



# CONNECTING THE DOTS

| INFORMING OUR UNDERSTANDING  
AND RESPONSE TO THE INTERSECTIONS  
BETWEEN VIOLENCE AGAINST WOMEN  
AND VIOLENCE AGAINST CHILDREN |

Scoping Review Report



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children's  
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Research • Advocacy • Education

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# INTRODUCTION



Violence against women (VAW) and violence against children (VAC) are conceptualised as global public health and human rights problems.<sup>1</sup> The Global Know Violence study highlights that both problems are widespread and interconnected.<sup>2</sup> Globally, it is estimated that 35% of women experience physical and/or sexual intimate partner violence (IPV) at some point in their lives.<sup>3</sup> It is estimated that one in two children – or one billion children aged 2 to 17 years old – have experienced some form of violence in the past year.<sup>4</sup> Violence during childhood includes physical, sexual or emotional violence perpetrated across settings including schools and the home.<sup>4</sup> Women and children exposed to violence experience severe physical, sexual and emotional consequences that have lifelong negative outcomes and drive an intergenerational cycle that negatively affects overall well-being.<sup>5</sup> For children, exposure to – or experience of – violence in the early years can negatively affect brain development and lead to poor schooling outcomes, conduct disorders, risky sexual behaviours and substance abuse, and increase the risk for mental health disorders into adulthood.<sup>6-10</sup> Similarly, the short- and long-term effects of violence on women include mental disorders, exposure to sexually-transmitted infections and poor parenting outcomes.<sup>8, 11, 12</sup> Evidence also shows that violence against children and violence against women are deeply linked, with children’s exposure to VAC in the home or experience of abuse increasing the risk of later perpetration by males and victimisation of girls.<sup>13, 14</sup>

The emergence of research into the intersections between VAW and VAC in low- and middle-income (LMIC) countries indicates that while the prevalence of both forms of violence is significantly higher than in the Global North, they are similarly connected.<sup>3, 15</sup> A growing body of evidence suggests the need to better understand how VAC and VAW intersect in the Global South and to identify how differences in the social context and social norms may influence the effectiveness of strategies for the prevention and eradication of both VAC and VAW.<sup>15, 16</sup>

## THE MAGNITUDE OF VAW AND VAC

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VAW includes all acts of gender-based violence that are likely to cause physical, psychological or sexual harm or suffering to women.<sup>17</sup> The most common form of gender-based violence is IPV, which encompasses physical, emotional, psychological, and/or sexual violence.<sup>18</sup> In addition, 7.2% of women globally experienced non-partner sexual violence, with the highest estimates (21% – 17.4%) reported for sub-Saharan Africa.<sup>19</sup>

The United Nations Convention on the Rights of the Child (UNCRC) defines “violence as any behaviour which has the potential to cause serious physical or psychological harm to children”.<sup>20</sup> Violence against a child occurs in a range of settings including the home, community or school, and may be perpetrated by adults, caregivers or peers.<sup>21</sup> There appears to be regional variation in the prevalence of VAC, with higher prevalence of physical abuse and neglect in the African region.<sup>4</sup> A review of the consequences of child maltreatment in East Asia and the Pacific region highlights the endemic nature of VAC, with an estimated one in four adults reporting physical abuse during childhood and one in five women reporting childhood sexual abuse.<sup>22</sup> The review highlights the increasing evidence of the links between child maltreatment and later victimisation or perpetration of IPV in adulthood, with many children experiencing multiple forms of violence and maltreatment that have a cumulative effect and intensify negative outcomes.<sup>22</sup>

## UNDERSTANDING THE INTERSECTIONS OF VIOLENCE AGAINST WOMEN AND CHILDREN ACROSS THE LIFE COURSE

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A life-course perspective is critical in understanding the intersections between VAW and VAC. It focuses attention on the prevalence of different forms of violence at different stages of development, and how different types of violence intersect and reinforce one another across the lifespan. This life-course perspective enables us to better understand the pathways to victimisation and perpetration of violence and how violence can be prevented. In Latin America and the Caribbean, women ever married or in a partnership who had experienced sexual abuse during childhood were twice as likely to report physical or sexual violence by their adult partners.<sup>23</sup> A South African study showed an association between child sexual assault and an increased risk of physical or sexual IPV during adulthood.<sup>14</sup> This highlights VAC as a risk factor for revictimization in adulthood.

Globally, VAC and VAW are often bound together in the household setting, sharing similar risk factors and commonly occurring in the same family.<sup>24</sup> VAW and VAC are underpinned by patriarchal gendered norms that are underscored by complex power dynamics,

gendered hierarchies and the normalisation of violence in communities and families.<sup>25-27</sup> Gender relations legitimise men's use of violence to assert power and control in intimate relationships.<sup>28-30</sup> Violence within intimate relationships is tolerated within boundaries, particularly when there is a perceived threat to manhood.<sup>30, 31</sup> These attitudes and the acceptance of violence perpetrated by men are likely to contribute to self-blame by women, under-reporting, and internalised emotional and psychological suffering.<sup>27, 32</sup> Higher educational attainment, improved socio-economic status and public discourse on VAW were found to disrupt these patriarchal norms and reduce tolerance of IPV in particular.<sup>26, 27</sup> Other findings suggest that there is a cognitive disconnect caused by early traumatic experiences that leads to an inability to regulate emotions and a lower reflective function which facilitates the perpetration of IPV, even when education, age, and alcohol use were controlled.<sup>33</sup>

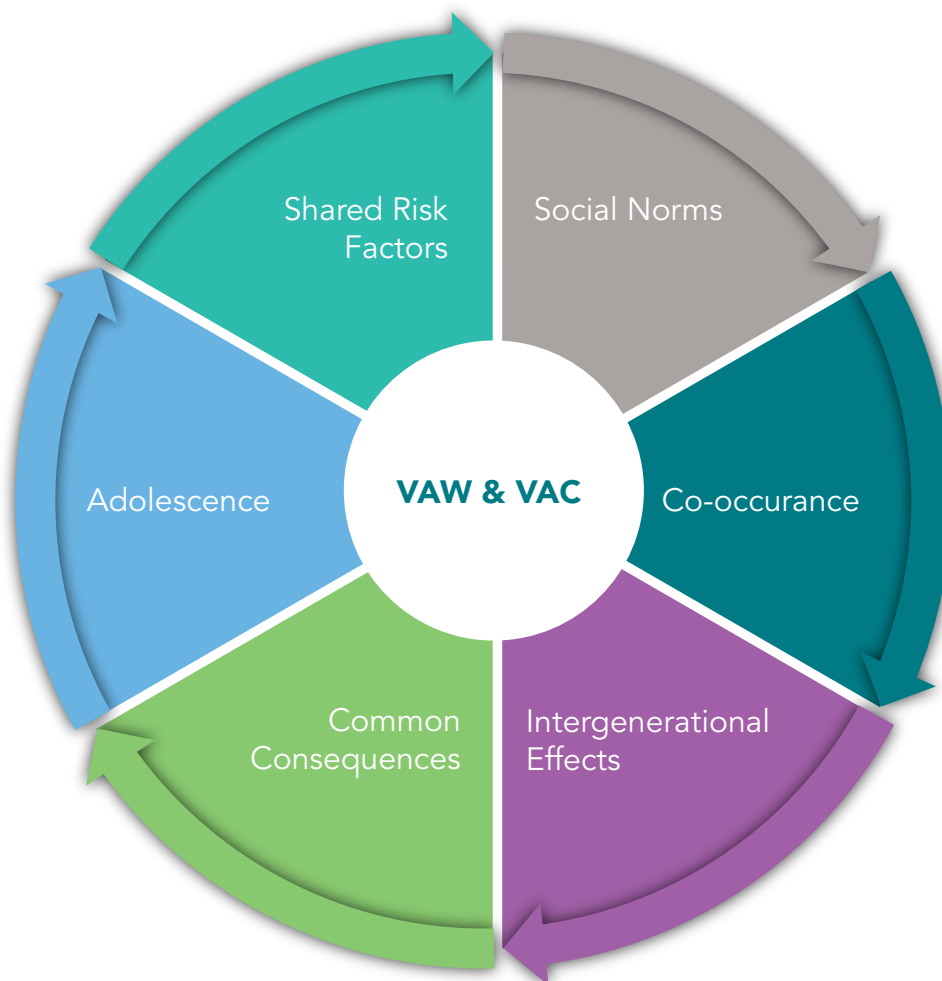
The overlapping associations between VAW and VAC – such as gender inequality, male dominance in households and marital conflict – highlight the presence of key intersections between VAW and VAC. Both of these problems are prevalent in communities with overarching social norms that condone and promote both types of violence. This includes households where both forms of violence co-occur. Such families often experience intergenerational patterns of violence beginning in childhood and extending into adulthood.<sup>34</sup> This cycle of violence in families is complex but can be understood through social learning theory, which provides a theoretical conceptualisation for the intergenerational transmission of family violence and IPV. This theory suggests that our behaviours and interpersonal skills are learnt from our environment within the family, and that this plays a pivotal role in shaping behaviour during childhood and influences behaviour within intimate relationships later on.<sup>35, 36</sup> This explains why children who witness the abuse of a mother or experience violence are more likely to be either perpetrators or victims of violence in their own interpersonal relationships later in life.<sup>37</sup> Children who are raised in such households learn that violence is normal and a way to resolve conflict. Whilst this theory provides the basis for understanding family violence, the pathway from a child's experience or exposure to violence to their victimisation or perpetration of violence in adulthood is complex and multifaceted.<sup>38</sup>

### **Rationale for this review**

VAC and VAW have traditionally been understood as two distinct areas, and policies, programmes and research focusing on VAW and VAC have therefore failed to account for the significant intersections between the two forms of violence. As a result, practical measures such as funding streams, strategies, bodies of evidence and rights treaties continue to be developed in parallel processes.<sup>1</sup> Although there is an emerging evidence

base documenting the intersections between VAW and VAC, these studies are primarily concentrated in the Global North.<sup>1, 22</sup> As a result, a gap exists in both the literature and strategic programming when it comes to addressing the overlap between these forms of violence in the Global South. A global narrative review of the intersections of VAC and VAW was conducted by mapping these intersections based on international reviews and multi-country studies conducted between January 2004 and January 2015.<sup>1</sup> Based on this review, Guedes and colleagues developed a framework outlining six pathways through which VAW and VAC intersect.<sup>1</sup>

**FIGURE 1:** Guiding framework underpinning the review



**Adapted from:** 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.

This framework has been used to inform the search strategy and design of this review. Building on the work of Guedes et al.,<sup>1</sup> this review aims to 1) use a systematic approach to provide updated evidence on pathways in which VAW and VAC intersect over the life course within the household; 2) focus on the Global South, and 3) provide a narrowed

focus on promising evaluated programmes addressing the intersections of VAW and VAC in the Africa region. Given the scarcity of research and programmes specifically focused on the intersections of violence in families within LMIC, there is a need to account for the co-occurrence of VAW and VAC and to identify key drivers such as social norms and gender inequality in settings characterised by structural adversities.

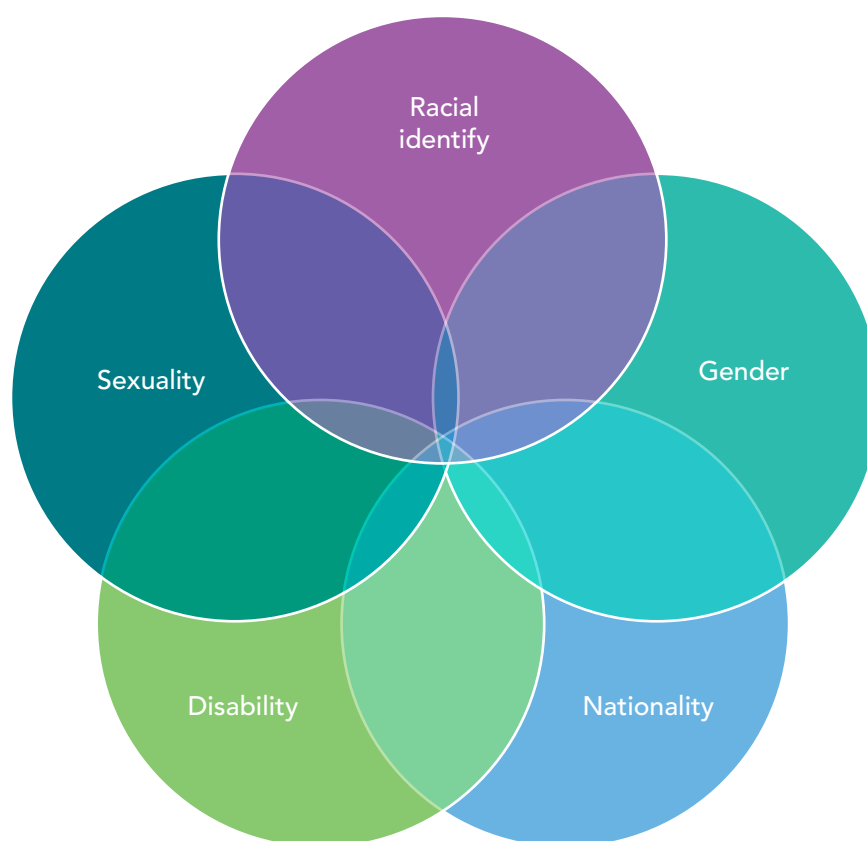
## INTERSECTIONAL FEMINIST FRAMEWORK

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Grounded in feminist theory, this review understands the occurrence of VAW and VAC as operating in environments characterised by patriarchal social norms. However, “feminist theorising has shifted towards acknowledgement of the multiple sites of power and oppression that differentially affect the lives of women by attending to the broader socio-political context in which violence occurs ” (p444).<sup>39</sup>

**FIGURE 2:** Intersectional feminist framework

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This broader context is critical when considering violence within households in LMIC when one considers the contrast in social, political and economic landscapes compared



to high-income countries, and how “the beliefs and values, surrounding masculinity, femininity, the family and violence within the culture are seen to shape and constitute the problem of women abuse” (p444).<sup>39</sup> In this context, we understand the household or family as a vehicle of patriarchal power whereby hegemonic masculinities are not only constructed but also maintained.<sup>40</sup> Intersectional feminism extends this theorisation of domestic violence by taking into account child abuse and mothering.<sup>41</sup> This broader theorisation of domestic violence in LMICs recognises the diversity among women and accounts not only for gender differences but also the impact of race/ethnicity and social class. Through the incorporation of not only a woman’s individual characteristics but also aspects of her social identity, we may locate practices of mothering among existing power relations in different societies.<sup>41</sup> Operating on the individual, system and structural level, the subsequent systems of power and oppression not only shape the relationships between men and women, but also between parents/caregivers and children, giving rise to a hierarchy where men are superior to women and children.<sup>40</sup>

Reflected further in childhood gender norms, this patriarchal structure works to devalue not only the position of women and children but also their expected social roles and behaviours, while privileging male hegemonic masculinities. In turn, male power is maintained through the demonstration and reinforcement of violent practices to subordinate family members is legitimised as a mechanism of social control. Intersectional feminism is most helpful in these moments as mothering also reflects existing power relations maintained within societies, with mothers having power over children. Damant et al. expand on this intersectional understanding of mothering by highlighting the intersection between VAW and VAC; thus, child abuse must be considered in relation to mothers’ own experience of oppression and victimisation in intimate partnerships.<sup>41</sup> Maternal violence within the family or household setting can therefore be understood as part of this inequitable, gendered hierarchy which serves to disempower women.<sup>25</sup> However, mothers should not be viewed as entirely devoid of agency within a patriarchal society, but that violence enacted by women is a consequence of a dynamic and complex interplay of power and gendered hierarchies operating within families. An intersectional feminist perspective therefore brings forward a complex understanding of child abuse, mothering and violence against women, one which recognises the power relations between men and women, mothers and children, and the various social identities these hold among systems of oppression within society.

# METHODOLOGY

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The articles included in this scoping review were obtained through a three-stage review process. First, a preliminary review of reports by key organisations was undertaken. This was necessary in order to gain better oversight of the evidence base and intersecting VAW and VAC fields in the Global South. The second phase of the review involved a scoping review of 13 databases in order to identify studies on the intersections between VAW and VAC in LMICs. This review included both academic and grey literature. Finally, important papers not yet included were manually identified, located and incorporated. Paying attention to the intersections between VAW and VAC, specific information was extracted in order to gain an understanding of their shared risk and protective factors, pathways to the intersections and lessons learnt from programmes implemented in the Global South. Drawing from this body of knowledge, the review focuses on the intersections of VAW and VAC in the home within the Global South and over the life course of individuals. More importantly, it highlights strategic factors which may aid in future implementation of programmes which seek to eliminate life course and intergenerational violence in LMICs.

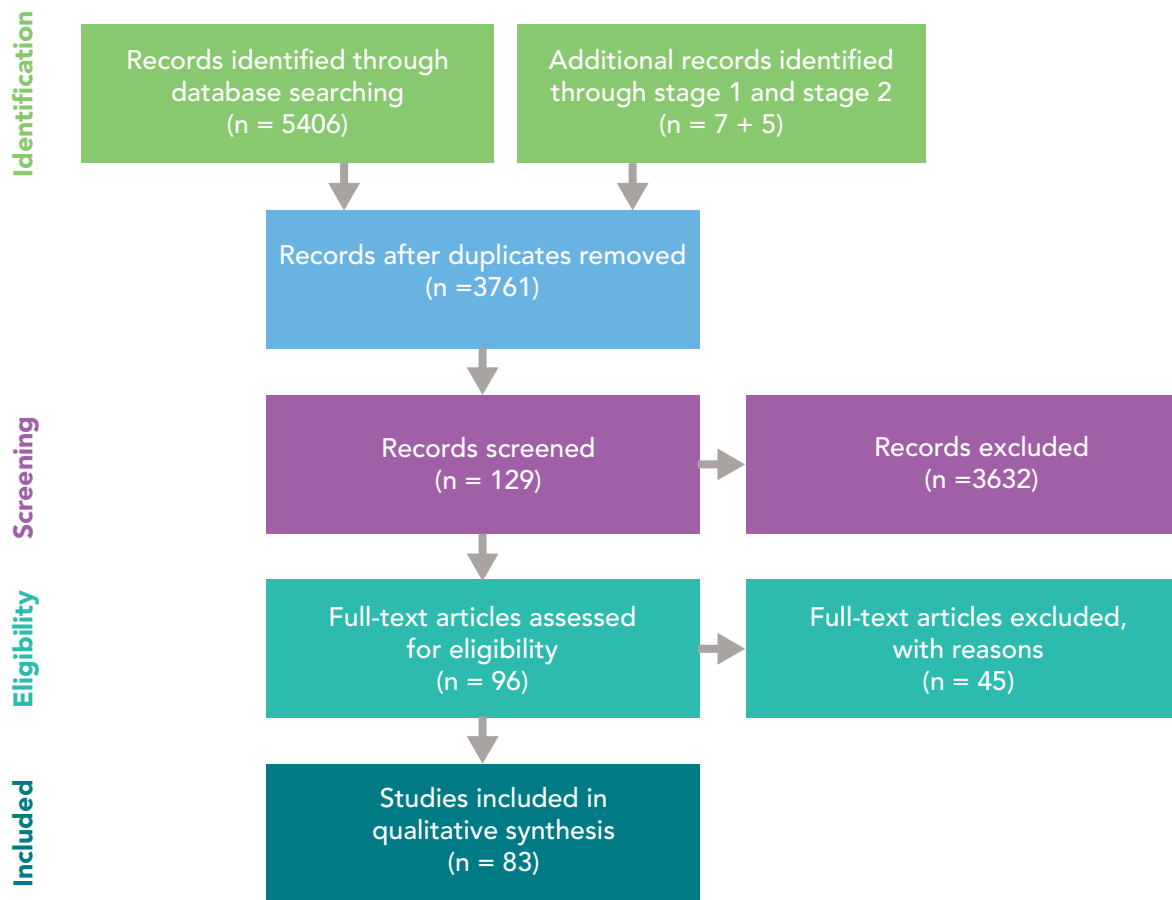
## **SEARCH PROCEDURE**

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Using a three-phased approach, the search procedure for this review sought to include reports, research articles and programme reviews published between January 2005 and February 2020. Papers published in English, both academic and grey literature, were included, specifically those which focused on LMICs. The inclusion criteria incorporated papers which addressed VAW and VAC, or those which sought to address one form of violence and reported risk or protective factors, and intersections with and/or pathways to the other form of violence (Appendix 1). Papers from the European region were excluded on account of disparities in the contexts, especially given the differences in social context and public services between the African and European regions.

The first stage of the review involving the collection of reports from key organisations was justified by the small evidence base on the intersections between VAW and VAC in LMIC. This review was carried out manually on databases of key organisations such as the United Nations Children’s Fund and the World Health Organization. Here, resources were explored for references to VAW, VAC, IPV, family violence or intergenerational violence. Resources were included if they: 1) addressed only LMIC countries, 2) focused on VAW and VAC, and 3) reported common/intersecting risk or protective factors for both forms of violence. Seven reports were retrieved.<sup>1,23,24,42-45</sup> The second stage involved a scoping review of 13 bibliographic databases (Cochrane, EBSCO: Academic Search Premier, EBSCO: Africa-Wide Information, EBSCO: CINAHL Complete, EBSCO: Health Source [nursing/academic], EBSCO: Humanities International, EBSCO: Masterfile, EBSCO: SOC Index, EBSCO: CINAHL, PubMed and SCOPUS) which were searched from 2005 to 2020 with the use of controlled vocabularies (Appendix 2). An iterative process of study selection took place as the initial list of papers was narrowed down substantially according to the inclusion and exclusion criteria. The final list of papers was reviewed to identify key papers not yet included. By reviewing the list of papers collected during stage one and two of the search procedures, the manual collection of key papers which had not yet been included was conducted. Through this process, five more papers were added.<sup>9, 25, 46-48</sup> Figure 3 details the search procedure in a PRISMA diagram. Following this, the amended list of papers was reviewed and data extraction commenced.

**FIGURE 3:** PRISMA 2009 flow diagram



## SCREENING AND DATA EXTRACTION

The full texts of the final list of papers were screened for data extraction. In line with the aim of this review, the information extracted from the full texts included: methodology, country, region, type of violence (VAW, VAW or both), risk factors, protective factors, common intersections, pathways towards common intersections, programme design and recommendations. In order to foster a deeper understanding of violence over the life course, we paid attention to the prevalence of violence at certain stages across the life course, and especially the gendered nature of violence. This stems from the intersectional feminist perspective which aims to understand the interconnectedness of these forms of violence across the life course in the context of multiple sites of oppression and power. Such experiences often result in common and compounding consequences which manifest intergenerationally. It is here where the identification of programmes

and recommendations becomes vital in order to eliminate family violence and foster healthy households. The extracted data was tabularised and reviewed in order to identify common trends and key information. These findings were then discussed in more detail by the team. The findings employ a thematic approach, analysing and synthesising information about regional trends, violence-specific focuses, risk and protective factors, common intersections and pathways. This leads to a focus on insights from programmes and recommendations from research.

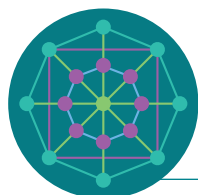
# RESULTS



The three-stage search strategy yielded a total of 5,406 published papers between 2005 and 2020. The high quantity of papers is attributable to an increase in focus on both forms of violence over the past decade in the Global South that was spearheaded by a call for a public health research agenda to develop a better understanding of the prevalence and risk factors for both VAW and VAC.<sup>21</sup>

It is only over the past five years that there has been a global call to systematically explore the relationships between the two problems jointly. As a result, very few papers focused on the overlap between these forms of violence in the Global South. Papers were therefore retrieved from each field respectively, with the task of screening for recognition of the intersections left to the reviewer. Seventy-one papers were included in the final list, and papers were excluded if they did not give an account of the relationship between the forms of violence. In the final list of papers, the research studies that focused specifically on VAW were more likely to report outcomes in relation to VAC than vice versa. This is mainly due to the study designs as very few studies were longitudinal or followed a cohort of children into adulthood. Only 35 papers directly addressed the intersections between VAW and VAC. Regionally, the papers were dispersed across the Global South, with majority clustered in the African region (35), 21 in Asia, 15 in South America, three in the Middle East, one in Oceania and 11 reporting on multiple countries and regions.

Methodologically, quantitative research was most prominent, while eight of the papers were qualitative and five employed mixed methods. In addition, 13 interventions from the Africa Region were reviewed. These include SASA!<sup>40, 49</sup>; Indashyikirwa<sup>50, 51</sup> COMBAT and SHARE<sup>52, 53</sup>; CETA<sup>97</sup>, Trickle-up Plus<sup>109</sup> and Sugira Muryango<sup>54</sup>; Parenting for Lifelong Health<sup>55, 56</sup>; REAL Initiative<sup>57</sup>; Bandebererho<sup>112</sup>; Skhokho Supporting Success<sup>58</sup> and IMpower and Sources of Strength Interventions<sup>59</sup>.



## COMMON RISK FACTORS

Four prominent risk factors between VAW and VAC were identified: *gender inequality*<sup>60-64</sup>, *male dominance in households*<sup>65-71</sup>, *partner conflict*<sup>72-75</sup> and *harmful consumption of alcohol*<sup>58, 60, 62, 64-67, 76-85</sup>. The identification of risk factors is important because they drive the intersections between these forms of violence. In the presence of shared risk factors, such as trauma (for children), negative role-modelling during childhood, further victimisation (females) and increased risk for perpetration (males) and the displacement of aggression, become key processes through which the intersections between these forms of violence manifest.<sup>40</sup> In addition, these shared risk factors help account for the intersecting pathways of VAW and VAC across the life course, as exposure to VAC and VAW within the household impacts not only on the victim but also on the bystanders in ways that contribute to further perpetration of violence.<sup>45</sup>

### Gender inequality

Gender inequality manifests in multiple facets of a woman's social positioning. A study with women in Nepal noted that risks of VAW for married women were associated with low literacy, poor economic status and limited decision-making autonomy.<sup>60</sup> In Peru, low education and no formal employment were considered proxy measures for gender inequality, and were found to be associated with an increased risk of experiencing VAW.<sup>61</sup> In Vietnam, when exploring factors associated with women's experience of IPV, Jansen, Nguyen and Hoang's findings support existing theories which "describe how underlying gender and power imbalances are fundamental causes of IPV" (p923).<sup>62</sup> They conclude that "no single risk factor, but rather a set of different factors at multiple levels, were associated with IPV". In their study, gender inequality was understood as "harmful forms of expressing manhood and power", and these practices were found to be strongly associated with IPV (p931).<sup>62</sup>

Gender inequality has also been found to be associated with VAC. In Bangladesh, low levels of maternal education are a significant risk factor for use of childhood physical abuse.<sup>63</sup> Gender inequality also influences the normative constructions and power dynamics between adults and children, and adult rights over children, which create the possibility for violence to occur. Therefore, the measure of gender inequality has been found to serve as an indicator for increased risk of VAW and VAC across various studies in the Global South.

## Male dominance

Male dominance in the household is considered a core element of gender inequality and has also been noted as a risk factor for violence against both women and children. This is expressed through controlling behaviour and considered to be a mechanism to attain patriarchal masculine ideals. In qualitative interviews with women in Botswana, “controlling behaviour by a partner was the greatest predictor of physical and psychological intimate partner violence” (p1909).<sup>65</sup> Research in Sao Paulo City corroborated this finding, noting that partners’ controlling behaviour is an important predictor of IPV for women.<sup>66</sup> This association between VAW and male dominance in the household in the form of a male partner’s controlling behaviour was also found in Ghana<sup>67</sup>, Ethiopia<sup>68</sup>, Nepal<sup>69</sup>, Mali<sup>70</sup> and Nicaragua<sup>71</sup>. The intersecting risk of male dominance is demonstrated in parenting styles, whereby “harsh parenting for both men and women are strongly associated with whether the male partner uses physical discipline against the children, which in turn is directly related to male intimate partner violence against women in the home, which can be seen as disciplining women” (p520).<sup>38</sup> Male dominance within the household places both women and children at a greater risk of abuse and victimisation, and this common risk factor substantiates the intersection between VAC and VAW.

## Partner conflict

Partner conflict is manifested in aggressive and coercive behaviour and is associated with the experience of violence by women in intimate partnerships. Globally, “strong empirical evidence shows that IPV constitutes the largest form of violence experienced by women, in that women are more likely to be sexually or physically abused by their partner than by non-partners” (p2).<sup>72</sup> Women are, therefore, more likely to experience violence at the hands of an intimate partner, with the scale of the problem ranging between 15% and 71% in LMICs.<sup>72</sup> In addition, IPV has a profound impact on mothers’ psycho-emotional state and child nutrition, with a three-fold increase in the risk of severe acute malnutrition in children with parents reporting severe physical partner conflict.<sup>86</sup> Pereira et al. explain that conflict between parents in the household has a negative effect on parent-child relationships.<sup>73</sup> A Ugandan study investigating the relationship between IPV and VAC in children aged 11 – 14 years found that only 26% of the 3,427 children had witnessed IPV, but almost all children (94%) in the study had been a victim of violence by parents or other perpetrators aside from parents; with less than 1.3% of children reporting that they had witnessed violence without experiencing it themselves.<sup>7</sup> This study concludes that a child’s witnessing of IPV never occurs in isolation, and increases the child’s risk of experiencing emotional, physical and sexual violence. Supporting the assertion that partner conflict is a shared risk factor for VAC, “an overlap between children’s reports of witnessing violence in their homes and experiences of physical and psychological

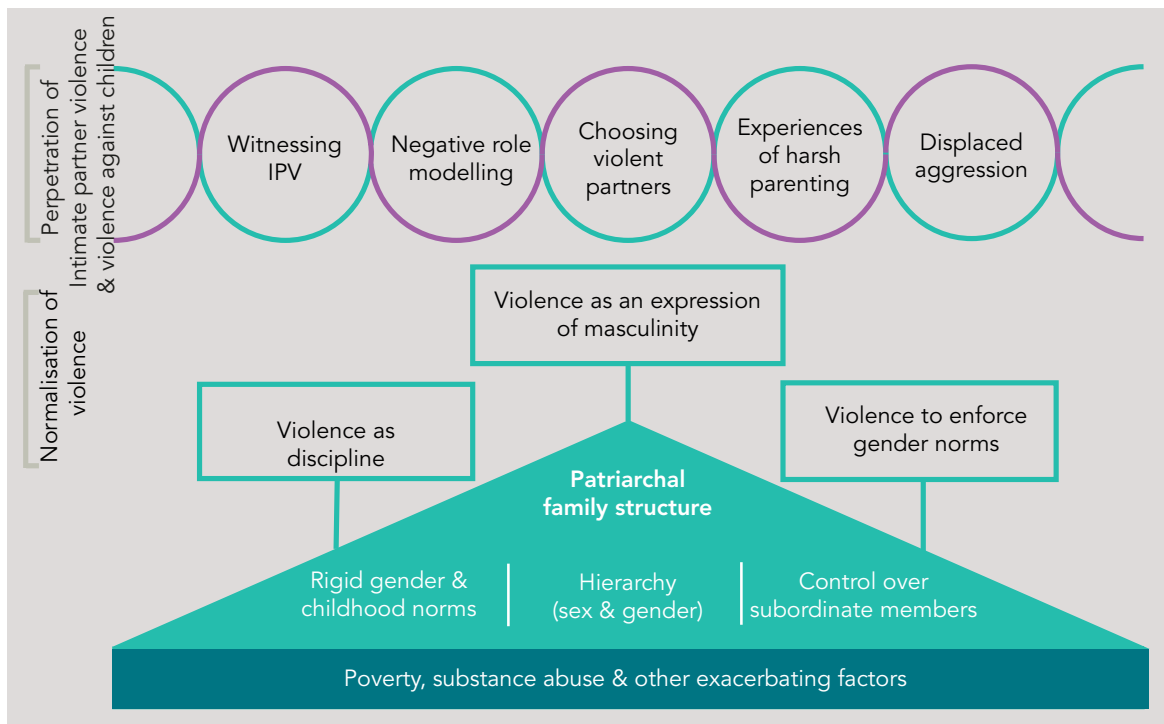


abuse” was reported in a sample of Lebanese children (p228).<sup>75</sup> Similarly, qualitative inquiries into the life histories of violent men convicted for killing an intimate partner show how exposure to IPV in the home, along with traumatic childhood experiences such as abuse and severe neglect, combine to drive violent masculinities.<sup>47</sup>

### Harmful alcohol use

Harmful alcohol use has also been found to be a shared risk factor of VAW and VAC. In South Africa, IPV was associated with harmful alcohol use by both men and their female partners.<sup>76,77</sup> A study in Brazil supports the finding that women’s harmful alcohol use is a risk factor for VAW<sup>66</sup>, while a study from Ghana supports the association that alcohol use by male partners increases the risk of IPV<sup>67</sup>.<sup>[53]</sup> This finding was supported by studies in Nepal<sup>60,78</sup>, Botswana<sup>65</sup>, Tanzania<sup>79</sup>, Nigeria<sup>80</sup>, Peru<sup>81</sup>, Mali<sup>64</sup>, Vietnam<sup>62</sup>, India<sup>82,83</sup>, Brazil<sup>66</sup> and Mexico<sup>84</sup>. Shamu et al. in a school based study also found an association between violence against adolescent girls and the harmful consumption of alcohol among grade 8 high school learners in urban South Africa.<sup>58</sup> For these adolescents, the pathway between harmful alcohol consumption and IPV was mediated by poor conflict resolution skills witnessed in acts of bullying. This study underscores the intersection of VAW and VAC during adolescence, with abuse of alcohol as a shared risk factor.

**Figure 4: 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](http://www.svri.org/sites/default/files/attachments/2017-07-20/SVRI_SB_VAW%26VAC_LR.pdf)



## SHARED SOCIAL NORMS

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Shared risk factors not only point towards potential points of intervention, but also highlight the common underpinnings of both VAW and VAC (see figure 4). Identification of the risks has provided important insights into shared values that underpin practices which can increase the propensity to use acts of violence against women and children. Social norms are constructed through observing family and direct social dynamics, and this is further reinforced through experience, especially during adolescent dating and early sexual experiences.<sup>58</sup> These values, which are held by members of households and society, are driven by social norms which condone and maintain the perpetration of VAW and VAC. We found that social norms which condone violent discipline<sup>48, 87, 88</sup>, promote violent masculinities<sup>28, 30, 48, 89, 90</sup> and prioritise family reputation over individual wellbeing<sup>29, 38, 91, 92</sup> are all underpinned and perpetuated by gender inequality.

The condoning of violence as a social norm can be seen to reinforce most of the shared risk factors between VAW and VAC, with these factors increasing the risk for both perpetration and victimisation of violence. The magnitude of the problem of both VAC and VAW suggests that violence is widely accepted in many contexts globally. The association between attitudes justifying domestic violence and the use of corporal punishment among female caregivers in 25 LMICs found that “mothers who believed that husbands were justified in hitting their wives were more likely to believe that corporal punishment is necessary to rear children” (p1208).<sup>87</sup> A study in Nepal found that mothers who were subjected to abuse from their partners were more likely to also believe in the use of physical punishment of children.<sup>88</sup> This suggests that the social acceptability of practices such as corporal punishment and female IPV is driven by behaviours that are normalised and tolerated, not just in the home but also in the wider community. A study from Uganda further explains how this normalisation of violence is condoned through social norms that promote and condone the use of violence as a form of discipline.<sup>48</sup>

The normalisation of violent and controlling forms of masculinities was found to drive gender inequitable social norms. Men in many societies are perceived as having legitimate power over women and children because society views men as ‘superior’ to women and children. The use of violence can be viewed as a part of a struggle to maintain a certain order and demand respect through discipline and control of their female partners.<sup>28, 30</sup> The prevailing social norms provide an environment where men’s violence towards women is tolerated within certain boundaries.<sup>29, 30, 93</sup> As a result, “positioning men as the head of the family and defining expected (subservient) roles for women and children – can normalise violence as a way to maintain power over “weaker” family members” (p7).<sup>48</sup> In Vietnam, social learning theory has been used to explain how the experience of childhood exposure to parental

violence manifests as women's acceptance of violence within intimate partner relationships later in life: "Women who have witnessed violence between parents may perceive such violence as a normal part of family life...in this way, boys learn to use violence and girls learn to tolerate it" through learnt behaviour and gender socialisation processes (p63).<sup>86</sup> Another Vietnamese study reported that boys' experience of abuse during childhood not only shaped their belief systems but also their actions, therefore increasing their likelihood of perpetrating IPV.<sup>90</sup> The perception of men as the head of the household, in control and needing to be obeyed, normalises the use of violence when subservient members of the household challenge authority or transgress social roles.

The prioritisation of family reputation above individual wellbeing is highlighted in the Kenyan VAC study, which found that 40% of female children and 50% of male children believe that a woman should tolerate violence in her marriage in order to keep the family together.<sup>42</sup> This shows that these children are socialised to expect men to control women, and using violence is viewed as legitimate to maintain a certain order, where ideals of marriage and the nuclear family need to be maintained at all costs. However, these results also indicate that children are aware of the harm within the family. In South Africa, "women are also tied to ideas of 'good womanhood' which entail forbearance of men's violent and philandering behaviour towards them, particularly in the name of keeping a home and family together" (p109).<sup>91</sup> In societies where the family unit is held to be more valuable than individual family members, women and children are often socialised into systems of silence where they do not – or are unable to – report abuse or seek help due to a perceived stigma associated with such forms of violence. These social norms may also impact on the research process as "it is possible that women were reluctant to report their experiences of abuse because of fear or shame brought upon themselves or families (p519)".<sup>38</sup> The private nature of IPV was also highlighted by the Gender Based Violence Indicators Project in South Africa (Gauteng), whereby only 3.9% of women reported crimes relating to VAW to the police. Other factors affecting women's reporting of abuse include the expectation of poor service delivery and the low levels of successful prosecution.<sup>92</sup> These systems are upheld by the societal values within the home and wider community, which deem VAW and VAC in the home a private matter and hinder prevention efforts.

Gender inequality underpins the use of violence in the home, promotes masculinities based on violence and control, and allows violence to be normalised and tolerated within boundaries. However, gender inequality must be understood as a distinct, yet interrelated social norm, as "the role of gender inequality is important in understanding the interconnections and pathways between these (VAW and VAC) different forms of violence in the home". Furthermore, "there are parallels in the existence of power

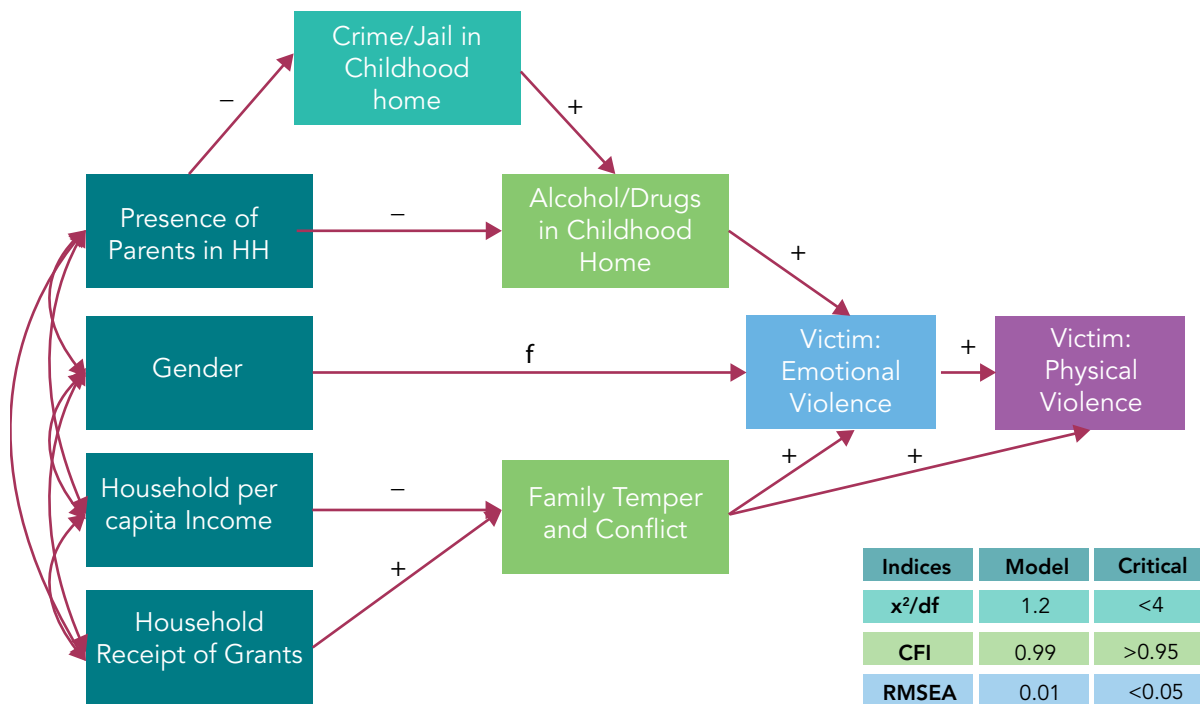
inequalities between men and women, and parents and children, and violence is used as a means of asserting dominance in both cases” (p52).<sup>38</sup> These intersections become clearer when the association between shared risk factors and social norms are shown to interact within the same households.



## CO-OCCURRENCE

The co-occurrence of VAW and VAC in the same family or household is shaped by the presence of common risk factors and underlying social norms. Poverty can be seen to exacerbate these issues and increase the risk of VAW and VAC.<sup>4</sup> The co-occurrence of both types of violence in households is witnessed in the study of female caregivers in 25 LMICs, where it was found that female caregivers who justified men’s use of violence towards an intimate partner not only supported, but also used, corporal punishment as a means to raise a child.<sup>87</sup> In support of this finding, in the South African context, “children living in households where, as a result of heightened temper and conflict, members resort to violence are at greater risk of suffering violence as well as perpetrating it” (p15).<sup>43</sup> These results show that violent social norms affect more than just the primary perpetrator and victim of violence, and also affect other members of the household through the normalisation of violent and coercive behaviours.

**FIGURE 5:** Determinants of emotional and physical violence



**Adapted from:** Mathews et al. Towards a more comprehensive understanding of the direct and indirect determinants of violence against women and children in South Africa with a view to enhancing violence prevention. Safety and Violence Initiative: University of Cape Town. 2016.

A history of partner conflict in families is associated with a greater risk of child abuse.<sup>64, 94</sup> In households where mothers experience IPV, children are at higher risk of physical abuse. Extending this beyond the nuclear family, a study on child victimisation and family violence in China found that in-law abuse does not only influence an adult woman's experience of violence, but it can also increase the likelihood of child victimisation by parents and the co-occurrence of multiple forms of violence within the same household.<sup>95</sup> This evidence indicates that the locus of intersection between VAW and VAC is the household, where both violence against women and children co-occur and mutually reinforce one another. The pervasive and private nature of VAW and VAC within households, which interplays with fear, stigma and economic dependence of women on partners, all drives the transmission of violence perpetration or victimisation across generations within the same household.

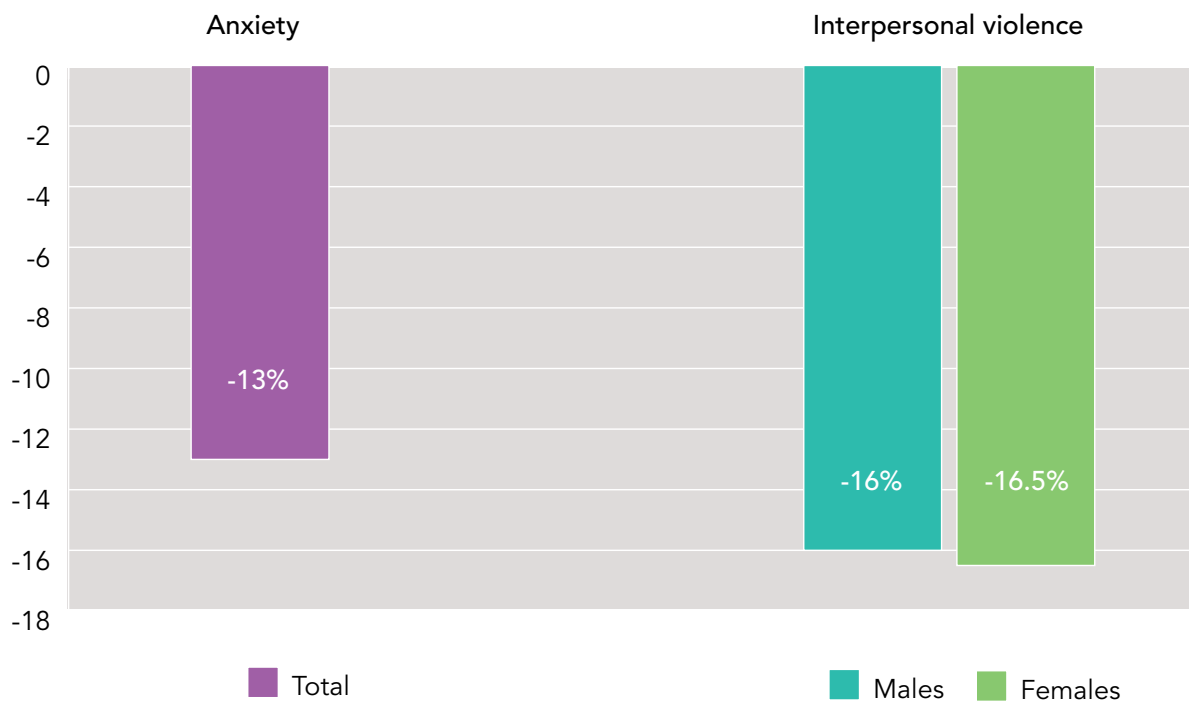


## INTERGENERATIONAL EFFECTS

Recently studies have begun to show the ways in which VAW and VAC are linked and co-occur within the same household or families. These forms of violence pose a potential mechanism for the transmission of violence between generations.<sup>45</sup> Experiencing child maltreatment and witnessing partner abuse in the home as a child increases the risk for becoming both a perpetrator and victim of sexual and intimate partner violence as an adult. Key to the intergenerational effects posed by VAW and VAC are the consequences of VAC which extend into adulthood, as well as the effects of partner violence on children's physical and mental health through exposure and experiences of violence within the home, with negative effects on school performance, risk-taking behaviour, mental health outcomes and long-term social and economic costs to society.<sup>96</sup> In South Africa, it was found that witnessing violence in the home increases the risk of anxiety by 13% and interpersonal violence for both males and females by 16% (see figure 6)<sup>96</sup>.

Childhood exposure, including witnessing of violence between parents, is not only a risk factor for experiencing violence as a child across settings<sup>74</sup>, but also increases the risk for perpetrating or experiencing violence as an adult, as evidenced in South Africa<sup>13, 77</sup>. Expanding further on the South African context, a significant association between IPV perpetration in adulthood and exposure to parental violence and abuse during childhood has been found.<sup>97</sup> Yet, a significant association was not found between IPV and exposure to community violence, which suggests that exposure to violence within the household may be the primary accelerator of violence (perpetration and/or victimisation) across the life course. The intergenerational effect of VAC is also gendered. Exposure to childhood violence increases men's risk of becoming perpetrators of sexual and intimate partner violence, and women's risk of becoming a victim of IPV.<sup>45</sup> A similar association was found

**FIGURE 6:** Witnessing family violence



**From:** Hsiao C, Fry D, Ward CL, Ganz G, Casey T, Zheng X, Fang X. Violence against children in South Africa: the cost of inaction to society and the economy. *BMJ global health*. 2018 Jan 1;3(1):e000573.

in Peru whereby women who had experienced physical and sexual violence during their childhood had a 3.3-increased likelihood of experiencing physical and sexual abuse by an intimate partner in the past year.<sup>98</sup> However, the same forms of violence experienced by boy children were significant determinants for men's perpetration of violence (p16).<sup>43</sup> Similarly, in Tanzania, men who had experienced multiple forms of violence during childhood, including non-violent family dysfunction, were more likely to perpetrate psychological IPV in adulthood.<sup>99</sup> The significance of early experiences of violence is further demonstrated in these results whereby men who experienced various forms of violence, which included sexual violence during childhood, had significantly higher odds of themselves perpetrating physical violence as adult men. In Nepal, among other factors, exposure to inter-parental violence and in-law violence as a child was associated with current experience of IPV.<sup>78</sup>

Not only do the consequences of VAC extend into adulthood, partner violence has been shown to have various effects on the health of children in the same household.<sup>1</sup> There is a direct relationship between maternal mental and physical health on the behavioural and emotional functioning of children, highlighting the need to address emotional distress experienced by mothers who experience IPV.<sup>100</sup> IPV during pregnancy has been shown

to impact negatively on both the mother and child, compromising maternal nutrition and access to antenatal care, increasing the risk of abortion and obstetric complications, such as miscarriage and pre-term labour, and increasing the risk of low birth weight and poor attachment.<sup>101</sup> A systematic review of evidence from 124 studies found a causal relationship between child maltreatment and various health outcomes such as mental health disorders, risky sexual behaviour and drug use. The lasting effects of VAC across the life course of an individual are associated with intergenerational effects that are common determinants for both VAC and VAW, with compounding consequences.

## COMMON AND COMPOUNDING CONSEQUENCES

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Growing up in a violent home has important implications for the formation of identity and shaping of adult behaviour. “It should come as no surprise that children in families in which partner violence occurs are at greater risk of also experiencing maltreatment (p1)”.<sup>45</sup> As shown, the underpinnings of VAW establish themselves during childhood and are “linked to individual, family, community and peer factors” experienced as a child, that extend “beyond exposure to violence in childhood mentioned above and include, for example, the beliefs and attitudes that contribute to both the perpetration of violence against women and toleration of it (p1)”.<sup>45</sup> VAW and VAC also has similar mental health outcomes for both types of violence. Furthermore, poly-victimisation (understood as the exposure to multiple forms of violence) has been shown to have cumulative and long-term effects.

An investigation of the intersection between childhood abuse and IPV victimisation in adult women in Ecuador found that the “the co-occurrence of childhood psychological and physical abuse was highly predictive of all forms of intimate partner violence”.<sup>102</sup> In a sample of 1,028 Lebanese children, the association of multiple experiences of violence within the household during childhood resulted in the development of adolescent trauma symptoms.<sup>75</sup> When focusing on the perpetration of rape as a form of violence against women in five LMICs (Chile, Croatia, India, Mexico and Rwanda), children’s experiences of poly-victimisation that included sexual abuse, neglect within the household and the witnessing of violence towards their mother, were found to be a significant risk factor for the perpetration of rape by adult men. In-depth interviews described how traumatic childhood experiences, such as parental abuse and neglect, contributed to violent expressions of masculinity across the life course.<sup>47</sup>

Repeated exposure to violence across the life course has a cumulative, long-term impact on mental and physical health and can manifest as potential pathways to VAW and VAC. It is argued that the pathway to violent male behaviour is a complex interplay of factors

during childhood that shape the making of violent men. However, the relationship between childhood trauma and perpetrating violence is not linear, but rather shaped by multiple and complex risk factors and social norms.<sup>91, 103</sup> Not only are pathways for IPV perpetration or victimisation in adulthood developed early on in life, but violent childhood experiences also increase the risk of adults using violence against their own children.<sup>46</sup> This reminds us that “the pathways from childhood trauma to adulthood experiences and perpetration of violence are complex and multifaceted” (p513).<sup>38</sup> These intersections between VAW and VAC serve as drivers of intergenerational cycles of violence, creating complex pathways towards victimisation or perpetration, which in turn maintain, normalise and enforce subservience of women and children while upholding violent family structures.

## **PROMISING STRATEGIES TO ADDRESS THE INTERSECTIONS OF VAC AND VAW IN THE SUB-SAHARAN AFRICA REGION**

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Programmes, research and policies on VAW and VAC have historically been developed separately without consideration of the relationship between the two problems. This review has shown that there is an inextricable link between the two and that interventions that focus on these problems in isolation from one other may overlook the common drivers and consequences of VAC and VAW within families and across the lifespan. However, joint VAW and VAC programming requires careful consideration, with shared learning across VAW and VAC an important first step towards allowing for further engagement and discussion between the sectors.

This review of violence prevention programmes was narrowed to focus on the Africa Region and explores programmes that aim to address the intersections of VAW and VAC. An effective programme should ideally reduce both VAW and VAC. We considered a promising programme if it had an effect in reducing at least either VAC or VAW, as well as reduced a key risk factor that drives both VAC and VAW. Interventions were also reviewed to assess whether the evidence was generated from a well-designed study. The study design is important to guide the credibility of the evidence generated by a study: for example a small sample will yield data that is less reliable than a well-designed large scale RCT to support the effectiveness of a programme. As previously mentioned, we found 13 published rigorous evaluations of interventions that showed promise in reducing both VAC and VAW. Based on the main objectives of these interventions, we identified four key strategies which have the potential to reduce VAW and VAC. These include: *Changing social norms and reducing a culture of violence, family strengthening*



*and protecting children from exposure to violence, improving parenting practices and targeting adolescence as a period of risk.*

It is important to note that economic strengthening interventions targeting women and girls have been proposed as having the potential to reduce both VAW and VAC.<sup>104</sup> The empirical evidence to support this strategy has been critiqued, as there is a concern that the causal relationship between economic strengthening and reduction in violence lacks the necessary rigorous evidence.<sup>105</sup> It is therefore recommended to combine economic strengthening with gender transformative strategies. Economic strengthening approaches require further research to provide the necessary evidence base before investing in scale up.

### Changing social norms and reducing the culture of violence

Changing the social norms which promote and justify the use of violence against women and children within the home and communities is one potential strategy, and can take the form of community mobilisation, child and youth development or social behaviour change.

The **SASA!** intervention in Uganda adopted a community mobilisation approach to change community attitudes, norms and behaviours around gender and violence, and among women and men in communities, and was tested in a cluster-randomised evaluation.<sup>40</sup> <sup>49</sup> The programme combines activism and action at the community-level by addressing power imbalances between men and women, or the underlying gender inequality, as a critical risk factor for VAW. Understanding the link between social norms and community values, the intervention targets the community and has been shown to be innovative in shifting gender norms and attitudes. These positive changes in gender norms have been attributed to community diffusion and the inclusion of all community members, rather than focusing only on those identified as high risk. Qualitative interviews suggest that SASA! impacted on children's experience of violence by improving parent-child relationships and reducing the use of both corporal punishment and IPV in the home.<sup>106</sup>

**Indashyikirwa** in Rwanda used an adaptation of SASA!, but the results proved less successful.<sup>50, 51</sup> The findings showed no intervention effect on women's experience of physical and/or sexual IPV from a current male partner.<sup>107</sup> The process evaluation data suggests that the type of "informal activism" relied on in the SASA! model did not translate well to the rural Rwandan setting. In addition, programme fidelity – for example, the adaptation in the phasing of the programme implementation – if not adhered to, has a potential effect on the overall programme effectiveness.<sup>51</sup> These findings highlight the need to critically engage with shared learning processes between and within the fields of

VAC and VAW, as these are important lessons for the adaptation of programmes across settings.

It is noteworthy that there were only two other community mobilisation models, namely SHARE in Uganda<sup>52</sup> and COMBAT in Ghana<sup>53</sup>. Both programmes showed significant reduction of IPV at population level but did not report on child violence outcomes. In addition, SHARE targets the intersections of IPV and HIV and lacks an explicit focus on the intersections of VAC and VAW.

*Family strengthening and protecting children from exposure to violence* was identified as a second strategy to address the intersections of VAW and VAC. This includes therapeutic programmes and family strengthening approaches to reduce mental health effects and exposure to violence.

*CETA (Common Elements Treatment Approach)* is a family-centred psychosocial intervention implemented in Zambia that has been found to be effective in reducing women's experience of IPV and reducing harmful alcohol use between couples.<sup>108</sup> Partner conflict and harmful alcohol use has been shown to be shared risk factors that place both women and children at risk of experiencing violence in the home. CETA is a clinical psychotherapeutic intervention delivered by community-based workers to treat a range of mental health issues (trauma, depression, anxiety, alcohol abuse). This task-shifting approach has shown efficacy in resource-constrained settings in reducing IPV within families, and had a positive impact on alcohol abuse and mental health among communities.

The *Trickle Up Plus*, implemented in Burkina Faso, is a multi-component intervention that combines economic and family strengthening approaches to improving child protection outcomes in the context of severe poverty.<sup>109</sup> Women participating in the combined intervention group reported improved marital relationships and reduced emotional violence by their spouse. Mothers participating in the combined intervention were less likely to use harsh discipline methods, expressed more supportive child protection beliefs, and showed a better quality of child–parent relationships compared to women receiving only the economic empowerment intervention. The combined intervention showed promise but will require further research to determine efficacy in other settings.

Similarly, *Sugira Muryango* is a family strengthening intervention was delivered to the most vulnerable families who were part of the government cash transfer programme for children in Rwanda.<sup>54</sup> The intervention involved a range of family members, including fathers, and involved active coaching, play, alternatives to harsh discipline and violence, and encouragement of family strengths. Results indicate that the brief intervention

resulted in improvements in caregiving practices and reduced violent parenting behaviour.<sup>54</sup>

### Improving parenting practices

Three approaches have been identified as showing promise to prevent harsh parenting practices and promote more gender equitable norms.

*Parenting for Lifelong Health*<sup>55,56</sup> implemented and evaluated in South Africa as Sinovuyo Kids and Sinovuyo Teens programme.

*Sinovuyo Young Children* (2 to 9-year-olds) is a 12-session programme that aims to increase positive parenting and reduce harsh parenting and conduct problems in children as well as improve family functioning. The evaluation did not find a significant difference between the intervention and control groups, with changes observed in both groups. Further research is needed to validate the tools used to measure outcomes and establish if these are suitable for the Global South, as current findings suggest a need to validate the sensitivity of the psychometric tools. The intervention has no effect on positive parenting, neglect or inconsistent discipline.

*Sinovuyo Teens* (10 to 18-year-olds) is 14 weekly sessions, 10 jointly attended by caregivers and adolescents and for attended separately. The programme aimed to reduce child abuse in the household, improve parenting, and improve adolescent and caregiver well-being. Both caregivers and children reported a reduction in past-month physical and emotional abuse one month after the programme. At five to nine months post-intervention, caregiver self-reports were still significant for a reduction in past-month physical and emotional abuse but there was no intervention effect among the adolescents; no intervention effect on neglect for caregivers and young people; and corporal punishment findings were only significant for caregivers. The long-term effects of this programme are less clear and longer-term follow-up is necessary to assess the sustained impact of the programme.

The *REAL Initiative*, implemented in Uganda, is a multi-component intervention that combines community mobilisation and mentorship with a parenting programme targeting young fathers.<sup>57</sup> The intervention was evaluated through a randomised controlled trial (RCT) and shows efficacy in reducing physical child punishment and transforming gender norms, thereby reducing IPV. The intervention requires further research to measure sustained impact and to establish whether the intervention is effective in other settings.

*Bandebereho*, a couples programme implemented in Rwanda that engages expectant fathers and fathers of children under five, along with their partners, in group education sessions designed to promote men's engagement in maternal and child health; family planning; caregiving; and preventing domestic violence.<sup>112</sup> The intervention led to substantial improvements in multiple outcomes - including women's experience of physical and sexual IPV and a decrease in men and women's use of harsh physical punishment of children. The intervention provides evidence that a gender transformative intervention can improve outcomes for both women and children in families

### Adolescence as a period of risk

Adolescence has been identified as a period of high risk for victimisation and perpetration of both VAC and VAW, and a time in which gendered social norms become entrenched. School-based interventions have shown promise in targeting this sensitive period of development.

*Skhokho Supporting Success* is an intervention tested in South Africa.<sup>58</sup> This multi-faceted intervention aims to reduce dating and sexual violence and includes school strengthening components for learners and educators and a family strengthening component. The evaluation did not find significant differences in the primary outcomes between the intervention and control groups, and it is suggested that the study was under-powered. Qualitative results show promise, suggesting that further research into the efficacy of this intervention is required with a larger sample size.

*IMpower and Sources of Strength* is a Kenyan intervention evaluated through a cluster randomised study.<sup>59</sup> The IMpower programme is a school-based programme working with adolescent girls to provide self-defence training and runs activities to build their self-esteem. It also targets adolescent boys to encourage them to challenge ideas of masculinity and the use of violence. The primary focus of the intervention is to address gender inequality by promoting positive masculinities among boys and skills development in girls.<sup>59</sup> By providing skills-based training, empowering girls and transforming social norms, the programme has helped strengthen protective factors and led to a reduction in experience of violence, successfully reducing the rate of sexual assault in adolescent girls. This intervention is promising and highlights the need for further research into the sustained impact of this strategy.

Table 1: Promising approaches to address VAC and VAW

Strategy	Approach	Strengths	Limitations	Evidence	Effectiveness
1. Changing social norms & reducing a culture of violence	Community mobilisation	<b>SASA:</b> Evaluations in Uganda have shown this programme can contribute to reductions in IPV “including sexual violence in dating relationships” and shift attitudes towards violence more broadly, with explicit benefits for VAC.	Requires further research to show effectiveness in other settings and longer-term effect with different age groups.	Cluster RCT in Uganda. Qualitative study with families re intersections of VAC and VAW.	Effective to address VAC and VAW.
	Community mobilisation	<b>Indashyikirwa:</b> An adaptation of SASA in Rwanda with four components: <ul style="list-style-type: none"> <li>1) five-month curriculum with couples to support equitable, non-violent relationships;</li> <li>2) supporting a sub-set of trained couples to engage in community activism for an additional two years; 3) establishment of women’s safe spaces for dedicated support and referral of IPV survivors;</li> <li>4) training and engaging opinion leaders to support an enabling environment for IPV prevention and response.</li> </ul>	The full evaluation of the adaptation has to date not been published. The evaluation of the activism part of the intervention showed no effect, but it required substantial adaptation and the activism was not well suited for the rural Rwandan context.	Two separate nested surveys in the RCT and qualitative interviews as part of the process evaluation in Rwanda	Conflicting evidence. Adaptation had no effect. Lesson is to consider contextual factors more closely in adaptation process. Follow-up period too limited.

Strategy	Approach	Strengths	Limitations	Evidence	Effectiveness
2. Strengthening child protection & response to exposure to violence	Family-level psychosocial intervention	<p><b>CETA</b> (Common Elements Treatment Approach):</p> <p>Transdiagnostic intervention aims to reduce women's experience of IPV and their male partner's misuse of alcohol targeting couples in urban Zambia.</p> <p>Treatment delivered by lay counsellors in a low-income setting where therapeutic services are limited.</p>	Intervention focused on reducing IPV. Also addresses risk factors for VAC but this was not measured in the study.	Single blind RCT. Outcomes assessed 12 months post-treatment in Zambia	Effective in reducing IPV and hazardous alcohol use among high-risk couples - which affect children's experience and exposure to violence in the home.
	Family and Economic Strengthening	<p><b>Trickle Up:</b> Multi-component intervention that combines economic and family strengthening approaches</p>	RCT have shown a reduction in emotional and physical IPV. But only mothers participating in the combined intervention group were less likely to use harsh discipline methods, supportive child protection beliefs, improved child-parent relationships	3 armed RCT combined Village Savings and loans associations with a family strengthening, Burkino Faso	Effective to address VAC and VAW

Strategy	Approach	Strengths	Limitations	Evidence	Effectiveness
		<p><b>Sugira Muryango:</b> A multi-component intervention that combines a cash transfer programme with a family strengthening intervention. Sugira Muryango comprises 12 modules that were delivered by trained, supervised CBCs in the families' homes, unless contraindicated due to illness or privacy concerns, at a pace of about one module per week (average 90-min sessions) between May and August 2018.</p>	<p>RCT improved parent-child relationships; mother-child interaction (reductions in harsh discipline and in violent victimisation of female caregivers by their partners and decreased caregiver depression and anxiety).</p>	<p>Stratified cluster-randomised trial in 3 Rwandan districts (Nyanza, Ngoma, and Rubavu) with existing Vision 2020 Umurenge Programmes. N = 541 families in 100 treatment clusters with children aged 6–36 months</p>	<p>Effective to address VAC and VAW</p>
3. Improving parenting practices	Parenting intervention	<p><b>Parenting for Lifelong Health:</b> Sinuvuyo kids (2-9 yr old)</p> <p>a) 12-session programme designed to increase positive parenting and reduce harsh parenting and conduct problems in children aged 2–9. Tested for effectiveness in a low resource context for scalability.</p>	<p>Small difference between intervention and control group. Outcome measures used not validated for SA setting. There were large changes in the control group so groups were not different in terms of self-reported harsh discipline or child conduct problems. Programme demonstrates potential for increasing positive parenting. Intervention requires further testing with validated measures for the country context.</p>	<p>Randomised cluster randomized control trial with pre- and post-test, Western Cape, South Africa.</p>	<p>Promising to prevent harsh discipline but no effect on IPV</p>

Strategy	Approach	Strengths	Limitations	Evidence	Effectiveness
	Parent and adolescent intervention	<p><b>Parenting for Lifelong Health:</b> <i>Simuvuyo</i> Teens (10-18 yr old)</p> <p>14 session parent and adolescent programme delivered by trained community members designed to reduce abuse and improve parenting as well as further effects on adolescent and parental wellbeing and family outcomes</p>	<p>Both caregivers and children report a reduce in abuse 1-month post-programme. No impact on positive parenting, neglect or inconsistent discipline. The programme is being rolled out in multiple settings across the continent. A longer follow-up period would have been beneficial to show long-term effects of the programme</p>	Cluster randomized control trial in 40 communities in the Eastern Cape, South Africa	Promising to prevent child abuse and harsh discipline but no effect on IPV
	Parenting and community mobilisation	<p><b>REAL:</b> Multi-component intervention combining parenting programme (mentoring of young fathers) with community mobilisation.</p>	<p>RCT has shown significant reduction in IPV and physical punishment of children. Evidence from only one site effectiveness in Uganda with a one-year follow-up. Requires further research to show effectiveness in other settings and long-term effect with different age groups.</p>	RCT. Mentorship of young fathers combined with community awareness, Uganda.	Effective to address VAC and VAW.
	Couples intervention with male engagement component	<p>15-session discussion-based IPV &amp; VAC curriculum with expecting / current fathers. The programme is aimed at improving father's involvement in maternal and child health, caregiving, and preventing domestic violence.</p>	<p>No baseline data were collected from female partners, with self-reported outcome measures like partner violence and use of VAC which can be overestimated in reduction of IPV and VAC due to self-reports.</p>	Multi-site (48) randomised controlled trial in four Rwandan districts - 21 months post baseline survey conducted with couples	Effective to reduce both VAC and IPV



Strategy	Approach	Strengths	Limitations	Evidence	Effectiveness
4. Targeting adolescence as period of risk	School-based intervention	<p><b>Skhokho Supporting</b></p> <p><b>Success:</b> Multi-component intervention: primary prevention intervention focused on grade 8 learners, parents and strengthening institutional capacity at schools; aim to test if intervention prevented IPV and non-partner rape.</p>	<p>Several limitations: Underpowered sample size therefore results need to be treated with caution. Located in one district in SA therefore findings are not generalisable. Findings not significant but direction of effect is towards reduction in IPV and non-partner rape for girls and reduction on perpetration for boys. Requires further research with a larger sample size.</p>	RCT in a metro district, South Africa.	Inconclusive in reducing IPV and non-partner rape among girls and perpetration for boys
	School-based intervention	<p><b>Impower and sources of strength:</b> Multi-pronged classroom-based interventions for girls and boys. 6 x 2 hours sessions. Girls: empowerment, gender relations and self-defence. Boys: promotion of healthy gender norms, masculinity and non-violence.</p>	<p>Design limitations. Student-participants formed natural clusters at the school level. Clustering and matched pairs were done at the school level using an open-cohort design. Participants were allowed to enter and exit between baseline and final measurement. Follow-up period limited. Sustained effect needs to be measured.</p>	Matched-pairs, cluster-randomised control study in Kenya.	Promising in reducing sexual assault among girls.

## Lessons Learnt

Emerging evidence from SASA!, REAL Initiative, Trickle Up+, Bandebereho and Sugira Muryango suggests that multi-component interventions have better success in achieving improved and sustained outcomes. The evidence is also showing that adolescence is possibly an important period to target these complex pathways and intersecting risks associated with both VAC and VAW.<sup>40, 49, 58, 59</sup> This highlights the need for interventions to consider addressing multiple incidents of violence and victimisation across the life course.<sup>110</sup> Furthermore, interventions should expand from a victim-centric approach to include other family members to account for and address violence within the household.<sup>95</sup> This has proven promising in community-based interventions which promote gender equitable norms to reduce the intergenerational transmission of beliefs and attitudes supporting VAW and VAC.<sup>49, 57, 78, 111</sup> and include family strengthening interventions to prevent experience or exposure to violence in the household.

In this way, violence that spans across the life course can be addressed by preventing childhood exposure to family violence, minimising IPV and addressing the pathways to the intersections between VAW and VAC. Community-based interventions have been shown to have positive effects in addressing the intersections between VAW and VAC but their success appears to be dependent on social context as shown by the shortcomings of the SASA! adaptation in Indashyikirwa.<sup>50, 51, 60, 62</sup> In line with an intersectional feminist approach, it is proposed that interventions should be tailored to address the specific patterns of violence based on the contexts<sup>40</sup>, not only accounting for experiences of violence across the life course but also taking into account gender, age and disability, which is not very apparent in current programming. In this way, the development of multi-component and targeted interventions may better identify and integrate the multitude of social domains and identities which work to reduce violence against women and children in the Global South. By considering these intersections across the life course of women and children, we may be better able to shift the experiences of both women and children to build safer communities for all.

## CONCLUSIONS

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Children's exposure to violence in the home not only increases their likelihood of experiencing violence in childhood, but it also predisposes them to violent encounters in adulthood, as both victims and/or perpetrators. The associations between exposure to violence in the home and subsequent predisposition to later perpetration or victimisation of violence is noteworthy as it foregrounds the central role of the household and family as a pathway for the intergenerational transmission of violence. The experience of violence across the life course and within the household between family members is, however, not experienced the same way by all individuals. Gender appears to be a critical variable and experiences of violence in the home have a gendered effect, with girls at greater risk for victimisation as adults and boys at increased risk of perpetration of violence in the home and community. The violent and inequitable social norms underpinning the gendered manifestation of violence are enmeshed in multiple domains of power. Therefore the experience of violence by women does not occur in a vacuum, and men's experience of violence during childhood appears to have a different trajectory over their life course. Through an intersectional feminist lens, we can come to understand how acts of violence serve to demonstrate and reinforce male power over women and children. Unequal gender norms increase the vulnerability of women and children in households, reinforce male dominance and justify the use of violence that serves to devalue women as wives and mothers, - and limits their voice in decision-making regarding family matters such as financial decision-making.<sup>40</sup> An intersectional approach is critical in this moment as it is necessary to understand the many different social identities which women and children hold in the Global South. Intersecting with their gender and age are other socio-economic factors and identities which serve as risk factors for violence within patriarchal households and societies. These patterns of intersection between VAW and VAC extend beyond those immediately involved, impacting not only on the victim and perpetrator but all those within the household setting.<sup>48</sup>

This scoping review has highlighted the need to bridge the divide between the VAW and VAC fields to more efficiently understand, address and eradicate the multiple forms of violence occurring within households and across a person's life course. The high prevalence levels of both violent epidemics, coupled with the scarcity of research and programmes specifically focusing on the intersections of violence in families within LMICs, calls for further investigation. The prevention of violence within the home is not only important to eradicate the compounding consequences but also to reduce wider community violence.<sup>75</sup> These findings point towards early intervention to interrupt the maintenance of intergenerational cycles of violence.

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# APPENDIX 1

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## Inclusion Criteria

- i. Published between January 2005 and February 2020
- ii. Published in English
- iii. Any study design
- iv. Grey literature included
- v. Focus on low- and middle-income countries
- vi. Addressing violence against women and violence against children or addressing one form of violence with reported risk or protective factors, intersections or pathways in relation to the other form of violence.

## Exclusion Criteria

- i. Low- and middle-income countries in the European region

## APPENDIX 2

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1. Violence against children / Violence against women / gender-based violence / intimate partner violence / family violence / intergenerational violence / violence / abuse / maltreatment / child abuse / harsh parenting / cycles of violence / pathways to violence
2. Women / children / adolescents / youth
3. risk factors / protective factors / resilience factors / predictors / intersections
4. Deprived Countries / Deprived Population / Deprived Populations / Developing Countries / Developing Country / Developing Economies / Developing Economy / Developing Nation / Developing Nations / Developing Population / Developing Populations / Developing World / LAMI Countries / LAMI Country / Less Developed Countries / Less Developed Country / Less Developed Economies / Less Developed Nation / Less Developed Nations / Less Developed World / Lesser Developed Countries / Lesser Developed Nations / LMIC / LMICS / Low GDP / Low GNP / Low Gross Domestic / Low Gross National / Low Income / Lower GDP / lower gross domestic / Lower Income / Middle Income / Poor Countries / Poor Country / Poor Economies / Poor Economy / Poor Nation / Poor Nations / Poor Population / Poor Populations / poor world / Poorer Countries / Poorer Economies / Poorer Economy / Poorer Nations / Poorer Population / Poorer Populations / Third World / Transitional Countries / Transitional Country / Transitional Economies / Transitional Economy / Under Developed Countries / Under Developed Country / under developed nations / Under Developed World / Under Served Population / Under Served Populations / Underdeveloped Countries / Underdeveloped Country / underdeveloped economies / underdeveloped nations / underdeveloped population / Underdeveloped World / Underserved Countries / Underserved Nations / Underserved Population / Underserved Populations
5. Afghanistan / Algeria / American Samoa / Angola / Bangladesh / Belize / Benin / Bhutan / Bolivia / Botswana / Brazil / Burma / Burkina Faso / Burundi / Cabo Verde / Cape Verde / Cambodia / Cameroon / Central African Republic / Chad / China / Colombia / Comoros / Comores / Comoro / Congo / Costa Rica / Côte d'Ivoire / Cuba / Djibouti / Dominica / Dominican Republic / Ecuador / Egypt / El Salvador / Equatorial Guinea / Eritrea / Ethiopia / Fiji / Gabon / Gambia / Gaza / Ghana / Grenada / Grenadines / Guatemala / Guinea / Guinea- Bissau / Guyana / Haiti / Honduras / India / Indonesia / Iran / Iraq / Ivory Coast / Jamaica / Jordan / Kenya / Kiribati / Democratic People's Republic of Korea / Lao PDR / Laos / Lebanon / Lesotho / Liberia / Libya / Madagascar / Malawi / Malay / Malaya / Malaysia / Maldives / Mali / Marshall Islands / Mauritania / Mauritius / Mexico / Micronesia / Mongolia / Montenegro / Morocco / Mozambique / Myanmar / Namibia / Nepal / Nicaragua / Niger / Nigeria / Pakistan / Palau / Papua New Guinea / Paraguay / Peru / Philippines / Principe / Ruanda / Rwanda / Samoa / Sao Tome / Senegal / Sierra Leone / Solomon Islands / Somalia / South Africa / South Sudan / Sri Lanka / St Lucia / St Vincent / Sudan / Surinam / Suriname / Swaziland / Syria / Syrian Arab Republic / Tanzania / Thailand / Timor / Togo / Tonga / Uganda / Vanuatu / Venezuela / Vietnam / West Bank / Yemen / Zambia / Zimbabwe
6. 1 and 2 and 3 and 4 or 5



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