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Addressing Violence Against Children: A Systematic Review on Interventions to Accelerate the Achievement of the UN Sustainable Development Goal in Europe and Africa¹

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Abstract

Background: Violence against children (VAC) is a global public health issue. In the context of limited resources, the United Nations Development Programme has coined the concept of a Sustainable Development Goals (SDG) accelerator for preventing and responding to VAC. An ‘accelerator’ is a provision that simultaneously leads to progress across multiple SDGs targets and goals.

Objectives: This systematic review synthesizes the literature on violence prevention evaluation studies using robust methods according to the SDG accelerator framework for children aged 0-18 in Western Europe and Central and West Africa. It also provides a lens for analyzing research inequities between the global North and South, examining the challenges and differences undermining knowledge production across regions, particularly in research output.

Method: We systematically searched 30 electronic databases and grey literature in English and French. The quality of included studies was assessed using the Cochrane Risk of Bias tool.

Results: Nine evaluation studies related to four SDG goals and ten targets were included in the analysis. As a result, no intervention was identified as an accelerator for children in West and Central Africa. In contrast, three promising interventions were identified as accelerators in Western Europe. Two school-based interventions reduce bullying, depression, and substance abuse and improve psychological well-being; and one home-based intervention reduces child abuse, the severity of neglect, and mental health problems and improves school attendance. Moreover, this review also uncovered a lack of research from the Global South that points to serious disadvantages for authors and institutions and global violence prevention efforts, as it hinders the flow of knowledge and innovative practices.

Conclusions: The results highlight the need for future VAC prevention trials to integrate the SDG accelerators concept further. Additionally, more effort should be made to support scholars in the global South to address knowledge inequities and to enhance understanding of how accelerators work in different field settings and conditions. This effort will ensure that interventions accelerate SDG goals and impact the world’s most vulnerable children.

Keywords: *Childhood Violence Prevention, Interventions, Sustainable Development Goal Accelerators, Western Europe, West and Central Africa.*

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1 Introduction

One in every two children is estimated to suffer violence yearly (WHO, 2020). The magnitude of Violence Against Children (hereafter, VAC) around the world—spanning physical, sexual, emotional, bullying and other peer-to-peer, neglect, child marriage, exploitation, gender-based violence, witnessing violence, and community violence—remains at worrying levels. It is well established that VAC may have adverse health, behavioural and social consequences and that children’s exposure to violence is a consistent risk factor for becoming perpetrators and victims of violence as adults (Hillis et al., 2017), creating a vicious intergenerational cycle. Moreover, the prevalence of VAC has dramatically increased since the COVID-19 pandemic (Cappa & Jijon, 2021). In 2016, just over halfway to the 2030 Sustainable Development Goals (SDGs), the Global Partnership to End Violence Against Children (EV Partnership) was founded to contribute to this momentum and reflect a consensus about the need to work together to reduce, if not end, VAC.²

The basis of this global systematic review, launched in tandem with the EV Partnership, is the INSPIRE framework containing seven evidenced-based strategies to end VAC. The technical package includes the core document describing the INSPIRE strategies and interventions, a handbook that details how to implement the interventions, and a set of indicators to measure the uptake of INSPIRE and its impact on levels of VAC (UNICEF, 2018). INSPIRE represents seven strategies based on the best available evidence to help countries and communities intensify their focus on prevention programmes and services has tremendous potential to reduce VAC (WHO, 2016). The seven strategies form an acronym: **I** for the implementation and enforcement of laws, **N** for norms and values, **S** for safe environments, **P** for parent and caregiver support, **I** for income and economic strengthening, **R** for response and support services, and **E** for education and life skills. With an increasingly solid base of data, evidence implementation and measurement including INSPIRE’s new guidance on adaptation and scale-up of interventions, research scientists are pushing forward (Chiang et al., 2016; Nace et al., 2021).

The SDGs include numerous targets directly related to VAC compared to the past Millennium Development Goals (MDGs) recognize that the 2030 Agenda on SDG is a crucial tool for realizing children’s fundamental rights, including their protection from all forms of violence (M’jid, 2020). The MDGs provide only a framework within which the impact of

² See <https://www.end-violence.org/who-we-are>.

violence could be measured against other developmental dimensions—but how this could be operationalized was unclear. Further, other omissions in the MDGs around gender in governance, participation, inclusion, rights and security (Kusuma & Babu, 2017) are holistically addressed in the SDGs and specifically in target 16.2 which calls to end all forms of violence against children by 2030 to attain peaceful and inclusive societies.

In 2019, member States concerned about progress across the 2030 Agenda for sustainable development broadly issued a resolution demanding accelerated implementation across all areas of development. In response, the United Nations Development Programme has developed a new approach to development applying an accelerator concept to facilitate and accelerate the implementation of the 2030 Agenda and the SDGs, reflecting interlinkages among goals and contributing to policy coherence. Cluver et al. (2019) first envisioned accelerator progress for young people, focusing on adolescents living with HIV. Later this concept was expanded to include accelerator synergies that could include broader adolescent well-being interventions hitting multiple SDG goals at one time (Sherr et al., 2020). Since then, the ‘accelerator’ concept has been successfully applied to the package of INSPIRE interventions.

An *accelerator* can be defined as pragmatic actions, such as a service provision, law, or programme intervention that has a positive impact across and within the SDG goals and targets. For example, a free school program aimed at ensuring children’s educational attainment (SDG 4.1) could also prevent girls’ early marriage (SDG 5.3) and reduce children’s exposure to all forms of abuse that may occur outside school (SDG 16.2). Thus, an SDG ‘accelerator’ can lead to progress across multiple SDG-related outcomes along multiple development dimensions—social, economic, and environmental. In this respect, Cluver et al. (2019), using data from South African adolescents aged 10–19 years, identified three protective factors, namely parenting support, government cash transfers, and safe schools as significantly correlated with improvements in at least three SDG-related outcomes. The same three factors are also considered INSPIRE interventions: parent and caregiver support, income and economic strengthening, and response and support services.

While the SDG accelerator concept’s application in violence prevention is promising, it was previously limited to work focused on Eastern and Southern Africa (Cluver et al., 2020). In 2021 the research team set out to conduct a global systematic review to identify and map out INSPIRE interventions that act as SDGs accelerators. The project engaged research scientists from national universities in Brazil, China, Colombia, Côte d’Ivoire, Jordan, and Uganda to map the VAC data landscape, conducting regional systematic reviews of INSPIRE interventions in Europe, Africa, the Americas, and Asia.

The results presented here are part of a larger global review covering all UNICEF-defined regions, seeking to identify interventions that have been proven to prevent or end VAC *and* affect other (nonviolent) SDG-related outcomes. Conducting a global review is complex and raises issues around inequalities in the representation of global knowledge production in the Global South. Because violence prevention is a global phenomenon, the lack of research from the global South uncovered during this review points to serious disadvantages not only for authors and institutions but for international violence prevention efforts by impeding the flow of innovative scholarship and practice.

The reviews were based on region-language combination to increase the likelihood of capturing relevant studies and considering the importance of context in regional settings. Each reviewer covered different regions that included their language expertise. The global review was completed by sourcing documents in seven languages (Arabic, Chinese, English, French, German, Portuguese, and Spanish). For example, the systematic review covering the Middle East and North Africa region was conducted in English and Arabic. It is worth noting that the other regional results will therefore be reported separately.

As VAC is a universal issue, this systematic review adds to a stream of reviews on effective interventions to combat VAC addressing sexual violence (Ligiero et al., 2019; McTavish et al., 2021) and psycho-social violence (UNICEF & Burnet Institute, 2022) as well as INSPIRE-specific interventions such as cash transfers (Tirivayi et al., 2021), parenting (McCoy et al., 2020; Vseteckova et al., 2022), and violence in and through schools (Mathews et al., 2021).

In this review, we ask the following question: Which interventions to address VAC are effective or promising accelerators to improve multiple SDG-related outcomes simultaneously? Subsequently, we designed a protocol to capture promising and effective interventions from evaluation studies using robust methods. The following results represent studies conducted in English and French on the Central and Western Africa region with the Western Europe region.

2 Methods

2.1 Protocol and registration

The study was registered with the international prospective register of systematic reviews (PROSPERO registration number CRD42022321798) and is part of a set of regional reviews—of which this paper covers two regions—that form a larger global systematic review.

2.2 Data sources and search strategy

For this systematic review, 15 databases were searched to identify peer-reviewed articles. In addition, grey literature in the form of unpublished reports/studies and other relevant documents on child abuse were searched through 15 dissertation databases as well as international agencies and NGO websites (see Table 1). Finally, a specific search for studies published in French (see Appendix Table A1), which alongside English, is one of the predominant languages in the two regions (Western Europe and Central and West Africa), with the same terms transcribed by the research team and approved by an expert, was conducted across three French-language databases.

The review used the standard definition of VAC as described in the Convention on the Rights of the Child (CRC)—Commentary 13, where violence against children includes “physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse...” by any perpetrator (U.N. General Assembly, 1989). Moreover, search strategies included filters that specified the target population, type of violence, and purpose of the intervention. Finally, search timeframes were limited to 1990 to reflect global agreements on child protection from violence. Further details of the search strategy are provided in Table A1 in the Appendix.

Table 1. Database screened

Databases	Regions	
	West and Central Africa	Western Europe
English	Timeframe	
MEDLINE, EMBASE, Global Health, PROQUEST Dissertations, PsycINFO, Campbell Collaboration, ERIC, Cochrane Library, Clinicaltrials.gov	1990 to 2021 week 11	1990 to 2021 week 12
Google Scholar	1990 to 2021 week 12	1990 to 2021 week 12
WHO International Clinical Trials Registry Platform (ICTRP)	1990 to 2021 week 13	1990 to 2021 week 13
French		
CAIRN, PASCAL & FRANCIS, OPEN EDITION	1990 to 2021 week 22	1990 to 2021 week 22
Miscellaneous		
International Rescue Committee, ISPCAN, World Vision, Evidence Aid, UNICEF Regional Offices, Save the Children’s Resource Centre, USAID, Foreign, Commonwealth and Development Office (FCDO), Australia’s Development Programme (DFAT), World Health Organization (WHO), The Global Partnership to End Violence Against Children’s Knowledge Platform, What Works, Sexual Violence Research Initiative (SVRI), International Initiative for Impact Evaluation (3ie)	1990 to 2021 week 22	1990 to 2021 week 22

2.3 Selection criteria and study screening

The inclusion criteria for this review were formulated according to the PICO approach. We included studies using the following inclusion criteria:

- *Populations:* Children aged 0-18 years old living in any setting in Western Europe and Central and West Africa
- *Interventions/Exposure:* Any policy, programme, or action implemented to prevent or reduce any direct VAC outcome
- *Comparison group:* We included studies with a distinct control group of children aged 0-18
- *Outcome:* In line with the definition of accelerators (see Section 1), studies must have measured an outcome related first to violence—precisely, an outcome pertaining either to education (SDG 4a), gender equality (SDG 5.2, SDG 5.3), decent work and economic growth (SDG 8.7), peace, justice, and strong institutions (SDG 16.1 and SDG 16.2)—and at least two other outcomes, e.g. health, poverty, or violence not covered in the first one
- *Study type:* Randomized or non-randomized controlled trial designs with a robust policy evaluation method.

Conversely, the systematic review excluded the following:

- Studies with non-disaggregated data, which make it impossible to analyse findings by any of the variables of interest
- Studies with non-disaggregated data that spans childhood and youth (e.g., making it impossible to determine findings for children under 18)
- Studies whose evaluation design does not include a control group (e.g., pre-and post-test only designs).

Titles, abstracts, and keywords of studies were reviewed for inclusion criteria. To minimize errors in hand searches, the COVIDENCE screening tool was used to screen and assess the relevant articles.³ If needed, authors were contacted to provide the full text for missing papers. Finally, members regularly double-checked potential eligible papers for violence-related and other SDG-related outcomes through an ongoing virtual group discussion to ensure agreement and consistency across the research team.

2.4 Assessment of Risk of Bias (RoB)

This review used the Cochrane Collaboration tool to examine each included study (Higgins et al., 2019). For this purpose, on the one hand, we used ROBINS-I for the quasi-experimental studies, a tool developed to assess the risk of bias in the results of non-randomized studies. On

³ Covidence is a screening software explicitly designed for systematic reviews using the Cochrane method, available at <https://www.covidence.org> (Last accessed, 10 February 2022).

the other hand, we used ROBINS II (RoB-II CRT) as the recommended tool to assess the risk of bias in cluster randomized trials.

3 Results

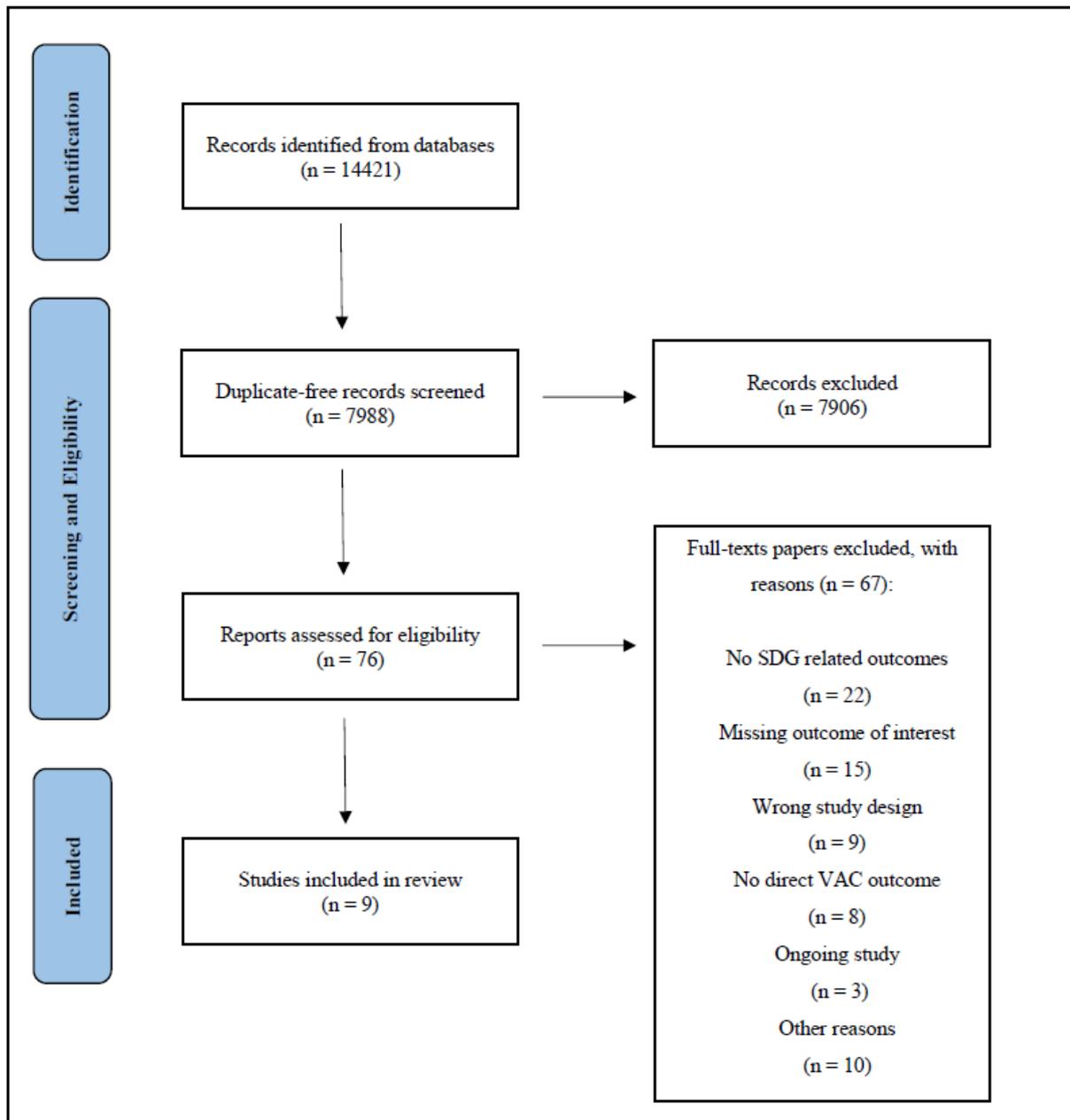
3.1 Results of the search procedure

The electronic database search yielded 14,421 records for this review. Specifically, we found 12,395 hits in English—West and Central Africa (3,561) and Western Europe (8,834)—and 2,026 hits in French—West and Central Africa (69) and Western Europe (80), and 1877 hits for both regions.⁴ Using Mendeley software, 6,013 duplicates were removed. From the 8,408 studies subsequently imported into COVIDENCE for screening, 420 duplicates were further removed, and 7,906 irrelevant studies were excluded (see Figure 1 for the PRISMA diagram). Of the 76 full-text studies assessed for eligibility, 67 studies were excluded for: not having two other SDG-related outcomes (22), missing outcomes of interest (15), incorrect study design (9), absence of a direct VAC outcome (8), classified as an ongoing study (3), and for others reasons (10).

The hand search did not identify any additional studies. Finally, nine studies were included. The interventions considered touched on six of the seven INSPIRE strategies; no interventions addressed the implementation and enforcement of laws. The studies were evenly distributed between the Western Europe and West and Central Africa regions, including the following six countries: Switzerland (Averdijk et al., 2016; Buderer et al., 2020), Sweden (Kimber et al., 2007; 2008), the Netherlands (Fekkes et al., 2006), Democratic Republic of Congo (DRC) (Aber et al., 2017; Stark et al., 2018), Burkina Faso (Karimli et al., 2017), and Liberia (Özler et al., 2020).

⁴ We had an issue with the French database Open Edition, which is inefficient in distinguishing the number of hits using our search strategy between the two regions.

Figure 1. PRISMA diagram flow of the included studies selection procedure



3.2 Characteristics of the included studies

3.2.1 Interventions and the INSPIRE Framework

The nine studies included are summarized in Table 2. All these studies are published journal articles and applied a Cluster Randomized Controlled Trials (RCT) design, except for three studies using quasi-experimental methods—one by Buderer et al. (2020) in Switzerland and two by Kimber et al. (2007, 2008) in Sweden.

The review identified five school-based interventions with various main objectives, namely to reduce behavioural problems in children aged 7-8 (Averdijk et al., 2016), to improve the mental health of primary school students (Kimber et al., 2007, 2008), to reduce bullying behaviours in children aged 9-12 (Fekkes et al., 2006), and to improve the quality of education for primary school children in a conflict-affected country (Aber et al., 2017). In addition, the review identified two life skills and safe space interventions designed to reduce sexual abuse among girls aged 13-14 in early adolescence (Özler et al., 2020) and prevent or reduce violence against girls aged 10-14 in humanitarian settings (Stark et al., 2018).

Third, two home-based interventions were identified. The first addresses child neglect and the prevention of emotional, behavioural, and attachment problems in children aged 6-17 (Burderer et al., 2020). The second aims to reduce hazardous child labour or improve work-related health outcomes (Karimli et al., 2017).

3.2.2 SDG Goals and targets related outcomes

We further aligned VAC study outcomes to the SDG targets and goals and assessed the instruments used to measure them (Table 3). For conciseness, we present VAC outcomes concerning the SDG in the included studies and briefly describe the other SDG-related outcomes.

Table 2. Summary of included studies

Study	Country	Study Design	Interventions	Intervention goals	Setting	Target Population	Outcomes (SDG related)	Accelerator	Findings
Aber et al. (2017)	DRC	Cluster-RCT	The Learning to Read in a Healing Classroom (LRHC) is a universal school-based program developed by the IRC that uses a teacher professional development system to improve primary school-aged children's academic skills and socioemotional development.	Improving the quality of education of children and youth in conflict-affected countries.	64 schools with 4,208 eligible children in 39 clusters in Katanga. 20 treated and 19 control clusters	Primary school students in the second, third, and fourth grades	Victimization (4a), math and literacy (4.1), mental health problems (3.4)	None	Not reducing victimization and no direct effect on children's mental health problems. In contrast, the intervention significantly improved math scores.
Averdijk et al. (2016)	Switzerland	Cluster-RCT	Two evidence-based universal interventions were implemented in three arms. 1. Promoting Alternative Thinking Strategies (PATHS) is a research-based program to enhance affective, cognitive, and social competencies, and reduce aggression and behaviour problems in primary school-aged children. 2. Positive Parenting Program (Triple P) is a multilevel parent training program based on cognitive-behavioural therapy. 3. Combination of PATHS + Triple P (P+T).	Reducing child behavioural problems	56 schools with 1,675 children in Zurich. Treated group: 14 schools (n=442 children) for PATHS only, 14 schools (n=422 children) for Triple P only, 14 schools (n=397 children) for P+T. Control group: 14 schools (n=414 children).	Children aged 7-8	Aggressive behaviour and peer aggression (4a), Non-aggressive conduct disorder (3.4), substance use (3.5), and delinquency (16.1)	None	No effect on mental health, substance use, and delinquency. Statistically significant effects for PATHS, Triple P, and combined (P+T) for teacher reporting of child's aggressive behaviour.
Kimber et al. (2008)	Sweden	Quasi-experiment	The Social and Emotional Training (SET) is a program delivered by regular class teachers during scheduled school hours and designed to help students develop self-awareness, managing one's emotions, empathy, motivation, and social competence.	Promoting mental health	Four schools in Botkyrka (Stockholm) were divided into two treated schools, including 41 classes for SET with 1,857 students, and two control schools, including 14 classes for No-SET (598 students).	Primary school students in grades 1 to 9 (substance abuse outcomes measured on students in grades 4-9)	Bullying (4a), substance abuse (3.5), YSR internalizing and externalizing (3.4), and contentment in school (4.1)	None	No intervention effect on bullying but significantly reduced Inter/Externalizing behaviour and improved school satisfaction.
Kimber et al. (2007)							Bullying (4a), YSR internalizing and externalizing (3.4), substance abuse (3.5), and contentment in school (4.1)	Yes	Reduced bullying, enhanced psychological well-being, and reduced substance abuse (alcohol).
Fekkes et al. (2006)	Netherlands	Cluster-RCT	The anti-bullying school program assists schools in developing an anti-bullying policy and advises stakeholders (teachers, bullied children, bullies, uninvolved children, and parents) on how to tackle bullying effectively.	Reducing bullying behaviour	41 schools with 3,816 students divided in 14 treated and 18 control schools	Children aged 9-12	Bullying and delinquency (4a), school satisfaction (4.1), psychosomatic complaints and depression (3.4)	Yes	Significantly decreased the number of bullied children and bullying behaviour, had a small effect on depression, and enhanced general satisfaction with school life.

Buderer et al. (2020)	Switzerland	Quasi-experiment	The Multisystemic Therapy – Child Abuse and Neglect (MST-CAN) is a home-based therapeutic model for families who have been exposed to physical abuse and/or neglect.	Determining the effectiveness of MST-CAN in a non-English-speaking setting and investigating the effects on the severity of child neglect, children's emotional and behavioural problems, and children's attachment disorder symptoms.	Children who had been exposed to physical abuse and/or neglect with their families in Thurgau and Basel-Stadt between 2011 and 2017. 158 treated children and 112 in the comparison group recruited from 38 residential care institutions.	Children aged 6-17	Child maltreatment (16.1), neglect (16.2), and child mental health (3.4).	Yes	Significantly reduced child maltreatment, decreased severity of neglect, decreased mental health problems, and improved school attendance.
Özler et al. (2020)	Liberia	Cluster-RCT	Two life skills interventions, namely Girl Empower (GE) and Girl Empower + (GE+). 1. GE is an intervention that aims to equip adolescent girls with the skills to make healthy, strategic life choices and stay safe from sexual abuse. 2. GE+ is a variation of GE in which cash incentive payment was offered to caregivers for girls' participation in the program.	Reducing sexual abuse among females in early adolescence.	84 villages: GE: 28 villages with 402 girls; GE+: 28 villages with 415 girls; Control: 28 villages with 399 girls	Adolescent girls aged 13-14	Sexual violence (5.2), schooling (4.1), and sexual and reproductive health (5.6)	None	No effect on sexual violence and schooling but significantly improved sexual and reproductive health.
Karimli et al. (2017)	Burkina Faso	Cluster-RCT	Two interventions, economic strengthening (Trickle Up) and its combination with a parental coaching component (Trickle Up Plus), were designed for populations considered too poor to be reached by or to benefit sufficiently from microfinance approaches. 1. Trickle Up targets female caregivers as primary beneficiaries and consists of four main components: helps them join informal savings groups, provides training in livelihood planning and household management, an individual seed capital grant (\$100) to start or expand livelihood activities, and a one-on-one livelihood development mentoring. 2. Trickle Up Plus adds to Trickle Up a family coaching component aimed to raise the awareness of all household members on child protection issues, including hazardous child work, labour-related child separation, and early and forced marriage.	Reducing child's hazardous work and enhancing work-related health outcomes	12 villages in the Nord Region of Burkina Faso in which 30 households per village were randomly assigned to three arms: 1. Trickle Up arm—economic empowerment only (120 HHs = 120 children and 120 female caregivers); 2. Trickle Up Plus—economic empowerment plus child protection sensitization (120 HHs = 120 children and 120 female caregivers); 3. Control group (120 HHs = 120 children and 120 female caregivers).	Children aged 10 to 15	Physical violence (16.1), child's exposure to abuse at work (8.7), and health (3.4)	None	No effect on VAC and mental health outcomes. Small effect on child's exposure to abuse at work.

Stark et al. (2018)	DRC	Cluster-RCT	Two interventions, COMPASS (Creating Opportunities through Mentorship, Parental Involvement, and Safe Spaces: COMPASS) and its combination with a parental coaching component (COMPASS Plus). Compass is a program designed for adolescent girls and caregivers. It consists of a combination of approaches, including providing safe spaces, building life skills and social assets, engaging girls in relationships with mentors, and engaging caregivers as support systems and advocates for girls.	Preventing or reducing violence against girls (and enhancing other social outcomes) in humanitarian settings	14 sites in South Kivu where civilians have been affected by conflict, in which 869 Girls/764 caregivers were recruited. Treated group: 446 girls/389 caregivers (Compass Plus). Control group: 423 girls/375 caregivers (Compass).	Female adolescents aged 10-14 (child marriage, forced sex, and sexual violence outcomes measured on those aged 13-14)	Sexual violence (5.2), physical and emotional violence (16.1), neglect (3.4), and child marriage (5.3)	None	No effect on sexual, physical or emotional violence, neglect and child marriage.
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Notes: SDG related outcomes stand as follows. (3.4) By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. (3.5) Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (4a) Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all. (4.1) By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes. (5.2) Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation. (5.3) Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. (5.6) Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences. (8.7) Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms. (16.1) Significantly reduce all forms of violence and related death rates everywhere. (16.2) End abuse, exploitation, trafficking and all forms of violence against and torture of children.

The primary VAC outcomes measured in selected studies belong to three SDG targets within the goals of education (SDG 4), gender equality (SDG 5), and peace, justice and strong institutions (SDG 16). Under education, in addressing SDG target 4a—safe, non-violent, inclusive and effective learning environments—scholars have addressed: victimization (Aber et al., 2017), aggressive behaviour and peer aggression (Averdijk et al., 2016), bullying (Kimber et al., 2007, 2008) and bullying and delinquency (Fekkes et al., 2006). Under peace and justice, notably SDG target 16.1—significantly reduce all forms of violence and related death rates everywhere—authors have addressed child maltreatment (Buderer et al., 2020) and physical violence (Karimli et al., 2017). Finally, under gender equality, SDG target 5.2—eliminate all forms of violence against all women and girls everywhere—authors have addressed sexual violence against girls (Özler et al., 2020; Stark et al., 2018).

The studies reviewed used valid VAC outcome measures (see details in Appendix Table A2). These measures included the Aggression, Victimization, and Social Skills Scale (Orpinas & Frankowski, 2001), the Social Behaviour Questionnaire (Tremblay et al., 1991), the CAN questionnaire (Hibell et al., 1997), the Olweus Bully/Victim Questionnaire (Olweus, 1991), the Early Grade Math Assessment (EGMA) and Early Grade Reading Assessment (EGRA), and the SIMPOC Child Labour Questionnaire (ILO, 2007). In two randomized studies, Özler et al. (2020) and Stark et al. (2018) developed their VAC outcome measures specifically for their studies, with no reporting on the reliability or validity of the measure.

Table 3. SDG outcome measurement instruments

Aber et al. (2017)	<ul style="list-style-type: none"> Victimization (4a) measures the degree to which students experienced relational and physical victimization using five items adapted from the Aggression, Victimization, and Social Skills Scale developed by (Orpinas & Frankowski, 2001). Math and literacy (4.1) were measured using factor analysis and scoring techniques to estimate student proficiency in reading and math using the Early Grade Math Assessment (EGMA) and Early Grade Reading Assessment (EGRA) subtests, respectively. The tests were designed specifically for low- and middle-income countries. Mental health problems (3.4) were measured with 12 items selected, adapted, and translated from three subscales of the Strengths and Difficulties Questionnaire (Goodman, 1997): conduct problems, hyperactivity, and emotional symptoms). All items were averaged to form a single score ($\alpha = 0.84$).
Averdijk et al. (2016)	<ul style="list-style-type: none"> Aggressive behaviour and peer aggression (4a) were measured using the Social Behavior Questionnaire (Tremblay et al. 1991). Non-aggressive conduct disorder (3.4) was measured using the Social Behavior Questionnaire (Tremblay et al. 1991), e.g., "tells lies and cheats". It used the mean from the included six items (two for oppositional defiant disorder and four for non-aggressive conduct disorder) and was assessed by teachers. Substance use (3.5) was assessed by youths and teachers. For the youths, four items measured the past-year consumption of tobacco, alcohol, strong liquor, and marijuana. Answers were given on a five-point scale from 1 (never) to 5 (daily) and recoded as a binary indicator for 0 indicating "never". For teachers, student substance use was calculated on a three-item variety scale, which was a subsample of the teacher-reported measure of deviance and assessed the prevalence (0 "no" and 1 "yes") of smoking cigarettes, drinking alcohol, and using illegal drugs in the past six months. The final score calculated the sum of these items. Delinquency (16.1) was measured using 15 delinquency items from International Self-Report Delinquency.
Kimber et al. (2008)	<ul style="list-style-type: none"> Bullying (4a) was measured using the mean of three items from the CAN questionnaire (Hibell et al. 1997). Youth self-report (YSR) internalizing and externalizing (3.4) were measured using 35 items in an abbreviated Swedish version, including mental health symptoms and problems (Achenbach & Edelbrock, 1987). Contentment in school (4.1) refers to a single item from a Swedish health-behaviour questionnaire, 'How do you like it in school?' (Hibell et al. 1997). It was rated on a five-step response scale, ranging from 'Very good' to 'Very bad.'
Kimber et al. (2007)	<ul style="list-style-type: none"> Bullying (4a) was measured using the mean of three items being insulted; physically assaulted; 'being sent to Coventry') from the CAN questionnaire (Hibell et al. 1997). Substance abuse (3.5) was measured on four CAN self-report scales and referred to the use of tobacco, alcohol, volatile substances, and illegal narcotics. These items were administered only in grades 7–9 (Hibell et al. 1997). Youth self-report (YSR) internalizing and externalizing (3.4) were measured using 35 items in an abbreviated Swedish version, including mental health symptoms and problems (Achenbach & Edelbrock, 1987). Contentment in school (4.1) refers to a single item from a Swedish health-behaviour questionnaire, 'How do you like it in school?' (Hibell et al. 1997). It was rated on a five-step response scale, ranging from 'Very good' to 'Very bad.'
Fekkes et al. (2006)	<ul style="list-style-type: none"> Bullying and delinquency (4a) were measured using two questions adapted from the Dutch version of the Olweus Bully/Victim Questionnaire with somewhat modified answer categories (Olweus, 1991). School satisfaction (4.1) referred to school life. This was measured using three scales from the Dutch School Experience Questionnaire (Knuver, 1993). Psychosomatic complaints (3.4) were asked to report whether they had experienced the symptom never in the last four weeks, sometimes, or often. Items were summed into a scale. Depression (3.4) was measured using the Short Depression Inventory for Children (Kroesbergen et al., 1996).
Buderer et al. (2020)	<ul style="list-style-type: none"> Child maltreatment (16.1) was measured using a binary variable indicating a CPS report for maltreatment. Neglect (16.2) was adapted from the Ontario Child Neglect Index to specify the type and severity of neglect (Trocmé, 1996). Child mental health (3.4) referred to emotional and behavioural problems of the children were assessed using 113 items from the German version of the Child Behavior Checklist.
Karimli et al. (2017)	<ul style="list-style-type: none"> Physical violence (16.1) refers to child's exposure to hazards and abuse at work adapted from SIMPOC Child Labor Questionnaire (ILO, 2007) Child's exposure to abuse at work (8.7) was measured using five binary (yes/no) measures corresponding to distinct forms of hazards and abuse and recode to indicate if the child endured at least one at work. Child's hazardous work (8.7) was measured using seven binary (yes/no) measures and recode to indicate if the child engaged in any form of work and endured at least one of the hazards or abuse. Child's work-related health outcomes (3.4) were measured using four binary (yes/no) measures corresponding to distinct forms of health problems endured because of work (e.g., injuries, strains, diarrhoea, fever, or extreme fatigue).
Özler et al. (2020)	<ul style="list-style-type: none"> Sexual violence (5.2) is a standardized index constructed for having experienced various forms of sexual violence since baseline using a weighted average of the following binary indicators non-consensual, touching, attempted rape, pressured sex, and rape. Schooling index (4.1) combines two binary (yes/no) measures for completing the highest grade and being enrolled in school in 2016–2017. Sexual and reproductive health (5.6) is an index combining five binary (yes/no) measures indicating never married, never had sex, and never pregnant; and a discrete variable for the number of partners in the past 12 months, and a safe sex index regarding condom use. The safe sex index is a standardized index using two binary measures indicating whether the respondents and their partners "always" use a condom during sex and report an active use the last time.
Stark et al. (2018)	<ul style="list-style-type: none"> Sexual violence (5.2) is a binary indicator for having experienced forced sex, coerced sex, or unwanted sexual touching in the last 12 months. Physical and emotional violence (16.1) is a binary indicator for being hit or beaten in the past 12 months. Neglect (3.4) is a binary indicator for feeling uncared for by the person who should provide care in the past 12 months. Child marriage (5.3) is a binary indicator for reporting being currently married, regardless of whether or not living with a spouse.

3.2.3 What works and in which settings?

In Western Europe, the evidence-based generally replicated programs related to bullying (SDG target 4a), mental health problems (SDG target 3.4), and substance abuse (SDG target 3.5) to prevent or reduce bullying and promote children's mental health at school and home. By contrast, the interventions included in the West and Central Africa region are programs that affect children's skills in school and life or parenting programs. Generally, interventions in the global South assessed in this review had various objectives, including preventing or reducing violence against girls, especially sexual violence, promoting quality education and learning for children, promoting mental health, addressing abuses in hazardous work, and enhancing work-related health outcomes. Moreover, these interventions occur in countries affected by conflict, humanitarian contexts, or general and widespread impoverishment.

No programs were identified as accelerators in West and Central Africa. In contrast, we found three accelerators in Western Europe, two based in the school setting and one at home. First, a school-based anti-bullying program in Sweden—the Social and Emotional Training (SET)—promoted mental health, reduced bullying, enhanced psychological well-being, and reduced alcohol abuse (Kimber et al., 2007). Similarly, 47 schools in the Netherlands applied an anti-bullying intervention that significantly decreased the number of bullied children and bullying behaviour, with little effect on depression but an increase in general satisfaction with school life (Fekkes et al., 2006). The single home-based intervention in Switzerland identified children who experienced child abuse and neglect and applied the Multisystemic Therapy for Child Abuse and Neglect (MST-CAN). Results showed a reduction in child maltreatment, decreased severity of neglect and mental health problems, and improved child school attendance (Buderer et al., 2020).

4 Discussion

4.1 Summary of the main results

This study is the first effort to systematically review interventions that accelerate multiple outcomes to achieve the SDGs for children in Western Europe and Central and West Africa regions. The review focuses on evaluation studies using robust methods published in peer-reviewed journals and the grey literature in French and English.

The results are promising, with three interventions classified as SDG accelerators identified. These school-based interventions—SET (Kimber et al., 2007) and an anti-bullying program (Fekkes et al., 2006)—aim to address violence-related issues against and among children, provide a safe learning environment, and improve children’s mental health. The home-based intervention aims to protect children from caregiver abuse and neglect and improve mental health issues (Buderer et al., 2020). These interventions are clear ‘accelerators’ as they had a combined effect across several SDG targets within multiple goals. Further, they are directly linked to four of the seven strategies in the INSPIRE framework: **S**afe environments, **P**arent and caregiver support, **R**esponse and support services, and **E**ducation and life skills. There is a growing literature in the field of violence prevention that links what happens in the home to what happens in school and how risk (or protective) factors can be reinforced in negative (or positive) ways for children between these two settings (Maternowska et al., 2016; Richards et al., 2016).

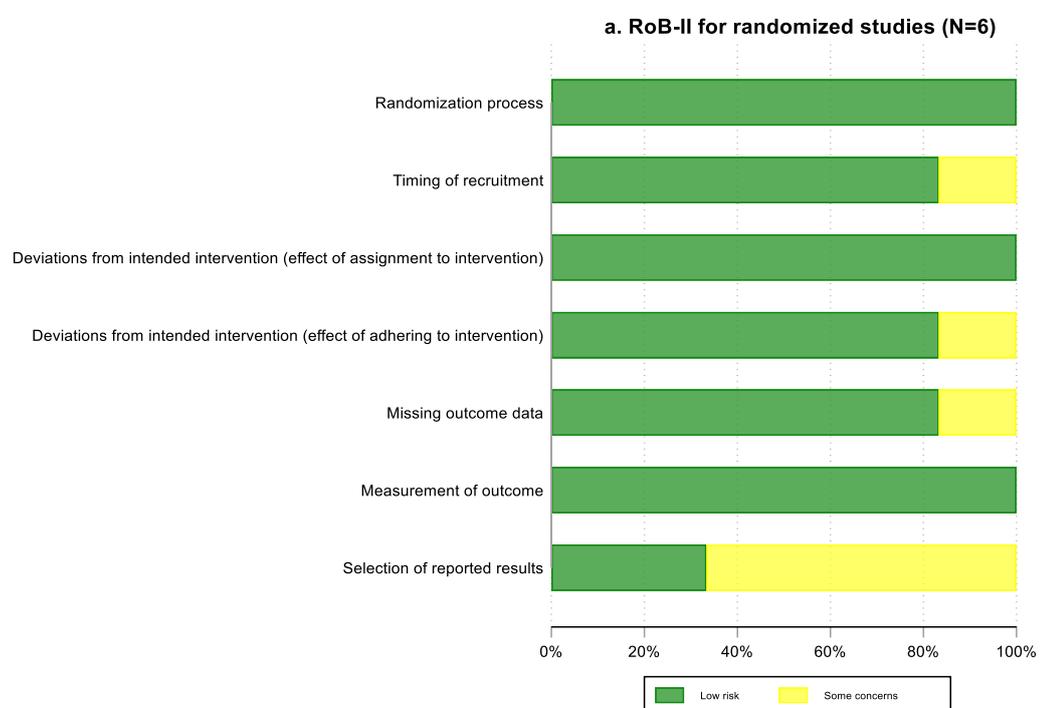
4.2 Overall quality

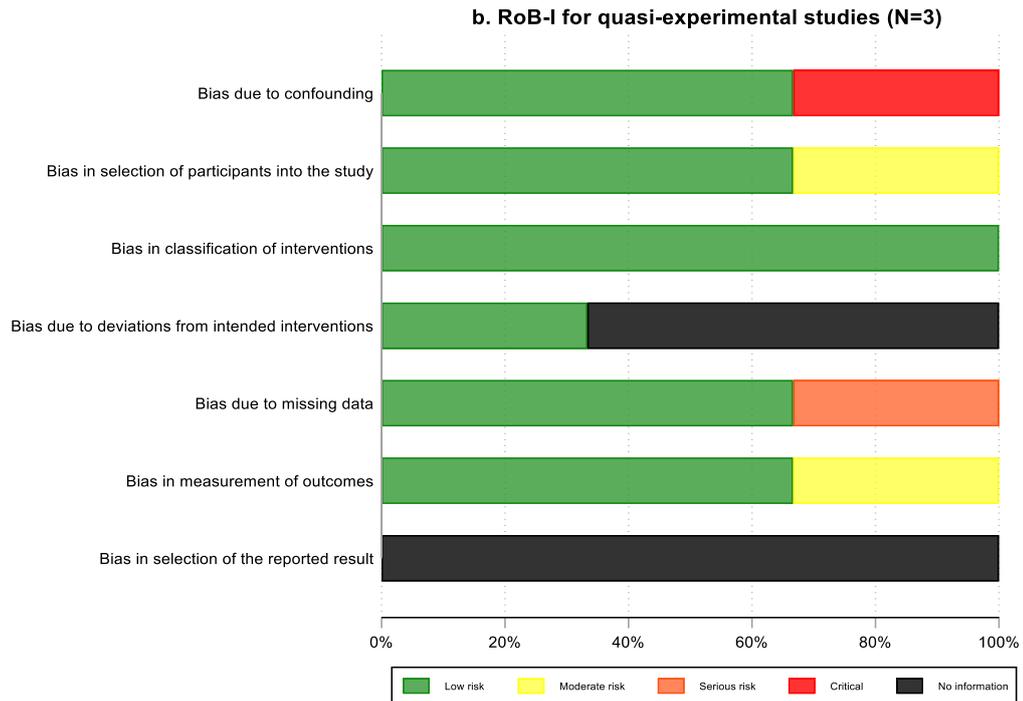
The critical appraisal of the studies was to assess the robustness of the evaluation methods. Of the nine studies included in the review, three had quasi-experimental methods (Buderer et al., 2020; Kimber et al., 2007, 2008), and the remaining six were cluster-randomized trials.

The synthesis graph (figure 2) gives an overview of the quality of the nine included studies by assessing the RoB-II CRT items across the six cluster-RCT and Robins-I items for

the three quasi-experiments. Generally, the risk of bias and quality assessment results suggests good quality studies, i.e. low risk of overall bias. The exception is the study of Buderer et al. (2020), which has some noticeable biases. This study, for example, did not control for some confounders. There was also a potential bias in the mental health outcome measure depending on whether parents or social workers completed the questionnaire. Authors assume that parents responded in a more socially desirable way, whereas social workers with a more professional point of view possibly reported more behavioural issues.

Figure 2. Risk of bias graph for the nine included studies





4.3 Limitations

Our review is limited by three potential biases worth mentioning. The first may have occurred during the screening phase, in which reviewers may have missed possible studies to include in the full-text analysis. Although efforts were made to identify unpublished studies by thoroughly searching the English and French grey literature, classic omission bias remains an issue.

The challenges of conducting a review in multiple languages may have also introduced bias. For example, definitions of search terms in English, let alone in other languages translated to English, may not have been accurate. A lack of consistent and comparable definitions is a notable issue in the field of violence prevention, where definitions and typologies for violence prevention are not yet standardized across social, political, or cultural contexts. To limit this bias, the search terms were translated and then back-translated by two native French-speaking translators both experts in violence prevention research. Moreover, while the translation of the search terms into French was approved by scholars fluent in French, the searches still did not identify any relevant French studies. This failure can be explained partly by considering that many studies conducted by French speakers and in French-speaking countries on violence

prevention are published in English academic literature. Finally, the search engine of the OPEN EDITION database, which provides full-text access to hundreds of open-access journals in French covering the humanities and social sciences, is not well adapted to this type of multidisciplinary journal. Moreover, it imposes a selection of journals to be searched, which implies an inevitable subjectivity for the examiner (see Endnotes 3). These elements were potential sources of bias that must be considered in future research.

5 Recommendations

5.1 Implications for research

There are several important issues this review process raised. First, the absence of articles in the most widely consulted French-language electronic databases highlights the need to adopt an alternative search strategy and to better understand where French language manuscripts, if any, on violence prevention are being published. Consequently, it is necessary to identify additional non-English-speaking databases. This identification process requires close collaboration with experts in the relevant field and allocating sufficient time and effort to test the databases. In addition, the translation of search terms is also time-consuming as it requires finding knowledgeable field language translators and performing translation and back-translation. It is essential to target potential experts who can perform these skills for future reviews, recognizing French language variants on violence-related terms may also be country-specific.

Second, the review suggests that no interventions would qualify as SDG accelerators according to the definition in the Central and West Africa region. However, the heterogeneity of the included studies' settings posed a significant challenge in this review and prevented studies' comparability between developed and low- and middle-income countries. Context is critical and has significant implications for effectively implementing INSPIRE interventions.

Third, while many VAC prevention interventions are likely to be accelerators, evaluation studies tend to focus on single outcomes. This review excluded 29% of eligible articles for this reason (see Figure 1). Indeed, evidence-based child abuse prevention policies and programmes are predominantly derived from single-issue research or focus, which can distract from research on more holistic co-funded investments and solutions, including the effective scaling up of interventions across multiple sectors or domains that influence children's lives. Targeting several objectives simultaneously becomes a strategic imperative if significant progress is to be made toward achieving the SDGs. Ideally, the full potential of accelerators in both policy and practice should consider measuring positive outcomes across numerous SDGs.

Further, regarding research inequities, it is worth noting that all the studies that met inclusion criteria for quality were completed by scholars living in the global North, reflecting the complexities of global inequalities in knowledge production and exchange. Insights addressing this issue nearly a decade ago still hold today where the values and practices shaped by the Northern research agenda contribute to the imbalance (Czerniewicz, 2013), resulting in a loss of authentic voice resulting from processes that have historically led to a core-periphery structure in international science (Demeter, 2020).

5.2 Implications for practice

Tackling violence against children will require continued political commitment, research innovation, and repeated practice. We have adopted an innovative approach in conducting this review by taking the challenge of working across two languages to demonstrate that the collaboration needed to understand better what and where interventions to reduce violence show the most promise. This review also provides a lens for analyzing research inequities between the global North and South, examining the challenges and differences undermining knowledge production across regions, particularly in research output. Researchers working on this topic know all too well the complications of working in the field of violence prevention—with

implementation being technically complex and in countries where the topic remains politically sensitive (e.g., see the review of Steinert et al., 2021).

The results of this regional review represent only part of the larger results generated by the team of researchers from different parts of the world supported by violence prevention researchers. Other team members were also recruited with a preference for bilingual or multilingual researchers who spoke English and another regional language allowing the review to include searches from regions worldwide. In addition to English, other languages included: Arabic, Chinese, French, German, Portuguese, and Spanish.

While there was a supervisory relationship between the core team and the reviewers, there was also a high level of collaboration which bodes well for addressing some of the inherent inequities around research and knowledge production. In recognition of their unique experiences and perspectives, reviewers were encouraged to be involved in every aspect of the review process. Collaboration was nurtured and facilitated in various ways as reviewers and lead investigators helped troubleshoot issues as they arose. Workshops and training sessions were a key part of this process. During these sessions, participating researchers could share their screens to share how they had worked through a problem. This enriched the training sessions as reviewers learned from each other. We also created a community of practice forum to discuss issues and share progress between sessions. Furthermore, the project manager checked in on the reviewers fortnightly. Reviewers also had additional access to the core team via email or could request one-to-one sessions if needed. Finally, a series of workshops were conducted to assist regional review leads in reporting and refining their findings.

The global review is one step towards addressing inequalities by expanding the breadth of a traditional review completed only in English. It took on the challenge of working across seven languages and academic institutions, including those in the global South, to demonstrate

the collaboration needed to better understand what and where interventions to reduce violence show the most promise.

6 Conclusion

Among the nine studies included out of 14,421 initial entries, this review identifies three promising interventions that can accelerate progress toward the SDGs for children. These accelerators may efficiently tackle different forms of violence experienced by children aged 6-17 and positively affect other aspects of their well-being. The results suggest a significant decrease in violence-related outcomes, including physical violence, child abuse and neglect in terms of physical victimization, aggressive behaviour, peer aggression, bullying, delinquency, and neglect at home. The positive effects on other child welfare outcomes include improvements in mental health problems—internalizing and externalizing behaviour, psychosomatic complaints, and depression—and school satisfaction, resulting in gains in psychological well-being and school attendance. These accelerators may efficiently combat different forms of violence experienced by children aged 6-17 and positively affect other aspects of their well-being, aligned with SDG goals 3 ‘health and well-being’, 4 ‘education’, and 16 ‘violence prevention’.

The SDG accelerator concept, in its early stages of empirical validation, becomes an innovative policy solution for improving SDG goals in the economic, social, and environmental fields through combined implementation efforts. The potential for improving practice to change children’s lives is substantial. The results of this review highlight the need for future trials related to VAC prevention to further integrate the concept of SDG accelerators, at least in Europe, where the review indicates some ‘accelerator’ success. Further, realist reviews of the underlying mechanisms might be helpful to see whether these could then be adapted and scaled for global South settings (Cooper et al., 2017). Second, more effort should be made to support scholars in the global South to address knowledge inequities and to enhance understanding of

how accelerators work in different field settings and conditions—such as those in Western and Central Africa. Only then can we ensure that interventions accelerate SDG goals and impact the world’s most vulnerable children.

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8 Appendix

Table A1. Details on the search strategy

	TERMS	
	English	French
Population	'child*' OR 'adolescent' OR 'infant*' OR 'young person' OR 'youth' OR 'teen'	enfan* OU ado* OU nourrisson OU bébé OU jeune*
Violence type	AND 'maltreatment' OR 'violence' OR 'neglect' OR 'abuse' OR 'negligent treatment' OR 'exploitation' OR 'bullying' OR 'trafficking' OR 'war' OR 'conflict' OR 'terror*' OR 'gang' OR 'homicide' OR 'armed' OR 'arms' OR 'firearms' OR 'narcotrafficking'	ET maltraitance OU violence OU négligence OU abandonné OU abus* OU «mauvais traitement» OU exploitation OU intimidation OU harcèlement OU brimade* OU traite OU trafic OU guerre OU conflit OU terreur OU terrorisme OU gang OU bande OU homicide OU meurtre OU arme OU «arme à feu» OU narcotrafic OU «trafic de drogue» OU «traite des enfants» OU contrebande OU harcèlement OU intimid* OU viol OU «prostitution de survie» OU «rescapé exploitation sexuelle» OU « survivant exploitation sexuelle» OU «crime haineux» OU «crime de haine» OU «commerce du sexe» OU «discipline sévère» OU «châtiment corporel» OU «punitions corporelles» OU pistolet OU revolver OU fusil OU «mariage d'enfants» OU «mariage précoce» OU «mutilation génitale féminine» OU MGF OU cyberharcèlement OU cyberintimidation
Intervention goals	AND 'prevent*' OR 'respon*' OR 'interven*' OR 'reduc*' OR 'evaluat*' OR 'stop' OR 'policy adj evalua*' OR 'law'	ET préven* OU responsab* OU interven* OU rédu* OU éval* OU stop* OU arrêter OU cesser OU empêcher OU interrompre OU enrayer OU politique OU stratégie OU programme OU loi OU droit
List of countries	AND Benin OR Burkina Faso OR "Cabo Verde" OR Cameroon OR "Central African Republic" OR Chad OR Congo OR "Côte d'Ivoire" OR "Democratic Republic of the Congo" OR "Equatorial Guinea" OR Gabon OR Gambia OR Ghana OR Guinea OR "Guinea-Bissau" OR "Guinea Bissau" OR Liberia OR Mali OR Mauritania OR Niger OR Nigeria OR "Sao Tome and Principe" OR Senegal OR "Sierra Leone" OR Togo OR "West Africa*" OR "Central Africa**"	ET Benin OU « Burkina Faso » OU Cap-Vert OU Cameroun OU Congo OU « Côte d'Ivoire » OU Gabon OU Gambie OU Ghana OU Guinée OU « Guinée équatoriale » OU « Guinée-Bissau » OU Libéria OU Mali OU Mauritanie OU Niger OU Nigéria OU « République centrafricaine » OR « République démocratique du Congo » OU « Sao Tomé-et-Principe » OU Sénégal OR « Sierra Leone » OU Tchad OU Togo OU « Afrique de l'Ouest » OU « Afrique Central »