



INTERSECTIONS OF INTIMATE PARTNER VIOLENCE AND VIOLENCE AGAINST CHILDREN

**EXPERT PERSPECTIVES ON IMPROVING SERVICE COORDINATION
IN KAMPALA, UGANDA**



AUTHORS:

Mara Steinhaus, Research & Evaluation Specialist, International Center for Research on Women (ICRW)
Maureen Nakirunda, Consultant, ICRW
Kristina Vlahovicova, Research Officer, Promundo-US
Ruti Levtoy, Director of Research, Evaluation, and Learning, Promundo-US
Deborah Nakisuyi, Program Associate, ICRW
Cleopatra Mugenyi, Acting Director, ICRW Africa Regional Office

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ACRONYMS

CEDOVIP	Center for Domestic Violence Prevention
ICRW	International Center for Research on Women
IMAGES	International Men and Gender Equality Survey
IPV	intimate partner violence
VAC	violence against children

STUDY MOTIVATION

Both intimate partner violence (IPV) and violence against children (VAC) are violations of women's and children's rights with far-reaching consequences for the individuals that experience violence, their families and their communities. Global analyses and reviews of studies examining the presence of and links between both forms of violence show not only how often they co-occur within the household, but also how they share many important common risk factors, including gender inequality, marital conflict and harmful use of alcohol (Guedes, Bott, Garcia-Moreno, & Colombini, 2016; Holt, Buckley, & Whelan, 2008). In spite of their frequent co-occurrence and common foundations, intimate partner violence and violence against children are often researched and addressed as separate issues (Ashburn, Kerner, Ojamuge, & Lundgren, 2017; Namy et al., 2017). Concerns

about integration of IPV and VAC programming are largely variations of the fear that one issue will take precedence over the other - for example, when children's voices are not heard or, alternately, children's rights are given precedence over women's (Guedes et al., 2016).

Though Uganda has established legal protections from violence for women and children, including the Domestic Violence Act (2010), amendments to the Children Act (2016) and the National Elimination of Gender Based Violence Policy (2016), rates of IPV and VAC in Uganda remain high. According to data from both the 2016 Uganda Demographic and Health Survey (UDHS) and the International

Men and Gender Equality Survey (IMAGES) in Central Uganda, one out of every two ever-partnered women (ever-married in the case of the UDHS) report ever experiencing physical or sexual violence at the hands of an intimate partner or spouse (Uganda Bureau of Statistics (UBOS) & ICF, 2018; Vlahovicova, Spindler, Levtov, & Hakobyan, 2018). Rates of violence are even higher among children in Uganda: 59 percent of girls and 68 percent of boys experienced physical violence during their childhood, while 35 percent of girls and 17 percent of boys experienced sexual violence before age 18 (Ministry of Gender Labor and Social Development, 2015). Recent evidence from IMAGES Central Uganda and other studies show that IPV and VAC frequently co-occur. About one in three men has used both VAC and physical or sexual IPV in their lifetime, and one in two women who have been the victims of IPV have used VAC as well (Carlson et al., n.d.; Vlahovicova et al., 2018).

Using a feminist analytical lens, a recent qualitative study by Raising Voices applied a case vignette methodology to explore lay community perceptions and experiences of IPV and VAC in Kampala's metropolitan area, finding four types of intersections between IPV and VAC: bystander trauma, negative role modeling, protection and further victimization and displaced aggression (Raising Voices, 2017). And yet, in Uganda, as in many other settings, prevention and response mechanisms for IPV and VAC - both through official, government structures and civil society organizations - have yet to work in full coordination.

The current qualitative study focuses on the perspectives of service providers on the linkages between IPV and VAC, including perceptions about shared risk factors, common consequences, cycles of violence and barriers and opportunities for collaboration. Specifically, we explored how norms around gender and masculinities shape social expectations and interpersonal relationships, reinforcing men's domination over women and children and establishing violence as an acceptable strategy for resolving conflict (Connell 1987; Heise 2011; Levtov et al. 2015; Namy et al. 2017). The current study aims to explore how social acceptance of violence as a normal part of intimate relationships and parenting is linked to dynamics of intersecting violence,



addressing the following research questions:

1. What are shared and contrasting perceptions of IPV and VAC among key stakeholders in organizations working on IPV or VAC?
2. What do stakeholders perceive as protective factors, including positive family dynamics, that they can build on or aspire to foster non-violent families?
3. How do stakeholders describe gendered norms and dynamics and the role they play in violence dynamics in the home?
4. When and how often do organizations either work on both issues or collaborate with others to address them both?
5. What barriers and opportunities do key stakeholders perceive in working toward the prevention of and response to both IPV and VAC?

METHODOLOGY

Sample

Interviews were conducted with male and female service providers concerned with the prevention of or response to violence against women and/or violence against children in the Kampala metropolitan area. These key informants were purposively selected to represent various categories of actors in violence prevention and response, including representatives of national and local government structures, members of the police, representatives of the justice community (judicial courts and legal aid service providers), non-governmental organization staff members from women's and children's rights organizations (including faith-based organizations) and public and private health service providers. Key informants were also purposively selected by position for proximity to service provision; the study aimed to capture the perspectives of those working most closely with survivors of violence, as opposed to the perspectives of senior-level management staff.

Tools

Interviews were conducted using a semi-structured interview guide. Building on the *Intersections Study* conducted by Raising Voices, a novel aspect of the interview guide was the inclusion of four vignettes—brief, evocative case stories—depicting different scenarios in which

IPV or VAC occur. These vignettes were intended to probe for the existence of linkages between IPV and VAC from the perspective of providers and to understand if and how perceived linkages resulted in service referrals. Two “isolated vignettes” were designed to reflect a case of IPV or VAC with no specified cycle of violence. The first depicted a woman being beaten by her husband for not preparing dinner on time, and the second depicted a child being physically punished (caned) for not completing her chores. The other two vignettes were designed to include specific linkages identified by the *Intersections Study* (“intersecting” vignettes). The first depicted a case matching the “protection and further victimization” theme, characterized by a child attempting to stop their father's use of violence against the mother and getting beaten in the process. The second depicted a case matching the “displaced aggression” theme, in which a woman who is beaten by her partner then uses violence to discipline her children. Due to considerations about the length of the interviews, the protocol for administering the vignettes specified that each respondent would be asked only two of the four vignettes. Respondents who worked exclusively or predominantly on one form of violence would be asked one isolated vignette (IPV or VAC depending on their work) and one of the two intersecting vignettes, alternating between them, while respondents who worked on both forms of violence would be asked both intersecting vignettes. The full text of each vignette is shown in *Appendix A*.



Fieldwork

This study was reviewed and approved by the Clarke International University Research Ethics Committee (formerly the International Health Sciences University Research Ethics Committee) in Uganda as an addendum to the IMAGES quantitative survey research protocol. Documentation of this approval was also submitted to the Uganda National Council for Science and Technology.

Twenty-one key informant interviews were conducted in June and July 2018 by a trained lead researcher at a time and place convenient for the respondent (usually a private office or space within their workplace). Interviews were conducted in English. Three interviews were conducted with representatives of national and local government structures; two were conducted with members of the police, three were conducted with representatives of the justice community, two were conducted with health service providers and 11 were conducted with non-governmental organization staff members. No one who was contacted for participation in the study refused to participate. Quotes in the report are anonymized, with a designation of their area of representation.

Key informant interviews were audio recorded with permission. Two respondents declined to be recorded; detailed interviewer notes were captured instead. The interview audio files were transcribed by contracted professionals, and a lead researcher reviewed the transcripts for accuracy and completeness.

Analyses

The codebook was developed by the lead researchers prior to analysis and structured around the research questions. Data were analyzed using Nvivo v12. First, all transcripts and interviewer notes were uploaded to a shared Nvivo file. Next, the two lead researchers and a research assistant completed the process of inter-coder reliability, each coding the same three (14 percent) interviews separately – followed by their reviewing and comparing their coding, resolving all discrepancies and making any necessary changes to the codebook. Once this process was complete, the remaining transcripts were divided and coded by one member of this research team, with quality spot checks

performed by one lead researcher. After coding was complete, the two lead researchers reviewed and analyzed individual codes using comparative thematic analysis, summarizing their findings into code summaries, which were shared and discussed with the full team in a series of analysis meetings. These summaries and subsequent discussions formed the basis of the preliminary results. The preliminary findings were also presented at a consultative workshop with stakeholders in Kampala.

FINDINGS

Service Provider Perspectives on the Linkages between IPV and VAC

The first objective of the study was to explore and compare the perceptions of key informants related to the causes and impacts of IPV and VAC, to understand both where these perceptions align and diverge and what key informants see as the linkages between these two forms of violence. In the following sections, we examine findings related to how service providers conceptualize and relate IPV and VAC, including perspectives on the acceptability, causes or risk factors, cycles and consequences of both forms of violence.

Acceptability of IPV and VAC

Respondents identified multiple ways in which IPV and VAC are normalized – or considered acceptable – in certain contexts, including within marriage and as part of parental rights and responsibilities when raising children. While, for the most part, respondents described norms upheld by members of their communities or the communities they serve, some respondents themselves seemed to view certain types of violence as acceptable.

In relation to IPV, key informants shared that violence is often perceived to be a natural part of marriage:

“And then there are other factors like the acceptability of violence, you know, that women are groomed to think that relationships are horrible. You only enjoy when you are still dating. As soon as you get married, they say that it is not a bed of roses. So they groom her to accept the violence.” – Key informant working in the nonprofit sector

Within marriage, key informants also reported that men perceive themselves as entitled to “conjugal rights” to have sex with their wives and expect their wives to tolerate this and stay “sweet.” Violation of these expectations was described as a justification for men’s entitlement to have other sexual partners and to physically and emotionally abuse their wives.

“Some of them [men] come to court...knowing that it is okay to do some of these things. They will tell you, ‘Is it wrong for me to have...conjugal rights from my partner?...Is it wrong for me to do this?’ So they believe...according to them, they believe that what they are doing is the right thing to do in society. But in actual sense, they are committing acts of...violence.” – Key informant working in the justice sector

In relation to VAC, key informants reported that most adults do not identify certain forms of physical discipline as violence:

“You know, children have been always abused by parents. And we think that it’s normal for them to be abu[sed]...in fact, we don’t call it abuse. We are...maybe chastising them.” – Key informant working in the justice sector

However, even in cases of more severe physical VAC, key informants highlighted the belief that parents have a right to physically discipline their children and that it is therefore inappropriate for others to intervene, regardless of the severity:

“Our culture says that disciplining the child is given to the parents... So, parents were given the latitude. In the name of disciplining, it gets to domestic violence, and sometimes this is a repeated thing. Your neighbor’s child is crying, but nobody is caring about it because he is disciplining his child. A man’s home is his territory; you do not just cross into the territory of another man to go and tell him what he ought to be doing in his home.” – Key informant working in the justice sector

Key informants also shared that the use of harsh physical discipline may even be seen as part of raising children well:

“Some people would argue with you...spare the rod and spoil the child.” – Key informant working in a government health facility

As a result, key informants shared that the acceptability of violence is internalized by children, who may not identify their experiences of violence as inappropriate:

INTERVIEWER: “Are these cases common? Do you have children coming to report that they were beaten although they do not have any physical signs – like this one was slapped. Do you have children coming to report that they were beaten?”

RESPONDENT: “No, children reporting slaps or a few canes, never.”

INTERVIEWER: “Why not?”

RESPONDENT: “I think I said this: most of the children, because they are growing up in the same community where these norms, attitudes and behaviors have formed, many of them think that ‘It is okay for my parents to beat me.’ They don’t see this as a vital issue to report.” – Key informant working in the nonprofit sector

Despite service providers’ awareness of the harmful social norms related to the acceptability of violence, the way some respondents spoke about IPV and VAC – or did not mention certain types of violence at all – revealed that they themselves may also perceive some forms of violence to be acceptable.

“Most of the children, because they are growing up in the same community where these norms, attitudes and behaviors have formed, many of them think that ‘It is okay for my parents to beat me.’”

With regards to IPV, nearly all key informants expressed the belief that women have the right to live free of physical violence from their partners. However, sexual violence from partners (marital rape) was not mentioned by any respondent, and some even endorsed the view that men have a conjugal right to sex after marriage:

INTERVIEWER: "What are the causes of intimate partner violence?"

RESPONDENT: "...Denial of the conjugal rights as men say...or as the law says." – Key informant working in a government health facility

In contrast, key informants universally denounced sexual VAC, but they expressed mixed opinions on the acceptability of harsh physical discipline of children:

"You can beat a child in order to teach [them], but...where it goes beyond that, we have to come in to prevent that kind of ...torture." – Key informant working for the police

These findings highlight that, even among service providers, violence of certain forms or in certain circumstances is normalized and remains acceptable.

Shared and Contrasting Causes of IPV and VAC

For the forms of violence respondents did speak about, the most common cause of both IPV and VAC were gender norms identified as harmful by service providers, including the expectation that women be submissive to men, even when experiencing violence, and that men be the dominant member of the household and assert that dominance through violence.

"There is patriarchy that we face in the...cultural setting...that the man is...the boss at home and owner of the home. He is the alpha and omega. So, because of the cultural set up, you find that most women will...succumb to domestic violence. Because they believe that a man is supposed to provide. He is supposed to be the head of the family." – Key informant working in the justice sector

"A woman is not supposed to...suggest anything to the man...So if you are that smart woman, you would not handle marriage. And some men...They have a problem. They have an esteem problem. They want to be seen as the most intelligent...the smartest...Everything is upon them...If you try to outsmart them and they can't control it, violence erupts. The only way we can...control violence in [this community] is to be submissive. That's what society is telling us to be." – Key informant working in the justice sector

"We believe that the simple root cause of VAC is the power imbalance. The way society looks at children, so it has accorded them low status to the extent that some societies look at children as semi rights holders because the adults have the responsibility to nurture and guide children that has been, misused in a way; that role has been abused in a way that adults think that they have the right to discipline these children, to hold them accountable...that is okay they have that role but how they are using that power, that is the story on them, to nurture and guide children to develop discipline and stuff like that. Instead they are using violence." – Key informant working in the nonprofit sector

Other harmful gender norms identified by many key informants included gendered household roles linked to traditional conceptions of masculinity that contributed to violence. According to key informants, this included circumstances when the man's partner demonstrated power, such as when making decisions without consulting him or fulfilling the role of primary or sole financial provider for their household when men were unable to do so. Key informants reported that these challenges to men's authority cause them to become physically violent towards their partners and/or their children as a means to reassert their power:

"You see a man wants to feel that he is a man. He wants to feel that he can provide for the home. So if he can't, instead, he gets annoyed with whoever is around." – Key informant working in a government health facility

"He needs the woman to know that he is the one in control, so he needs to control her; she has to know that she is powerless. Ultimately he would arise and shout at her or...beat her again for showing power." – Key informant working in the national government

"I think that naturally men are supposed to be providers so when they are not able to; they call it transferring anger, that feeling like you are a failure, to something else... So they transfer that anger to the children or to whoever is within their vicinity." – Key informant working in the nonprofit sector

Additionally, many key informants reported that men are socialized toward violence as a component of male identity, as expressed by this respondent:

"I look at culture...the negative cultural norms, whereby someone has grown up in the community thinking that he is the man and, yes, violence is ok. He is the head of the family, but he does not listen to the partner." – Key informant working in the national government

Some reported causes of violence were necessarily unique to IPV or VAC. With regards to IPV, respondents generally identified causes related to gendered norms and expected gender roles, including norms around gender and land ownership, men's perceived entitlement to sex within marriage/relationships and expectations of fidelity. Some key informants mentioned the impacts of norms around women's rights to the matrimonial home and other land as contributing to emotional and economic violence, despite women having legal rights to equal land ownership. Respondents reported that violence can occur when men control all the profits from the household's agricultural production or prohibit women from being included on land titles. This also makes it

difficult to prove ownership during divorce proceedings:

"Then of course [there is] the economical violence which also takes various forms, it ranges from the prohibition from owning resources within that domestic setting...her labor is what is valued on the garden but she does not own that piece of land, even when she digs the crops, the man sells them off, because he thinks he already paid her bride price. So that refusal to...prohibiting the woman from owning property, prohibiting her from gaining income because so many women have been coerced to be housewives, reduced to beggars that is also a form of economic violence." – Key informant working in the nonprofit sector



Relatedly, respondents reported that infidelity of either spouse, but typically male infidelity, was a contributing factor to relationship tension, with IPV occurring as a common result of this tension. Some respondents even said that suspicion of infidelity was sufficient to cause IPV, such as this key informant, who was asked to describe a typical case of IPV:

"I will give [a case] that I just handled about...less than three weeks ago and basically this is one of jealousy I think and what a man would consider indiscipline from his wife, in a sense that he comes home and does not find her when he expects her to be there. He looks for her in all the places that he assumes he will find her, tries to ring her and finds that she has switched off her phone, and she may be cheating. So, that is really jealousy. I think, in more cases than not, it is always about suspicion of infidelity." – Key informant working in local government

In contrast, only a few respondents discussed gendered aspects of violence against children, beyond those discussed above. Those who did

felt that (older) boys were less likely to be the targets of physical violence, either because they were physically stronger, and thus more difficult to beat, or because they were more respected than girls.

"So mothers, always.. they fear boys I would say. They fear...They treat boys like they are men. They are not supposed to be beaten. That's how they end up even not doing housework. They leave everything for a girl to suffer." – Key informant working in a government health facility

The most commonly-reported risk factor unique to VAC was an increased risk of experiencing VAC among children who were not living with their biological parents. This may be in part due to the acceptability of the use of harsh discipline by parents; few cases of parents beating children would be brought to social services. One reason children were reported to be at increased risk of physical VAC was because the acting caregiver may harbor resentment of or anger toward the absent parent(s):

"In my career I think that ninety-nine percent of all the children that I have encountered [who were] subjected to domestic violence, it was not by their domestic parent. It was either by the step mother or grandmother. This is someone who is also frustrated. They have dumped on her this child...So, she is also disgusted with this child; it is a social burden in her home. There is this attitude, 'If [the child's] mother could abandon [them], who am I to care?'" – Key informant working in the justice sector

Children who were not living with their biological parents were also reported to be at increased risk of sexual VAC because their acting caregiver may be less attentive to protecting them.

Finally, some additional shared risk factors for IPV and VAC were mentioned frequently by key informants, but almost always in direct response to the vignettes. For example, intoxication was frequently mentioned as an enabling factor that exacerbated existing violence. However, most references to alcohol came directly in response to the vignette that linked habitual drinking with

violence.

Cycles of Violence between IPV and VAC

Respondents described several types of links between IPV and VAC, both generally and in direct response to the vignettes. These linkages support and expand upon the intersections identified by Namy et al. (2017). The most commonly-reported link between IPV and VAC was a cascading effect where IPV causes a breakdown in family functioning, leading to child neglect. This was usually characterized as beginning with IPV by the father against the mother and continuing, with the father increasingly failing to provide for a child's basic needs (e.g., food and school fees) as an additional form of retribution against the mother.

"The children are usually victims from their parents because of sometimes, if there is a misunderstanding between the parents, most of the time the children are left there hanging, or they are affected directly. They will be beaten up; they do not know where to go. They are not being catered for and there is some kind of child neglect. They may be denied their rights as a consequence of intimate partner violence...So, they will not go to school; they are denied food or...the basic needs like the children should have." – Key informant working in a private health facility

Sometimes, this dynamic was further linked to the intent to chase the mother and children out of the home:

"But what I have received is actually...the commonest...occurrence...the applicant, usually the woman, is trying to find a solution for the violence that is being committed on them...They are asking for maintenance for the children because the man has neglected to provide for them at home because he has got another partner. So he is trying to chase these people from the home. He is not providing for them, and...he is beating up the woman because she asked for money to look after the home...and the children." – Key informant working in the justice sector

Though failure to provide for a child's basic

needs was often characterized as VAC, in and of itself, some respondents added that fathers would physically beat the children in this circumstance as well:

"At times they decide not to provide for the family, for the children... at times they also beat the children. So, the children also end up being victims." - Key informant working in the nonprofit sector

"Now when there is violence between the partners, it must have a spill over to the children in the following ways:...if the man is a violent man who keeps beating his wife, it is most likely that he will even beat the children, and he will keep insulting the children of how they are so stupid like their mother. And he may even refuse to provide for these children because he thinks that the mother is not important." - Key informant working in the nonprofit sector

Another spontaneously-mentioned linkage between IPV and VAC was key informants' perception that children who witness IPV have an increased likelihood of experiencing or perpetrating IPV as adults. This corresponds with the "negative role modeling" dynamic, whereby children learn and adopt abusive behavior in their current and future families (Raising Voices, 2017). As two respondents stated:

"All of us don't just become adults out of the blue. The way our own parents nurture us sometimes teaches us [how] to nurture our own children." - Key informant working in the nonprofit sector

"The kind of violence we are seeing now was created way back. A person cannot wake today and say I am going to begin beating my wife, even when they are somehow influenced by their peers telling them that you know you have to beat your wife. They can't sustain that, but if they grew up seeing their parents fighting all the time, that is what they take on to their marriage as well." Key informant working in the nonprofit sector

Two additional potential linkages between IPV and VAC were explicitly explored through the

"The kind of violence we are seeing now was created way back...if [the men] grew up seeing their parents fighting all the time, that is what they take on to their marriage as well."

inclusion of vignettes in the interview guide, as described in the *Methods* section. In response to the vignette in which a child is beaten for attempting to stop their father beating their mother (the "protection and further victimization" dynamic), key informants affirmed that this is a common circumstance in which IPV and VAC intersect.

"The children, in most cases, will come to support their mothers. This is a typical everyday case; it is not unique at all. Children will feel enraged that their mothers are under conflict, and they will either get the stick, try to throw it off, they will stand by their mother, and the anger of the father will go on both the mother and the child." - Key informant working in the nonprofit sector

"The father... may beat the children if they are trying to defend their mum. So when they see him beating their mum and they come in to defend their mum, they may get beaten. Their fees may stop being paid... He's angry. [He wonders] why are you challenging him?" - Key informant working in the nonprofit sector

Similarly, in response to a separate vignette in which a mother who has recently been beaten by her husband beats her child for failing a test (exemplifying the "displaced aggression" dynamic), respondents agreed that mothers who experience IPV may be more likely to physically beat their children as outlets for anger they cannot direct toward their husbands:

"It is common, because some women also beat their children saying, 'ndaba taata wamwe anjira bwati, nabavuma' [after all, your father periodically abuses me]. She

starts abusing the children and the rest. They revenge on both sides because a woman cannot beat a man...So, now it is the child to suffer.” – Key informant working in a government health facility

“If the mother is experiencing violence from the father, it is most likely that she will take the violence to the children. She will beat the children because you know that is...the easier target.” – Key informant working in the nonprofit sector

However, key informants also indicated that the VAC from the mother could result in further IPV against her because of how fathers view their children, highlighting complex dynamics between the partners:

“Most times [men] go on the defensive for the child. Because it is a power issue. And you find that the man could prove that he is a leader at the family level as opposed to understanding the reason as to why this woman beat the child. But at the end of the day most times...the man is the head of the family, and so they feel like they can do anything to the child as well as the mother. So you find that, at times, the men resort to beating the mother for beating their child. More so if it is a boy. They call him ‘my heir.’” – Key informant working in the nonprofit sector

Shared and Contrasting Consequences of IPV and VAC

In addition to examining respondents’ perceptions of the causes of IPV and VAC, we also compared key informants’ perceptions of the impacts of these forms of violence on survivors. We did not find notable discrepancies between the perceived consequences of IPV as compared to the perceived consequences of VAC. For both forms of violence, key informants most often spoke about the psychological and emotional consequences, including fear, depression, loss of feelings of safety and loss of self-esteem.

“[The impacts of violence are] trauma, depression, psychological effects. Over...time, the woman gets angry and is hurting because she is very traumatized...She is...throwing the tantrums

because of the pain and the loss of hope...She has reached her breaking point.” – Key informant working in the nonprofit sector

“Beating [is] really a negative move, and it affects...the child psychologically, the moment you beat the child and she sheds tears...that affects her mind psychologically, and it instills fear in that child.” – Key informant working in the national government

For children, respondents specified that these psychological impacts of VAC, especially when compounded with violence in the school setting, could lead to poor academic performance or retention and stunt emotional growth:

“The effect is immense... when [children] go to school, they cannot concentrate. And the fact that at school there is still violence that happens, it adds more weight on the child, and they have to really be resilient or build some resilience strategy around them to overcome that Such effects are hard to outgrow, for some people they grow up with that, especially with emotional violence. So, sometimes it affects the way that they study; sometimes it affects the way that they relate with their fellow children.” – Key informant working in the nonprofit sector

For adults, respondents specified that these psychological impacts could affect a survivor’s ability to navigate the court system, if they choose to press charges and maintain control over aspects of their daily functioning. Beyond the long-term psychological consequences, many respondents also highlighted the consequences of severe physical violence, including fractures, burns, permanent disability and even death.

Perceived Barriers to IPV and VAC Prevention and Response

In this section, we first summarize key informants’ perspectives on challenges they face in conducting primary prevention of violence, including challenging the socialized acceptance of violence. We then explore general challenges to secondary prevention and response activities,

including perceptions that experiences of violence should not be shared outside the family and other reasons survivors of violence may be reluctant to report. The next section presents more detailed information on collaboration across IPV and VAC sectors.

The major barrier to primary prevention of IPV and VAC identified by key informants was the difficulty of conducting participatory, transformative programs that alter perceptions of the acceptability of violence and result in true normative change. Service providers reported that when primary prevention activities fall short in addressing underlying norms related to violence, they will not result in positive change and may even do more harm:

“And then, as I told you, many organizations are not doing a human rights gender transformative programming. Their work only stops at awareness raising, and when people have a lot of knowledge but do not know how to transform it, it becomes problematic...they fear to try new changes; they revert back to the old way of doing things that they know. So, you wonder why are we doing so much work and there is no change? Now if you tell me that beating is bad but you have not given me the other alternative, I will say, ‘If beating is bad I think I am going to confine my family members into the house, or I am going to deny them food,’ I might be even making...worse choices about that. ‘Now that I cannot beat this wife, let me marry

another one.’ And now the problem is escalating because you told me beating is bad. Now I don’t know how to move on from there; so, most programs are ending at awareness raising, and they are not helping communities to act on their awareness, they expect much.” – Key informant working in the nonprofit sector

When it comes to secondary prevention of and response to both IPV and VAC, according to key informants, a common norm that hampers response is the expectation that survivors remain silent, as violence is considered a family matter. When survivors violate this expectation of silence, they may be seen by their families or communities as the problem, facing social repercussions that may even cause them to retract their statements:

“Our culture says that you do not talk about [violence] and that it is normal. Even then for people who...when the file has moved up to court, you will find the relatives coming to court and telling the woman that, ‘How could you bring your husband to court? How can you shame him up to this extent?’ And next you will find the woman with an additional statement saying that ‘Me, I want to withdraw my matter.’” – Key informant working in the justice sector

According to key informants, survivors’ unwillingness to report violence to the police or to testify in court was also a common barrier to IPV and VAC response that stemmed from the survivors’ continued financial and/or emotional dependence on the perpetrator:

“There’s some people who decline to go to police. You see, for women they fear to report their partners. One: because of poverty. They fear that maybe if the partner is arrested, then I will not have food, maybe [our] children [will] not go to school, or you will deny me to go back in the home.” – Key informant working in a government health facility

Key informants reported that children, in particular, were less likely to have access to reporting mechanisms or to feel safe using them to report experiences of violence. This is because they may not identify the violence they experience as



a problem if they have not been made aware of their rights and because they are still financially and emotionally dependent on the perpetrator – and, similarly, fear what will happen to them if the person is incarcerated.

One key informant reported cultural shifts away from informal social structures that used to protect children:

“When you look at the formal child protection structures, for example, structures in terms of policies, in terms of programs and services, they are very effective. But when you look at the informal down in our communities, some of these [that] used to be structures that were of help to the children at the family level are a bit dwindling. That is why I talked of communities that are no longer bothered to guide a child; communities no longer maybe even meet to discuss issues...” – Key informant working in the national government

Other shared barriers to responding to both IPV and VAC reported by key informants included challenges encountered while attempting to access or use judicial and police services. The judicial system was reported to be slow and difficult, without adequate expertise or best practices in place for processing violence cases, especially cases of violence where physical evidence was not available. Key informants also reported that the courts did not sufficiently punish perpetrators or adequately enforce protective orders. With regards to the police, key informants reported that, in general, they were not properly sensitized or trained to handle violence cases, in part due to high turnover. A couple of respondents also reported that the police required payments from survivors to assist them, which survivors were often unable to pay.

“People who are poor, they don't get justice because they cannot even afford to go...you see at times they go to police and as I said...they are charged. So they end up like the most important cases...are not reported to police. So I don't know what has to be done for these people to get justice...because anything concerning money when I've got a problem is really so so so hard that somebody cannot [get her case] worked on

unless she has paid money to police...It is really not good.” – Key informant working in a government health facility

“Regarding the police there have been allegations from clients that they are required to pay some money, and yet they don't have the money. And without the money, you would not get the assistance that you require.” – Key informant working in the nonprofit sector

A final barrier to response to both IPV and VAC was the limited capacity of respondents' own organizations and institutions. Multiple respondents characterized survivors as coming to them with a variety of acute needs, such as extreme poverty, lack of clothing and shelter and the need for mental health services, which their organizations and institutions were not always able to provide.

Perceived Opportunities for IPV and VAC Prevention and Response

Several protective factors, including positive family dynamics, that could be leveraged to foster non-violence among families, were identified by key informants. Key informants did not differentiate between household-level and wider social and institutional structures that could be leveraged to prevent violence. Instead, they saw the family and broader society as interlinked and mutually reinforcing.

Some opportunities key informants identified were applicable to the prevention of both IPV and VAC. Of these, the most commonly endorsed strategy was strengthening existing legal systems as a deterrent to violence. Key informants expressed the opinion that holding perpetrators accountable for violence through formal punitive structures would serve as an effective deterrent to others:



“When a parent sees an example from another parent that so and so assaulted a child and he was actually prosecuted, this is what the consequences were. It is a wake-up call. Once they know that if you assault your child, the other police officer, even if you offer him a bribe, he will not take it, he will move the file, they will be on the lookout. They will avoid doing the same to the child.” – Key informant working in the justice sector

Establishing trust that institutions will respond to violence, improving police and court systems to hold perpetrators firmly to account, may also encourage normative shifts in the acceptability of violence, compounding reductions in violence. Additionally, strengthening social ties and informal community protection structures and engaging men as advocates against violence were also identified by key informants as promising approaches to addressing both IPV and VAC:

“Men have to be brought on board in the fight against domestic violence, for these men to come out and speak to fellow men and say that to be a real man, say no to domestic violence.” – Key informant working in the justice sector

“You know sometimes, when women go to the communities [to speak out against violence], the men will say, ‘Oh these are just women...They are just young girls...’ and things as that. But now we have men...who are in communities telling other men that violence is not the way to go.” – Key informant working in the nonprofit sector

Finally, community engagement in norm change interventions (such as the SASA! violence prevention methodology, which was developed and validated in Uganda by Raising Voices¹) was endorsed as a promising strategy to reduce both IPV and VAC.

To prevent IPV, specifically, the most common strategy endorsed by participants was economic empowerment of women, though not all respondents agreed that this would be protective.

Those that supported women’s economic empowerment as a violence reduction strategy pointed out that reducing women’s economic dependence on their partner had the potential to increase her status and respect received within the relationship and to reduce marital conflict created by the stress of poverty. However, others felt that economic empowerment for women could increase violence if men perceived these activities as threatening to their authority or traditional role as the sole or primary provider and decision-maker for the family. One respondent shared their experience with implementing a women’s economic empowerment program as follows:

“We have some cases where in the savings group, if [men’s]... wives are doing well in the saving group, they start to question: ‘So how are you getting money? How are you doing that?’ That made us get involved and say the men can now, as well,...come together, and you save as husband and wife. So we introduced that because...there were those issues coming up. And like every time [women] are going for a meeting, [men] want to limit [their] movement: ‘You...where are you going...?’ Here and there, like they feel that power of control over...They want to control the woman’s everything...movement and all that.” – Key informant working in the nonprofit sector

Such experiences point to the importance of designing women’s economic empowerment programs in a way that acknowledges and transforms underlying gender norms.

“Sometimes when women go to the communities [to speak out against violence], the men say, ‘Oh these are just women...They are just young girls...’ But now we have men...who are in communities telling other men that violence is not the way to go.”

1. See <http://raisingvoices.org/sasa/> for more information.

Specifically to prevent VAC, key informants most often recommended the implementation of activities meant to improve parenting skills, either through teaching positive discipline or training parents to identify and control their anger before becoming violent. **Two specific methodologies mentioned by respondents were the “esanyu mu maka” [happiness in the home] parenting approach, which focuses on techniques for caregivers to encourage bonding and attachment, and the “stoplight technique,” which gives parents a tool to identify their emotional state and techniques to de-escalate their anger without resorting to VAC.**

Additionally, key informants affirmed that children should be made aware of their right to live free from violence, while also sharing instances in which these sensitization activities have resulted in backlash from parents and communities. The implications of these experiences for future programming are explored in the *Recommendations* section on the following pages.

State of Collaboration between IPV and VAC Prevention and Response

After identifying respondents’ perceptions of the intersecting causes and consequences of IPV and VAC, we sought to understand how often organizations either work on both IPV and VAC or collaborate with others to address both issues, and what experts feel are the benefits and barriers to collaboration.

Some of the nonprofit organizations interviewed only conducted prevention work, including advocacy, in Kampala. Of those, most had established referral mechanisms to link survivors of both IPV and VAC with needed services, regardless of the focus of their advocacy (IPV, VAC or both).

Of the nonprofit organizations that were interviewed for this study that did provide direct services to survivors of IPV and/or VAC, none said that they currently provide direct services to both adults and children in Kampala. According to most respondents, this was mainly due to limitations in funding; just one respondent explicitly said that their organization would not be interested in expanding its mandate to include services to address the other form of violence, if given the chance, because it would detract from

their current work and overly stretch their capacity.

INTERVIEWER: “Would you want in future to work on VAC, or do you envisage in future working on...”

RESPONDENT: “No, we have already so much work, and, of course, we feel for it we can collaborate on smaller pieces because, for us, our part on violence against women and girls has not yet been done. Yes, and we know that there is a great connection, and if a careful piece could be established on how now in our work on violence against women work we can infuse the violence against women prevention issues, that would be wonderful. But to carry on the two bits would mean that, again, we have like two programs, which seem quite heavy given our capacity now.” – Key informant working in the nonprofit sector

Respondents identified multiple benefits of collaboration with other organizations. The most commonly mentioned benefit of collaboration was the increased ease of providing comprehensive support and case management to survivors, while being able to focus on providing specific services in-house.

“Domestic violence has very many faces. So, when a person has come presenting an issue, you may find that this issue has a bearing on her health. She could have, say, contacted a sickness like HIV. She could be pregnant; there is an issue of pregnancy, there is unwanted pregnancy. She also has kids with the perpetrator. She is being evicted out of the house; she has no shelter. You can find that she is in a position of financial instability or actually the issue is financial, although it is presenting as domestic violence here...Really, me, I cannot work on all those – a hundred faces of domestic violence that this person has come with. So, by referring, I am able to do my part, which I can do best, and this person is attended to because all these things need to be sorted out...When a victim comes, she has the immediate needs, she has the midterm needs and she has the long-term needs. So, she needs the immediate solution; she also needs the short-term solution,

*and she needs the long-term solution.” -
Key informant working in the justice sector*

For example, the police reported relying on referrals to NGOs and other external services to meet survivors' immediate needs for food, shelter and medical care, which they are not equipped to provide.

Other benefits of collaboration mentioned by respondents included avoiding duplication of services; building relationships, confidence and goodwill within the sector; building the capacity of organizations through learning from partners, achieving a broader reach; and mobilizing resources.

Despite the evident need for linkages between IPV and VAC services and respondents' awareness of the benefits of such collaboration, only about one in three organizations that provided response services reported that they had established referral mechanisms for survivors of the form of violence they did not work on directly. The most commonly-mentioned barriers to external collaboration mentioned by key informants were difficulties in coordination, including difficulty keeping track of what types of services different organizations provide (especially as these services change due to shifts in funding), lack of trust and certainty related to the quality of services provided by other organization and difficulty in case management and follow-up. For this reason, several respondents stated they would prefer to grow their own internal capacity as opposed to collaborate.

“You might find that this organization is maybe tied up, they are not taking up any more children... Yes, referring is good and inevitable—you cannot do everything, but sometimes it is a whole process. Sometimes bureaucracies, sometimes the organization also has their shortcomings. They cannot help you at the moment, and then you have to look for... another service provider. So, I think if we had more capacity, as ourselves, to solve these issues directly, that would be better.” - Key informant working in a private health facility

An exception to this preference was evident among respondents who were familiar with a

referral network operated by CEDOVIP, which was very highly regarded:

“CEDOVIP coordinates that referral network...they have done the due diligence of visiting these organizations to ensure that they offer the services that they claim to provide...and after confirming, they are put on the referral list, and then they periodically hold capacity building sessions where we share knowledge and ideas as organizations responding to violence against women and children. So, we are confident in our referral network...There are also not only organizations but also institutions that support, for example, if a case requires that it is a police case, they work with police as an institution – mainly with officers that work with child and family protection unit. So, the referral also involves police officers; it also involves health unit that again CEDOVIP engages on these issues, if it is a health issue.” - Key informant working in the nonprofit sector

“We know that there are also organizations in Kampala that can help, in case someone calls within Kampala. So that has been very successful because...CEDOVIP runs an umbrella body where we have about 41 referral partners. So, if a survivor called in with a case, even if it was a case that I cannot handle at my level...then I can refer them to one of the 41 organizations.” - Key informant working in the nonprofit sector



DISCUSSION

This study documented the perspectives of service providers working across the violence sector in Kampala, Uganda with regard to perceived intersecting causes and consequences of IPV and VAC and the linkages between these two forms of violence, as well as their perspectives on barriers to address both forms of violence and their current ability to address those linkages either internally or through collaboration. These key informants highlighted the underlying gender and social norms that contribute to perpetuating both IPV and VAC, including negative masculinities that link successful male identity with financial and decision-making dominance and negative parenting models that equate physical violence with effective discipline.

This study identified four themes of intersection between IPV and VAC expressed by service providers:

1. Child neglect occurring as a result of the breakdown of family functioning due to IPV, resulting in children's increased likelihood of experiencing violence within and outside the home;
2. Children witnessing IPV, leading to greater likelihood of experiencing or perpetrating IPV as an adult;
3. Children being beaten for attempting to stop violence between their parents; and
4. Mothers beating children because they cannot retaliate against their violent partners.

The first theme brings a new perspective from service providers on the impact of IPV on the breakdown of child protection within the family unit, leading to neglect and children's increased vulnerability to violence within and outside the home. This may also be related to a perception that informal community structures no longer support families in ways that reduce violence, either by reducing the stress on parents through supportive, communal parenting or by increasing the accountability of perpetrators to neighbors and other community members and leaders. This highlights the strong need to raise awareness of and address IPV, including attention to ensuring women are not blamed for

violence against children in the home.

The remaining three themes align with other recent research conducted in Uganda. Theme two is consistent with the negative role-modeling theme identified by the *Intersections Study* (Raising Voices, 2017), as well as survey evidence from IMAGES Central Uganda (Vlahovicova et al., 2018) and many other studies on the intergenerational transmission of violence (Fleming et al., 2015; Fulu et al., 2017). Themes three and four are also consistent with the protection and further victimization and displaced aggression themes identified by the *Intersections Study* (Raising Voices, 2017). Our research highlights that service providers similarly recognize these intersections and both the gendered norms and the complex couple and family dynamics that drive them.

However, some caution must be taken when interpreting these results. While the first two linkages between IPV and VAC identified in this study—family breakdown and negative role-modeling arose spontaneously during interviews, respondents almost exclusively mentioned the third and fourth linkages immediately after being read the vignette in which this occurred. Therefore, these findings may have been influenced by priming the respondents to these issues.

Limitations

This study had several limitations. First, it was purposively limited in geographic scope to focus on service provision in Kampala. This choice was intentional, because understanding service provider perspectives in a large and diverse metropolis is an important contribution. However, it does limit the generalizability of the findings. Second, the sample size of 21 interviews is somewhat small. While saturation was reached among key informants from NGOs, who comprised about half of the respondents, more data from police and judiciary members may have illuminated additional aspects of IPV and VAC coordination (or lack thereof) and allowed for additional comparison between responses from representatives of different sectors.

A third limitation of the study was the potential for social desirability bias to affect the key informants' responses. In addition to relying on key

informants' reports of gender norms related to household violence, the research team analyzed transcripts for instances where respondents themselves expressed harmful gender norms related to violence. Unsurprisingly, few key informants overtly expressed these harmful norms during their interview – likely because they were sensitized to gender norms through their choice to work in the violence sector, were aware that the interviewer represented an organization that is well-known for their gender research and had been briefed on the purpose of the research during the consenting process. Every effort was made to ensure respondents' confidence in the anonymity of their responses in order to reduce the impact of social desirability bias on the results.

The use of vignettes in individual key informant interviews was not a limitation, per se, but an untested methodology. The researchers found that, because the vignettes were used in an individual interview, there was no simultaneous contrasting opinion / interpretation from other respondents to elicit further dialogue around the vignette, resulting in shorter responses than those typically received through the traditional format of focus group discussions.

The researchers believe that, among this research population (individuals with greater expertise who were interviewed individually), vignettes may have inadvertently narrowed respondents' thinking, as opposed to expanding it. We, therefore, conclude that **vignettes are more effective in focus group settings than in individual interviews**. One future area of research could be to test the vignettes with focus groups of subject matter experts, to see if and how the responses differ from those conducted with general com-

munity members.

Recommendations

The findings of this study point to three opportunities to leverage the interconnectedness of IPV and VAC to improve service delivery and prevent future violence in Kampala: (1) addressing harmful gender and social norms; (2) increasing awareness and social censure of sexual IPV and physical VAC; and (3) improving linkages between services for survivors of IPV and VAC.

Address Harmful Norms

Key informants discussed at length the transformative possibilities of programs designed to address harmful gender and social norms, such as women's economic empowerment programs and initiatives to sensitize children to their right to live free from violence. One reason these programs have the potential to be so impactful is that this and previous studies have shown that harmful gender and social norms are root causes

of both IPV and VAC. This means that, by addressing norms, violence prevention programs have the opportunity to multiply their effects to reduce both forms of violence, while also ensuring the sustainability of these efforts through the necessary engagement of local communities.

However, not all economic empowerment and sensitization initiatives will be transformative. Successful norm change interventions must be sustained over a long period of time, intersectional and evidence-based (Michau et al., 2015); they must engage men and boys (Jewkes, 2002); and they must go beyond shifting individual attitudes to shift social expectations, creating new shared beliefs that must be reinforced and publicized in order to persist (Alexander-Scott, Bell, & Holden,



2016).

Reduce ‘Blind Spots’

Given that this study found that sexual IPV (sometimes called marital rape) and harsh physical discipline of children continue to go unacknowledged or be considered acceptable by some individuals, including service providers, there is work to be done to expand the conceptualization of violence and shine a light on these ‘blind spots.’ Strategies for doing so can be embedded within ongoing work to transform community perspectives on the acceptability of violence in Uganda.

Additionally, IPV and VAC providers themselves can be targets of future work – with the purpose of improving their awareness of the gender and power imbalances underlying violence, as not all service providers appear to understand or acknowledge these known root causes of violence.

Improve Service Linkages

Finally, as evidenced by the multiple ways in which respondents linked the causes and impacts of IPV and VAC, it is necessary to improve linkages between services for survivors of IPV and VAC. Two models of linking services were identified by respondents—creating internal linkages by broadening an individual organization’s mandate and creating external linkages between organizations working on the different types of violence. The success of these different approaches to linking IPV and VAC services may depend on whether the organization is primarily concerned with prevention or response.

Key informants suggested that broadening an individual organization’s mandate to encompass both IPV and VAC might be successful for prevention work, given that harmful power structures underlie both IPV and VAC and may be jointly addressed by norm change approaches. However, for violence response services, key informants identified far more benefits of external collaboration, despite the challenges it presents. Therefore, while it is up to each organization to determine their own strategy, key informants clearly identified external collaboration as a difficult but necessary mechanism for improving the services provided to survivors of IPV and VAC. This may entail growing and strengthening

trusted and vetted existing referral networks, such as the one operated by CEDOVIP, as well as encouraging donors to fund collaborative engagements that leverage the strengths of multiple organizations to address both types of violence, rather than competing for funding and expanding one organization’s mandate beyond its current capacity.

By jointly addressing harmful norms, reducing blind spots and improving service linkages, organizations in Kampala and beyond can leverage the intersections of these forms of violence to support each other’s vision of a more gender-equitable society, free from IPV and VAC.



Appendix A. Vignettes

Vignette #1 (Isolated violence: IPV only): Suppose a woman comes to see you. She tells you she has been married to her husband for eight years. She tells you that at first her marriage was happy, however, ever since she has taken on a part-time job, she has had trouble keeping up with her household responsibilities. Last week, she got stuck in traffic on her way home and her husband arrived home before dinner was ready. He became very angry, yelled at her, and slapped her on the face and arms. He had hit her once before.

Why do you think this man acted this way?

How common do you think this man's response was, given the circumstances?

Probe: When, if ever, would this man's reaction be justified? What if he was drunk? What if he had a bad day at work?

Would you consider this woman's experience as violence? Why or why not?

Please tell me how you would respond if this woman came to you for services.

Probe: What would you say to her? What would you do?

Suppose this woman also tells you that she has two children in the household, a 3 year-old girl and a 7 year-old boy. How, if at all, might this change how you respond? How you advise her?

Vignette #2 (Intersecting violence: protection and further victimization): Suppose another woman comes to see you. She tells you that she has been married for 15 years. She says that for most of that time, her husband has not financially supported her. He has not held a regular job, and even when he does, he often uses the money he makes to purchase alcohol. He regularly comes home drunk and beats her. Last week she spoke back to him during an argument and he beat her severely. When her 10 year-old child tried to intervene, the father beat the child as well.

Why do you think this man acted this way?

How common do you think this man's response was, given the circumstances?

Probe: When, if ever, would this man's reaction be justified?

Would you classify this woman's experience as violence? Why or why not?

Please tell me how you would respond if this woman came to you for services. Would the child receive services as well, and if so, how?

Vignette #3 (Isolated violence: VAC): Suppose there is a girl living in this community. She is seven years old and lives with her parents and two older siblings. Her regular chores include sweeping the area in front of the home each day after school, however, today, she went and played with a friend instead. When her father found out, he caned her as a punishment for not completing her chores before going to play.

Why do you think this man acted this way?

What would the mother's reaction be?

How common do you think this father's response was, given the circumstances?

Probe: When, if ever, would this father's reaction be justified? What if she was older? Younger? What if it was the mother who caned the girl, instead of the father? A teacher? What if the child was a boy?

Do you consider this girl's experience as violence? Why or why not?

Would this type of case ever come to you for services? If yes, please tell me how you would respond. If no, why do you think not? Would the mother be evaluated for services as well, and if so, how?

Vignette #4 (Intersecting violence: displaced aggression): Suppose there is a family living in this community. The parents fight frequently and the father beats the mother regularly. One day, the parents have a fight over money, and the father beats the mother for speaking back to him. Just after this fight, the children arrive home from school. One child has just failed a test and has been sent home with a note from the teacher. The mother, in her anger, slaps the child for failing the test.

Why do you think the mother acted this way?

What would the father's reaction be?

How common do you think this mother's response was, given the circumstances?

Probe: When, if ever, would this mother's reaction be justified? What if the child was older? Younger? What if the child was a boy? A girl?

Would you consider this child's experience as violence? Why or why not? If not, what type of response would you consider as violence?

Would you consider this mother's experience as violence? Why or why not?

Would this type of case ever come to you for services? If no, why do you think not? If yes, please tell me how you would respond. Would the mother be evaluated for services as well, and if so, how?

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