What Works Evidence Review:
Intersections of violence against women and violence against children

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Introduction

Violence against women (VAW) and violence against children (VAC) are violations of human rights and global public health priorities (Figure 1). Globally, an average of 1 in 3 women has experienced physical or sexual intimate partner violence, or sexual non-partner violence in their lifetime[1]. UNICEF estimates that 6 in 10 children aged 2-14 experience regular physical punishment,[2] while global prevalence of child sexual abuse is estimated at 12%[3].

The United Nations Sustainable Development Goals (SDGs) include specific targets to: eliminate all forms of violence against all women and girls in the public and private spheres (Target 5.2); eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation (FGM)

(Target 5.3); and end the abuse, exploitation, trafficking and all forms of violence against and torture of children (Target 16.2).

Historically, work to address VAW and VAC has often occurred separately or in silos. However, there is growing global evidence on the intersections of VAW and VAC, including shared risk factors, common social norms, co-occurrence, and the intergenerational cycle of abuse (Figure 2)[4]. VAW and VAC intersect at various stages of the life course, such as during adolescence. For example, child marriage, FGM and exposure to IPV in dating relationships may be both VAW and VAC. This points to the potential opportunities for integrated responses.

Figure 1: Prevalence and types of VAW and VAC

Violence against women	- Physical, sexual, or psychological abuse or controlling behaviour by an intimate partner (IPV) - Sexual violence by someone other than an intimate partner
Violence against children	- Physical and emotional abuse and neglect by parents and caregivers - Child sexual abuse - Corporal punishment at school - Peer violence - Adolescent dating violence - Other physical abuse

Figure 2: Intersections and links between VAW and VAC

Shared risk factors

Risk factors increase the likelihood of victimisation or perpetration of violence. Both VAW and VAC tend to be more common in societies with weak legal sanctions against violence, social norms that condone violence (discussed below), high levels of gender inequality, and inadequate protections for human rights; and within communities with weak institutional responses to violence and high levels of criminal violence or armed conflict[5]. Patriarchal family and community structures are a cross-cutting risk factor for violence against both women and children within the family, and are the structures onto which other risk factors are overlaid[6]. Other shared risk factors for intimate partner violence (IPV) and VAC include marital conflict and family disintegration, economic stress and male unemployment, problem alcohol and drug use, and inadequate responses to violence. In humanitarian settings,

shared risk factors include the breakdown of informal and formal structures, separation of families and displacement, and increased stress, trauma and poverty[7]. Many studies consistently find increased risk of men's perpetration and women's experiences of physical or sexual violence during adulthood among those who experienced violence during childhood (Box 1)[8].

Eliminating common risk factors therefore has the potential to reduce multiple forms of violence, such as child maltreatment and IPV. For example, witnessing abuse of the mother is a key risk factor for both child maltreatment and IPV during adulthood, creating a cycle of violence within the family. Addressing IPV can disrupt that cycle to reduce rates of violence for future generations.

[1] World Health Organization (WHO). 2013. Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: WHO.
[2] UNICEF. 2014. Hidden in plain sight: A statistical analysis of violence against children. New York: UNICEF.
[3] Stoltenborgh, M., van Ijzendoorn, M. H., Euser, E. M. and Bakermans-Kranenburg, M. J. 2011. A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. Child Maltreatment. 16(2): 79.
[4] Guedes, A., Bott, S., Garcia-Moreno, C. and Colombini, M. 2016. Bridging the gaps: A global review of intersections of violence against women and violence against children. Global Health Action. 9: 31516. The authors also discuss the role of common and compounding consequences, which are a central consideration for effective

responses to violence against women and children.
[5] Guedes et al. 2016.
[6] Namy, S., Carlson, C., O'Hara, K. et al. 2017. Towards a feminist understanding of intersecting violence against women and children in the family. Social Science & Medicine. 184: 40.
[7] Murphy, K., Rodrigues, K., Costigan, J., Annan, J. 2017. Raising children in conflict: An integrative model of parenting in war. Peace and Conflict: Journal of Peace Psychology. 23(1): 46.
[8] Fulu, E. and Heise, L. 2015. What works to prevent violence against women and girls evidence reviews: Paper 1: State of the field of research on violence against women and girls. Pretoria: What Works to Prevent Violence.

Box 1: Childhood trauma and violence during adulthood in South Africa

What Works is evaluating the impact of an intervention by Stepping Stones and Creating Futures in Durban, South Africa that seeks to reduce women's experiences and men's perpetration of IPV by changing gender norms and power imbalances and strengthening livelihoods. The baseline found high rates of all forms of childhood trauma (any physical, sexual or emotional child abuse), and past year victimisation/perpetration of physical and/or sexual IPV. Further analysis identified strong associations between VAW and VAC, such that women who had experienced child abuse reported higher victimisation rates of IPV, while men who had experienced child abuse reported higher perpetration rates of IPV. Associations between physical and/or sexual IPV and childhood trauma are illustrated in Figure 3.

Figure 3: Percentage of women who experienced and men who perpetrated physical and/or sexual IPV in the past 12 months, by their experiences of childhood trauma

Legend:
- No child abuse (women)
- Experienced child abuse (women)
- No child abuse (men)
- Experienced child abuse (men)

Child sexual abuse: 60, 74, 45, 69
Physical abuse/neglect: 49, 72, 43, 62
Emotional abuse/neglect: 52, 70, 40, 62
Any childhood trauma: 38, 68, 36, 59

Common social norms

Some types of VAW and VAC are considered normative in certain settings. Further, social norms that condone, justify and excuse violence and support gender inequality underpin both VAW and VAC. For example, norms about the acceptability of wife-beating and male control are consistently associated with higher rates of IPV at national and subnational levels[9]. Similar norms about the acceptability of physical disciplining of children underpin VAC in different settings, and often exist alongside justifications for wife-beating. Children's exposure to violence-supportive norms at home can also influence their own perpetration and victimisation of violence (Box 2).

Gender norms that dictate men's right to control or discipline women and girls, and norms that link male honour to female sexuality can contribute to men's violence against women[10]. Norms relating to male sexual entitlement are commonly associated with sexual violence against women and adolescents[11]. In addition to encouraging men to behave violently, social norms can foster silence about sexual and other forms of violence in communities[12].

During periods of conflict, some forms of violence can become increasingly normalised, such that violence within the family may escalate alongside violence-supportive social norms. On the other hand, while armed conflict causes horrendous suffering, the disruption it wreaks may also present an opportunity for positive change in social norms that can contribute to gender equality and a reduction in discrimination and VAW.

Prevention initiatives that address gender inequality and challenge harmful norms around acceptability of violence and men's power relative to women and children are therefore essential to addressing both VAW and VAC[13].

Box 2: Preventing violence against women and girls through school-based approaches in Pakistan

What Works is supporting the evaluation of an intervention by the NGO Right to Play to reduce peer violence in Hyderabad district, Pakistan. The baseline survey highlighted that patriarchal norms and attitudes are strongly associated with abuse within the home and peer violence among children[14]. One in ten children had witnessed their mother being abused by their father or another relative in the past month. Boys and girls who had witnessed abuse of their mother were significantly more likely to have been victimised or to have perpetrated peer violence themselves. The study also found a direct pathway between abuse of boys' mothers and their gender attitudes: boys with more abused mothers had more patriarchal gender attitudes. These findings show how children's exposure to violence at home can lead to their own use of violence, as behaviours and attitudes learned within the patriarchal family structure are transmitted to the school environment. The Right to Play intervention is testing the potential of schools as a promising entry point for the prevention of both VAW and VAC.

9 Heise, L. and Kotsadam, A. 2015. Cross-national and multilevel correlates of partner violence: An analysis of data from population-based surveys. Lancet Global Health. 3: e332.
10 WHO. 2009. Changing Cultural and Social Norms that Support Violence. Briefing on Violence Prevention: The Evidence. Geneva: WHO.
11 Fulu, E., Jewkes, R., Roselli, T., & Garcia-Moreno, C. 2013. Prevalence of and factors associated with male perpetration of intimate partner violence: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. The Lancet Global Health. 1(4): e187-e207.
12 Flood, M., and Pease, B. 2006. The Factors Influencing Community Attitudes in Relation to Violence Against Women: A Critical Review of the Literature. Melbourne: VicHealth.
13 Bacchus, L. J., Colombini, M., Contreras Urbina, M., et al. 2017. Exploring opportunities for coordinated responses to intimate partner violence and child maltreatment in low and middle income countries: A scoping review. Psychology, Health & Medicine. 22(sup1): 135.
14 McFarlane, J., Karmaliani, R., Khuwaja, H. et al. 2017. Preventing violence against children: Methods and baseline data of a cluster randomized controlled trial in Pakistan. Global Health: Science and Practice. 5(1): 115.

Co-occurence of IPV and VAC

VAC and IPV often co-occur, or happen within a single household. Patriarchal family structures maintain male authority and dominance in the family, and normalise and justify the use of violence to discipline subordinate family members[15]. Recent evidence from Asia suggests that children in households where the mother is abused are more likely to experience harsh discipline (Box 3). Parents' use of physical discipline, which may be partly driven by their own experiences of childhood trauma, can serve to reinforce existing norms and structures which promote the social acceptance of IPV and VAC.

Intergenerational cycle of abuse

As discussed above, VAW and VAC are driven by strong social norms and structures. In addition, at the individual level, both VAW and VAC are associated with intergenerational effects. Perpetration and victimisation of IPV are consistently associated with past experiences of abuse during childhood, and some research also shows a further link with perpetration of child maltreatment during adulthood, illustrated in Boxes 3 and 4. Other research suggests that in some families where there is IPV, women may harshly parent as a means of trying to protect their children from triggering a man's violence. These associations suggest that preventing VAC may be essential for long-term prevention of VAW, to disrupt the cycle and co-occurrence of abuse. They further highlight that preventing IPV could lead to reduced rates of child maltreatment. The promotion of respectful family relationships, non-violent forms of conflict resolution and parenting practices, and healthy and safe home environments is central to preventing both VAW and VAC.
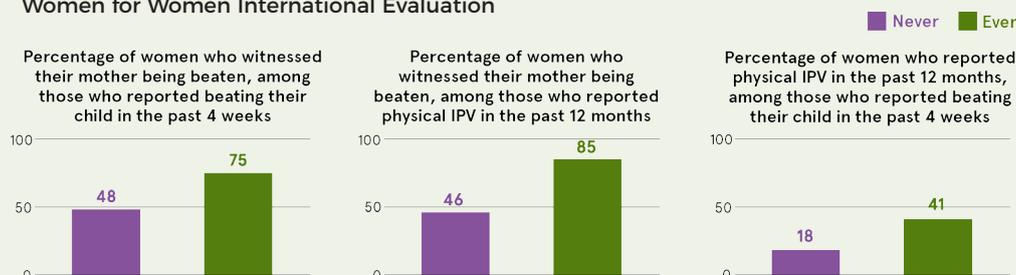
Box 3: Pathways between VAC and IPV in Asia-Pacific

A What Works paper investigates the pathways between VAW and VAC using data from the UN Multi-Country Study on Men and Violence in Asia and the Pacific[16]. The paper identifies significant, and often gendered, pathways between child maltreatment, IPV, and harsh parenting practices that highlight the co-occurrence of violence in the family. Both men's and women's own harsh parenting was most strongly driven by their partner beating their children. There were further pathways between men's perpetration of physical IPV, women's experiences of physical IPV, and harsh parenting practices by both parents.

Box 4: Experiences of physical violence against women and children in Afghanistan

What Works is supporting the evaluation of the Women for Women International intervention, a one-year economic strengthening and social empowerment programme in Afghanistan. The programme provides women with business and life skills, connections to local women's networks, and small cash transfers. Among married women aged 18-49, the baseline found significant associations between women's exposure to physical violence during childhood, recent experiences of physical IPV, and current use of physical punishment against their own children (Figure 4). These findings indicate that women who have recently experienced IPV are more likely to be currently using physical punishment to discipline their own children, contributing to an intergenerational cycle of abuse.

Figure 5: Childhood trauma, IPV and harsh parenting in Afghanistan, Women for Women International Evaluation

Percentage of women who witnessed their mother being beaten, among those who reported beating their child in the past 4 weeks — Never: 48, Ever: 75

Percentage of women who witnessed their mother being beaten, among those who reported physical IPV in the past 12 months — Never: 46, Ever: 85

Percentage of women who reported physical IPV in the past 12 months, among those who reported beating their child in the past 4 weeks — Never: 18, Ever: 41

Intersections of violence during adolescence

VAW and VAC overlap during adolescence, as some forms of violence are often first experienced during this period, or become elevated due to an individual's age. There is evidence that adolescent girls are at greater risk of abuse during early intimate relationships, and of sexual assault and harassment in public places, compared with older women[17]. Studies have also demonstrated that perpetration of non-partner sexual violence usually starts in adolescence[18]. Adolescent marriage and childbearing are also risk factors for both IPV and child maltreatment in some settings[19].

This age group represents an important opportunity for preventing both VAW and VAC, such as through peer education that focuses on respectful relationships and addresses common social norms that underpin different types of violence in the family. Prevention efforts with adolescents should include both caregivers and intimate partners to address potential victimisation of multiple forms of violence such as child abuse and dating violence (polyvictimisation).

[13] Bacchus, L. J., Colombini, M., Contreras Urbina, M., et al. 2017. Exploring opportunities for coordinated responses to intimate partner violence and child maltreatment in low and middle income countries: A scoping review. Psychology, Health & Medicine. 22(sup1): 135.

[14] McFarlane, J., Karmaliani, R., Khuwaja, H. et al. 2017. Preventing violence against children: Methods and baseline data of a cluster randomized controlled trial in Pakistan. Global Health: Science and Practice. 5(1): 115.

[15] Namy et al. 2017.

[16] Fulu, E., Miedema, S., Roselli, T. et al. 2017. Pathways between childhood trauma, intimate partner violence and harsh parenting: findings from the UN multi-country cross-sectional study on men and violence in Asia and the Pacific. Lancet Global Health. 5: e512.

[17] Solotaroff, J. and Pande, R. 2014. Violence against women and girls: Lessons from South Asia. South Asia Development Forum. Washington DC: World Bank Group.

[18] Fulu and Heise. 2015.

[19] Guedes et al. 2016.

Promising approaches to address the intersections of VAW and VAC

There is emerging evidence from rigorous evaluations of different approaches that can address the intersections of VAW and VAC to prevent both forms of violence. Some of these have proven effectiveness in reducing rates of violence, while others are promising in their potential to target shared risk factors, common social norms, and other intersections. Prevention efforts should be implemented within a supportive legislative and policy environment to eliminate violence and support survivors.

1. Building gender equality and addressing gender norms	**Tackling gender inequality** requires targeting the patriarchal and gender norms that underpin both VAW and VAC in specific settings. This requires broad-based social transformation that engages women and men, girls and boys, to tackle harmful masculinities and femininities, and address unequal power of men over women. Entry points for integrated VAW-VAC programming may include helping community members reflect upon — and challenge — the social acceptability of using violence to assert power over "weaker" family members. The **Right to Play** school-based programme in Pakistan aims to shift gender norms that perpetuate peer violence among school children. Girls are supported to develop their confidence and leadership skills, boys are encouraged to adopt positive forms of masculinity, and the wider community is engaged to promote gender equitable norms.
2. Reducing the normalisation of violence	Creating and communicating **non-violent attitudes, norms and practices** is crucial to end the normalisation of violence against both women and children. This is particularly important in conflict and humanitarian settings, where violence in general is normalised and exacerbated. As part of What Works, the **Preventing Violence Against Women and Girls** project, led by Help the Afghan Children in Afghanistan, aims to achieve this through peace education in schools and conflict resolution and peace building training among religious leaders and women's organisations.
3. Addressing previous exposure to violence	**Family-level psychosocial programmes** aim to mitigate against risk factors within the family, including alcohol and substance abuse, past experiences of childhood trauma, and IPV. These are promising interventions for humanitarian contexts to address conflict-related trauma. In Zambia, an intervention being evaluated through What Works is engaging with families to reduce violence and alcohol use by pairing work on gender norms, positive communication, mental health and alcohol reduction.
4. Working with adolescents	Programming with **adolescents** is crucial to address the heightened risks faced by this age group, including safety in public spaces and increased vulnerability to sexual violence. The schools-based **IMpower** programme in Kenya, being evaluated through What Works, is seeking to prevent sexual violence by empowering adolescent girls through self-defence training paired with building self-esteem and communication skills. This is combined with the **Source of Strength** programme that engages adolescent boys to promote positive norms around gender equality, masculinity and non-violence.
5. Holistic approaches in schools	**'Whole school' models** take a holistic approach to reinforce key messages across students, staff, parents and the wider community, focusing on non-violent school practices and culture. They can reach children of all ages including adolescents. **The Good School Toolkit**, developed by the NGO Raising Voices in Uganda, has proven effective in reducing corporal punishment in schools. The intervention uses behavioural change techniques to transform violence-supportive school cultures and generate respectful relationships.
6. Better parenting practices	**Parenting programmes** foster healthy family relationships by improving skills and knowledge, and teaching positive parenting practices. To be effective, they should include content on gender roles, power, and IPV through programming that aims to transform gender hierarchies. The **Responsible, Engaged and Loving (REAL) Fathers** programme in Uganda works with men to develop positive parenting and conflict resolution skills, and encourage transformation of rigid gender roles within the family.

Policy recommendations

• Address gender inequality and the harmful gender norms that underpin both VAW and VAC.

• Addressing IPV should be a priority to disrupt the intergenerational cycle of abuse and prevent both VAW and VAC in the long-term.

• Adolescence offers a crucial window of opportunity for prevention of VAW and VAC. Prioritise prevention efforts with adolescents, girls in particular, that challenge gender norms and build girls' agency to create healthy relationship behaviours and help adolescent girls postpone unwanted sexual debut, marriage, cohabitation, and childbearing until adulthood.

• Prioritise programmes and policies that address shared risk factors for VAW and VAC, for example the development of a strong agenda for alcohol reduction, healthy families and non-violent conflict resolution.

• Invest in research into potential pathways between VAW and VAC, cumulative impact throughout the life course, and resilience factors. Further evidence of pathways and polyvictimisation is particularly needed for humanitarian settings.

• Deepen coordination and shared learning across the VAW and VAC prevention fields. Joint programming may not always be desirable however greater communication and collaboration would benefit both fields.

• Intervention research should track both VAW and VAC where possible. Rigorous and consistent measures should be developed to assess patterns and intersections of both forms of violence, including cost effectiveness measures for both outcomes.

The What Works to Prevent Violence against Women and Girls Programme is a flagship programme from the UK Department for International Development, which is investing an unprecedented £25 million over five years to the prevention of violence against women and girls. It supports primary prevention efforts across Africa and Asia that seek to understand and address the underlying causes of violence, and to stop it from occurring. Through three complementary components, the programme focuses on generating evidence from rigorous primary research and evaluations of existing interventions to understanding what works to prevent violence against women and girls generally, and in fragile and conflict areas. Additionally the programme estimates social and economic costs of violence against women and girls, developing the economic case for investing in prevention.

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