Introduction

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

The United Nations Sustainable Development Goals (SDGs) include specific targets to: eliminate all forms of violence against all women and girls in the private and public spheres (Target 5.3), and end the abuse, exploitation, trafficking and all forms of violence against and torture of children (Target 16.2).

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

Figure 1: Prevalence and types of VAW and VAC

<table>
<thead>
<tr>
<th>Violence against women</th>
<th>Violence against children</th>
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<tbody>
<tr>
<td>- Physical, sexual, or psychological abuse or controlling behaviour by an intimate partner (IPV)</td>
<td>- Physical and emotional abuse and neglect by parents and caregivers</td>
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<tr>
<td>- Sexual violence by someone other than an intimate partner</td>
<td>- Child sexual abuse</td>
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Shared risk factors

Risk factors increase the likelihood of victimisation or perpetration of violence. Both VAW and VAC tend to be more common in societies with weak legal sanctions against violence, social norms that condone violence (discussed below), high levels of gender inequality, and inadequate protections for human rights; and within communities with weak institutional responses to violence and high levels of criminal violence or armed conflict. Patriarchal family and community structures are a cross-cutting risk factor for violence against both women and children within the family, and are the structures onto which other risk factors are overlaid. Other shared risk factors for intimate partner violence (IPV) and VAC include marital conflict and family disintegration, economic stress and male unemployment, problem alcohol and drug use, and inadequate responses to violence. In humanitarian settings, shared risk factors include the breakdown of informal and formal structures, separation of families and displacement, and increased stress, trauma and poverty. Many studies consistently find increased risk of men’s perpetration and women’s experiences of physical or sexual violence during adulthood among those who experienced violence during childhood (Box 1).

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

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4 Guedes, A., Bott, S., Garcia-Moreno, C. and Colombini, M. 2016. Bridging the gaps: A global review of intersections of violence against women and violence against children. Global Health Action. 9: 31516. The authors also discuss the role of common and compounding consequences, which are a central consideration for effective responses to violence against women and children.
Common social norms

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

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

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

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

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

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

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

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

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

References:
Co-occurrence of IPV and VAC

VAC and IPV often co-occur, or happen within a single household. Patriarchal family structures maintain male authority and dominance in the family, and normalise and justify the use of violence to discipline subordinate family members. Recent evidence from Asia suggests that children in households where perpetrators have experienced childhood abuse are at greater risk of abuse during early adulthood, illustrated in Boxes 3 and 4. Other research suggests that in some families where there is IPV, women may harshly parent as a means of trying to protect their children from triggering a man’s violence. These associations suggest that preventing VAC may be essential for long-term prevention of VAW; to disrupt the cycle and co-occurrence of abuse. They further highlight that preventing IPV could lead to reduced rates of child maltreatment. The promotion of respectful family relationships, non-violent forms of conflict resolution and parenting practices, and healthy and safe home environments is central to preventing both VAW and VAC.

Intergenerational cycle of abuse

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

Box 3: Pathways between VAC and IPV in Asia-Pacific

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

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

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

Intersections of violence during adolescence

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

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

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14 Fulu and Hesse. 2015.
Promising approaches to address the intersections of VAW and VAC

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

Policy recommendations

- Address gender inequality and the harmful gender norms that underpin both VAW and VAC.
- Prioritise programmes and policies that address shared risk factors for VAW and VAC for example the development of a strong agenda for alcohol reduction, healthy families and non-violent conflict resolution.
- Invest in research into potential pathways between VAW and VAC, cumulative impact throughout the life course, and resilience factors. Further evidence of pathways and polyvictimisation is particularly needed for humanitarian settings.
- Deepen coordination and shared learning across the VAW and VAC prevention fields. Space and conflict resolution may not always be desirable however greater communication and collaboration would benefit both fields.
- Intervention research should track both VAW and VAC where possible. Rigorous and consistent measures should be developed to assess patterns and intersections of both forms of violence, including cost effectiveness measures for both outcomes.

Acknowledgements

This document is an output from What Works to Prevent Violence: a Global Programme which is funded by the UK’s Department for International Development (DFID) for the benefit of developing countries. The funds were managed by the South African Medical Research Council. The views expressed and information contained in it are not necessarily those of or endorsed by DFID, which can accept no responsibility for such views or information or for any reliance placed on them. The data from South Africa was provided by the Stepping Stones and Creating Futures project. The Pakistan data is from the Right to Play project, and is co-owned by SAMRC and Aga Khan University. The Afghanistan data is from the Women for Women International project and is owned by SAMRC. This brief was edited by Rachel Jewkes and Leane Ramsoomar, written and laid out by The Equality Institute.