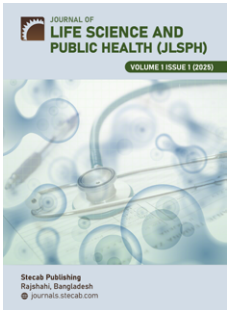

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Review Article

Sexual Violence in Adolescent Girls: A Systematic Review of Risks and Protective Factors in Southern Africa

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About Article

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ABSTRACT

Child sexual violence is a global public health concern as pauses significant effects on their mental health and HIV still disproportionately affects adolescents in the Southern African region where, 83% of new infections occur among adolescents aged between 10 and 19 years. This calls for questioning the underlying drivers of susceptibility, particularly among adolescent girls. In accordance with PRISMA principles, we conducted a systematic review looking through academic databases for peer-reviewed publications from 2015 to 2025. This review examined protective factors, risk factors, and interventions related to sexual violence against AG in the Southern African region. 10 studies from an initial 1213 records found were included from six Southern African countries. Poor legal systems, substance abuse, and poverty were among the common risk factors identified from the reviewed literature. Family support, mentorship, and educational efforts were protective factors identified while empowerment-based training to integrated sexual and reproductive health services and multi-sectoral accelerators like DREAMS were interventions employed. Southern African nations confront significant gaps in survivor-centered systems, structural reforms, and longitudinal evidence despite encouraging measures. The examined literature suggests potentially positive interventions. Their cross-sectional design however, constrains our understanding of their effectiveness. Addressing the complex interplay of risk and protective factors underlying sexual violence against adolescent girls in Southern Africa requires a multifaceted approach that strengthens legal protections, promotes education and mentorship, and scales up effective interventions.

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1. INTRODUCTION

Sexual violations against children persists in all countries of the world pausing a significant impact on their mental wellbeing as noted in previous research (Mukanga *et al.*, 2024; Mercera *et al.*, 2024; Radford *et al.*, 2020). The World Health organization (WHO) reported that in 2020, 1 in 3 women globally experience physical or sexual violence in their lifetime, and the majority were adolescents (WHO, 2020). Stoltenborgh *et al.* (2011) reviewed 217 studies from different countries and found that 1 in 8 of the world's children (12.7 %) had been sexually violated before reaching the age of 18 years. Further, Roca *et al.* (2020) approximated that 275 million children worldwide were exposed to domestic violence, including physical, sexual, and emotional abuse.

While some studies have been done in the Southern African region, Burzynska and Contreras (2020), observed that little was known about the effects of school closures during COVID-19 on sexual violence experienced by adolescents and called for further research in this area to understand the scale of the problem. This study looks at the period we investigated in our study and this lack of clarity strengthened our resolve to review available literature on this subject. This is further reinforced by studies such as (Ferguson *et al.*, 2021; Mukanga *et al.*, 2024; Mathews *et al.*, 2024).

This study systematically reviewed both quantitative and qualitative studies on the risk and protective factors for sexual violence in Southern Africa to inform the design of adolescent sexual violence prevention programs. Specifically, we sought to synthesize evidence on the factors that place adolescent girls at risk of experiencing any form of sexual violation in Southern Africa. Further, we reviewed sexual violation protective factors established in Southern Africa for adolescents and to establish interventions that have been implemented to support sexually violated adolescents in Southern Africa.

2. LITERATURE REVIEW

While Sexual violence against female children was considered an important public health problem, Xianguo *et al* 2022 noted that as of that year, there were no clear prevalence rates across the globe on which to base measures to protect these children. They further conducted a study is to systematically summarize the prevalence of sexual violence against female children and found that pooled sexual violence rate against female children was 0.24 (95 % CI = 0.20–0.27). Groups comparisons revealed that sexual violence rates obtained from 1981 to 2000 (0.28, 95 % CI = 0.21–0.36) were higher than those obtained from 2001 to 2020 (0.21, 95 % CI = 0.16–0.25), that rates were higher for female children from developed countries (0.25, 95 % CI = 0.20–0.29) than for those from developing countries (0.21, 95 % CI = 0.14–0.27). while these results suggested a reduction in the cases, they prompted this inquiry on developing countries specifically those in southern Africa. Consistently, Li *et al.* (2023) observed that no study had systematically summarized the global prevalence rate and the major outcomes of sexual violence. However, contrary to Xianguo *et al.*, Li *et al* found higher rate of sexual violence against women in 2010–2019 period (0.33, 95% CI = 0.27–0.37), developing countries (0.32, 95% CI = 0.28–0.37).

While the UNAIDS report showed that new HIV infections among AGYW aged 15–24 years had declined by 19% globally between 2010 and 2017, 2019 estimates indicated that in the East and Southern African region 83% of new HIV infections occurred in adolescent girls aged 10–19 years (UNAIDS, 2019; Govender *et al.*, 2024). Ferguson *et al.* (2021) noted that high rates of adolescent pregnancy and HIV prevalence prevail, and prevention programs are challenged to identify those at greatest risk. Despite long decades of global efforts to reduce the mortalities and morbidities associated with HIV, 39.0 million people were living with HIV in 2022 globally, and 65% of people living with HIV reside in sub-Saharan Africa (Van Schalkwyk *et al.*, 2024). Dzinamarira and Moyo (2024) posits that about 27% of the 1.3 million new HIV infections worldwide in 2022 occurred in people between ages 15 and 24 years.

In a study that examined the association between sexual violence and multiple high-risk fertility behaviors (MHRFB) among in sub-Saharan Africa (SSA), Aboagye *et al* 2024, found that overall prevalence of MHRFB was 22.53% (95% CI: 22.26–22.81), which ranged from 9.94% in South Africa to 30.38% in Chad. The sexual violence pooled prevalence was 7.02% (95% CI: 6.86–7.19) with Burundi (20.58%) and the Gambia (2.88%) reported the highest and lowest proportions, respectively. They also found that girls who experienced sexual violence were more likely to engage in MHRFB compared to those who did not experience sexual violence [aOR = 1.11, 95% CI: 1.02, 1.21].

Mukanga *et al.* (2024) assessed Risky Sexual behaviors (RSB) among Grade 12 school-going adolescents in Kitwe, Zambia after exposure to comprehensive sexuality education (CSE). They found Close to half of the respondents engaged in RSB with the prevalence standing at 40.4%. they noted that number was significant and need interventions. Further, they noted that CSE program needed to be linked with structural programs that address the social drivers of RSB among adolescents. Another study by Sarnquist *et al.* (2024) evaluated the joint implementation of a girls' empowerment self-defense (ESD) program and a concurrent boys' program, implemented via a cluster-randomized controlled trial in informal settlements of Nairobi, Kenya, from January 2016 to October 2018. This study did not show an effect of the intervention on self-reported rape. These studies suggest that interventions need to be implemented with a holistic approach unlike in isolation as is the case in developed countries.

A systematic review by Amponsah *et al.* (2024) identified key risk factors for commercial sexual exploitation of children and adolescents in sub-Saharan Africa, including adverse childhood experiences, victimization, older female age (16+), school dropout, technology use, alcohol consumption by children and parents, and caregiver separation. Protective factors included having more female adolescents in a household, regular school health screenings, school attendance, and strong parental monitoring. The authors advocate for holistic interventions that address these risks while reinforcing protective elements.

3. METHODOLOGY

3.1. Search strategy

A literature search on studies reporting the sexual violence among adolescents published from 2015- 2025 was conducted. Databases such as PubMed, Science Direct, Research Gate, and Google Scholar were used to retrieve the literature reviewed.

The search used Boolean operators to combine keywords which are: ("child sexual abuse" OR "child sexual violence") AND ("adolescent" OR "teen*") AND ("Southern Africa" OR "South Africa" OR "Botswana" OR "Lesotho" OR "Namibia" OR "Swaziland"). The findings of this systematic review are reported in line with recommendations from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols (PRISMA) statement (Moher, 2009).

3.2. Inclusion and exclusion criteria

The systematic review included cohort studies, case-control studies, and cross-sectional studies that self-reported the prevalence of sexual violence among adolescent girls and its associated factors. Because translation of other languages was not possible, only studies in English were included. Case reports and case series were excluded because they are not representative of the general population experiences. Studies for which full text was not available were also excluded. Further, literature reviews, conference proceedings were excluded because they typically do not use original data and rigorous methodology. Studies published before 2015 were excluded to ensure the review reflected the most recent and relevant research as well as due to some of the potential limitations of conference abstracts because they lack comprehensive details and rigorous methodology respectively.

3.3. Study registration

The protocol was pre-registered with PROSEPERO (CRD420251071163).

3.4. Ethical issues

As all data in review will be extracted from previously published studies, the study does not meet the requirements of human subject's research and as such has been exempted from Institutional Review Board (IRB) review.

3.5. Data extraction

Titles and abstracts of studies identified by the literature search were reviewed. A full reading of the text of the studies that were potentially relevant was done, in order to ascertain their compliance with the inclusion/exclusion criteria. Studies were selected by 4 researchers working separately; any doubts were settled by mutual agreement. A purpose-designed Excel data extraction sheet including Author(s), year of publication, study country, study design, sample size, the prevalence of sexual violence, as well as protective and risk factors for sexual violence.

3.6. Identification of studies

The PRISMA flowchart for the selection of studies is shown in Figure 1.

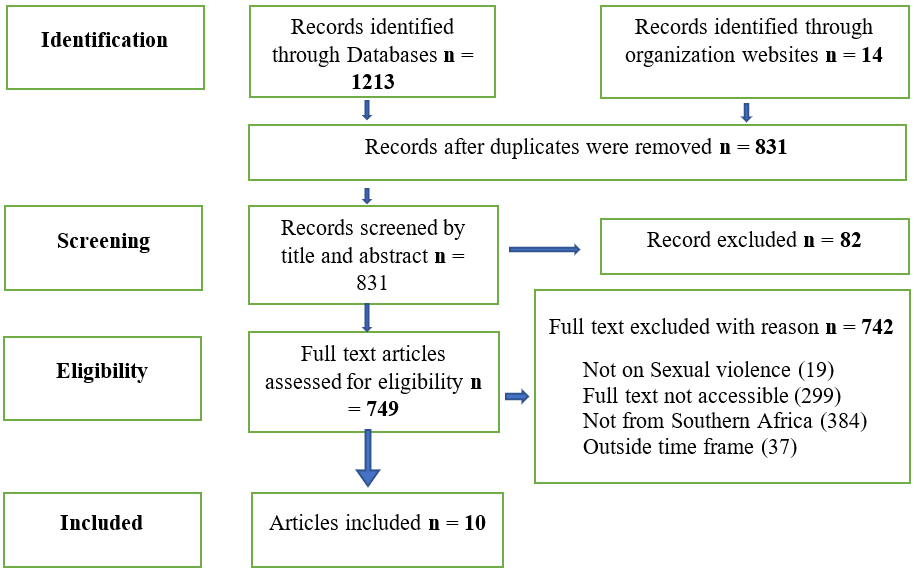

Figure 1. Flow chart of the article selection process and sources of evidence.

4. RESULTS AND DISCUSSION

Table 1. Characteristics of available literature on sexual violence

Title	Authors	Country	Participants	Study Type
Association between sexual violence and unintended pregnancy among adolescent girls and young women in South Africa. BMC Public Health 20, 1370. https://doi.org/10.1186/s12889-020-09488-6	Ajayi and Ezegbe (2020)	South Africa	Adolescent Girls and Young Women (AGYW)	Cross-sectional Epidemiological

Prevalence and correlates of sexual violence among adolescent girls and young women: findings from a cross-sectional study in a South African university. BMC Women's Health, 21, 299. https://doi.org/10.1186/s12905-021-01445-8	Ajayi *et al.* (2021)	South Africa	School girls	Observational
Assessing the Vulnerability and Risks of Adolescent Girls and Young Women in Eastern and Southern Africa-2021.pdf	Ferguson (2021)	Zambia, South Africa, Uganda	AGYW	Longitudinal
Sexual violence among adolescent girls and young women in Malawi: a cluster-randomized controlled implementation trial of empowerment self-defense training. BMC Public Health, 18, 1341. https://doi.org/10.1186/s12889-018-6220-0	Decker *et al.* (2018)	Malawi	6,644 schoolgirls	Cluster RCT
Correlates of intimate partner violence among pregnant and parenting adolescents: a cross-sectional household survey in Blantyre District, Malawi. Reprod Health, 20, 60. https://doi.org/10.1186/s12978-023-01606-y	Nwafor *et al.* (2023)	Malawi	669 adolescent mothers	Cross-sectional
Sexual violence among orphaned children in Botswana: identifying risk and protective factors for effective prevention and response. Annals of Global Health, 81, 119. https://doi.org/10.1016/j.aogh.2015.02.774	Silmi *et al.* (2015)	Botswana	Orphaned children	Mixed methods
Accelerators to reduce violence, HIV risk, and early pregnancy among adolescents and young people in Namibia: A cross-sectional analysis of the Violence Against Children & Youth Survey. PLOS Glob Public Health, 5(5), e0004633. https://doi.org/10.1371/journal.pgph.0004633	Little *et al.* (2025)	Namibia	5,167 adolescents	Cross-sectional
Accelerating the prevention of HIV and violence in adolescent girls and young women in Zimbabwe through multi-sectoral programming: Cross-sectional analysis of the 2017 violence against children survey, Global Public Health, 20(1), 2537698. https://doi.org/10.1080/17441692.2025.2537698	Martina *et al.* (2025)	Zimbabwe	7,211 AGYW (13–24)	Cross-sectional
Exploring the barriers, facilitators, and opportunities to enhance uptake of sexual and reproductive health, HIV and GBV services among adolescent girls and young women in Zambia: a qualitative study. BMC Public Health, 24, 2191. https://doi.org/10.1186/s12889-024-19663-8	Ngoma-Hazemba *et al.* (2024)	Zambia	AGYW (10–24)	Qualitative

Table 1 presents the characteristics of available literature on sexual violence, with a specific focus on the risk and protective factors among adolescent girls across Southern Africa. Most studies were conducted in countries such as South Africa, Malawi, Zambia, Zimbabwe, Namibia, and Botswana, while several countries including Lesotho, Eswatini, Angola, Mozambique, and Comoros remain underrepresented. The majority of the studies employed cross-sectional methodologies, complemented occasionally by qualitative, observational, longitudinal, mixed-method, and randomized controlled designs. These approaches, although efficient in identifying correlations and prevalence, limit the ability to establish causality or track long-term intervention outcomes.

Further, the research predominantly centers on individual- and household-level determinants of sexual violence, such as unintended pregnancy, intimate partner dynamics, HIV vulnerability, and access to reproductive health services. Common risk factors identified include poverty, peer pressure, and low parental support, while protective factors often involve education, mentorship, and safe community spaces. However, fewer studies explore broader structural influences like legal systems, cultural norms, or community-led programming. This suggests a need for future research to diversify methodology, expand geographic reach, and incorporate systems-level analysis to better inform responsive policy and programmatic interventions.

Table 2. Main risk and protective factors, along with interventions

Authors / Year	Risk Factors	Protective Factors	Interventions
Ajayi and Ezegbe (2020)	Porvert, forced sex, abuse, weak justice system, shame.	SRHR education, contraceptives access, legal support, school policies	Integrated services, Youth-friendly SRHR services, mental health services
Ajayi *et al.* (2021)	Unsafe school zones, low income, family violence, substance misuse	School policies, religion, family support, advocacy, abstinence	School safety programs, legal reforms, campus awareness, national policy reforms
Ferguson (2021)	Gender norms, poverty	Mentorship	DREAMS initiative Community-based SRH campaigns
Cluver *et al.* (2025)	IPV, sexual violence	Parenting support	Respectful clinics
Decker *et al.* (2018)	Low self-efficacy, unsafe school routes	Self-defense skills, confidence	IMPower ESD program
Nwafor *et al.* (2023)	Transactional sex, acceptance of wife-beating	Neighborhood safety	Norms change, community support
Marape (2015)	Lack of supervision, poverty	Shelter access, caregiver support	Community-based prevention
Little *et al.* (2025)	Food insecurity, gender inequity	Parental support, gender-equitable attitudes	INSPIRE-based programs
Mchenga *et al.* (2025)	Gender norms, poverty, IPV	Positive parenting, food security, gender-equitable attitudes	Multi-sectoral accelerators
Ngoma-Hazemba *et al.* (2024)	Stigma, distance, fear of side effects	Community linkages, health education	Integrated SRH/GBV services

Table 2 highlights the main risk and protective factors, along with interventions identified across studies on sexual violence among adolescent girls in Southern Africa. Common risk factors include poverty, unsafe environments, substance misuse, intimate partner violence (IPV), cultural norms accepting violence, and systemic barriers such as weak justice systems or stigma. Protective factors span across education, mentorship, family support, gender-equitable attitudes, and safer neighborhoods. Interventions range from school safety programs and legal reforms to empowerment-based training (e.g., IMPower), integrated SRHR services, and multi-sectoral accelerator strategies.

The convergence around community-based approaches and youth-friendly services suggests a strong policy shift toward localized, holistic support systems. Despite this, the persistent appearance of structural risks such as poor legal frameworks and normalized abuse, calls a need for broader legal and societal reform, constant funding, and longitudinal study designs to assess long-term effectiveness of any interventions implemented for the adolescent girls.

4.1. Discussion

Based on Xianguo *et al.* 2020 findings, particularly the lower rates of sexual violence in developing countries compared to developed countries. We speculated the lower rates were due to scarcity of evidence from developing countries. Based on the number of studies we found in the southern region, the focus suggested underreporting could have accounted for the lower rates.

Results from the review highlight multifaceted and persistent challenges of sexual violence among adolescent girls in the Southern African region which predominantly focuses on individual and household-level determinants such as poverty, peer pressure, low parental support, and intimate partner violence as noted in these studies (Cluver *et al.*, 2025; Mchenga *et al.*, 2025; Ajayi & Ezegbe, 2020). Further, protective factors like mentorship, educational efforts, and safe community spaces were frequently cited in the examined literature, consistent with recommended global frameworks such as WHO's INSPIRE strategies and UNICEF's child protection agenda (UNICEF, 2025; & WHO, 2016).

In comparison to observed global trends, the Southern African region literature suffers similar vulnerabilities but differs in methodological rigor and structural focus. Most studies in the region employed cross-sectional study designs which constrains the causal inference and long-term impact assessment of noted interventions (Nwafor *et al.*, 2023; & Ajayi *et al.*, 2021). On the other hand, developed countries increasingly employ longitudinal and randomized controlled trials to evaluate the effectiveness of their interventions (Sardinha *et al.*, 2024; Finkelhor *et al.*, 2014). In the United States of America for instance, campus-based studies have revealed high rates of sexual assault among female undergraduates, with prevalence estimates ranging between 10.3% and 25% depending on the institution location and methodology used to gather statistics (Cantor *et al.*, 2019). In Europe the raters are even high as

national surveys reveal that 13–27% of adolescent girls had experienced intimate partner violence, with higher rates in Eastern Europe and lower rates in Scandinavia (Sardinha *et al.*, 2024; Radford *et al.*, 2011).

On the other hand, Asia presents a mixed picture. For instance, in Southeast Asia, a systematic review by Nguyen *et al.*, found that 3–65% of adolescent girls reported sexual victimization, with school-based interventions showing modest improvements in knowledge and attitudes but limited behavioral change (Nguyen *et al.*, 2025). Cagney *et al.* (2025) in South Asia, noted that child marriage and gender norms remained strong predictors of sexual violence, with prevalence rates exceeding 40% in some southern regions (Cagney *et al.*, 2025).

The Southern African region's limited exploration of structural drivers such as legal enforcement, cultural norms, and institutional accountability, represents a critical gap consistent with (Ngoma-Hazemba *et al.*, 2024; Marape, 2015) who noted similar limitations. By contrast, developed countries have invested in national-level data systems, survivor-centered justice mechanisms, and technology-facilitated prevention strategies as hailed by the united nations and the centers for disease control and prevention (UN Women, 2023; CDC, 2022) which are not identified in the region under review. Further, the UNICEF and WHO advocate for comprehensive, multi-sectoral responses that include accurate data collection, survivor support, legal reform, and education (UNICEF, 2024; WHO, 2023). Interestingly, the review found that Southern Africa had begun to adopt these principles through initiatives like Violence Against Children and Youth Survey (VACS) a program implemented in countries like Zambia, with technical and financial support from UNICEF and other partners, to assess the prevalence and nature of violence against children and the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) - a global initiative focused on reducing HIV infections among adolescent girls and young women, but implementation remains uneven.

The strengths noted from reviewed literature in the region include a growing emphasis on community-based approaches and youth-friendly services, which align with global best practices (Cluver *et al.*, 2025; Decker *et al.*, 2018). However, the observed recurring structural risks such as stigma, weak justice systems, and normalized abuse continue to undermine progress in the region (Nwafor *et al.*, 2023; Ajayi *et al.*, 2021). To mitigate these identified gaps, Southern African countries should prioritize:

- Strengthening national data systems to monitor sexual violence and evaluate interventions as recommended by UNICEF and WHO.
- Expanding longitudinal and experimental research to assess program effectiveness as advanced by (Nguyen *et al.*, 2025; Finkelhor *et al.*, 2014).
- Scaling up survivor-centered services, including mental health support and legal aid services in line with literature (Ngoma-Hazemba *et al.*, 2024; UN Women, 2023).
- In line with Little et al., and Ferguson, investing in gender-transformative education and community-based prevention (Little *et al.*, 2025; Ferguson, 2021).

Without timely action, adolescent girls remain susceptible to exploitation, trauma, and poor reproductive outcomes, which re-echo across generations as warned by world governing bodies (UNICEF, 2024; WHO, 2023).

5. CONCLUSIONS

The findings from the review highlight the urgent and complex challenges of sexual violence adolescent girls face in the Southern African region. While the review shows that the region has made commendable strides through community-driven interventions and growing policy attention, the available gaps continue to undermine progress. Compared to trends in other regions, the Southern African region lags behind in deploying rigorous methodologies and system-level responses, despite having similar risks. Addressing these priorities risk call for swift action to avoid perpetuating cycles of violence, undermining adolescent health, and compromising regional development goals.

Limitations

This systematic review has notable limitations. Firstly, the exclusion of studies published in languages other than English, such as Portuguese for Mozambique and French for Angola, may have introduced selection bias, potentially excluding relevant studies from these countries. Additionally, the small final sample size (n=10) compared to the initial number of records identified (n=1213) significantly limits the review's scope and generalizability. To mitigate these limitations, and future reviews may consider broader inclusion criteria and language inclusion.

REFERENCES

Aboagye, R. G., Donkoh, I. E., Okyere, J., Seidu, A. A., Ahinkorah, B. O., & Yaya, S. (2024). Association between sexual violence and multiple high-risk fertility behaviours among women of reproductive age in sub-Saharan Africa. *BMC public health, 24*(1), 432. https://doi.org/10.1186/s12889-023-17444-3

Ajayi, A. I., & Ezegbe, H. C. (2020). Association between sexual violence and unintended pregnancy among adolescent girls and young women in South Africa. *BMC public health, 20*(1), 1370. https://doi.org/10.1186/s12889-020-09488-6.

Ajayi, A. I., Mudefi, E., & Owolabi, E. O. (2021). Prevalence and correlates of sexual violence among adolescent girls and young women: findings from a cross-sectional study in a South African university. *BMC women's health, 21*(1), 299. https://doi.org/10.1186/s12905-021-01445-8.

Amponsah, E. B., Abdullah, A., Eltigani, B., & Cluver, L. D. (2024). Risk and Protective Factors of Commercial Sexual Exploitation of Children and Adolescents in sub-Saharan Africa: A Systematic Review. *Trauma, Violence, & Abuse, 25*(4), 3177-3190. https://doi.org/10.1177/15248380241241021

Burzynska, K., & Contreras, G. (2020). Gendered effects of school closures during the COVID-19 pandemic. *The Lancet, 395*(10242), 1968.

Cagney, J., Spencer, C., Flor, L., Herbert, M., Khalil, M.,

O'Connell, E., ... & Gakidou, E. (2025). Prevalence of sexual violence against children and age at first exposure: a global analysis by location, age, and sex (1990–2023). *The Lancet, 405*(10492), 1817-1836. https://doi.org/10.1016/S0140-6736(25)00311-3.

Cantor, D,, Fisher, B., & Chibnall, S. (2019). *Report on the AAU Campus Climate Survey on Sexual Assault and Misconduct.* Association of American Universities. https://www.aau.edu/sites/default/files/AAU-Files/Key-Issues/Campus-Safety/Revised-Full-Report-2019.pdf

CDC. (2022). *Preventing sexual violence.* https://www.cdc.gov/violenceprevention/sexualviolence/index.html.

Cluver, L., Jochim, J., Sidloyi, L., Armstrong, A., Gulaid, L., Banougnin, B., ... & Toska, E. (2025). Accelerators for improved health among adolescent mothers in South Africa: HIV and violence prevention, sexual reproductive health and education success. *BMJ Global Health, 10*(6). https://doi.org/10.1136/bmjgh-2024-017614.

Decker, M. R., Wood, S. N., Ndinda, E., Yenokyan, G., Sinclair, J., Maksud, N., ... & Ndirangu, M. (2018). Sexual violence among adolescent girls and young women in Malawi: a cluster-randomized controlled implementation trial of empowerment self-defense training. *BMC public health, 18*(1), 1341. https://doi.org/10.1186/s12889-018-6220-0.

Dzinamarira, T., & Moyo, E. (2024). Adolescents and young people in sub-Saharan Africa: overcoming challenges and seizing opportunities to achieve HIV epidemic control. *Frontiers in Public Health, 12*, 1321068. https://doi.org/10.3389/fpubh.2024.1321068

Ferguson, B. J. (2021). *Assessing the vulnerability and risks of adolescent girls and young women in Eastern and Southern Africa.* UNICEF Report.

Ferguson, J., Mathur, S., & Armstrong, A. (2021). Assessing the vulnerability and risks of adolescent girls and young women in East and Southern Africa: a preliminary review of the tools in use. *Tropical Medicine and Infectious Disease, 6*(3), 133. https://doi.org/10.3390/tropicalmed6030133.

Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2014). The lifetime prevalence of child sexual abuse and sexual assault. *Child Abuse & Neglect, 41*, 1–11. https://doi.org/10.1016/j.chiabu.2014.07.005.

Govender, K., Masebo, W. G., Nyamaruze, P., Cowden, R. G., Schunter, B. T., & Bains, A. (2018). HIV prevention in adolescents and young people in the Eastern and Southern African region: A review of key challenges impeding actions for an effective response. *The open AIDS journal, 12*, 53–67. https://doi.org/10.2174/1874613601812010053.

Hertzog, L., Makate, M., Chipanta, D., Banougnin, B., Mchenga, M., Pereira, G., ... & Hanigan, I. C. (2025). Extreme drought and sexual violence against adolescent girls and young women: A multi-country population-based study. *PLOS Global Public Health, 5*(6), e0004752. https://doi.org/10.1371/journal.pgph.0004752.

Li, L., Shen, X., Zeng, G., Huang, H., Chen, Z., Yang, J., ... & Li, H. (2023). Sexual violence against women remains problematic and highly prevalent around the world. *BMC women's health, 23*(1), 196. https://doi.org/10.1186/s12905-023-02338-8

Little, M. T., Hertzog, L., Rudgard, W. E., Toska, E., Banougnin, B., Yates, R., ... & Cluver, L. (2025). Accelerators to reduce violence, HIV risk, and early pregnancy among adolescents and young people in Namibia: A cross-sectional analysis of the Violence Against Children & Youth Survey. *PLOS Global Public Health, 5*(5), e0004633. https://doi.org/10.1371/journal.pgph.0004633.

Marape, M. (2015). Sexual violence among orphaned children in Botswana. *Annals of Global Health, 81*, 119. https://doi.org/10.1016/j.aogh.2015.02.774.

Mathews, B., Finkelhor, D., Pacella, R., Scott, J. G., Higgins, D. J., Meinck, F., ... & Collin-Vézina, D. (2024). Child sexual abuse by different classes and types of perpetrator: Prevalence and trends from an Australian national survey. *Child Abuse & Neglect, 147*, 106562. https://doi.org/10.1016/j.chiabu.2023.106562.

Mchenga, M., Maughan-Brown, B., Yates, R., Hertzog, L., Hamed Banougnin, B., Dzumbunu, S., ... & Toska, E. (2025). Accelerating the prevention of HIV and violence in adolescent girls and young women in Zimbabwe through multi-sectoral programming: Cross-sectional analysis of the 2017 violence against children survey. *Global Public Health, 20*(1), 2537698. https://doi.org/10.1080/17441692.2025.2537698.

Mercera, G., Kooijmans, R., Leijdesdorff, S., Heynen, E., & van Amelsvoort, T. (2024). Risk and protective factors for sexual exploitation in male and female youth from a cross-cultural perspective: A systematic review. *Trauma, Violence, & Abuse, 25*(3), 1966-1984. https://doi.org/10.1177/15248380231201815.

Mukanga, B., Dlamini, S. B., Mwanabute, N., & Taylor, M. (2024). Adolescents' risky sexual behaviors and practices: Implications for sexuality education implementation in Zambia. *African Journal of Primary Health Care & Family Medicine, 16*(1), 1-11.

Mukanga, B., Dlamini, S. B., Mwanabute, N., & Taylor, M. (2024). Adolescents' risky sexual behaviours and practices: Implications for sexuality education implementation in Zambia. *African Journal of Primary Health Care & Family Medicine, 16*(1), 1-11. https://doi.org/10.4102/phcfm.v16i1.4476.

Ngoma-Hazemba, A., Chavula, M. P., Sichula, N., et al. (2024). Barriers to SRH, HIV and GBV services in Zambia. *BMC Public Health, 24*, 2191. https://doi.org/10.1186/s12889-024-19663-8.

Nguyen, H. H., To, K. G., Hoang, V. T., Gram, L., & Yount, K. M. (2025). The effectiveness of gender-based violence prevention among adolescents aged 10 to 19 years in Southeast Asia: a systematic review. *International Journal for Equity in Health, 24*(1), 222. https://doi.org/10.1101/2025.02.17.25322431

Nwafor, J. A., Chamdimba, E., Ajayi, A. I., Ushie, B. A., Munthali, A. C., Thakwalakwa, C., & Kabiru, C. W. (2023). Correlates of intimate partner violence among pregnant and parenting adolescents: a cross-sectional household survey in Blantyre District, Malawi. *Reproductive health, 20*(1), 60. https://doi.org/10.1186/s12978-023-01606-y.

Qu, X., Shen, X., Xia, R., Wu, J., Lao, Y., Chen, M., ... & Jiang, C. (2022). The prevalence of sexual violence against female children: A systematic review and meta-analysis. *Child abuse & neglect, 131*, 105764. https://doi.org/10.1016/j.chiabu.2022.105764.

Radford, L., Allnock, D., Hynes, P., & Shorrock, S. (2020). *Action to End Child Sexual Abuse and Exploitation and A Review of the Evidence 2020*. New York: UNICEF and End Violence Against Children.

Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., & Collishaw, S. (2011). *Child abuse and neglect in the UK today*. NSPCC Report. https://learning.nspcc.org.uk/research-resources/pre-2019/child-abuse-neglect-uk-today.

Roca, E., Melgar, P., Gairal-Casadó, R., & Pulido-Rodríguez, M. A. (2020). Schools that 'open doors' to prevent child abuse in confinement by COVID-19. *Sustainability, 12*(11), 4685.

Sardinha, L., Yüksel-Kaptanoğlu, I., Maheu-Giroux, M., & García-Moreno, C. (2024). Intimate partner violence against adolescent girls: Regional and national prevalence estimates and associated country-level factors. *The Lancet Child & Adolescent Health, 8*(9), 636–646. https://doi.org/10.1016/S2352-4642(24)00145-7.

Sarnquist, C., Friedberg, R., Rosenman, E. T., Amuyunzu-Nyamongo, M., Nyairo, G., & Baiocchi, M. (2024). Sexual assault among young adolescents in informal settlements in Nairobi, Kenya: findings from the impower and SOS Cluster-Randomized controlled trial. *Prevention science, 25*(4), 578-589. https://doi.org/10.1007/s11121-023-01595-1

Silmi, K., Said, N., Kingori, C., Bianco, J., Pavey, L., Jamu, L., & Marape, M. (2015). Sexual violence among orphaned children in Botswana: identifying risk and protective factors for effective prevention and response. *Annals of Global Health, 81*(1), 119-119. https://doi.org/10.1016/j.aogh.2015.02.774.

Together for girls. (2024). *Break the Record: Global estimates on childhood sexual violence*. https://www.togetherforgirls.org/en/resources/break-the-record.

UNAIDS Women and HIV. (2019). *A Spotlight on Adolescent Girls and Young Women*. Available online: https://www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf.

Unicef. (2024). *When Numbers Demand Action: Confronting the global scale of sexual violence against children*. https://www.unicef.org/press-releases/over-370-million-girls-and-women-globally-subjected-rape-or-sexual-assault-children.

Unicef. (2025). *Sexual violence – UNICEF DATA*. https://data.unicef.org/topic/child-protection/violence/sexual-violence/.

UN Women. (2023). *Global Database on Violence against Women and Girls*. https://data.unwomen.org/global-database-on-violence-against-women.

van Schalkwyk, C., Mahy, M., Johnson, L. F., & Imai-Eaton, J. W. (2024). Updated data and methods for the 2023 UNAIDS HIV estimates. *JAIDS Journal of Acquired Immune Deficiency Syndromes, 95*(1S), e1-e4. https://doi.org/10.1097/QAI.0000000000003344

WHO. (2016). *INSPIRE: Seven strategies for ending violence against children*. https://www.who.int/publications/i/item/inspire-seven-strategies.

WHO. (2023). *Global status report on preventing violence against children*. https://www.who.int/publications/i/item/9789240067518.

World Health Organization. (2020). *Global status report on violence prevention 2020*. World Health Organization.