

## Understanding the Linkages Between Violence Against Women and Violence Against Children

Worldwide, it has been recognised that violence against women and violence against children are significant human rights and public health issues. This violence not only results in injury and mortality, but is associated with further health effects including increased risk of non-communicable diseases and reproductive, developmental, and mental health issues<sup>1</sup>.

With the adoption of the UN Sustainable Development Goals (SDGs), every country has committed to not only reduce, but eliminate, violence against women and violence against children by 2030. These are the only two “zero-based” targets in the whole Agenda. Beyond the parallel between the two sets of commitments, interlinkages can be identified, as illustrated in the UN Multi-Country Study on Men and Violence in Asia and the Pacific<sup>2</sup>, there exist a “cycle of abuse”, with child abuse leading to higher risk of violence against women and additional child maltreatment, which in turn increases the risk of adult violence<sup>3</sup>.

Effective and scalable efforts to address violence against women and violence against children have historically developed as parallel but separate fields with distinct funding streams, governing agencies, approach strategies, and bodies of research. Existing global research nonetheless demonstrates important intersections between the two that have significant implications for health programmes, policies and research.

### Key connections

In “Bridging the gaps: a global review of intersections of violence against women and violence against children”<sup>4</sup>, the authors identify 6 areas of intersection between VAW and VAC:

- **Shared risk factors:** Studies identify similar risk factors for perpetrating VAW and VAC: Gender inequality and discrimination, male dominance in the household, lack of responsive institutions, marital conflict, weak legal sanctions against violence, as well as harmful use of alcohol and drugs.
- **Social norms:** Social norms that condone violence and support gender inequality constitute risk factors for both VAW and VAC, as well as act as significant barriers for help-seeking.
- **Co-occurrence:** This refers to child maltreatment and intimate partner violence that co-occurs in the same household during the same time period. Studies show that children in families affected by partner violence are more likely than other children to experience child abuse and neglect
- **Inter-generational effects:** Both forms of violence have long-term inter-generational effects: consequences of child maltreatment often last into adulthood, while violence during pregnancy is associated with increased risk of pre-term delivery and low birth weight. Moreover, child exposure to intimate partner violence can have long-term health and social consequences similar to those of child abuse and neglect. Finally,

<sup>1</sup> WHO, UNODC and UNDP (2014), Global status report on violence prevention:

[http://www.who.int/violence\\_injury\\_prevention/violence/status\\_report/2014/en/](http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/)

<sup>2</sup> UNDP, UNFPA, UN Women, UNV (Partners for Prevention) (2013), “Why Do Some Men Use Violence Against Women and How Can We Prevent It?”:

<http://www.partners4prevention.org/node/515>

<sup>3</sup> See Fulu et al. Lancet Glob Health. 2017

<sup>4</sup> Guedes A, Bott S, Garcia-Moreno C, Colombini M, Global Health Action (2016) “Bridging the gaps: a global review of intersections of violence against women and violence against children”.



research has found an association between exposure to violence in childhood (as a victim or witness) and the risk of experiencing or perpetrating violence during adolescence or adulthood.

- **Common and compounding consequences:** Violence against children, adolescents, and women may have similar consequences for physical health, mental health, and social functioning. Girls and women who experience sexual violence may experience similar sexual and reproductive health consequences, including unwanted pregnancy, pregnancy complications, and sexually transmitted infections (STIs). Additionally, evidence suggests that experiencing multiple forms of violence in childhood and adolescence raises the risk of trauma and other negative health and social outcomes compared with experiencing just one form.
- **Adolescence:** The social constructs of 'VAW' and 'VAC' intersect at adolescence. Adolescence is clearly a time of vulnerability, as both perpetration and victimisation of some forms of violence often begin or become elevated during this period. In addition, adolescent marriage and childbearing are risk factors for both intimate partner violence and child maltreatment.

## Opportunities

Evidence of intersections has direct implications for programmes, policies, knowledge management and research under Spotlight. In particular, overlapping correlates suggest that consolidating efforts to address shared risk factors may contribute to preventing both VAW and VAC. Moreover, associations between childhood exposure to violence and perpetrating or experiencing violence later in life are so strong that they suggest that prevention of violence in childhood may be essential for long-term prevention of VAW and vice-versa.

Another clear opportunity for Spotlight lies in the focus on working across the life-cycle, with a particular attention to adolescent girls. Adolescence falls between and within traditional domains of both fields and should be of interest to both. It is an age of elevated vulnerability to key forms of VAW and VAC, and a period when perpetration and experiences of some forms of VAW begin. Child marriage and the partner violence that occurs in those unions should concern both fields. Helping adolescents manage risks and challenges is one of six strategies identified by the UN as important for preventing VAC, while agencies working on VAW have identified adolescence as an important life stage to influence attitudes and behaviours related to gender equality and violence. Adolescents have sometimes been overlooked by child protection agencies that concentrate on younger children, and by researchers and programmes focused on women.

Finally, a review of existing evidence suggest that child maltreatment and intimate partner violence co-occur and produce intergenerational effects. This suggests a need for more integrated early intervention. Co-occurrence and intergenerational effects also have important implications for health, social service, and legal responses to violence. Service providers from all sectors should be prepared to recognise and respond to multiple forms of violence within families.

## Potential risks of greater collaboration

Greater coordination between the two fields may pose certain risks, and there may be valid reasons to work independently in some circumstances. Those working on VAC may be concerned that children's voices will not be heard or that integrated services will not meet their needs. Conversely, those working on VAW may be concerned that children's rights may be



given precedence over women's rights and safety, as was the case with early programmes for preventing mother to child transmission of HIV, and may occur when providers are required to report partner violence to child protection agencies. There are also concerns about ensuring equitable investment in girls and boys, and adequate attention to gender equality within violence prevention programmes. These challenges deserve discussion but should not stop either field from seeking greater collaboration when appropriate.

**Working on “violence against boys”:** While the Spotlight Initiative agrees that all survivors of violence should receive care and support, many understand the framing and approaches to violence against boys as necessarily different than for women and girls – not only because the drivers of the violence are different, but also because the socio-political and personal impacts of the violence are different. Women and girls everywhere are disadvantaged in terms of social power and influence, control of resources, control of their bodies and participation in public life – all as a result of socially determined gender roles and relations. Violence against women and girls occurs in the context of this imbalance. While all actors must analyse different gendered vulnerabilities that may put men, women, boys and girls at heightened risk of violence and ensure care and support for all survivors, the Spotlight Initiative was designed to provide special attention to women and girls due to their documented greater vulnerabilities to violence, the overarching discrimination they experience, and their lack of safe and equitable access to services and other benefits.

However, it is important to note that, by design, the Spotlight Initiative will contribute greatly to addressing all forms of violence and particularly violence against boys. Laws and policies can include specific dispositions that apply to boys, stronger institutions contribute to protecting all, prevention programmes that address social norms must include boys (and men), stronger survivor-centred services can cater for them, improved data collection and analysis allow decision makers to take informed decisions and an empowered civil society is a condition for more cohesive communities and non-violent conflict resolution practices. All these indirect outcomes of the Initiative should not be neglected, although the main focus of Spotlight remain women and girls, for the reasons presented above.

### Key recommendations for Spotlight Programming

- While focusing on VAWG, programmes should address gender inequality and the harmful gender norms that underpin both VAW and VAC.
- Addressing IPV should be a priority to disrupt the intergenerational cycle of abuse and prevent both VAW and VAC in the long-term.
- Adolescence offers a crucial window of opportunity for prevention of VAW and VAC. Prioritise prevention efforts with adolescents, girls in particular, that challenge gender norms and build girls' agency to create healthy relationship behaviours and help adolescent girls postpone unwanted sexual debut, marriage, cohabitation, and childbearing until adulthood.
- While focusing on VAWG, Spotlight Programme should prioritise interventions that address shared risk factors for VAW and VAC, for example the development of a strong agenda for social norms change, healthy families and non-violent conflict resolution.

See below table from “What Works Evidence Review: Intersections of violence against women and violence against children” by Emma Fulu, Sarah McCook and Kathryn Falb, which proposes some promising approaches to address the intersections between these two forms of violence:





**Spotlight Initiative**  
To eliminate violence  
against women and girls

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

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

