a female
Shamu et al. (2016) [74]	South Africa	A cross-sectional quantitative study among 3755 Grade 8 learners (1629 boys and 2126 girls) in 24 secondary schools in urban South Africa	Physical and emotional violence	Emotional: 56.2% girls and 61.3% boys had ever experienced violence. Physical: 42.1% girls and 48.1% boys had ever experienced violence. More boys (61.3%; 988/1613) than girls (56.2%; 1187/2111) reported experiencing childhood emotional abuse ($p = 0.004$). More boys (48.1%; 779/1616) experienced childhood physical abuse than girls (42.1%; 892/2114) ($p = 0.003$)	
Meinck et al. (2017) [87]	Swaziland	A cross-sectional study which used a secondary data from 2007 nationally representative household survey to ascertain the prevalence of emotional violence among 1244 girls	Emotional violence	Lifetime prevalence of emotional abuse was 28.5% with 58.3% of these girls reporting many abusive incidents	*Individual*: victim of abuse *family*: frequent changing of caregivers and poverty

Table 1 (continued)

First author (year of publication)	Country	Study characteristics (type of study, study design, sample size, study population, setting)	Type of violence studied	Summary of findings	Risk factors at Societal, community, relationship/ family, or individual levels
Vagi et al. (2016) [46]	Tanzania	A cross-sectional study which used a secondary data from nationally representative household survey to ascertain violence among 3799 adolescents and youths (1711 boys and 1968 girls)	Sexual	Sex: (females: 18.8%, males: 11.5%). %), Forced sex; (females; 9.6% and males; 5.1%)	*Individual*: drinking alcohol, and mental health issues
Clarke et al. (2016) [75]	Uganda	Cross-sectional study using secondary data from data from the baseline survey of the Good Schools Study (GSS) assessed violence among 3706 adolescents (1769 boys and 1937 girls) in 42 primary schools	Physical and emotional violence	Physical violence: 3500 (94.4%) had ever the violence. School staff (83.6%), relative (11.6%), parents (46.4%) Emotional violence: 2160 (58.3%) adolescents experienced it within one year	
Goessmann et al. (2020) [54]	Multi-country: Uganda and Tanzania	A cross-sectional quantitative study among school-going adolescents in Tanzania (700) and Uganda (702) that attended 12 public secondary schools	Sexual violence	Lifetime sexual violence: Ugandan (27.6%, n = 194) and Tanzanian adolescents (26.7%, n = 187). Boys and older Adolescents (15- 17) reported higher levels across all types of sexual violence. Rape for boys: 10.6% (73), for girls: 5.7% (41)	*Individual*: age—being older, being a relationship, and support from external sources *Community*: rural areas
Swahn et al. (2015) [55]	Uganda	A cross-sectional community-based study among 313 AGYW living in the Drop-in centres for disadvantaged street youth at the slums of Kampala	Sexual violence	Forced sex was 30%	*Individual*: being sad, drunkeness and hunger

Table 1 (continued)

First author (year of publication)	Country	Study characteristics (type of study, study design, sample size, study population, setting)	Type of violence studied	Summary of findings	Risk factors at Societal, community, relationship/ family, or individual levels
Stark et al. (2017) [56]	Multi-country: DRC and Ethiopia	A cross-sectional quantitative study among internally displaced female adolescents in DRC (sample size-377) and Ethiopia (sample size-919) living in refugee camps	Sexual and emotional violence	Emotional abuse: Screamed at loudly or aggressively in last 12 months; (DRC was 38.44% and Ethiopia was 36.11%) Ever experienced forced sex: (DRC was 21.07% and Ethiopia was 17.87%). Experienced forced sex in last 12 months (DRC was 15.72% and Ethiopia was 14.00%). Ever experienced unwanted sexual touching: DRC: 69 (19.77%), Ethiopia: 201 (23.96%)	*Individual*: having a boyfriend, low educational level and young age
Chigiji et al. (2018) [76]	Zimbabwe	A National population Survey was done to assess prevalence of violence in 2410 young people aged 13–24 (1348 males and1062 females)	Physical and emotional violence	Physical violence: 63.9% lifetime prevalence for girls and 76% for boys. By a parent or adult relative Emotional violence: 12.6% for girls and 26.4% for boys	*Physical violence*: *Family*: low socioeconomic status for both boys and girls *Individual*: victim of emotional abuse. *Emotional violence*: *family*: death of a family member, sick family member. *Individual*: older age for girls, younger age for boys, victim of physical abuse(girls)
Ward et al. (2018) [57]	South Africa	A nationally representative cross-sectional study of prevalence of violence was done among 5631 adolescents (3137 males and 2494 females) using a Juvenile victimization questionaire	Sexual violence. Emotional abuse	Forced sex (males: 1.12%, females;3.51%). Emotional abuse: 12.56% (males; 4.51%, females; 1.69%). Physical abuse: 18.04%	*Sexual violence* *Community*: urban dwelling *Family*: parent with drug abuse, female caregiver's lack of knowledge of child's whereabouts. *Individual*: being disabled, drug abuse, high risk of sexual behaviour
Tusiime et al. (2015) [58]	Uganda	A hospital-based study using a mixed-method approach assessed the prevalence of violence among 416 young females	Sexual violence: sexual coercion	Current prevalence: in the past 12 months of 24%	*Not available*
Aduayi et al. (2016) [59]	Nigeria	A comparative cross-sectional study of violence against 12,626 young women using secondary data (NDHS 2008)	Sexual violence: sexual coercion	74% in the South and 26% in the North experienced non-spousal sexual coercion	*Not available*

Table 1 (continued)

First author (year of publication)	Country	Study characteristics (type of study, study design, sample size, study population, setting)	Type of violence studied	Summary of findings	Risk factors at Societal, community, relationship/ family, or individual levels
Seidu et al. (2024) [60]	Ghana	A cross-sectional study among 979 in-school young people with disabilities aged 10–24 (584 males & 395 females) using a self-developed questionnaire	Sexual violence: sexual coercion	The lifetime prevalence of sexual coercion was 68.6%. This was higher among males (69.9%) compared to females (66.8%)	*Individual*: impaired hearing, no religion, junior high school *Community*: living in coastal areas
Musizvingoza et al. (2022) [77]	Burkina Faso	A community-based cross-sectional study among 2222 adolescents (1118 males & 1104 females) using a baseline survey of the of the Child-Sensitive Social Protection Programme (CSSPP)	Physical and emotional violence	Overall violence: males (23.7%), females (21.7%). Exposure to emotional violence (20.1%) was more common when compared to physical violence (9.1%). More girls than boys reported exposure to physical violence (girls-9.2% vs boys-8.9%) while the opposite was true for emotional violence (girls-18.5.% vs boys-21.7%)	*Girls*: *Individual*: orphan *family*: living in a household receiving safety nets. *Community*: Muslim-majority community. *Boys*: *Individual*: younger Age (10—14), having a disability. *Family*: living in a household receiving safety nets, living with a depressed person. *Community*: Muslim-majority community
Merrill et al. (2020) [88]	Zambia	ICAST-C and the WHO Multi-Country Study on Women's Health and Domestic Violence was used to assess violence against 272 adolescents and young people living with HIV	Emotional	Emotional abuse was most common (70.4% lifetime)	*Not available*
Postmus et al. (2015) [61]	Liberia	A school-based cross-sectional study among 1858 adolescents (1100 males &758 females)	Sexual violence: sexual coercion	Lifetime prevalence overall: 42.9%, male: 40.1%, female: 47%	*Not available*
Odeyemi et al. (2016) [62]	Nigeria	An out –of school study among 350 female adolescents	Sexual violence; sexual coercion	Lifetime prevalence of 36.30%	*Not available*
Mwine et al. (2024) [63]	Senegal	A hospital-based case–control study using a mixed method approach among 389 AGYW who experienced SGBV	Sexual violence: sexual coercion and sexual harassment	sexual coercion: 73%, sexual harassment: 27%	*Family*: family not providing basic needs. *Individual*: older siblings, self-reported SGBV
Elouard et al. (2018) [64]	Burundi	A community-based study among 744 young women	Sexual violence	The current prevalence of young women who reported having ever been physically forced to have sexual intercourse was 26.1%	*Individual*: not being able to negotiate contraceptive use with their partners

Table 1 (continued)

First author (year of publication)	Country	Study characteristics (type of study, study design, sample size, study population, setting)	Type of violence studied	Summary of findings	Risk factors at Societal, community, relationship/ family, or individual levels
Wilson (2021) [65]	Burkina faso, Cameroon, comoros, DR Congo, coted voire, Gabon, Ghana, Kenya, Mali, Mozambique, Namibia, Nigeria, Rwanda, Sao tome principe, Sierra leone, Uganda, Zambia, Zimbabwe	A community-based study using secondary data from National household Surveys to assess the violence against females adolescents by non-partners in the 18 African countries	Physical and sexual violence	*Physical violence*: *34,387* Burkina faso (9.3), Cameroon (20.3), comoros (8.0), DR Congo (15.0), coted voire (17.2), Gabon (12.5), Ghana (20.6), Kenya (14.8), Mali (16.5), Mozambique (5.5), Namibia (16.7), Nigeria (15.6), Rwanda, Sao tome principe (10.3), Sierra leone (27.8), Uganda (35.3), Zambia (9.6), Zimbabwe (10.8). *Sexual violence*: **27,117** Cameroon (3.6), comoros (0.8), DR Congo (3.5), Gabon (1.8), Ghana (1.9), Kenya (2.7), Mali (0.7), Mozambique (2.7), Namibia (2.6), Nigeria (1.3), Rwanda (10.1), Sao tome principe (1.3), Sierra leone (1.5), Uganda (3.7), Zambia (2.8), Zimbabwe (1.1)	*Physical violence* *Individual*: completing primary school
Evans et al. (2023) [66]	19 African countries	School and out-of-school-based study using VACS data for sexual violence and DHS for physical or sexual violence assessed violence against adolescents aged 15–19 years	Sexual violence	*For sexual violence*: Kenya (13.6%) attempted sex: 3.8%, physically forced sex: 0.9%, pressured sex: 1.8%. Malawi (27.7%, 17.6%, 1.9%, 2.2%), Nigeria (20.8%, 12.7%, 3.7%, 1.7%) Tanzania (15.7%, 7.3%, 2.2%, 2.0%) Zambia (16.7%, 11.0%, 2.4%, 1.6%) Zimbabwe (5.9%, 3.2% 1.6% 0.9%	*Not available*
Ssenyonga et al. (2019) [78]	Uganda	A school-based study among 702 adolescents aged 12–17 years to ascertain family violence	Violence: physical and emotional	83.6% (n = 585) of the students had experienced at least one type of physical violence at home in the past month. 86.1% (n = 603) of the students experienced at least one form of emotional violence at home in the past month	*Not available*

Table 1 (continued)

First author (year of publication)	Country	Study characteristics (type of study, study design, sample size, study population, setting)	Type of violence studied	Summary of findings	Risk factors at Societal, community, relationship/ family, or individual levels
Masath et al. (2023) [79]	Tanzania	A cross-sectional study was done among 914 children with mean age of 12.6 years using Conflict Tactics Scale (CTSPC) to assess violence	Physical violence	91% of students experienced violent disciple by caregivers. 95.0 per cent (n = 868/914) of students experienced violent discipline by teachers	*Individual*: children's higher level of mental health problems and their younger age were associated with their self-reported exposure to violent discipline in families
Benbenishty et al. (2021) [67]	Cameroon	A cross-sectional study among 601 young people aged 10–20 years (228 males and 373 females)	Maltreatment: physical, sexual and emotional	26% reported that a staff member used a ruler or other object to give them a physical punishment and 14.5% said that a staff member pinched or slapped them at least once in the last month. Students also reported emotional maltreatment—18.5% said that a staff member mocked, insulted or humiliated them. —7.6% reported that a staff member touched or tried to touch them in a sexual manner	*Community*: Teacher support and policies against violence is related to maltreatment
Mahlangu et al. (2021) [80]	South Africa	A school-based study among 3743 grade 8 learners (1625 boys and 2118 girls)	Physical violence: corporal punishment	About 52% of learners had experienced corporal punishment at the school in the last 6 months. It was higher among boys compared to girls	*Family*: households with low-socio economic status, Less communication between caregiver and learner, Caregiver unkindness *Individual*: victims of physical and emotional abuse, risk sexual behavior and substance use was associated with increased risk of experiencing corporal punishment at school

Table 1 (continued)

First author (year of publication)	Country	Study characteristics (type of study, study design, sample size, study population, setting)	Type of violence studied	Summary of findings	Risk factors at Societal, community, relationship/ family, or individual levels
Gershoff (2017) [81]	Benin, Botswana, Cameroon, Central African republic, Djibouti, Equatorial guinea, Ethiopia, Ghana, Kenya, Malawi, Mozambique, South Africa, Swaziland, Togo, Uganda, Tanzania Zambia	A secondary data was used to ascertain the prevalence of corporal punishment among adolescents	Physical violence: corporal punishment	Current within the past 2 weeks to 12 months Benin: (88%), Botswana (92%), Cameroon (97%), Central African rebulic (51% of malees and 45% of females), Djibouti (28%), Equatorial guinea (54%), Ethiopia (15%), Ghana (71%), kenya (41% of females, 46% of males), Malawi (48%), (87%), Mozambique (40%),South Africa (50%), swaziland (59%), Togo (88% of girls and 87% of boys), Uganda (90%), Tanzania (98% of boys, 91% of girls), Zambia (32%)	*Not available*
Ouédraogo et al. (2017) [68]	Burkina faso	A mixed approach was used to assess the prevalence of violence among 264 female sex workers in bus traffic stations	Sexual violence: sexual harassment and rape	51.5% of them experienced sexual harrassment, Six (9.1%) cases of rape	*Not available*
Meinck et al. (2016) [69]	South Africa	A cross-sectional study among 3515 adolescents aged	Physical, sexual and emotional	56.3% of children reported lifetime physical abuse, 14.8% of children reported lifetime sexual harassment, 35.5% of children reported lifetime emotional abuse,	*Not available*
Stein et al. (2019) [82]	Tanzania	A Cross-sectional study among adolescents in 13 secondary schools	Corporal punishment by teachers	Giving physical punishment outside the classrooms (32.0%) Beating more than ten strokes in school by any teacher (29.0%) Beating in the classrooms (25.0) Heavy physical punishment (25.0%) Beating by more than one teacher for the same mistake (14.0%) Corporal punishment in general (5%)	

having mental health issues [22, 27, 32, 33, 46, 47]. At the family level, the risk factors were: insufficient family support, living away from parents, parental conflicts, living with single parents, No discussion with parents on sexuality, and poor socioeconomic status of the parents [19, 25, 26, 31, 34]. Peer pressure, rural residence, residing in either lower or middle-class districts, and urban location were linked to community factors [19, 21, 22, 32]. A study reported that the acceptance of violence as being common was associated with sexual violence at the societal level [47].

Prevalence of physical violence and risk factors

Twenty-one studies reported on physical and corporal punishment, 16 reviewed both genders and 5 reported on females [19, 39, 40, 52, 53, 65, 67, 69–82]. The physical and corporal punishment experienced in both genders ranged from 8.7 to 91% in females and 9.7 to 98% in males [70, 81]. The highest lifetime prevalence was reported in Tanzania (98%) [81]. The different types of punishment inflicted include being slapped or thrown something, being punched or hit with a fist, Kicked, being pinched, or beaten up with a cane [39, 67, 81, 82]. The punishments were inflicted mostly by caregivers and school teachers. Risk factors associated with physical violence at the individual level varied from country to country including being a victim of abuse, a younger age group (13–14 years), risky sexual behaviour and substance use [70, 80] The studies that reported on relationship/family factors noted that a larger family, poor economic status, living with a single parent, no close relationship with parent and caregiver unkindness were associated with physical violence [19, 73, 76] A study noted that teachers' support and no policies against violence in the school environment are linked to violence at the community level [67].

Prevalence of emotional violence and risk factors

The prevalence of emotional violence was reported in 27 articles with studies on females consisting of 11 articles and 16 reported for both males and females [6, 21, 36–41, 43, 52, 53, 56, 57, 67, 69, 71, 72, 74–78, 83–87]. In studies that segregated the prevalence of emotional violence for males and females, males experienced emotional violence that ranged from 4.5 to 61.3% and 1.69 to 56.2% in the females experienced [57, 74]. The patterns of emotional violence were being insulted/criticised, Belittled, Humiliated, spat and threatened. Risk factors were reported at the individual and family level. Engagement in chores for payment, Being a male and being a victim of abuse were mainly reported as risk factors at the individual level [39, 43, 53, 71] At the family level, lack of money for food, death of a family member, frequent change of caregivers and poverty were associated with emotional violence [39, 76, 87].

Primary interventions on violence against adolescents and youths

Regarding interventions for physical, sexual and emotional violence, 32 articles were reviewed. The interventions were implemented at the individual, caregiver, community, school levels and policy level. Twenty-four studies were implemented at any of the ecological levels, seven were done at any of the two levels and one study was implemented based on three levels.

Interventions at the individual level

At the individual level, 20 intervention studies focused on adolescents and youths [89–108]. Most implemented one strategy which was education and life skill training (14) or economic strengthening (2). Four studies implemented two strategies consisting of education and life skills and economic strengthening through cash transfers for school fees and establishing a business. The education and life skill training consisted of the following; sexual and reproductive health education, friendship building, awareness and prevention of violence, self-defensive skills, and promoting gender equality. Nine out of 16 studies reported significant improvement in sexual violence and other types of violence (physical and emotional) [90, 95, 97, 99, 100, 102, 104–106]. Other significant outcomes reported in some studies were improvement in the knowledge of SRH and economic independence [93, 94, 96, 101, 107].

Interventions at the family level

Ten studies were implemented at the family level by providing caregiver support through strategies such as parental training programs and economic strengthening [89, 91, 93, 94, 109–114]. Some studies implemented parental training programs (5) or economic strengthening (3) while other studies implemented both strategies (2). The parental training programs consisted of sessions on relationship building between caregivers and teenagers, communication skills, support systems for young people, and positive parenting. The economic strengthening entailed the improvement of household economic capacity through cash transfers for food security and school enrolment of their children. Five out of eight studies that reported on the outcome of violence noted a significant reduction in sexual and physical violence including corporal punishments [110–114]. Also, some studies reported significant

Table 2 Summary of Gender-based violence Interventions according to categories with outcomes

First author (year)	Country	Methods(context, study design, sample size, allocation to groups	levels of intervention	Intervention activities implemented	Outcomes
Stark et al. (2018) [89]	DRC	A two-arm, single-blinded, cluster randomized controlled trial was done among 869 adolescent girls aged 10–14 and 764 caregivers to build the caregiver's support skills within one year in a community-based study	1. Life skills at the individual level 2. Parent and caregiver support at the caregiver level	1. For life skills: provision of safe spaces, building life skills and social assets, engaging girls in relationships with mentors. 2. Caregiver support: engaging caregivers as support systems and Advocates for girls	At 12 months of follow-up, the intervention showed no impact on sexual violence (adjusted OR = 0.95; 95% CI 0.65 to 1.37) or any secondary outcomes for girls (self-reports of specific forms of sexual violence, physical and emotional violence, transactional sex, child marriage for girls and parenting behaviours for caregivers)
Jewkes et al. (2019) [109]	South Africa	A three-arm, cluster Randomized Controlled Trial (RCT) done among 3411 grade 8 boys and girls and 1144 of their caregivers by implementing a holistic school intervention for a period of 18 months. The three arms were the control arm, school arm and family arm	1. Parent and Caregiver support at the caregiver level 2. Education at the individual level	1. Caregiver support: a workshop for caregivers and teenagers to improve caregiver-teenager relationship and communication skills 2. Education: A Life orientation (LO) national curriculum workbook for the Grade 8 and teacher training; to understand one's sexuality, human rights violations and counter strategies, defining GBV and the different types etc	Although there was no significant difference, the incidence of physical or Sexual IPV was higher in all measures in the control arm than in the intervention arms (school and family arms) (p-value = 0.481)
Mathews et al. (2016) [90]	South Africa	A cluster RCT among 6175 grade 8 students in 42 high schools entailed a multi-component, School-Based HIV and Intimate Partner Violence (IPV) Prevention Program for one year. The intervention schools received after-school programs and the control school received none	Education and life skills at the individual level	The intervention comprised of education sessions on IPV, SRH education, identification of need for SRH services or commodities and referral for such services free of charge and a school sexual violence prevention program	Participants in the intervention arm were less likely to report IPV victimization than the control arm (35.1 vs. 40.9%; OR 0.77, 95% CI 0.61–0.99 At 12 months there were no differences between intervention and control arms in sexual risk behaviors
Cluver et al. (2018) [110]	South Africa	A Pragmatic cluster RCT on parenting program for 8 months was done among 552 families reporting conflict with their adolescents (aged 10–18 years). Intervention clusters (n = 20) received a 14-session parent and adolescent program and control clusters (n = 20) received a hygiene and hand-washing promotion program	Parent and Caregiver support at the caregiver level	It was a 12-session parenting programme, named 'the Sinovuyo ('we have joy'). Activities include praise and relationship building, managing stress and anger, family problem-solving, planning together to protect adolescents from community violence, monthly family budgeting, saving and responding to crises. They	At post-intervention, the intervention was associated with lower abuse (caregiver report incidence rate ratio (IRR) 0.55, $p < 0.001$), corporal punishment (caregiver report IRR = 0.55, $p = 0.004$). Improved positive parenting, (caregiver report d = 0.25 $p = 0.024$)

Table 2 (continued)

First author (year)	Country	Methods(context, study design, sample size, allocation to groups	levels of intervention	Intervention activities implemented	Outcomes
Stark et al. (2018) [91]	Ethiopia	Two-arm, single-blinded, cluster RCT among 919 Sudanese and South Sudanese girls ages 13–19 years residing in refugee camps in Ethiopia. Girls were divided into 31 clusters, with 457 and 462 participants assigned to the intervention and control arms respectively	1. Life skills at individual level 2. Parent and caregiver support at the caregiver level	Intervention clusters received 30 life skills sessions and 8 sessions for the caregivers 1. The life skills focused on improving communication, friendship building, and awareness of GBV and SRH. 2. For the girls' caregivers: topics covered were communication skills, supporting adolescent girls and understanding violence and abuse	At the 12-month follow-up, the intervention was not significantly associated with a reduction in exposure to sexual violence (adjusted OR = 0.96, 95% CI 0.59 to 1.57),
Alampay et al. (2022) [120]	Kenya	A prospective study with six waves of panel data (2008–2016) among mothers (N = 100) and their children to evaluate changes in Caregivers' Attitudes and Use of Corporal Punishment Following A Legal Ban	Enforcement of law at the Policy level	The Constitution promulgated democratic governance, social equity, and specific commitments to the rights of children to non-discrimination and protection, among others	Before the policy change, the proportion of corporal punishment behaviours used by the Kenya sample did not change as children aged (est = 0.005, $p = 0.78$), but post-ban the proportion decreased from children aged 12–16 years (est. = −0.065, $p < 0.001$)
Maman et al. (2020) [92]	Tanzania	A cluster-randomized trial was implemented among 1258 social networks of Tanzanian men to evaluate microfinance and peer health leadership intervention programs across the 60 study camps	1. Economic strengthening at individual level 2. Life skills at the individual level	1. The microfinance component includes: Business skills training. Formation of loan groups and application for loans. Distribution of the loans with weekly repayment sessions. 2. Life skills: Training camp peer leaders as health promoters for behaviour change	The proportions of past-year IPV perpetration increased over time for both study conditions, and no differences in past-year IPV perpetration among never perpetrators, or risky sexual behavior or STI prevalence at baseline by study condition were found at the 30-month follow-up (aRR 1.14, 95% CI 0.91–1.44 and aRR 1.13, 95% CI 0.85–1.51, respectively)

Table 2 (continued)

First author (year)	Country	Methods(context, study design, sample size, allocation to groups	levels of intervention	Intervention activities implemented	Outcomes
Kangwana et al. (2022) [93]	Kenya	A randomized trial design involving a qualitative study among 2075 girls to evaluate the Impacts of multi-sectorial cash plus programs after four years in an urban informal settlement. The four arms were violence prevention only (v), violence prevention + education (VE), Violence prevention + Education + Health (VEH) and Violence prevention + Education + Health + Wealth creation (VEHW)	1. Norms and values at community level 2. economic strengthening at caregiver level 3. Education and Life skills at individual level	1. Norms and values: violence prevention through community dialogues to address sexual and physical violence and the devaluation of girls and women including the timing of marriage 2. Income: Increase household economic assets; cash and in-kind transfers conditioned on school enrollment and attendance. Including financial education and savings activities 3. Health and life skills (HLS) education on GBV, human rights, STI etc	Two years after the end of the interventions, girls continued to have increased schooling, sexual and reproductive health knowledge, and improved financial savings behaviours
Özler et al. (2020) [94]	Liberia	A cluster-RCT conducted among 1216 girls and 759 caregivers on gender transformative mentoring and cash transfer intervention in 56 communities. Participants were assigned to either of three arms: control, Girl Empower (GE), and GE +	1. Life skills at individual level 2. Caregiver's support at caregiver level 3. Income and economic strengthening at caregiver level	1. Life skills training focused on Sense of self; Feelings and emotions; Social networks; Protection and safety; Reproductive Health; Leadership and Empowerment; and Setting life goals 2. Caregiver's support: positive and supportive parenting strategies when interacting with their daughters. Supporting them in reinforcing the skills that the girls learned. 3. A cash transfer scheme was implemented to help the girls start their own savings accounts and cash payments to the caregivers	At 24 months, the standardized effects of both GE and GE + , compared to control group on sexual violence ($p = 0.613$), schooling, psychosocial wellbeing ($p = 0.840$), and protective factors were small and not statistically significant. Significant difference in gender attitude, life skills and SRH ($p < 0.05$)
Kilburn et al. (2018) [111]	South Africa	A RCT was done among 2448 young women (aged 13–20) and their parents or guardians who were randomly assigned (1:1) to either receive a monthly cash transfer conditional on monthly high school attendance for 3 years or no cash transfer	Economic strengthening at caregiver level	Participants and their parents or guardians received monthly cash transfers of 100 and 200 Rand (R) respectively (or roughly US$ 10 and US$ 20 using 2012 the conversion rates). The cash transfer was conditional on the young woman attending at least 80% of school days during the month	The program resulted in a significant reduction in physical IPV. Young women in the treatment group have a 34 percent lower risk of IPV (RR 0.66), significant at the 99.9% CI level

Table 2 (continued)

First author (year)	Country	Methods(context, study design, sample size, allocation to groups	levels of intervention	Intervention activities implemented	Outcomes
Palermo et al. (2021) [95]	Tanzania	A longitudinal cluster randomized controlled trial 904 adolescents aged 14 to 19 years living in households receiving a government cash transfer	1. Life skills at individual level 2. economic strengthening at individual level	1. Life skills: face-to-face livelihoods and life skills training on sexual and reproductive health, peer education and linkage to health facilities. 2. Income: Conditional cash transfer (CCT) which includes linkages to training and apprenticeship activities, input on business plans and a productive grant (totaling US $80 disbursed in up to 2 payments)	By round 3, treatment adolescents had a 3-percentage-point reduction of experiencing sexual violence as a result of the intervention (b = −0.03; 95% confidence interval [CI] 0.06–0.00). The intervention had no impact on emotional violence (b = 0.07; 95% CI = 0.16, 0.01), help-seeking and Physical violence (b = 0.01; 95% CI: 0.07, 0.05)
Ismayilova et al. (2020) [112]	Burkinafaso	A parallel cluster randomized control trial among Female caregivers and their 10 to 15 year-old children from 360 ultrapoor families with 3 study arms (waitlist condition as control arm, economic strengthening alone as Trickle Up [TU] arm, and a combination of economic strengthening and family coaching component as Trickle Up Plus [TU+] arm)	1. Caregiver support at caregiver level 2. economic strengthening at the caregiver level	1. Caregivers received information on five topics: (a) early and forced marriage, (b) education, (c) violence against children, (d) child exploitation and the worst forms of child labor, and (e) begging. 2. economic strengthening: female caregivers as the primary beneficiaries formed saving groups and had access to credit at reasonable interest rates (Village Savings and Loan model); and seed capital grants to jump-start or expand livelihood activities with biweekly to monthly one-on-one mentoring and coaching	At 12 months from baseline, caregivers from the economic + family-coaching group reported a reduced use of harsh discipline compared to the control group (Cohen's d = −0.57, $p = .001$) and the economic group (d = −0.48, $p = 0.001$).. At 24 months, children in the TU+ group had lower odds of experiencing physical (odds ratio = 0.35, $p = 0.050$), 95% confidence interval [0.12, 1.00], and emotional (odds ratio = 0.52, $p = 0.033$), 95% confidence interval [0.28, 0.95], violence at home, compared to the control group children
Chakrabarti et al. (2020) [113]	Zimbabwe	A non-experimental impact evaluation and a difference-in-differences approach among 1,908 youths with their caregivers to evaluate the impact of a cash plus program implemented for 4 years	Economic strengthening at the caregiver level	1. The Harmonized Social Cash Transfer (HSCT) Program targeted labor-constrained and food-poor households. Transfers were made to the beneficiary households once in two months at designated payment points The monthly value of the transfer depends on household size—$10, $15, $20 and $25 for households with one, two, three, and four or more members respectively	AT 48 months, youth at intervention arm are 19 percentage points less likely to face any physical violence than comparison youth at this time, a difference that was statistically significant ($p = 0.049$). The program improved the beneficiary households' purchasing capacity and food security, improvements in caregiver subjective well-being, and reductions in youth participation in economic work for pay

Table 2 (continued)

First author (year)	Country	Methods(context, study design, sample size, allocation to groups	levels of intervention	Intervention activities implemented	Outcomes
Milimo et al. (2021) [96]	Zambia	A qualitative study involving in-depth interviews among 48 school-going female adolescents in grade 8 aged 14 to 17 to assess the impact of an RCT on economic support and empowerment	1. Economic strengthening at individual level 2. Norms and values at community level	1. Economic support in form of Social Cash Transfers, provision of writing materials and payment of school fees 2. Norms and values: The community dialogue meetings focused on the benefits of education for adolescent females and the postponement of early pregnancy and marriage, provision of comprehensive sexual and reproductive health education to adolescent males and females in and out of school	Economic independence and empowerment; increased assertiveness and autonomy; reduced desire for sexual relationships with boys in exchange for cash and gifts; enhanced parental and community support for female adolescents' education and; reduced school dropouts
Baiocchi et al. (2017) [97]	Kenya	A parallel group, Matched-Pairs, Cluster-Randomized Study among 6106 girls with 3147 girls enrolled in the intervention group and 2539 girls to the control group. The intervention was behavior-based implemented for one year	Life skills at individual level	Classroom-based curricula taught by instructors. Consisted of 6 sessions focusing on personal awareness, self-efficacy, boundaries, and assertive communication skills. Session III was an introduction to physical defense, specific strikes using bags and mitts and de-escalation and negotiation to avoid fighting	The risk difference in self-reported annualized rate of rape due to the intervention, was a reduction of 3.7%, with an associated *p*-value of 0.030 (initially 7.3% at baseline)
Keller et al. (2017) [98]	Kenya	A quasi –experimental study among 1543 adolescent boys in 1–4 grades. 1250 boys received six 2-h sessions of the "Your Moment of Truth" (YMOT) intervention, and 293 boys comprised the standard of care (SOC) group	Education and life skills at individual level	The intervention consisted of 6 sessions which focused on their opinions on gender, relationships, personal risks, violence as well as promoting gender equality, development of positive masculinity, and teaching boys how to safely and effectively intervene in GBV	The YMOTgroup reported witnessing more physical threats than those in the SOC group, $\chi^2(1) = 39.85$, $p < 0.0001$. However, there was no difference in the percentage in each group who endorsed witnessing verbal harassment, $\chi^2(1) = 0.35$, $p = 0.56$, or physically hurting or sexually assaulting behavior, $\chi^2(1) = 0.55$, $p = 0.46$
Sarnquist et al. (2014) [99]	Kenya	A quasi-experimental study where a prospective cohort of 1978 adolescents from 4 neighborhoods were taught empowerment, deescalation, and self-defense skills in six 2-h sessions	Life skills at individual level	Six 2-h intervention sessions were held weekly for 6 weeks focusing on personal awareness, self-efficacy, boundaries, and assertive communication skills. Session III was an introduction to physical defense, specific strikes using bags and mitts and de-escalation and negotiation to avoid fighting	Annual sexual assault rates decreased from 17.9/100 person years at baseline to 11.1 at follow-up (rate ratio = 1.61; 95% CI, 1.26–1.86; *p*,.0001);. There was no significant change in the SOC group (14.3 to 14.0; rate ratio = 1.02; 95% CI, 0.67–1.57; $p = 0.92$)

Table 2 (continued)

First author (year)	Country	Methods(context, study design, sample size, allocation to groups	levels of intervention	Intervention activities implemented	Outcomes
Ashburn et al. (2017) [114]	Uganda	A RCT study among 500 young fathers aged 16 to 25 who have toddler-aged children (1–3 years) to evaluate the Responsible, Engaged, and Loving (REAL) Fathers Initiative	Caregiver support at caregiver level	1. The REAL Fathers Initiative used a mentoring program and a community poster campaign for nonviolent discipline and conflict resolution to improve fathers' parenting and communication skills. Also, self-reflection on gender roles, by husbands and wives, and at the community level was done through exposure to posters based on gender roles	Significant reductions in IPV at the end line (aOR 0.48, CI 0.31, 0.76, $p < 0.001$) and over the longer-term follow-up (aOR 0.47, CI 0.31, 0.77, $p < 0.001$) and significant reductions in physical child punishment at long-term follow-up (aOR 0.52, CI 0.32, 0.82, $p < 0.001$)
Silverman et al. (2023) [100]	Niger	A four-armed cluster-RCT among 1072 adolescent Married adolescent girls (ages 13–19) and their husbands. The 4-arm included a control arm and three intervention arms: household visits only (Arm 1), small group sessions only (Arm 2), and both household visits and small group sessions (Arm 3); all the intervention arms included community dialogues	1. Safe environment at community level 2. Education and life skills at individual level 3. Norms and values at community level	1. Safe environment: Community dialogues which engaged community gatekeepers and key influencers to create an environment supportive of healthy timing and spacing of pregnancies, including modern contraceptive use among married adolescent girls and their husbands. 2. Education and life skills: Household visits to individual wives and husbands: providing information and counseling on healthy timing and spacingof pregnancies and how to access and use modern contraceptive methods 3. Norms and values: single-sex small discussion groups: discussions include gender norms that impede contraceptive use and female autonomy, couple communication regarding fertility decisions, and gender-based violence	Overall; 17.0% to 29.2% among control participants and 10.2 to 41.3% among intervention participants ($p < 0.01$) reported current use of modern contraceptives Relative to those in the control arm, Arm 2 and Arm 3 participants were significantly less likely to report past year IPV (aIRR 0.40, 95% CI 0.18–0.88 for Arm 2; aIRR 0.46, 95% CI 0.21–1.01 for Arm 3)

Table 2 (continued)

First author (year)	Country	Methods(context, study design, sample size, allocation to groups	levels of intervention	Intervention activities implemented	Outcomes
Pulerwitz et al. (2015) [115]	Ethiopia	A three arm quasi-experimental study done among 809 young men 15 to 24 years of age in a community-based setting. A group was assigned both group education and community engagement activities (GE + CE arm), second was assigned only community engagement activities (CE-only arm), and third group, the comparison site, was assigned a delayed intervention after the study period	Gender norms and values at community level	Using the Engaging Boys and Men in Gender Transformation manual,the interventions focused on promoting critical reflection regarding common gender norms that might increase the risk of violence or HIV and other STIs. Also, the activities engaged the wider community in supporting a shift in specific harmful norms	The percentage of GE + CE participants who reported IPV toward their partner in the preceding 6 months decreased from 53 to 38% between baseline and end line ($p < 0.05$), and the percentage in the CE-only group decreased from 60 to 37% ($p < 0.05$); changes were negligible in the comparison group Participants in the GE + CE intervention were twice as likely ($p < 0.01$) as those in the comparison group to show increased support for gender-equitable norms between the baseline and end-line points
Devries et al. (2015) [116]	Uganda	Two-arm cluster-randomised controlled trial with parallel assignment conducted among 3706 students in primary 5, 6, and 7 (approximate ages 11–14 years) and all staff members in 42 primary schools. 21 schools randomly received the Good School Toolkit for 2 years and 21 to a waitlisted control group	Safe environments at school level	The Toolkit was done to bring schools through a process of change and creating a better learning environment. The facilitators conducted in-person visits quarterly and telephone calls monthly to staff protagonists, and in-person visits to student protagonists. Activities involve creating a better school environment by painting murals on school walls, and hanging codes of conduct in visible places	Prevalence of past week physical violence was lower in the intervention schools (595/1921, 31·0%) than in the control schools (924/1899, 48·7%; odds ratio 0·40, 95% CI 0·26–0·64, $p < 0.0001$)

Table 2 (continued)

First author (year)	Country	Methods(context, study design, sample size, allocation to groups	levels of intervention	Intervention activities implemented	Outcomes
Austrian et al. (2020) [101]	Zambia	A multi-arm cluster-RCT with longitudinal observations done among never-married adolescent girls in 120 intervention clusters (3515 girls) and 40 control clusters (1146 girls) in a community-based setting. Arm 1 included weekly meetings only, Arm 2 included weekly meetings and the health voucher, and Arm 3 included weekly meetings, the health voucher and the savings account. A fourth arm was a control in which there were no interventions offered	1. Education and life skills at individual level 2. economic strengthening at individual level	Education and like skills: Weekly girls group meetings on social asset, gender roles and rights. Economic strengthening: The second component of the intervention was the provision of a health voucher to girls, which could be used at contracted public and private facilities for free general wellness and sexual and reproductive health services and the third was provision of an adolescent-friendly savings account, with features such as low fees, low opening balance (~ $0.25) and the ability for a minor to transact on the account	No effect of AGEP on primary education or fertility outcomes, nor norms regarding gender equity, acceptability of intimate partner violence and HIV knowledge. The intervention had modest, positive impacts on sexual and reproductive health knowledge after two and four years, financial literacy after two years, and savings behaviour after two and four years
Decker et al. (2018) [102]	Malawi	A cluster-RCT of empowerment self-defense training among 7832 primary and secondary students. 3812 received IM power intervention and 4,020 were the control. Intervention was given at 6 weeks, 3—6 months and at 10.5 months	Life skills at individual level	IMPower activities consists of weekly, 2-h sessions for 6 weeks for a total of 12 h of interactive, empowerment self-defense training. IMPower taught boundary recognition and boundary setting, negotiation, diffusion and distraction tactics, and verbal assertiveness over physical self-defense	Past-year sexual assault prevalence was reduced among intervention students (risk ratio [RR] 0.68, 95% CI 0.56, 0.82), but not control students (interaction effect $p < 0.001$) Significant increases in self-defense knowledge were observed solely among intervention students (RR 3.33, 95% CI 2.76, 4.02; interaction effect $p < 0.001$)
Kaljee et al. (2017) [117]	Zambia	A waitlisted randomized controlled trial among teachers (n = 325) and students (n = 1378) in government primary schools	Safe environments at the school level	The 15-month Teachers' Diploma Program Module topics include: understanding the importance of self-care and teachers' own psychosocial well-being; enhancing psychosocial support skills and improving student well-being; enriching and creating a safe and equitable school environment; and developing stronger and more positive interschool school-family, and school-community relationships	Between baseline and post-intervention, independent t-tests on mean differences indicate significantly greater positive change for intervention students compared to control for future orientation ($p < .001$), perceived respect in schools ($p = .031$), school safety ($p < .001$), school physical environment ($p = .003$), physically bullying others ($p = .007$), emotionally bullying other ($p < .001$), and students' ability to seek help and respond to sexual abuse ($p = .008$)

Table 2 (continued)

First author (year)	Country	Methods(context, study design, sample size, allocation to groups	levels of intervention	Intervention activities implemented	Outcomes
Wambiya et al. (2023) [103]	Kenya and South Africa	A quasi-experimental study among AGYW aged 15–22. 852, 1018 and 1712 AGYW enrolled in 2017–18 were followed-up for one year in Nairobi, Gem and KwaZulu-Natal, respectively	1. Education at the individual level	DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe girls) Package include: HIV testing services for AGYW and male partners, social asset building interventions, expanding the availability and range of contraceptives, condom promotion and provision,, targeted provision of pre-exposure prophylaxis, and post-violence care school-based SRH curricula and all curriculum based on violence interventions that aim to raise awareness, support and action around violence in the community	Across all settings, there was no evidence of an association between DREAMS and overall levels of violence (physical, sexual and psychological): adjusted odds-ratio (aOR) of 0.9 (CI 0.6–1.3) in Nairobi; aOR 0.9 (CI 0.6–1.2) in Gem; and aOR 1.0 (CI 0.8–1.3) in uMkhanyakude. In Nairobi, there was weak evidence of greater odds of experiencing physical violence among DREAMS beneficiaries compared to non-beneficiaries (aOR 1.4, (CI 0.9–2.3)
Gibbs et al. (2020) [104]	South Africa	A two-arm cluster RCT with a wait-list control among 676 young women and 646 young men who are not working and with no education in a community-based setting to evaluate the impact of stepping stones and creating future interventions	1. Education and life skills including financial education at the individual level	The intervention comprised of 21 sessions, each 3 h long, delivered twice a week to single-sex groups of 20 s for 2 years 1. Education and life skills: Stepping Stones focused on gender, relationships, violence, and sexual health, 2. Income and economic strengthening: Creating Futures covered issues including setting livelihood goals, coping with crises, saving and spending, and getting and keeping jobs, within a sustainable livelihoods framework	At endline in the intervention arm, men's self-reported past year IPV perpetration was lower (physical IPV [adjusted odds ratio [aOR]: 0.71, 95% confidence interval [CI]: 0.51–0.97], severe IPV [aOR: 0.70, 95% CI: 0.52–0.94], and sexual IPV [aOR: 0.74, 95% CI: 0.54–1.03]) For women, there were no differences for past year IPV experience (physical IPV [aOR: 0.92, 95% CI: 0.62–1.37]; sexual IPV [aOR: .90, 95% CI: 0.64–1.28], severe IPV [aOR: 0.93, 95% CI: 0.66–1.31])

Table 2 (continued)

First author (year)	Country	Methods(context, study design, sample size, allocation to groups	levels of intervention	Intervention activities implemented	Outcomes
Fabbri et al. (2021) [118]	Tanzania	A two-arm cluster-RCT with parallel assignment among 767 students and 253 teachers in the intervention group and 726 students with 235 teachers in the control group. The intervention group was randomly assigned to receive a violence prevention intervention for 10 weeks	Safe environment at school level	The Empa-Teach intervention is a behaviorally informed, self-guided teacher training intervention designed to reduce and prevent teachers' use of corporal punishment in the classroom. These include 12 sessions on: empathy-building exercises and on group work to learn and practice self-regulation techniques, strategies to promote wellbeing, positive disciplinary methods, and classroom management strategies	Prevalence of past-week violence at midline was not statistically different in intervention schools (408 of 839 students, 48.6%) and control schools (412 of 777 students, 53.0%; risk ratio = 0.91, 95% CI 0.80 to 1.02, $p = 0.106$)
Nkuba et al. (2018) [119]	Tanzania	A cluster-RCT among 158 teachers and 486 students was done to assess the attitudes towards and se of violence by teachers (self-reported and reported by students) at eight schools in four regions of the country after 3 months of implementing an intervention-Interaction Competencies with Children for Teachers (ICC-T)	Safe environment at the school level	The ICC-T intervention components include sessions on (a) teacher-student interaction, (b) maltreatment, (c) effective discipline strategies, (d) identifying and supporting burdened students, and on (e) the implementation of ICC-T components in everyday school life	Both teachers and students' self-reports showed that the emotional violence and physical violence scores within the intervention group revealed a significant decrease from pre-assessment to follow-up respectively $t(64) = 10.88$, $p < 0.001$; $t(204) = 8.31$, $p < 0.001$
Masa et al. (2020) [105]	Ghana	A cluster-RCT among 957 sexually experienced youth to evaluate a School-Based Savings Program. 100 schools were assigned to either a School-Based Savings Program (SBSP), a marketing campaign, or a control group	Economic strengthening at the individual level	Youth Save was an economic and financial inclusion project that provided access to a youth-oriented savings product and a marketing campaign. They were provided with the opportunities to open a savings account and conduct financial transactions at schools	In contrast with youth in the non-SBSP groups, youth in the SBSP group were less likely to experience sexual victimization Compared with youth in non-SBSP groups, youth in the SBSP group were 7% less likely to experience an unwanted sexual contact ($p = <0.05$)

Table 2 (continued)

First author (year)	Country	Methods(context, study design, sample size, allocation to groups	levels of intervention	Intervention activities implemented	Outcomes
Jemmott et al. (2018) [106]	South Africa	A cluster-RCT among 1052 students in sixth grade at 18 schools. 9 Schools with 16–122 students were allocated to HIV/STD intervention and 9 Schools with 19–82 students were assigned to health intervention	Life skills at individual level	It included 12 one-hour modules, with 2 modules delivered during each of 6 sessions on consecutive school days on doll activity to challenge negative attitudes toward women and sexual, created the "Long Walk Home" to create awareness on avoiding risking situations. "Stop, Think, and Act" activity to reinforce refusal skills and impulse control beliefs	The percentage reporting perpetration of forced sexual intercourse by 54 months postintervention was 9%in the intervention group and 14%in the control group, a significant difference ($p = 0.02$)
Austrian et al. (2014) [107]	Uganda	An experimental study among 1064 vulnerable adolescents living in low-income areas. It compared two treatment groups to a comparison group. The first treatment group received the full intervention—safe spaces group meetings with reproductive health and financial education plus savings accounts—while the second group received a savings account	Education at individual level	1. Safe environment: The safe spaces component consisted weekly girl group meeting with a mentor in the community for short training sessions on a variety of topics and to discuss the events of the past week to build social Assests 2. Education: it included 30 sessions on a range of topics: family planning, HIV/AIDS and other STIs, drug abuse, communication, gender-based violence, peer pressure etc. Financial education was given using the curriculum "Young People: Your Future Your Money" and provision of saving accounts	While girls who only had a savings account increased their economic assets, they were also more likely to have been sexually touched (OR = 3.146; $p = 0.01$) and harassed by men (OR = 1.962; $p = 0.05$) knowing someone to borrow money from decreased the odds of verbal harassment by 52% (P b 0.05). Improvement in reproductive health knowledge indicators—knowledge of sexual transmission of HIV and knowledge of a contraceptive method—decreased the odds of experiencing verbal harassment by 65% (P b 0.05%)
Hegdahl et al. (2022) [108]	Zambia	A cluster Randomized Control trial among 4922 girls. Schools were randomised to either three arms: economic support, combined economic support, Comprehensive Sexuality Education and community dialogue, or control	1. Economic strengthening at individual level 2. Gender norms and values at community level 3. Education at individual level	1. The economic support arm consisted of a monthly Cash Transfer of ZMW 30/month 2. Community dialogue included six community and parent meetings per year on the benefits of girls' education and the postponement of early marriage and childbearing. 3. Provision of comprehensive sexuality education	Economic support and the additional CSE and community dialogue were effective in lowering unprotected sexual activity (RR 0.53 for combined support vs. control; 95% C.I. 0.37 to 0.75). Improvement in knowledge of contraceptive use

improvement in school attendance and beneficiary household purchasing capacity [93, 113].

Interventions at the community level

Five studies were implemented at the community level which focussed on changing harmful norms and values on violence as well as sexual and reproductive health behaviours [93, 96, 100, 108, 115]. The strategy deployed at the level was community dialogues with gatekeepers and key influencers to change their belief. The interventions included sessions on the benefits of SRH education, female child education, gender inequality, and a supportive environment for married adolescents. The outcomes reported in the studies were a reduction in school dropout, violence and increased support for gender equitable norms [93, 96, 100, 115].

Intervention at the school level

The school-based intervention was implemented in five studies which entailed building a safe environment for the teachers and students [109, 116–119]. The activities consisted of painting murals on the school wall, hanging codes of conduct in prominent places, training teachers on effective discipline and preventing the use of corporal punishments. Four studies reported on the change in violence (physical, sexual and emotional) as their outcomes and positive change were noted in two studies [116, 119]. Other outcomes include significant change in school safety and seeking help and responding to sexual abuse [117].

Intervention at the policy level

A study was done in this aspect to evaluate the changes in caregivers' use of violence after a legal ban and it showed a significant decrease in the use of corporal punishment by caregivers for their children aged 12–16 years after the legal ban of violence against children [120].

Discussion

This scoping review mapped existing evidence on the prevalence of sexual (forced sex and sexual harassment), physical (physical and corporal punishment) or emotional violence, and risk factors as well as primary interventions that prevent violence against adolescents and youths in SSA. Also, research gaps were highlighted to ensure that future research will address the limitations and contribute to more elaborate evidence within this area of focus.

In the reviewed studies, the prevalence of forced sex ranged from 0.4 to 13.6% in males while females had a prevalence of 4.2 to 28.8%. Also, the prevalence of sexual harassment was higher in females (65.2%) compared to males (11.5%). The higher prevalence in females is similar to the findings of a study on a global review of coerced sex which noted a prevalence of 46% in females [121]. Another research in noted a prevalence of 12% in young men [7]. The higher prevalence in the global study may be attributable to their inclusion of women aged 15–49 years [121]. Most of the reviewed studies were done in Ethiopia and the highest prevalence of sexual coercion was reported in Ethiopia among female students although the study did not state the reason for the high prevalence in the study [23]. Regarding risk factors at the individual level, a systematic review done in China corroborated our findings that having a mental disability, being a female, and being involved in sexually risky behaviour were commonly associated with sexual coercion [122]. This shows the vulnerability of these groups of people to sexual coercion and calls for measures to prevent it. At the family level, our review reported that parental conflict was associated with sexual coercion which agrees with two different reviews that parental harmony improves communication within the family and thus prevents sexual violence [122, 123]. Also, poor socioeconomic status and lack of sex education with the parents were associated with sexual violence [31, 34]. At the societal and community level, a study done among males noted that support of male ideologies and violence, and inequitable gender norms were associated with violence [47]. This implies that patriarchal gender norms and inequitable gender power still work against the social rights of young girls leaving them vulnerable to sexual violence [124].

The physical and corporal punishment experienced in both genders ranged from 8.7 to 91% in females and 9.7 to 98% in males. Similarly, a higher prevalence of physical violence in boys was reported in a nationally representative study done in the US and South Asia [125, 126]. This may be linked to the explanation that males tend to behave more aggressively and are more likely to withstand physical afflictions which may increase the use of a more authoritative form of discipline [127]. At the individual level, physical punishment was commoner with younger age groups between 13 and 14 years and being a victim of abuse. Studies agreed with the fact that physical punishment causes about a 2.7-fold increase in child maltreatment thus exposing the victims to more violence [128, 129]. Regarding age, WHO reported that 60% of physical punishment is common within the age group less than 14 years and this corroborates our finding [18]. At the family level, larger families, poor socioeconomic status, living with single parents and caregiver unkindness were associated with physical violence [19, 73, 76]. Our review noted that lack of teacher support and no policies against violence were associated with physical violence at the community level [67]. This shows the need

to create a safe environment where teachers are friendly and implement effective policies on the ban of corporal punishment in SSA.

The study noted a slight difference between the prevalence of emotional violence in males (4.5–61.3%) and females (1.69–56.2%). A systematic review involving 56 Multiple Indicator Cluster studies reported a prevalence of 57.8% in females and 59.2% in males which further proves a slight discrepancy in the emotional violence in both genders [130]. At the individual level, being a male and witnessing or victim of abuse was associated with emotional violence which contradicts the social myths of the "emotionally vulnerable female" and the "iron man" [131]. It shows that males are being subdued emotionally and underscores the need for more research activities among males using the right methodological approach to elicit the right response on their personal experiences and explore reasons for the abuse. At the family level, lack of money for food, death of a family member, frequent change of caregivers and poverty were associated with emotional violence [39, 76, 87]. This underscores the need for economic strengthening of households to improve the household purchasing capacity and frequent counselling sessions with the young people to discuss their emotional problems.

To address the identified risk factors associated with the types of violence against adolescent and youths, studies on primary interventions were reviewed at different levels. Interventions implemented at the individual level were mostly on SRH education and life skills training on the prevention of violence and developing defensive skills. This quite addressed the identified risk factors associated with violence at the individual level which entailed being a victim of abuse and involved in sexual risky behaviour [27, 32, 33, 70, 131]. It shows the importance of providing sexual reproductive health education to young people as they explore their social world to help them take the right decisions regarding their sexual health and the need to defend themselves against violence using the learnt defensive skills. Some of the reviewed studies noted an improvement on the knowledge of SRH and a reduction in the different types of violence especially sexual violence while some showed no significant change at the end of the intervention. The reasons for the non-significant findings were the short duration of the study (12 months), the low power of the study, the non-engagement of local leaders, and the non-inclusion of socio-environmental factors that affect SRH knowledge [89, 90, 92, 109]. Also, gender disparity was observed as nine of the intervention studies focussed mainly on females [89, 91, 93, 94, 97, 100, 101, 103, 108] while only two studies focussed on males although the review have shown that males are equally victims of violence [92, 98]. This calls for implementation of intervention studies that considers both genders to ensure effective prevention of violence.

The interventions implemented at the family level were economic strengthening of the caregivers and the provision of parental training programs to improve the caregiver-teenager relationship. Economic strengthening tends to tackle poverty and improve the household purchasing capacity of families as poor socio-economic status was highlighted in the risk factors [26, 28, 31, 44, 76]. This shows that most of the implemented intervention strategies were guided by an in-depth literature search on the common risk factors associated with violence at the family level [132]. Although parental harmony was noted as one of the factors associated with violence [23, 51], all the studies that implemented parental training programs focussed mainly on improving the caregiver-teenager relationship and none was implemented to improve parental harmony. This underscores the need for implementation of intervention strategies that aims to improve parental harmony and create a positive enabling environment for young people to thrive.

Some primary interventions that aim to prevent violence through a behaviour change have failed due to the influential role that deeply rooted gender norms and values play in enhancing violence [133]. In this review, five intervention studies engaged gatekeepers and the key influencers in the communities to change their beliefs on inequitable gender norms such as female education, early female marriage etc. [93, 96, 100, 108, 115]. The findings showed a significant improvement in school attendance/dropout rate, violence and other equitable gender norms. This shows that changing inequitable gender norms in the community is very impactful in preventing future violence and can positively shape the perception of young people about themselves. However, very few studies have been implemented within the community and this needs the engagement of more stakeholders in carrying out the activities. Also, very few studies involved the teachers in a training program and created safe environments. In a school environment, the attitude of teachers and peers to a young individual can impact the person's educational outcome and behaviour towards violence [134].

Only a study was implemented at the policy level which is discouraging because many laws and policies governing violence have been implemented in several countries at SSA to tackle violence with little enforcement [120]. Also, the review highlighted societal factors related to violence that can affect human rights which can be intervened through enforcement of policies. These should stimulate researchers to conduct more intervention studies regarding laws and policies as without them violence against adolescents and youths cannot be criminalised

and the perpetrators of violence cannot be sanctioned leading to the justification of violence in SSA.

Limitations of the study

The review was comprehensive in addressing published articles regarding the prevalence of violence and risk factors as well as interventions on violence. Although our approach may have limitations, it is possible we may not have retrieved all studies in peer-reviewed journals. Furthermore, the non-inclusion of national reports and systematic reviews in the study may have led to the exclusion of high-quality evidence on the prevalence of physical, sexual and emotional in the SSA. However, peer-reviewed articles that used secondary data such as DHS, MICS, WHO GSHS surveys or VACS surveys etc. were included in the study. Another limitation of the study is that most of the prevalence studies in our review used self-developed tools that were not standardised across samples. This may lead to overestimation or underestimation of the prevalence of physical, emotional or sexual violence. Also, our review did not include other articles reported in languages other than English. However, the review has highlighted enough evidence to illustrate the prevalence of violence and risk factors as well as the primary interventions that were implemented among adolescents and young adults in reducing violence in Sub-Saharan Africa.

Conclusion and recommendations

Violence is a complex issue, with a range of intersecting forms, drivers and risk factors operating at the level of the individual, family, community and society. Our review provided a detailed summary of the prevalence, risk factors and interventions on the types of violence. The review used a socio-ecological framework for a clear understanding of risk factors associated with violence. Also, the review of primary intervention studies based on different levels in society helped to understand the scope of interventions that addressed the risk factors associated with violence. These were targeted at reducing the prevalence of violence and creating a safe environment for adolescents and youths to freely express themselves in society.

To reduce the prevalence of violence in adolescents and youths, it is important to study the various forms of violence and equally recruit all genders as they are exposed to different forms of violence in several ways with their peculiar experiences. More studies on adolescents and youths from settings such as refugee settings, and hotspots should be done to obtain a more comprehensive view of violence as studies from few contexts may skew the findings. Risk factors affecting violence are embedded in different levels so there's a need to continue the use of the socio-ecological framework for a better understanding of these factors and for proper guidance on the specific interventions that should be implemented within an area. Also, there is a need for more intervention studies to be published on peer-reviewed articles involving community gender norms and values, safe space in school environments and policy implementation.

Abbreviations

RCT	Randomized controlled trial
SRH	Sexual reproductive health
SSA	Sub-Saharan Africa
WHO	World Health Organization

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Competing interests

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