

Violence Against Women and Violence Against Children – The Points of Intersection



Causes,
Consequences
and Solutions

Alessandra Guedes, Sarah Bott,
Claudia Garcia-Moreno and
Manuela Colombini

This document summarizes key information published in the article *“Bridging the gaps: a global review of intersections of violence against women and violence against children”*

Source: Glob Health Action 2016, 9: 31516
<http://dx.doi.org/10.3402/gha.v9.31516>



Pan American
Health
Organization



World Health
Organization

REGIONAL OFFICE FOR THE Americas

The international community has recognised violence against women (VAW) and violence against children (VAC) as global public health and human rights problems.^{1,2,3} According to World Health Organization (WHO) estimates, nearly one-third (30%) of ever-partnered women have experienced physical and/or sexual violence by a partner, and about 7% of women age 15 and older have experienced sexual violence by a non-partner, with wide variations by region.⁴ The United Nations Children's Fund (UNICEF) estimates that 6 in 10 (almost 1 billion) children worldwide aged 2-14, experience regular physical punishment, and even higher proportions (about 7 in 10) experience psychological aggression; 'harsh physical

punishment' - being hit hard repeatedly or on the face - affects an average of 17% of children from 58 countries where data are available, while about 1 in 10 girls under age 18 (approximately 120 million) worldwide have experienced forced intercourse or other unwanted sexual acts.⁵ Boys also report sexual abuse, usually at lower levels than girls.⁶ Studies from many countries also document high levels of emotional abuse and neglect of children.⁷

Research, programmes, and policies on VAW and VAC have historically followed parallel but distinct trajectories, with different funding streams, lead agencies, strategies, terminologies, rights treaties,

and bodies of research.^{8,9} Some researchers and practitioners have called for more efforts to bridge this divide based in part on evidence that research and services focused on one form of violence in isolation from others may overlook important risks, vulnerabilities, and consequences of multiple forms of violence within families and across the lifespan.^{10,11,12,13,14}

There have also been calls for closer collaboration between the two fields to help countries achieve and measure progress towards ending both forms of violence,¹⁵ as they committed to do as part of the 2030 Sustainable Development Goals and targets.¹⁶

Intersections and Opportunities

- Evidence of intersections has implications for programmes, policies, and research. Overlapping correlates suggest that consolidating efforts to address **shared risk factors** may contribute to preventing both VAW and VAC.
- Associations between childhood exposure to violence and perpetrating or experiencing violence later in life are so strong that they suggest that **prevention of violence in childhood may be essential for long-term prevention of VAW.**
- Evidence that **child maltreatment and intimate partner violence co-occur and produce intergenerational effects** suggests a need for more integrated early intervention. In low and middle-income countries, home and community- based parenting programmes show promise for reducing harsh or abusive parenting¹⁷ and may offer opportunities to address other forms of family violence. A few home visitation programmes in high-income countries have shown potential to reduce intimate partner violence as well as child maltreatment.^{18,19}
- A systematic review concluded that **parenting programmes in low and middle- income countries could do more to address gender inequality**, son preference and discrimination against girls.²⁰
- Co-occurrence and intergenerational effects also have important implications for health, social service, and legal responses to violence. **Service providers from all sectors should be prepared to recognise and respond to multiple forms of violence within families.**
- Evidence that different forms of violence have **common and compounding consequences** across the lifespan suggests a need for greater collaboration or at least knowledge sharing among those who provide services for adult, adolescent, and child survivors of abuse.
- **Adolescence falls between and within traditional domains of both fields and should be of interest to both.** It is an age of elevated vulnerability to key forms of VAW and VAC, and a period when perpetration and experiences of some forms of VAW begin.
- **Child marriage and the partner violence that occurs in those unions should concern both fields.** Helping adolescents manage risks and challenges is one of six strategies identified by UNICEF as important for preventing VAC,²¹ while those working on VAW have identified adolescence as an important life stage to influence attitudes and behaviours related to gender equality and violence.²²
- **Adolescents have sometimes been overlooked by child protection agencies that concentrate on younger children, and by researchers and programmes focused on women** who are already married or cohabiting. Generally, violence against girls by non-cohabiting partners has been inadequately explored in low and middle-income countries.

Potential Risks with Integrating the Fields

Greater coordination between the two fields may pose certain risks, and there may be valid reasons to work independently in some circumstances. Potential risks may include:

- Will children's rights take precedence over women's safety?
- Will women be penalized when children are exposed to intimate partner violence?
- Will women's needs be overlooked?
- Will children's voices be heard?
- Will services be adequately tailored to the needs of children and adolescents?
- What about intersections with other forms of violence?

These challenges deserve discussion but should not stop either field from seeking greater collaboration when appropriate.

1

SHARED RISK FACTORS

- Gender inequality and discrimination
- Lack of responsive institutions
- Weak legal sanctions against violence
- Male dominance in the household
- Marital conflict
- Harmful use of alcohol and drugs

2

SOCIAL NORMS

Social norms that:

- Condone violent discipline (wife-beating and corporal punishment)
- Promote masculinities based on violence and control
- Prioritize family reputation and blame victims
- Support gender inequality

3

CO-OCCURENCE

- Partner violence and child abuse/maltreatment often occur in the same family
- Children in households where mother is abused are more likely to experience violent discipline

4

INTER-GENERATIONAL EFFECTS

- Consequences of VAC last into adulthood
- Partner violence affects: low-birth weight, under-5 mortality, children's mental health and social development
- VAC increases risk of perpetrating or experiencing violence later in life

5

COMMON & COMPOUNDING CONSEQUENCES

- Similar mental, physical, sexual and reproductive health consequences
- Exposure to multiple forms of violence (polyvictimization) may have cumulative, compounding effects

6

ADOLESCENCE

- Period of elevated vulnerability to some forms of VAC/VAW
- Perpetration and victimization often begin in adolescence
- Early marriage and childbearing are risk factors for both VAW and VAC
- Adolescents sometimes overlooked by both fields
- Prevention opportunities exist

VIOLENCE AGAINST
WOMEN



VIOLENCE AGAINST
CHILDREN



Collaborative Solutions

Implement and enforce laws criminalizing abuse and exploitation of both women and children.



Promote equal gender norms that do not accept violence against women or violence against children.



Improve access to safe and **responsive prevention and support services** that are age and gender appropriate.



Integrate material on gender socialization and equal treatment of girls and boys into **home and community-based parenting programmes**.



Promote the integration of a gender perspective within **microfinance programs**.



Strengthen intimate partner violence prevention programmes and ensure they also consider children both directly and indirectly exposed to violence.



Moving Forward Together

- Change social norms that deem violence against children or against women to be acceptable
- Focus prevention efforts on both violence against women and violence against children
- Promote an age-appropriate and multi-faceted response
- Close the gaps in research and promote coordination in measuring progress toward 2030 Sustainable Development Goals

1. UN (2006). Ending violence against women: from words to action. In-depth study on all forms of violence against women. Report of the Secretary-General. New York: United Nations General Assembly.
2. UNICEF (2014). Hidden in plain sight: a statistical analysis of violence against children. New York: UNICEF.
3. Hillis S, Mercy J, Amobi A, Kress H. Global prevalence of past-year violence against children: a systematic review and minimum estimates. *Pediatrics* 2016; 137: e2015407.
4. WHO (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization (WHO), Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council.
5. UNICEF (2014). Hidden in plain sight: a statistical analysis of violence against children. New York: UNICEF.
6. Stoltenborgh M, van Ijzendoorn MH, Euser EM, Bakermans- Kranenburg MJ. A global perspective on child sexual abuse: meta-analysis of prevalence around the world. *Child Maltreat* 2011; 16: 79-101.
7. UNICEF (2014). Hidden in plain sight: a statistical analysis of violence against children. New York: UNICEF.
8. UNFPA, UNICEF (2011). Women's and children's rights: making the connection. New York: UNFPA.
9. Guedes A, Mikton C. Examining the intersections between child maltreatment and intimate partner violence. *West J Emerg Med* 2013; 14: 377-9.
10. UNFPA, UNICEF (2011). Women's and children's rights: making the connection. New York: UNFPA.
11. Herrenkohl TI, Sousa C, Tajima EA, Herrenkohl RC, Moylan CA. Intersection of child abuse and children's exposure to domestic violence. *Trauma Violence Abuse* 2008; 9: 84-99.
12. Lessard G, Alvarez-Lizotte P. The exposure of children to intimate partner violence: potential bridges between two fields in research and psychosocial intervention. *Child Abuse Negl* 2015; 48: 29-38.
13. Wilkins N, Tsao B, Hertz M, Davis R, Klevens J. Connecting the dots: an overview of the links among multiple forms of violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2014.
14. Alhusen JL, Ho GWK, Smith KF, Campbell JC. Addressing intimate partner violence and child maltreatment: challenges and opportunities. In: Korbin JE, Krugman RD, eds. *Handbook of child maltreatment*, Volume 2. New York: Springer; 2014, pp. 187-201.
15. TFG (2015). Priorities for research, monitoring and evaluation: building the new agenda for violence against children. Meeting Report. Washington, DC: Together for Girls (TFG) partnership.
16. UN (2015). Transforming our world: the 2030 agenda for sustainable development. Resolution adopted by the United Nations General Assembly on 25 September 2015. New York: United Nations.
17. Knerr W, Gardner F, Cluver L. Improving positive parenting skills and reducing harsh and abusive parenting in low- and middle-income countries: a systematic review. *Prev Sci* 2013; 14: 352-63.
18. Prosnan GJ, Lo Fo Wong SH, van der Wouden JC, Lagro- Janssen AL. Effectiveness of home visiting in reducing partner violence for families experiencing abuse: a systematic review. *Fam Pract* 2015; 32: 247-56.
19. Bair-Merritt MH, Jennings JM, Chen R, Burrell L, McFarlane E, Fuddy L, et al. Reducing maternal intimate partner violence after the birth of a child: a randomized controlled trial of the Hawaii Healthy Start Home Visitation Program. *Arch Pediatr Adolesc Med* 2010; 164: 16-23.
20. Knerr W, Gardner F, Cluver L. Parenting and the prevention of child maltreatment in low- and middle-income countries: a systematic review of interventions and a discussion of the prevention of the risks of future violent behaviour among boys. Pretoria: Sexual Violence Research Initiative, Medical Research Council, and the Oak Foundation; 2011.
21. UNICEF (2014). Ending violence against children: six strategies for action. New York: UNICEF.
22. Barker G, Ricardo C, Nascimento M. Engaging men and boys in changing gender-based inequity in health: evidence from programme interventions. Geneva: World Health Organization; 2007.