Intersectional Feminist Framework

VAW and VAC occurs in environments characterised by patriarchal social norms which are embedded in a broader context with multiple sites of power and oppression that differentially affect women.[11] This highlights diversity among women, accounting not only for gender differences but also social categories such as race, ethnicity and social class. These systems of power and oppression not only operate among men and women but also among parents/caregivers and children, resulting in the hierarchical status of men superior to women, and to children.[12] Patriarchy devalues the position of women and children and provides men with power that is maintained and reinforced through the use of violence and control. This framework recognizes the power relations between women, men, women as mothers, children and the various social identities these hold among systems of oppression within society.

How are VAC and VAW linked?

1) Shared risks factors

VAW and VAC not only occur in parallel, but usually occur in the same households, with shared risk factors that contribute to this co-occurrence.[1, 13] This is driven by a web of inter-related factors such as childhood trauma, negative role-modelling during childhood, increased likelihood for victimisation (females) and for perpetration (males), and the displacement of aggression, all of which become pathways through which these intersecting forms of violence manifest.[14] The most common risk factors that drive VAC and VAW include *gender inequality, male dominance, relationship conflicts,* and *harmful consumption of alcohol.*[15-18]

Gender inequality manifests in multiple ways, such as a woman's social position. The power imbalances drive IPV and influence the power dynamics between adults and children and adult rights over children, which create the possibility for violence to occur.[17]

Male dominance in the household is underscored by patriarchal masculine ideals and influences parenting, with the use of harsh parenting practices for both men and women strongly associated with male intimate partner violence in the home.[19]

Partner conflict is manifested in aggressive and coercive behaviours and is associated with the experience of violence by women in intimate partnerships, affecting parent-child relationships and increasing the risk of children being victims of violence.[20, 21]

IPV has been associated with male ***problem alcohol use*** and that in turn increased women's alcohol use.[22, 23] In South Africa, harmful consumption of alcohol was also found to increase the risk of dating violence during adolescence and highlights this as a risk period.[24]

2) Common Social Norms

Norms that condone violent discipline[25, 26] promote violent masculinities [16-18, 27] and prioritise family reputation over individual wellbeing, all underpin gender inequality.[27, 28] The ***pervasive nature of*** VAC and VAW is driven by the normalisation of *violent and controlling forms of masculinities,* supported by gendered social norms. In South Africa, as elsewhere, the prevailing social and cultural context promotes a gendered hierarchy with men in a superior position to women and children, where men's violence towards women and children is widely tolerated – and used to express masculinity, enforce gender norms and discipline children. In this context, men's use of violence is associated with their search for respect and power by controlling the behaviour of their female partners and children.

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Recommendations

Interventions should be tailored to the social context and respond to the specific patterns of violence encountered in the community.[38] The development of multi-component and targeted interventions that take into account the intersections of gender, ethnicity and social position, among others, have better outcomes in the African context, based on the review of promising interventions. We, therefore, recommend programmes to consider:

- Multi-component interventions, such as interventions that combine community activism with parenting, have shown to have better success in achieving improved and sustained outcomes for both VAC and VAW.
- Adolescence is an important period to target, as this is a period when the complex pathways and intersecting risks associated with both VAC and VAW are heightened and when there is great potential to reduce the risk of future victimisation for female and perpetration for males.
- Interventions need to consider that violence is not a once-off event but that poly-victimisation in LMICs is common. Interventions, therefore, have to consider this by addressing multiple incidents of violence and victimisation across the life course in the design of interventions.
- Reducing the intergenerational effect of VAC and VAW is important. Therefore, community-based interventions combining gender-equitable norms and family strengthening approaches to reduce intimate partner violence and improve intimate relationships and parent-child relationships are critical to shift the intergenerational effects of violence.

References 1 Guedes A, Bott S, Garcia-Moreno C, Colombini M. Bridging the gaps: a global review of intersections of violence against women and violence against children. *Global health action*. 2016;9(1):31516. 2 García-Moreno C, Pallitto C, Devries K, Stöckl H, Watts C, Abrahams N. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence: *World Health Organization*; 2013. 3 Hillis SD, Mercy JA, Saul JR. The enduring impact of violence against children. *Psychology, Health & Medicine*. 2017;22(4):393-405. 4 Machisa M, Jewkes R, Lowe-Morna C, Rama K. The war at home. Johannesburg: *GenderLinks*. 2011:1-19. 5 Akmatov MK. Child abuse in 28 developing and transitional countries—results from the Multiple Indicator Cluster Surveys. *International Journal of epidemiology*. 2011;40(1):219-27. 6 Artz L, Ward CL, Leoschut L, Kassanjee R, Burton P. The prevalence of child sexual abuse in South Africa: *The Optimus Study South Africa*. 2018;108(10):791-2. 7 Kirk L, Terry S, Lokuge K, Watterson JL. Effectiveness of secondary and tertiary prevention for violence against women in low and low-middle income countries: a systematic review. *BMC public health*. 2017;17(1):1-21. 8 Assembly UNGA. Declaration on the Elimination of Violence against Women: *United Nations Department of Public Information*; 2000. 9 Ellsberg M, Heise L, Pena R, Agurto S, Winkvist A. Researching domestic violence against women: methodological and ethical considerations. *Studies in family planning*. 2001;32(1):1-16. 10 Unicef. United Nations Convention on the Rights of the Child (UNCRC). Retrieved from www2 ohchr org/english/law/crc htm. 1989. 11 Guedes A, Mikton C. Examining the intersections between child maltreatment and intimate partner violence. *Western Journal of Emergency Medicine*. 2013;14(4):377. 12 Damant D, Lapierre S, Kouraga A, Fortin A, Hamelin-Brabant L, Lavergne C, et al. Taking child abuse and mothering into account: Intersectional feminism as an alternative for the study of domestic violence. *Affilia*. 2008;23(2):123-33. 13 Mercy J, Saul J, Hillis S. The importance of integrating efforts to prevent violence against women and children. Research Watch New York: *UNICEF Office of Research*. 2013. 14 Namy S, Carlson C, O'Hara K, Nakuti J, Bukuluki P, Lwanyaaga J, et al. Towards a feminist understanding of intersecting violence against women and children in the family. Social Science & Medicine. 2017;184:40-8. 15 Atteraya MS, Gnawali S, Song IH. Factors associated with intimate partner violence against married women in Nepal. *Journal of interpersonal violence*. 2015;30(7):1226-46. 16 Castro RJ, Cerellino LP, Rivera R. Risk factors of violence against women in Peru. *Journal of family violence*. 2017;32(8):807-15. 17 Jansen HA, Nguyen TVN, Hoang TA. Exploring risk factors associated with intimate partner violence in Vietnam: results from a cross-sectional national survey. *International Journal of public health*. 2016;61(8):923-34. 18 Atiqul Haque M, Janson S, Moniruzzaman S, Rahman AF, Islam SS, Mashreky SR, et al. Children's exposure to physical abuse from a child perspective: A population-based study in rural Bangladesh. *PLoS One*. 2019;14(2):e0212428. 19 Fulu E, Miedema S, Roselli T, McCook S, Chan KL, Haardörfer R, et al. Pathways between childhood trauma, intimate partner violence, and harsh parenting: findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*. 2017;5(5):e512-e22. 20 Chirwa ED, Sikweyiya Y, Addo-Lartey AA, Ogum Alangea D, Coker-Appiah D, Adanu RM, et al. Prevalence and risk factors of physical or sexual intimate violence perpetration amongst men in four districts in the central region of Ghana: Baseline findings from a cluster randomised controlled trial. *PLoS One*. 2018;13(3):e0191663. 21 Pereira M, Negrão M, Soares I, Mesman J. Predicting harsh discipline in at-risk mothers: The moderating effect of socioeconomic deprivation severity. *Journal of Child and Family Studies*. 2015;24(3):725-33. 22 Gass JD, Stein DJ, Williams DR, Seedat S. Gender differences in risk for intimate partner violence among South African adults. *Journal of Interpersonal Violence*. 2011;26(14):2764-89. 23 Abrahams N, Jewkes R, Laubscher R, Hoffman M. Intimate partner violence: prevalence and risk factors for men in Cape Town, South Africa. *Violence and victims*. 2006;21(2):247-64. 24 Jewkes R, Gevers A, Chirwa E, Mahlangu P, Shamu S, Shai N, et al. (2019) RCT evaluation of Skhokho: A holistic school intervention to prevent gender-based violence among South African Grade 8s. *PLoS One* 14(10): e0223562. https://doi.org/ 10.1371/journal.pone.0223562. 25 Lansford JE, Deater-Deckard K, Bornstein MH, Putnick DL, Bradley RH. Attitudes justifying domestic violence predict endorsement of corporal punishment and physical and psychological aggression towards children: a study in 25 low-and middle-income countries. *The Journal of pediatrics*. 2014;164(5):1208-13. 26 Kandel P, Kunwar R, Karki S, Kandel D, Lamichhane P. Child maltreatment in Nepal: prevalence and associated factors. *Public health*. 2017;151:106-13. 27 Heaton TB, Forste R. Domestic violence, couple interaction and children's health in Latin America. Journal of Family Violence. 2008;23(3):183-93. 28 Ogum Alangea D, Addo-Lartey AA, Sikweyiya Y, Chirwa ED, Coker-Appiah D, Jewkes R, et al. Prevalence and risk factors of intimate partner violence among women in four districts of the central region of Ghana: Baseline findings from a cluster randomised controlled trial. *PloS One*. 2018;13(7):e0200874. 29 Wood K, Lambert H, Jewkes R. "Injuries are Beyond Love": Physical Violence in Young South Africans' Sexual Relationships. Medical anthropology. 2008;27(1):43-69. 30 Hayes BE, van Baak C. Risk factors of physical and sexual abuse for women in Mali: findings from a nationally representative sample. *Violence against women*. 2017;23(11):1361-81. 31 Salazar M, Dahlblom K, Solórzano L, Herrera A. Exposure to intimate partner violence reduces the protective effect that women's high education has on children's corporal punishment: a population-based study. *Global health action*. 2014;7(1):24774. 32 Ismayilova L, Karimli L, Gaveras E, Tō-Camier A, Sanson J, Chaffin J, et al. An integrated approach to increasing women's empowerment status and reducing domestic violence: Results of a cluster-randomized controlled trial in a West African country. *Psychology of violence*. 2018;8(4):448. 33 Betancourt TS, Jensen SK, Barnhart DA, Brennan RT, Murray SM, Yousafzai AK, et al. Promoting parent-child relationships and preventing violence via home-visiting: a pre-post cluster randomised trial among Rwandan families linked to social protection programmes. *BMC public health*. 2020;20:1-11. 34 Kyegombe N, Abramsky T, Devries KM, Michau L, Nakuti J, Starmann E, et al. What is the potential for interventions designed to prevent violence against women to reduce children's exposure to violence? Findings from the SASA! study, Kampala, Uganda. *Child Abuse & Neglect*. 2015;50:128-40. 35 Murray LK, Kane JC, Glass N, Skavenski van Wyk S, Melendez F, Paul R, et al. Effectiveness of the Common Elements Treatment Approach (CETA) in reducing intimate partner violence and hazardous alcohol use in Zambia (VATU): A randomized controlled trial. *PLoS Medicine*. 2020;17(4):e1003056. 36 Cluver LD, Meinck F, Steinert JI, Shenderovich Y, Doubt J, Romero RH, et al. Parenting for lifelong health: a pragmatic cluster randomised controlled trial of a non-commercialised parenting programme for adolescents and their families in South Africa. *BMJ Global Health*. 2018;3(1). 37 Ward CL, Wessels IM, Lachman JM, Hutchings J, Cluver LD, Kassanjee R, et al. Parenting for Lifelong Health for Young Children: a randomized controlled trial of a parenting program in South Africa to prevent harsh parenting and child conduct problems. *Journal of child psychology and psychiatry*. 2020;61(4):503-12. 38 Ashburn K, Kerner B, Ojamuge D, Lundgren R. Evaluation of the responsible, engaged, and loving (REAL) fathers initiative on physical child punishment and intimate partner violence in Northern Uganda. *Prevention Science*. 2017;18(7):854-64. 39 Baiocchi M, Friedberg R, Rosenman E, Amuyunzu-Nyamongo M, Oguda G, Otieno D, et al. Prevalence and risk factors for sexual assault among class 6 female students in unplanned settlements of Nairobi, Kenya: Baseline analysis from the IMPower & Sources of Strength cluster randomized controlled trial. *PLoS One*. 2019;14(6):e0213359. 40 Stern E, Martins S, Stefanik L, Uwimpuhwe S, Yaker R. Lessons learned from implementing Indashyikirwa in Rwanda-an adaptation of the SASA! approach to prevent and respond to intimate partner violence. *Evaluation and program planning*. 2018;71:58-67. 41 Wagman JA, Namatovu F, Nalugoda F, Kiwanuka D, Nakigozi G, Gray R, Serwadda D. A public health approach to intimate partner violence prevention in Uganda: the SHARE Project. *Violence against women*. 2012;18(12):1390-1412. 42 Addo-Lartey AA, Ogum Alangea D, Sikweyiya Y, Chirwa ED, Coker-Appiah D, Jewkes R, Adanu *RM. Rural response system to prevent violence against women: methodology for a community randomised controlled trial in the central region of Ghana*. Global health action. 2019;12(1):1612604.

About the Children's Institute, University of Cape Town

The Children's Institute is a leader in child policy research and advocacy in South Africa. Our activities focus on key challenges to the well-being of South Africa's children: poverty, inequality, HIV/AIDS, high infant and child mortality and morbidity, violence and abuse, and limited voice. Our purpose is to provide evidence to assist policy-makers and practitioners to create policies, programmes and institutions that support the best interests of the country's children.

Connecting the dots
deepening our understanding of violence against women and children

By Shanaaz Mathews and Lehlogonolo Makola

Violence against women (VAW) and violence against children (VAC) are conceptualised as widespread global public health and human rights problems.[1] It is globally estimated that 35% of women experience physical and/or sexual intimate partner violence or non-partner sexual violence at some point in their lifetime.[2] The lifetime prevalences of physical and/or sexual intimate partner violence among women are among the highest in sub-Saharan Africa (36.6%). National estimates in South Africa show that about 26% of women aged 18 years and older have experienced lifetime physical, sexual, or emotional abuse by an intimate partner. But community-based prevalence studies in South Africa report much higher prevalence rates.[3, 4] Furthermore, estimates show that about 1 billion (half) of all children aged 2 to 17 years have experienced violence at some point in their lifetime [3], with higher levels of VAC in the global South.[2] The African region reports the highest levels of physical abuse and neglect (60%) during childhood.[5] Child maltreatment is also widespread in South Africa, with 42% of children reporting some form of abuse.[6] Evidence shows that the prevalence of VAW and VAC in low- and middle-income countries is significantly higher than in the global North. Similarly, both forms of violence are shown to intersect.[2, 7]

VAW is conceptualised as acts of gender-based violence likely to result in physical, psychological or sexual or mental harm, threat, or suffering to women.[8] The most common form of gender-based violence is intimate partner violence (IPV), which encompasses physical, emotional, or psychological and or sexual violence.[9] The United Nations Convention on the Rights of the Child (UNCRC) defines "violence" as any behaviour which has the potential to result in serious physical or psychological harm for children. The most common form of violence children experience is physical punishment. The impact of any form of physical punishment, including spanking, has been found to lead to negative cognitive and behavioural outcomes for children.[10]

There is an increasing recognition globally of the interconnectedness of VAW and VAC, that this relationship drives an intergenerational cycle of violence, but that these problems have mainly been studied in parallel.[1] Therefore a need exists to bridge this divide.[1] Much of what is known about this link is from the global North. There is a growing need to have a better understanding of these intersections in the global South, due to differences in the size of the problem and socio-cultural context that can influence the effectiveness of prevention strategies.[7]

Male-dominated households and marital conflict in the household have been found to increase the risk for physical punishment and child abuse.[29]

Gender inequality underpins the use of violence in the home, promotes violent and controlling masculinities, and allows violence to be normalised and tolerated within boundaries. Importantly, there are parallels in power inequalities between men and women, and parents and children, with violence used as a means of asserting dominance over women and children.[19]

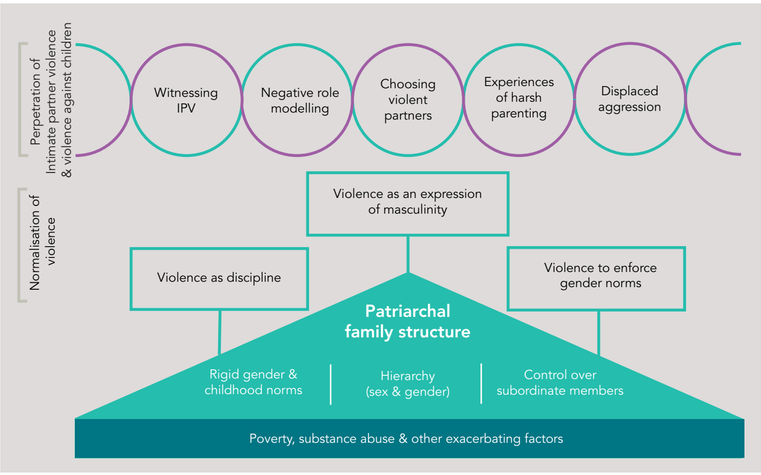
3) Co-occurance

The co-occurrence of VAC and VAW in the household is driven by shared risk factors and the underlying social norms. Investigating the drivers of VAC in South Africa, it was found that exposure to conflict and violence in the home increases the risk of a child becoming both a victim and perpetrator of violence later on. Exposure to violence in the home also normalises violent and coercive behaviours.[30]

4) Integenerational effects

Figure 1 highlights intersecting forms of violence in the home and the potential threat to the intergenerational transmission of violence. Experiencing child maltreatment and witnessing partner abuse in the home as a child increases the risk of becoming both a perpetrator and a victim of sexual and intimate partner violence as an adult.[20] The intergenerational effect of VAC is also gendered. Exposure to childhood violence increases the risk for males to become a perpetrator of sexual and intimate partner violence and for females to become a victim of intimate partner violence.[30, 31] The consequences of VAC extend into adulthood, while exposure to violence in the home has effects on school performance, risk-taking behaviour, mental health outcomes and long-term social and economic costs to society.[21]

Figure 1: Intersecting violence in the family



Adapted from: Sexual Violence Research *Initiative 2017 Intersections between violence against women and violence against children.* Viewed 2 October 2018: http://www.svri.org/sites/default/files/attachments/2017-07-20/SVRI_SB_VAW%26VAC_LR.pdf

Promising strategies to address the intersections of VAC and VAW

Programmes, research, and policies on VAW and VAC have historically been siloed without consideration for the intersecting nature of these forms of violence. There is an emerging global call to consider the intersections of VAC and VAW within families and across the lifespan within programming to effectively prevent and reduce violence experienced by women and children in the home. Through a review of violence prevention programmes in the Africa region, four key strategies have been identified to address the intersections of VAW and VAC to reduce the life-long and intergenerational consequences. Economic strengthening interventions targeting women and girls have been proposed as promising to reduce both VAW and VAC [32], but as a strategy it has not been shown to effective on its own and is being explored in combination with other strategies.[33]

a) Changing social norms and reducing the culture of violence

Promising interventions incorporate elements of community mobilisation. In Uganda, activism and action at the community level was combined to address power imbalances between men and women. This programme was also adapted for Rwanda, and evidence has shown that this intervention has the potential to shift gender norms and attitudes. These positive changes in gender norms have been attributed to community diffusion and inclusion of the "whole community", not only those identified as high risk. Qualitative interviews in Uganda found an improvement in parent-child relationships, with a reduction in corporal punishment.[34]

b) Strengthening child protection and response to exposure to violence

A psychosocial intervention in Zambia has been found to be effective in reducing women's experience of IPV by reducing harmful alcohol use between couples.[35] This approach introduced a task-shifting model through the use of trained community-based workers to deliver a combination of treatments for a range of mental health issues. There is the potential to improve outcomes for children in violent households through the inclusion of a child component. It was also found that a multi-component intervention in Burkino-Faso which combines economic and family strengthening approaches has the potential to improve child protection outcomes in the context of severe poverty. This intervention improved marital relationships and reduced emotional violence by a partner, while mothers also reported that they were less likely to use harsh discipline methods and showed a better quality of child–parent relationships.[32] Similarly, a family strengthening programme was delivered to families living in poverty who were part of the government cash transfer programme for children in Rwanda.[33] This study found that active coaching, play, alternatives to harsh discipline and violence, and encouragement of family strengths created a better care environment for young children and a reduction of harsh discipline.

c) Improving Parenting Practices

A focus on improving parenting practices holds promise for preventing harsh parenting practices and shifting gender norms. A South African ***programme has been shown to*** increase positive parenting and reduce harsh parenting and conduct problems in children, but the long-term impact is still to be established[36, 37] A multi-component intervention in Uganda included a parenting intervention targeting young men, combined with community mobilisation.38 This father-centred parenting programme combined with a mentorship component and community mobilisation has shown promise for reducing physical child punishment as well as transforming gender norms and reducing IPV[38]

d) Adolescence as a period of risk

Adolescence has been identified as a period of both a high risk of victimisation and perpetration of both forms of violence, and a time in which social norms are entrenched. Targeting this risk period has predominantly been approached through school-based interventions. In South Africa, a multi-faceted intervention that includes school strengthening components for learners and educators as well as a family strengthening component showed promise for reducing dating and sexual violence.[24] A Kenyan school-based programme focusing on gender inequality and promoting positive masculinities among boys and skills development in girls has shown a reduction of sexual assault among female adolescents.[39] Through the skills-based training, empowerment, and transforming social norms, targeted adolescents are able to strengthen the protective factors that lead to a reduction in the experience of violence.[24, 39]

Intervention Approach	Strengths	Limitations	Examples of interventions
Changing social norms			
Community mobilisation and activism with direct action at the community level	Evaluations in LMIC have shown that programmes are successful in reducing gender norms that drive both VAC and VAW	Adaptation of the programme has to carefully consider contextual factors in the adaptation process; further research is required	SASA![34]; Indashyikirwa[40]; SHARE; COMBAT[42]
Strengthening child protection and families			
Family-level psychosocial intervention	Effective in reducing IPV and hazardous alcohol use among high risk couples	Reduction in VAC not shown	CETA[35]
Family and economic strengthening	A reduction in emotional and physical IPV in the home and harsh discipline by mothers	Further research needed to explore the sustained impact	Trickle Up[32]; Sugira Muryango[33]
Improving parenting practices			
Parenting programme	Programme demonstrates potential for increasing positive parenting and reducing harsh parenting practices	Further research is needed to show long-term effects of the programme	Parenting for Lifelong Health[36,37]
Parenting plus community mobilisation	RCT has shown significant reduction in IPV and physical punishment of children	Requires further research to show effectiveness in other settings and long-term effect with different age groups	REAL[38]
Targeting adolescence as period of risk			
School-based intervention	Evidence suggests that multi-component interventions targeting learners and parents and strengthening institutional capacity have the potential to reduce IPV and non-partner rape	Further research needed to explore sustained effects	Skhokho Supporting Success[24]; Impower: Sources of strength[38]