Violence against children - a gendered perspective

Emma Bell and Ann Kangas 30th March 2017

1. Overview[1]

Introduction

The UN (2006) violence against children (VAC) study was the first global study on the issue and instigated the development of a global evidence base on the extent of VAC. **Rates of physical, sexual and emotional violence against girls and boys are high.** Evidence also shows that gender norms and dynamics underpin violence against children, specifically views that boys need be raised to be physically 'tough' and emotionally stoic while girls are seen as fragile, inferior and/or subordinate to boys and men.

This query provides a mapping of prevalence data for a range of different types of violence - homicide, intimate partner violence (IPV), sexual violence, physical violence, emotional violence, violent discipline/ corporal punishment, bullying, violence in institutions, gang violence, early and forced marriage, female genital mutilation / cutting (FGM/C), children in conflict settings, and trafficking. Information, where available, is also provided on perpetrators and interesting patterns.

The mapping is followed by an exploration of gendered approaches to positive parenting and violence in schools (specifically corporal punishment) – two VAC areas prioritised by DFID. Expert contributions from IRC provide advice based on their experiences in fragile and conflict affected setting (further details available in the annex).

The final section explores the risks and sensitivities of linking VAC and violence against women (VAW). While the evidence base of the risks is currently limited, this section highlights some of the emerging sensitivities and risks being discussed in the literature to date.

Types of violence against children – key issues

- **Gendered differences:** When VAC data is aggregated at the global level, it shows similar levels of violence against girls and boys. However, there are important differences in the types of violence, such as the high levels of IPV and sexual violence faced by girls compared to boys and the fact that boys tend to face higher levels of physical discipline in certain settings. When the data is disaggregated by country, site of violence or by perpetrator, for example, differences between the experiences of boys and girls are also revealed, underscoring the importance of gender in driving VAC in each context. Factors such as disability and sexuality also put boys and girls at increased risk of violence.
- **Age:** In the pre-natal period, children are principally affected by violence against their mothers. In early childhood (0 to four years), boys and girls are exposed to violence by primary caregivers and other family members, and can also be hurt inadvertently in incidents of domestic violence. Aged five to nine years, in addition to physical punishment at home, children are increasingly exposed to inter-personal violence from their peers, and punishment at school. In early and late adolescence (10 to 14 years and 15 to 19 years respectively) girls are at greater risk of sexual violence, while boys can become more involved in community or gang violence.

[1] References for information in overview can be found in full report.

- **Overlaps between different types of violence:** For example, children can be more exposed to trafficking during times of conflict, physical, emotional and sexual violence can be faced in intimate relationships, as well as in schools, institutions and by carers. Further, children can face several different types of violence at different stages of their life course.

Different types of violence: key facts and strength of evidence

	What is known? (key facts)	Strength of evidence
Homicide	• Boys account for 70% of homicide victims under 20 years of age	National police statistics
Intimate Partner Violence	• Lifetime prevalence of IPV among 15-19 year old girls is 29.4% • Rates are lower for boys but tend not to be captured.	Demographic and Health Surveys (DHS), Violence against Children Surveys (VACS), Global School-based Student Health Survey (GSHS)
Sexual violence	• Global prevalence of child sexual abuse is estimated at 18% for girls and 7.6% for boys • 1 in 10 girls (120 million girls) have experienced forced sexual intercourse	DHS, Multiple Indicator Cluster Surveys (MICS)
Emotional violence[2]	• Slightly more males (32%) experience emotional violence than females (27.8%).	VACS and DHS
Physical violence	• Similar levels of males (73.2%) experience physical violence compared to females (72.1%).	MICS, VACS, DHS
Violent discipline	• The prevalence of corporal punishment at home is similar for girls and boys (aged 2 – 14) • Boys tend to face higher rates of violent discipline. • Boys are more likely to experience corporal punishment in schools.	DHS, MICS, Young Lives longitudinal data
Bullying	• In many countries, over half of girls and boys were bullied in the past 30 days in several countries.	Global School-based Student Health Survey (GSHS), the Health and Behaviour in School-aged Children (HBSC)
Violence in institutions	• Boys and girls in residential institutions are at higher risk of violence and abuse than children in general. • Boys tend to face more physical violence and girls more sexual violence from staff and peers in schools. • Both boys and girls face high risks of violence and harm in the workplace. • Boys and girls with disabilities face very high rates of violence in institutions.	Research studies in schools and closed institutions, little information available regarding rates of violence by officials (e.g. police) or in the workplace
Gang violence	• Boys are possibly more at risk of serious gang victimization or to be killed in a gang-related homicide. • Girls can be at particular risk of sexual violence and exploitation in gangs.	Qualitative research studies
Early and forced marriage	• 4 in 10 girls marry before age 18; about one in eight were married or in union before age 15. • In 9 countries, more than 10% of boys are married before age 18.	MICS and DHS
FGM/C	• More than 130 million girls and women alive today have been cut in the 29 countries in Africa and the Middle East where FGM/C is concentrated.	MICS and DHS
Conflict settings	• There is little data on different experiences of conflict related violence faced by boys and girls.	Qualitative research studies
Trafficking	• 20% are believed to be girls, 8% are boys.	UNODC elaboration of national data

Note: References in Section 2. Green = population-based surveys, with gender-disaggregated data available; Amber = some statistical data, but not gender-disaggregated and/or other limitations; Red = little statistical information available; mainly qualitative studies.

[2] Aggregated data for emotional and physical violence from VACS analysis. Obscures gendered differences such as the fact that parents are the most common perpetrators of physical violence against unmarried girls and partners for married girls. Significant variation is noted for boys in the limited data on them.

Gaps and limitations of the evidence base:

- Not all countries have undertaken relevant surveys such as VACS, DHS or MICS and not all include sex disaggregated data. For example, prevalence data on physical violence and sexual violence against adolescent girls and particularly boys, is missing or limited for many countries. There are geographical gaps, including a lack of data from the Middle East and North Africa region. Only five countries have a full composite of data covered by indicators under the forthcoming Violence in Childhood Index.
- There are significant inconsistencies with respect to age groups which undermines the collection of comparable data. For example, the GSHS gathers data from children aged 13-17 on their experiences of bullying, and the HBSC children aged 11-17.
- Important gendered differences are obscured when surveys do not include the perpetrator or site of violence. For example, capturing whether girls more than boys are more likely to be hit by female teachers, and whether girls are more vulnerable to attack on the way to school than boys.
- Some surveys (the MICS for example) ask respondents to reflect on experiences from when they were young which may lead to problems with recall or they are asked to speak about violence / punishment they have inflicted on others which could lead to desirability bias.
- There is an absence of standardization of definitions. For example, it is difficult to conceptualize and operationalize all possible manifestations of emotional violence.
- Apart from the Young Lives data, there is little longitudinal data that tracks young people's experience of violence through their early life course.
- Surveys cannot be 100% accurate given the culture of fear and silence surrounding the reporting of violence.

Best practice

This section explores what it means to take a gendered approach to tackling VAC and what such an approach could look like. Two areas, identified by DFID, are focused on - positive parenting interventions and school-related gender-based violence (including corporal punishment).

Positive parenting

Despite recognition from the UN that patriarchal norms underpin VAC and VAW with the potential for one form of violence to trigger the other and the need to address gender across strategies, many best practice examples of interventions to improve parenting and reduce VAC do not include a focus on gender and most focus on mothers only. However, there are some best practice interventions that focus on addressing gender norms that influence parenting, and that engage men and women and sometimes children. Approaches include:

- **Reducing sexual risk behaviour among adolescents**, including delayed onset of sexual debut, by using parents to deliver primary prevention to their children and increasing awareness and protective strategies against child sexual abuse and harmful gender norms that may lead to violence. (Examples: Parents/Families Matter! (FMP) – multiple countries; The Sinoyuvo Caring Families programme in South Africa)
- **Supporting parents and caregivers to improve communication skills** around family matters, such as decision-making and to raise their understanding of the gender violence that their children can face including within the family. This can also involve challenging rigid gender and age norms, including the discipline/control of 'subordinate' family members. (Examples: Happy Families, part of EMERGE Sri Lanka; The Sinoyuvo Caring Families programme; the International Rescue Committee have held group-based parenting programmes combined with home-visits).

- **Working with young men to improve their involvement as fathers.** This includes addressing gender norms that trigger use of violence in child discipline and with intimate partners through promotion of positive parenting and partnerships. (Examples: Happy Families; Responsible, Loving, and Engaged Fathers (REAL) in Uganda; Program P, Rwanda).
- **Engaging men in environments beyond the home**, for example running trainings on fatherhood and GBV in the workplace. (Example, programme in Turkey – name not provided)
- **Working with children** of parents involved in interventions to improve their understanding of gender norms and positive parenting, including using theatre and campaigns to raise awareness. (Example: Happy Families, Sri Lanka)
- **Interventions to prevent IPV** may also impact on children's exposure to violence, and improve parent–child relationships. Given the relationship between a child's experience of IPV by their parents and their later experiences of IPV in adulthood, incorporating IPV in parenting classes has the potential to have lasting effects. (Example: an evaluation of SASA! in Uganda has explored the possible impacts on VAC).

School-related gender based violence (SRGBV), including corporal punishment

The use of physical discipline, or corporal punishment, in schools is a form of violence, and it can have a gendered profile as gender norms and discrimination drive (and are reinforced by) forms of punishment. School-wide efforts to reduce gender-based violence usually include a focus on eliminating corporal punishment; hence this section focuses on efforts to address school-related violence more broadly. Some of the best practice examples have a focus on GBV. Others take a whole school approach to VAC and to varying degrees apply a gendered lens but aim to encourage schools to provide safe, secure, healing and welcoming learning environments for girls and boys. The examples featured in this report focus on girls *and* boys and include a focus on corporal punishment.

Strategies to address SRGBV, including corporal punishment, with a gendered approach include:

- **School and national level policies**: including policies that prevent and respond to all forms of violence and a school discipline policy with an emphasis on training teachers in positive discipline methods (Examples: South Africa have policies and guidance on SRGBV and homophobic bullying; the Good School Toolkit, Uganda)
- **Supervision and reporting mechanisms:** the existence and use of a safe and confidential reporting system (that all students and teachers are aware of) for incidents all types of gender-based violence in education settings (not just physical form of violence), effective supervision of play spaces, toilets, and open areas. (Example: The Plan Malawi Learn without Fear project)
- **Curriculum and learning**: curriculum and teaching materials addressing gender awareness and violence prevention, gender equality and tolerance, explicit teaching of social and emotional learning skills, teachers modelling non-violent, non-gendered ways to deal with conflict. Some initiatives have an explicit focus on empowering young people to take action. (Examples: The Good School Toolkit, Uganda; USAID's Doorways training programme in Ghana and Malawi; Connect with Respect, Viet Nam, Opening Our Eyes: Addressing Gender-based Violence in South African Schools - Building Skills for Life (BS4L) – multiple countries; Communication for Change, Democratic Republic of the Congo (DRC); Learn without Fear project)
- **Staff training and support:** explore teachers' own gendered lives and how these influence the way they approach their work and relationships, improve their understanding of the harmful effects of GBV, what appropriate behaviour towards girls and boys is, non-gendered and non-violent ways to deal with conflict and discipline and ongoing learning and support for all staff to

ensure that they can address GBV in education. (Examples: The Good School Toolkit; USAID's Doorways; Connect with Respect; Opening Our Eyes - BS4L; Communication for Change).

- **Partnerships with parents, community and agencies:** engaging parents in school activities and decision-making, regular communication between parents, teachers and students, good referral partnerships for students needing health or protection services, safe disclosure mechanisms for peers and parents to report concerns about gender-based violence; community awareness raising activities. (Examples, USAID's Doorways; Communication for Change; Learn without Fear project, Malawi).

Sensitivities and risks

As the evidence base on VAC has improved in developing contexts more attention has been given to understanding the links between GBV/VAWG and VAC. Research has primarily centred around the interlinkages between experiences of childhood violence and the increased likelihood of perpetrating or experiencing violence into adulthood, how IPV is linked to child maltreatment within households and how VAC can be used to entrench gender inequality, a root cause of VAWG. To date, Guedes et al's (2016) model is the most comprehensive illustration of the links between these different forms of violence. The model outlines six areas where these types of violence overlaps, shared risk factors, social norms, intergenerational effects, co-occurrence within households, common and compounding consequences, and adolescence. However, further evidence is needed to understand the links in different contexts and how programmes can better address these different forms of violence.

Considering that we are still in the early stages of linking VAW and VAC in developing contexts, the literature is limited when it comes to the risks of strengthening the links between these two areas. In general, the literature concludes that **while these risks are important and deserve discussion, they should not prevent greater cooperation between the two fields when appropriate**.

Some of the sensitivities and risks identified include:

- **Competing priorities between whether children's or women's rights take priority in some circumstances:** These rights might be at odds with each other, for example, if service providers are required to report partner violence to child protection agencies.
- **Service capacity and suitability:** Child protection actors may be concerned that services are not sufficiently tailored to the special needs of children or that they have the capacity to address different forms of violence within the same family.
- **Overburdening services:** By linking VAW and VAC, there may also be more demands on services which will impact negatively on service delivery standards. This is especially important in poorer contexts where services and resources are already limited.
- **Mothers who experience IPV being blamed for not protecting children:** There are some concerns that if there is a mandatory reporting of children to protection agencies in households that experience IPV, the mother or female caregiver may be blamed for not having sufficiently protected her child/ren, as women are generally seen as responsible for the health, safety and wellbeing of their children.
- **Gaps in parenting programmes for adolescents:** Programmes to address co-occurrence of IPV and child maltreatment may focus too much on younger children and exclude adolescents.
- **Universal versus targeted approaches:** While targeted approaches are cheaper, negative aspects such as the stigma of being associated with an intervention focused on violence and the possibility that families in need of support may either move in or out of eligibility criteria or be totally excluded, should also be born in mind while developing programmes.

2. Different types of violence experienced by girls and boys

This section features a mapping on what is known about the different types of violence experienced by girls and boys. The tables below for each type of violence include statistics from key studies regarding prevalence – disaggregated by sex if available. The source and strength of evidence is noted. Additional information about gendered trends as well as information from smaller or qualitative studies is provided underneath each table.

The difference types of violence covered below are homicide, intimate partner violence, sexual violence, physical violence, emotional violence, violent discipline/ corporal punishment, bullying, violence in institutions, gang violence, FGM/C, early and forced marriage, children in conflict settings and trafficking.[3]

2.1 Homicide:

Key statistics and sex disaggregated information on prevalence	Strength of evidence
Worldwide, almost 95,000 children and adolescents under age 20 were victims of homicide in 2012, making it a leading cause of preventable injury and death among children. Boys account for 70% of homicide victims under 20 years of age. (UNICEF, 2014a)	UNICEF's (2014a) statistical analysis of violence against children is the most comprehensive and recent source of data. However, datasets on cause of death can be incomplete and UNICEF offers caution in using them to determine prevalence rates. National police statistics for some countries record lower homicide levels than the statistical estimates shown here (which are derived from World Health Organization analyses for the Global Burden of Disease 2010 Study).

Additional points of interest:

- Regional differences: This higher risk among boys is found in every region of the world, but differences are particularly striking in Latin America and the Caribbean, where boys are almost seven times more likely to die due to interpersonal violence than girls.
- Perpetrators: Differences between the sexes are also seen in terms of perpetrators. Globally, almost half (47%) of female homicide victims of all ages are killed by family members or intimate partners, whereas the figure for men is 6%. Males on the other hand are more likely to be killed by strangers, which UNICEF believe is in part due to their increased likelihood of participating in crime-related and other violent activities, such as gang involvement and street fighting.

Source: UNICEF, 2014a

[3] One important gender aspect of VAC that the data in this section largely obscures is how VAC and gender stereotypes and discrimination can reinforce each other and that VAC can be used to inflict damage by undermining the masculinity of femininity of the victim. For example, Leach et al (2014) when writing about gender-based violence in schools observe that discipline can be used to punish girls who are not obedient or sexually compliant, whereas physical punishment against boys by a male teacher, can be used as a means of asserting male authority and 'toughening' boys up. The implications of this are discussed in section 4.

2.2 Intimate partner violence / dating violence:

Sex disaggregated information on prevalence	Source and strength of evidence
Younger age of women is strongly associated with increased risk of past year **intimate partner violence (IPV)** compared to older women. Lifetime prevalence among 15-19 year olds is 29.4%. (WHO, LSHTM, South African Medical Research Council, 2013) By far the most commonly *reported* perpetrators of violence against girls across all countries are intimate partners, defined as either a current or former husband, partner or boyfriend. (UNICEF, 2014a) 5.7% of ever-partnered females and 2.7% of ever-partnered males experienced IPV (spouse, romantic partner, or boyfriend/girlfriend) in Nigeria. (National Population Commission of Nigeria, UNICEF Nigeria, and the U.S. Centers for Disease Control and Prevention, 2016)	The WHO, LSHTM and South Africa MRC conducted a global systematic review and synthesis of the body of scientific data on the prevalence of two forms of violence against women — violence by an intimate partner and sexual violence by someone other than a partner. It shows aggregated global and regional prevalence estimates of these two forms of violence, generated using population data from all over the world that have been compiled in a systematic way. UNICEF draws on a number of data sources including DHS, Violence Against Children Surveys (VACS) and other national surveys. VAC surveys cover children aged 13-17 and older but some questions ask respondents to reflect on experience at younger ages.
Globally there is a growing concern regarding **dating violence**[4] faced by adolescents and young adults. However, there is little data on the topic. In Nigeria, males are significantly more likely to identify a non-marital partner (88.3% versus 50.3% for females). (National Population Commission of Nigeria, UNICEF Nigeria, and the U.S. Centers for Disease Control and Prevention, 2016) Zambia: 22.6% of males have experienced physical violence by a girlfriend/boyfriend, compared to 18.7% of females. (2004 – GSHS) Other country data available[5].	Major population based studies tend not to focus on violence experienced by adolescents in 'dating relationships'. The DHS data sometimes looks at violence faced by 15-19 year olds (including by boyfriends) but as a percentage of the whole the statistics tell us little about how common such violence is among relationships that young people under 18 are engaged in. Country data varies regarding who is included under IPV – sometimes only spouses are which can obscure violence faced by adolescents in their 'intimate' relationships. (UNICEF, 2014a) Some VACS disaggregate information on violence faced by a non-marital partner (compared to spousal violence). Global School-based Student Health Survey (GSHS) was developed by the World Health Organization (WHO) in collaboration with United Nations' UNICEF, UNESCO, and UNAIDS; and with technical assistance from CDC. GSHS is a school-based survey conducted primarily among students aged 13–17 years. Some include IPV. https://www.cdc.gov/gshs/index.htm There are a number of smaller studies that illustrate that 'dating violence' is an issue (see examples below).

[4] Studies on IPV tend to collapse non-marital violence and marital violence but for young people violence in dating relationships is gaining increasing attention

[5] The author checked 8 country studies and only Zambia had data on IPV.

Additional points of interest:

- Attitudes to IPV: Close to half of all girls aged 15 to 19 worldwide (around 126 million) think a husband is sometimes justified in hitting or beating his wife. (UNICEF, 2014a)

Additional studies:

- A South African study found that 42% of females aged 13–23 years reported ever experiencing physical dating violence. (Swart et al, 2002)
- In a health-centre based study of adolescents seeking abortion services in Bihar and Jharkhand, India, 18% of the unmarried and 2% of the married adolescents reported that the sexual relations resulting in the current pregnancy were non-consensual (Jejeebhoy et al. 2010).

2.3 Sexual violence:

Sex disaggregated information on prevalence	Strength of evidence
Girls and boys: The global prevalence of child sexual abuse is estimated at 18% for girls and 7.6% for boys. (Stoltenborgh et al, 2011). Lowest rates for both girls (113/1000) and boys (41/1000) were found in Asia, and highest rates were found for girls in Australia (215/1000) and for boys in Africa (193/1000).	A meta-analysis of 200 studies (Stoltenborgh et al, 2011). They note methodological issues drastically influence the self-reported prevalence of child sexual abuse.
Girls: Around 120 million girls worldwide (around 1 in 10) have experienced forced intercourse or other forced sexual acts at some point in their lives, with the most common perpetrators being current or former partners. (UNICEF, 2014a) There is much less comparable data on boys than girls but evidence suggests that there is a steep rise in sexual violence for girls from the age of 10 and for boys mostly from the age of 14 (Know Violence in Children, 2017)	UNICEF's (2014a) statistical analysis based on global databases, which includes data from DHS, The Multiple Indicator Cluster Surveys (MICS), VACS and other nationally representative surveys, 2004-2013. The focus is on children 15-19 and a number of studies only include sexual violence in intimate relationships. UNICEF flags methodological issues with collecting data on VAC, particularly sexual violence.
Regional differences: The lifetime prevalence of experiencing any form of sexual violence in childhood ranges from 4.4% among females (aged 13-17) and 6% among males in Cambodia to 37.6% among females in Swaziland and 21% among males in Haiti, with prevalence in most countries greater than 25%. (Sumner et al, 2015) – see diagram	CDC and UNICEF, in partnership with host country governments, communities, and academic institutions developed and administered Violence Against Children Surveys (VACS) that include a focus on sexual violence. (Sumner et al, 2015)

Sex disaggregated data on sexual violence: boys and girls.

Source: CDC's Violence against Children Surveys (VACS) - https://www.cdc.gov/violenceprevention/vacs

Additional points of interest:

- Sexual violence statistics from surveys are 30 times higher than prevalence estimated from cases reported to authorities. (Stoltenborgh et al, 2011).
- Perpetrators: The Nigerian VAC found that females age 18 to 24 years who experienced sexual abuse before age 18 were significantly more likely to report a spouse, boyfriend, or romantic partner (39.6%) than any other individual as the perpetrator of first incident of sexual abuse; females were also significantly more likely than males (18.1%) to report a romantic partner as perpetrator. Males most frequently reported a classmate or schoolmate (26.6%) closely followed by neighbour (25.9%). Females (12.9%) were also significantly more likely than males (3.6%) to report a stranger as the perpetrator of first incident of sexual abuse. (National Population Commission of Nigeria, UNICEF Nigeria, and the U.S. Centers for Disease Control and Prevention, 2016)
- Fragile and conflict affected settings: Save the Children (2013) estimates that children under the age of 18 comprise the majority of survivors of sexual violence in conflict-affected societies, potentially representing as many as 80% of all survivors of sexual violence during times of war. The same study estimates that nearly 30 million children in conflict-affected countries have been or will be sexually abused before their 18th birthday.[6] A systematic review of data suggests that approximately one in five refugees or displaced women in complex humanitarian settings experienced sexual violence. However, this is likely an underestimation of the true prevalence given the multiple existing barriers associated with disclosure. (Vu et al, 2014)
- Children with disabilities: A five-country study found that all boys and girls with disabilities had experienced at least one incidence of emotional and sexual violence.[7] Girls with disabilities

[6] This calculation is based on applying the average global child sexual abuse prevalence rate (according to the NIS-3 definition of sexual abuse), which is an average of 15.95% across females and males, to just the population of children living in conflict-affected countries. The list of countries comes from the World Bank's "Harmonized List of Fragile Situations" for 2013 and the population figures of children under the age of 18 from UNICEF's childinfo statistical database.

[7] 3706 children and young adolescents aged 11-14 were randomly sampled from 42 primary schools.

can face higher rates of sexual violence compared to boys with disabilities, but in some contexts boys do. Girls are more likely than boys to experience *multiple* incidences of sexual abuse (more than 10). (African Child Policy Forum, 2011)

- Sexual exploitation: analysis of records from 9,042 children and young people affected by child sexual exploitation who were supported by Barnardos in the UK since 2008 reveals that 1 in 3 (2,986) were male (Cockbain et al, 2014). This is much higher figure than previous national studies have found (reviewed in Brayley et al, 2014).

2.4 Emotional violence:

Sex disaggregated information on prevalence	Strength of evidence
Findings from a few VAC surveys suggest that the experience of **emotional violence is slightly more common among males (32%) than females (27.8%) but not in all countries** (UNICEF, 2014a; Ravi and Ahluwalia, 2017, see also[8]). Globally, levels of emotional violence reported for the previous month remain relatively constant with about 60-70% of boys and girls experiencing emotional abuse at the hands of a caregiver or other household member through ages 2 to 14. (Know Violence in Childhood, 2017)	Emotional violence remains an under-studied topic, and relevant statistics are sorely lacking. This can be attributed largely to the fact that it is difficult to conceptualize and operationalize all possible manifestations of emotional violence. Some Violence Against Children Surveys (VACS) ask young adults about their experiences of emotionally violent acts before the age of 18. However, there are differences in the ways in which such violence is measured across the countries and in the composition of the sample for which data are presented. It is also covered for over 15s in some DHS (Discussed in UNICEF, 2014a)

Percentage of individuals aged 18-24 who experienced emotional violence prior to age 18.

Source: CDC website: https://www.cdc.gov/violenceprevention/vacs/index.html

Additional information:

- Perpetrators: Parents and caretakers are the most frequently cited perpetrators, however, peers, teachers, and dating partners can also be responsible (UNICEF, 2014a).

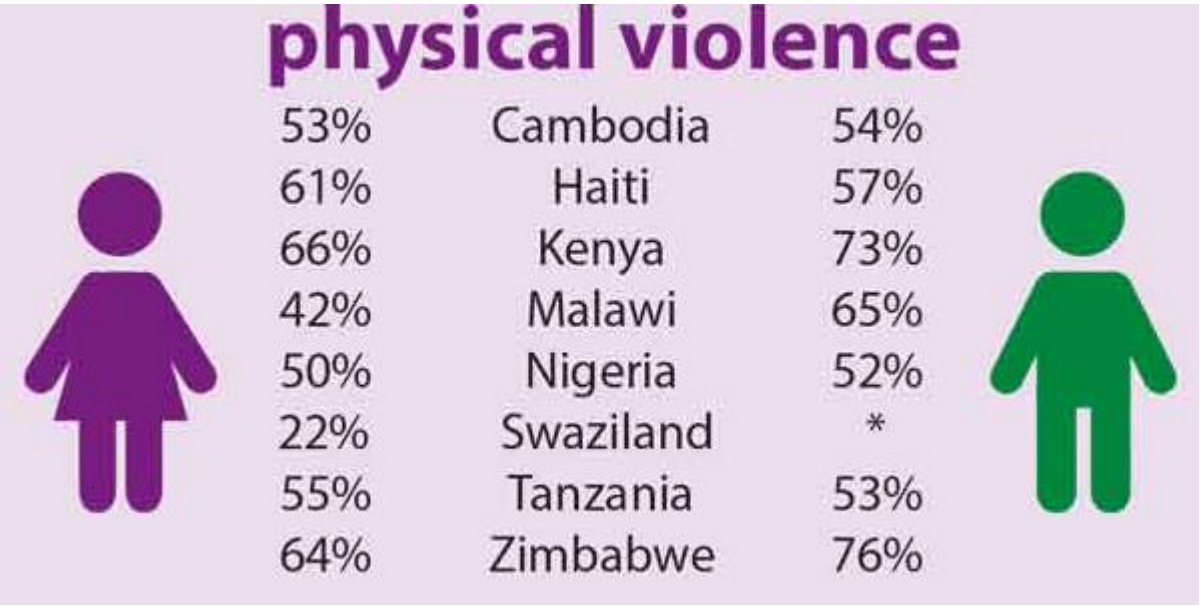
[8] CDC - https://www.cdc.gov/violenceprevention/vacs/index.html

- A more recent review of data from VAC studies in Tanzania, Cambodia, Kenya and Swaziland found that perpetrators of emotional violence were mostly relatives and neighbours (for boys) and partners (for girls). (Sumner et al, 2015)

2.5 Physical violence (see also section on IPV, violent discipline and bullying):

Sex disaggregated information on prevalence	Source and strength of evidence
Physical violence is higher in younger age groups and then tapers off, with between 50 and 60 per cent of girls and boys experiencing physical violence from a caregiver or household member at age 2, and levels declining by age 14 to about 40 to 50 per cent of boys and girls experiencing such violence. From ages 2 – 14 boys overall experience a slightly higher rate of physical violence (Know Violence in Children, 2017). Data from VACs puts the figures at males (73.2%) and females (72.1%). (Ravi and Ahluwalia, 2017)	UNICEF global databases, 2016, based on DHS, MICS and other nationally representative surveys. (Know Violence in Children, 2017) The DHS provide data on experiences of young women and men between ages 15-19. The surveys tend to ask about violence experienced since age 15. The MICS focus on violent discipline / punishment and cover a young age group. The VACs also provide comparable data on boys and girls see diagram below.

Percentage of individuals aged 18-24 who experienced physical violence prior to age 18.



Source: CDC website: https://www.cdc.gov/violenceprevention/vacs/index.html

Additional information:

- Perpetrators (girls): Parents (mothers or fathers) and other caregivers (stepmothers or stepfathers) were the most commonly reported perpetrators in the majority of the 36 countries with available data. In Azerbaijan, Cambodia, Haiti, Kyrgyzstan and Timor-Leste, for instance, over half of girls named their mother or stepmother as perpetrators. In Bolivia, Egypt, Mozambique, Nepal, Pakistan and Zimbabwe, current husbands or partners were most often

cited. However, among ever-married girls who experienced physical violence since age 15, a current or former partner was cited most often in all of the countries with available data (DHS data)

- Perpetrators (boys): the most commonly reported perpetrators varied across the five countries with data and included friends, siblings, teachers, fathers/stepfathers, and 'other' perpetrators depending on the country. (DHS data)
- Violence during pregnancy: In some countries (Haiti and Pakistan for example) violence during pregnancy is higher among adolescent girls than older women. (DHS data)

Source: UNICEF, 2014a

2.6 Violent discipline/Corporal punishment[9] (at home and in schools):

Sex disaggregated information on prevalence	Source and strength of evidence
The prevalence of **corporal punishment at home** is similar for girls and boys (aged 2 – 14), although more pronounced sex differences in the experience of this form of violent discipline show up in a few countries or areas. For example in Costa Rica and Ukraine, boys are around 1.5 times more likely to be subjected to any physical punishment than girls. (UNICEF, 2014a)	UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013. Data is available from 62 countries. Comparable data on child discipline are mainly available from Multiple Indicator Cluster Surveys (MICS). The MICS include a standard set of questions covering different disciplinary methods, including nonviolent forms of discipline, psychological aggression and physical means of punishing children. The child discipline module was included for the first time in the third round of MICS (MICS3, mainly conducted in 2005–2006). Data on child discipline collected through MICS were available for 43 countries as of January 2014. Some Demographic and Health Surveys (DHS) and other national household surveys have also collected the standard, or modified, versions of the MICS child discipline module.
Boys tend to experience **violent discipline** (perpetrator not specified) to a greater extent than girls in some countries (including in Bosnia and Herzegovina, Costa Rica, Kazakhstan, Kyrgyzstan and Ukraine). Data from others countries show that rates are similar, for example in Nepal: 82.7% of boys and 80.7% of girls experienced violent discipline in the last month. (UNICEF, 2014a)	
Among children aged 8: over half in Peru and Viet Nam, three quarters in Ethiopia and over nine in ten in India reported witnessing a **teacher administering corporal punishment** in the last week. Boys and children from disadvantaged backgrounds are significantly more likely to *experience* corporal punishment at age 8. Boys are also significantly more likely to *report* experiencing corporal punishment than girls. (Ogando Portela and Pells, 2015) For children aged 14–15 boys experienced particularly high levels of physical violence at the hands of teachers in India compared to girls. There was a less sharp distinction in use of corporal punishment between boys and girls in the younger cohort. (Morrow and Singh, 2015)	Young Lives longitudinal data collected over four rounds on two cohorts of children in four countries: Ethiopia, India (the states of Andhra Pradesh and Telangana), Peru and Viet Nam. (2000 children per country). (Ogando Portela and Pells, 2015; Morrow and Singh, 2015)

Additional information:

[9] Corporal punishment generally refers to physical punishment, where as violent discipline includes psychological aggression as well as corporal punishment.

- Age: Overall, violent discipline peaks among children aged 5 to 9 years and falls among older children aged 10 to 14 years. (UNICEF, 2014a)
- Violence in schools: Younger children are at greater risk of corporal punishment than adolescents, with the incidence of corporal punishment at age 8 more than double the rate reported by 15-year-olds, in all four countries. Violence in schools, including physical and verbal abuse by teachers and peers is the foremost reason children give for disliking school, ranging from over a quarter of children in India to over half in Viet Nam. (Ogando Portela and Pells, 2015)

2.7 Bullying:

Sex disaggregated information on prevalence	Source and strength of evidence
Verbal or physical bullying: Worldwide, more than 1 in 3 students between the ages of 13 and 15 experience bullying on a regular basis (UNICEF, 2014a). Verbal or physical bullying over the past 30 days ranges widely from a low of 8% in Tajikistan to 63% in Zambia. In many countries, over half of girls and boys were bullied in the past 30 days in several countries: - Zambia (65.2% of girls, 60.4% boys) (2004) - Egypt (69.7% girls, 70.1% boys) (2011) - Ghana (38.8% girls, 41.2% boys) (2008) - Kenya (57.4% girls, 56.6% boys) (2003) - Algeria (55.1% girls, 48.1% of boys) (2011) - Botswana (51.8% girls, 52.6% boys). (2005) (GSHS data)	Global School-based Student Health Survey (GSHS) - see IPV for more information on this survey. The survey does not specify where the bullying takes place. It focuses on ages 13-17. The Health and Behaviour in School-aged Children (HBSC) survey (11-17 years) also has data on bullying from the European Region and North America.

Additional information:

- Cyber-bullying: A US-based study surveyed a random sample of 457 students between the ages of 11 and 15. It found that adolescent girls are significantly more likely to have experienced cyberbullying in their lifetimes (40.6% vs. 28.2%). The gap narrows when reviewing experiences over the previous 30 days. In this sample, boys were slightly more likely to report cyberbullying others during their lifetime (15.5% vs. 14.0%), though this difference was not statistically significant. The type of cyberbullying tends to differ by gender; girls are more likely to post mean comments online while boys are more likely to post hurtful pictures or videos. (Hinduja and Patchin, 2015)
- Children with disabilities: A study in Uganda found that boys (27%) and girls (34%) with disabilities experience higher levels of physical and emotional violence from their peers than those who do not have disabilities (7% and 9% respectively). (Devries et al, 2015)
- Sexual minorities: In the 2011 National School Climate Survey conducted in the United States, 82% of LGBT children and adolescents aged 13 to 20 said they had been verbally harassed over the past year. 38% of LGBT students reported physical victimization at school within the last year as a result of their sexual orientation and 27% due to their gender expression. One study in the United Kingdom found that between 30 and 50% of adolescents in secondary schools who were attracted to the same sex experienced homophobic bullying.

2.8 Violence in Institutions:

Sex disaggregated information on prevalence	Source and strength of evidence
Whilst the precise number is not known, evidence suggests that an estimated eight million children live in **residential institutions.** There is evidence that children are at higher risk of violence and abuse than children in the general population and that boys are at particularly risk of physical violence (see examples below).	There are a few studies looking at violence and abuse against children in residential institutions, some of which disaggregate their data by sex. (see examples below). Interesting to note that in the study of closed institutions in Central Asia 39% of children who took part in the survey said that it was difficult for them to be completely honest about what was happening in the institution where they were living. A fifth of staff also said it was difficult to be honest. (Penal Reform International, 2014)
In schools: (see also sections on sexual violence, bullying and violent discipline / corporal punishment). **Respondents in VACS who attended school had more than four times the odds of facing some violence** than those who have not attended school. This is consistent with teachers and authority figures being significant perpetrators of physical violence and classmates being involved in peer violence. Boys tend to face more physical violence (Ogando Portela and Pells, 2015; Morrow and Singh, 2015), and girls more sexual violence from staff and peers (see below), however, rates vary greatly. It is difficult to draw conclusions about experiences of emotional violence in schools.	VACS and DHS include questions regarding the perpetrator of physical, emotional and sexual violence, including by teachers. The GSHS and HBSC surveys report on the prevalence of bullying in schools and the MICS on punishment. There are also national studies on school based violence.
Analysis of data from the baseline survey of the Good Schools Study in Uganda found that levels of **violence against both disabled and non-disabled children were extremely high**. However, boys and girls are more likely to experience any form of violence from staff and peers than nondisabled students of the same sex. (Plan International, 2016)	Baseline data from the baseline survey for an RCT of the Good Schools Study in Uganda. Secondary analysis of data revealed experiences of children with disabilities (Plan International, 2016; Devries et al, 2014)
In the work place (see also trafficking) - *Child labourers* are considered either too young to work or are involved in hazardous activities that may compromise their physical, mental, social or educational development. An estimated 150 million children worldwide are engaged in child labour. In almost all regions, boys and girls are equally likely to be involved in child labour. An exception is Latin America and the Caribbean, where boys are slightly more likely than girls to be engaged in child labour. Gender disparities are observed in the types of activities carried out, with girls far more likely to be involved in domestic work.	UNICEF global databases, 2016, based on DHS, MICS and other nationally representative surveys. Prevalence statistics on violence in the workplace according to worker age group are lacking.[10]

[10] UNICEF - https://data.unicef.org/topic/child-protection/child-labour/#

Additional information:

Studies of violence in residential institutions:

- Euser et al (2013) used findings from the Netherlands' Prevalence study of Maltreatment of children and youth. Adolescents (N = 329) between 12 and 17 years of age living in residential and foster care reported on their experiences with physical abuse during the year 2010. Twenty-five percent of all participating adolescents (the Netherlands) experienced physical abuse, which is a nearly three-fold increase in risk compared to the general population. Boys reported more physical abuse in out-of-home care than girls. (Euser et al, 2013).
- In Romania, a study of 1,391 institutionalized children found that two in five recorded severe punishment or beatings by staff. Further, of those who are beaten, 80% say that the abuse occurs many times, with greater odds for boys. (Rus et al. 2013)
- A survey of children and staff in five closed institutions in Central Asia (for children in conflict with the law) found that 69% of children had been subject to harsh disciplinary measures 37% had been a victim of abuse by another child. 42% said they had been abused by staff – mostly harsh verbal abuse and moderate physical violence. Although this information is not sex disaggregated, boys vastly outnumbered girls in institutions for children in conflict with the law and they made up the majority of the respondents (Penal Reform International, 2014)

Different types of violence:

- Emotional violence by teachers: The authors of the Young Lives study suggest that girls are possibly more likely to experience humiliating treatment from teachers. However, a cross-sectional study of emotional abuse towards children by school teachers in Aden Governorate, Yemen found that boys were subject to more emotional abuse (72.6%) than girls (26.1%), suggesting rates vary greatly by context (Saddik and Hattab, 2012)
- Sexual violence: girls tend to face more sexual violence in schools by teachers and peers and on the way to school. However, boys also face sexual violence in schools. Rates vary greatly. (Know Violence in Childhood, 2017; UNICEF, 2014a). The 2012 National School Violence Study, South Africa, found that 4.7% of learners recounted an experience of sexual assault in schools and 90.9% of these attacks were perpetrated by other learners. Further, it found that female learners experience far higher levels of sexual harassment, sexual assault and rape: 7.6 per cent of female learners had experienced rape compared with 1.4 per cent of male learners. (Burton and Leoschut, 2013)

Violence by police:

- Human Rights Watch[11] and the Consortium for Street Children (2013) have highlighted violence against street children by police, but no statistics are available or studies of difference by gender.

[11] Human Rights Watch website - https://www.hrw.org/reports/2001/children/5.htm

2.9 Gang violence:

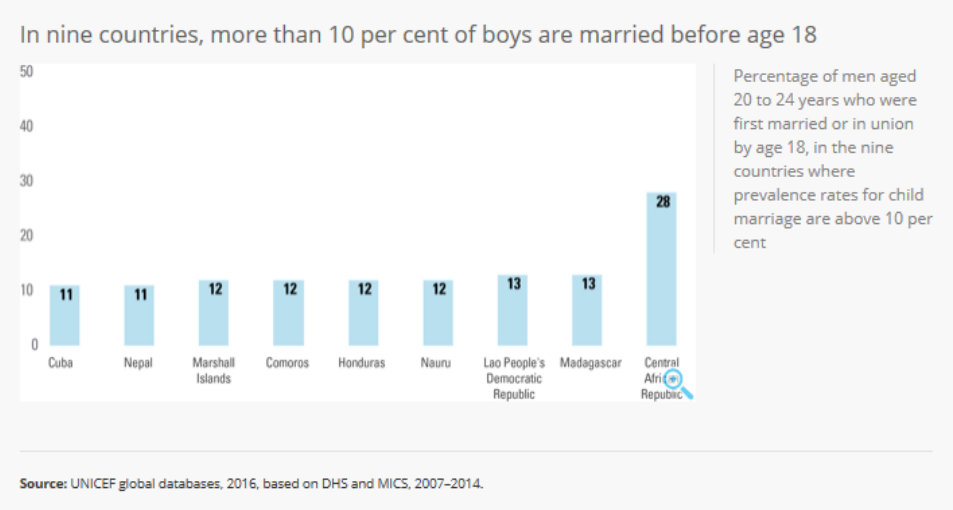
Sex disaggregated information on prevalence	Source and strength of evidence
Young people who become involved in **gangs** are substantially more likely to face violent victimization and even death. Some research has noted that girls are less likely than boys to experience serious gang victimization or to be killed in a gang-related homicide. However, recent qualitative research in the UK has revealed that girls involved in gang life can be at particular risk of sexual violence and exploitation. (discussed in UNICEF, 2014a)	Some studies explore the violence experienced by boys and girls in gangs. They tend to be qualitative in nature.

Additional information;

- A study of urban gangs in the Niger Delta found that girls in the group are referred to as "Black Bra". Some groups have girls who are "wives" to members. These girls do the cooking and provide free sex when needed, especially to the top hierarchy of the gang. (Oruwari and Owei, 2006)
- Interviews with adult practitioners and boys who are involved in group offending in the UK, suggest that girls play a minor role in most gangs and are subjected to high levels of sexual and physical victimization. Interviews with young women, however, point to the positive features of group involvement for girls. (Batchelor, 2009)

2.10 Child marriage:

Sex disaggregated information on prevalence	Source and strength of evidence
Across the globe, rates of child marriage are highest in sub-Saharan Africa, where around 4 in 10 girls marry before age 18; about one in eight were married or in union before age 15. This is followed by Latin America and the Caribbean and the Middle East and North Africa, where 24% and 18%, respectively, of women between the ages of 20 and 24 were married in childhood. **Child marriage affects girls in far greater numbers than boys**, and with more intensity. Available data confirm that boys are far less likely than girls in the same region to marry before age 18. However, in nine countries, more than 10% of boys are married before age 18 (see table).	UNICEF global databases, 2016, based on DHS, MICS and other nationally representative surveys, 2010-2015. https://data.unicef.org/topic/child-protection/child-marriage/# Regional estimates represent data covering at least 50% of the regional population of women aged 20 to 24. Data coverage was insufficient to calculate global estimates and regional estimates for South Asia and for East Asia and the Pacific for the percentage of women aged 20 to 24 married before age 15. There is limited data on boys and little is known about the impact of early marriage on the life course and experiences of boys.



Source: UNICEF website - https://data.unicef.org/topic/child-protection/child-marriage/#

2.11 Female Genital Mutilation/Cutting:

Sex disaggregated information on prevalence	Strength of evidence
FGM/C: More than 130 million girls and women alive today have been cut in the 29 countries in Africa and the Middle East where FGM/C is concentrated. Prevalence rates are highest in Somalia, Guinea, Djibouti and Egypt, with levels above 90%.[12] Circumcision of boys is generally not considered a form of violence and can even be perceived as a health benefit. However, there is concern that some forms of male circumcision can cause harm. Circumcision undertaken by inexperienced providers with inadequate instruments, or with poor after-care, can result in serious complications. Approximately 30% of males are estimated to be circumcised globally.	Data from UNICEF's website - http://data.unicef.org/child-protection/fgmc. (MICS and DHS) Boys: WHO estimated the global prevalence of circumcision among males aged 15 years or over by first assuming that all Muslim and Jewish males in this age group are circumcised. Then, using published data from the DHSs and other sources, WHO estimated the number of non-Muslim and non-Jewish men circumcised in countries with substantial prevalence of nonreligious circumcision. (WHO, LSHTM, UNAIDS, 2007)

2.12 Children in armed conflict:

Sex disaggregated information on prevalence	Source and strength of evidence
230 million children live in countries affected by armed conflict. In the last decade, it is estimated that more than 2 million child deaths have been caused by conflict, more than 6 million have been permanently disabled/seriously injured, and more than 1 million have been orphaned or separated from their families. Between 8,000 and 10,000 children are killed or maimed by landmines every year. An estimated 300,000 child soldiers (boys and girls under the age of 18) are involved in more than 30 conflicts worldwide (UNICEF, 2011)[13]. An estimated 40 percent of child soldiers are believed to be girls.[14]	From UNICEF's website but data source not given and data not disaggregated by sex. Know Violence in Childhood (2017) also plot data on VAC against the fragility status of a country and find that VAC increases in time of conflict but the data is not disaggregated by sex.
See also sub-section on sexual violence.	

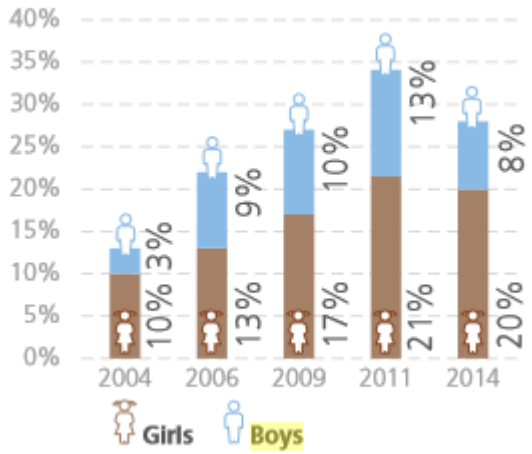
2.13 Child trafficking:

Sex disaggregated information on prevalence	Source and strength of evidence
No exact figures exist, but the most widely cited figure is 1.2 million children trafficked every year[15]. Children remain the second most commonly detected group of victims of trafficking globally after women, ranging from 25 to 30 per cent of the total over the 2012-2014 period.	Global Report on Trafficking in Persons (UNODC, 2016) – except where indicated. This report is based on reported incidences so it is possible that the figures given do not represent the actual gendered nature of trafficking.

[12] UNICEF website: http://data.unicef.org/child-protection/fgmc
[13] The author was unable to find sex disaggegated information on violence faced by children in conflict which was not sexual violence.
[14] Middle East Rising website: http://www.middleeastrising.com/sexual-crimes-300000-children-ages-8-18-exploited-child-soldiers/. It is not clear from this website where the source of this estimate is from.
[15] UNICEF website: http://www.unicef.org/protection/57929_58005.html - 1.2 million is an ILO estimation from 2002.

20% are believed to be girls, 8% are boys. (see graph below)	

Share of children among detected victims of trafficking in persons, by gender, selected years



Source: UNODC elaboration of national data.

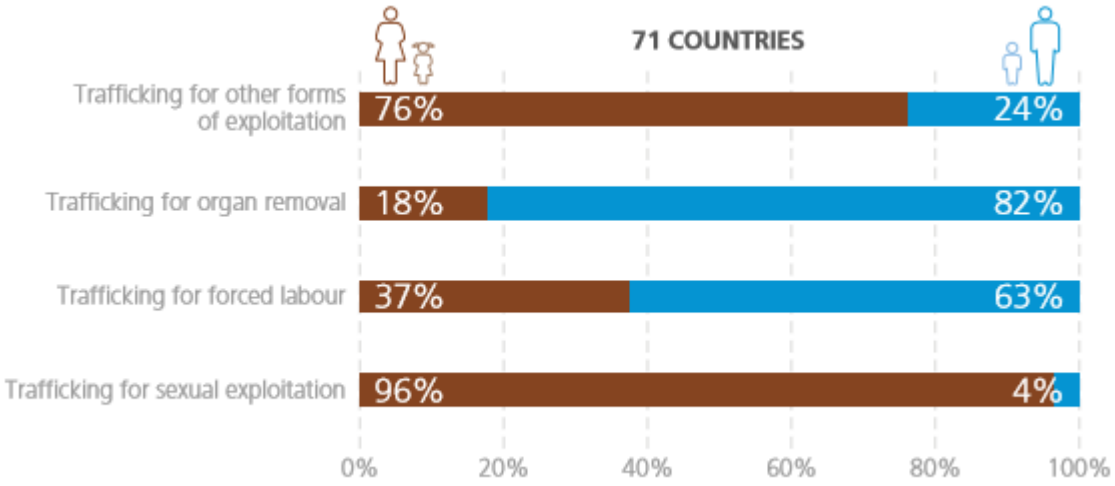
Additional points:

- More child victims (64%) are detected in Sub-Saharan African than adult victims (36%).
- Children trafficking has decreased 5 percentage points from 2011 as a share of the total of people trafficked, largely due to reductions in the number of boys detected in 17 reporting countries.
- There are clear regional differences regarding the sex of detected child victims. Countries in Sub-Saharan Africa detect more boys than girls, which is likely related to the large shares of trafficking for forced labour, child soldiers (in conflict areas) and begging. In Central America and the Caribbean and South America girls make up a large share[16] of the detected victims, which could be related to the fact that trafficking for sexual exploitation is the most frequently detected form there.
- Detected male victims (both men and boys) - are mainly trafficked for forced labour. To a limited extent, male victims are also detected in cases of trafficking for sexual exploitation or for other forms of exploitation such as begging and the commission of crime. Women and girls are more likely to be trafficked for sexual exploitation, and other forms of exploitation (other than forced labour).
- From the limited data available, it seems that trafficking for child pornography and for committing crime may target more boys than girls**.**

Source: UNODC, 2016

[16] The 2014 trafficking report found that South America girls make up two thirds of the detected child victims, which could be related to the fact that two out of every three child trafficking victims detected were girls.

Share of detected victims of trafficking in persons, by sex and form of exploitation, 2014 (or most recent) *Source: UNODC, 2016*



3. Best practice

Some researchers believe that evidence of common correlates for VAC and VAWG suggests that consolidating efforts to address shared risk factors may help prevent both forms of violence. Common consequences and intergenerational effects suggest a need for more integrated early intervention. (Guedes et al, 2016; Fulu et al, forthcoming – as yet unpublished).

Opportunities for greater collaboration include preparing service providers to address multiple forms of violence, better coordination between services for women and for children, school-based strategies, parenting programmes, and programming for adolescent health and development. There is also a need for more coordination among researchers working on VAC and VAW as countries prepare to measure progress towards 2030 Sustainable Development Goals. (Guedes et al, 2016).

This sections explores what it means to take a gendered approach to tackling violence against children and what such an approach could look like. Two areas, identified by DFID, are focused on - positive parenting interventions and school-related gender-based violence (including corporal punishment). An annex from the International Rescue Committee on taking a gendered approach is included in the annex with some main messages included throughout this section.

3.1 Positive parenting interventions

Evidence suggests that providing parents with child-rearing strategies and techniques[17]can help address a range of individual and family risk factors. Engaging parents and caregivers early on through one-to-one parenting and parent-child programmes and providing education on good child-rearing practices and early child development significantly reduces the incidence of child physical abuse (although not necessarily sexual abuse) and the manifestation of aggressive behaviours in children as they grow into adolescence. (UNICEF, 2014b)

The patriarchal family structure creates an environment that normalizes many forms of violence, both infantilizing women and reinforcing their subordination, alongside children (Namy et al, 2017). Despite

[17] There is some evidence that combining such strategies with economic support may be more effective in preventing VAC in families. A socioecological model underpinning family interventions focuses attention on the social, economic, and political environments that shape the quality or quantity of parents (particularly fathers) engagement with their children and their commitment to co-parenting (Panter-Brick et al, 2014). However, evaluation of an IRC initiative found that the economic aspect did not impact VAC and the authors were unable to find other examples except its use in reducing early and forced marriage.

recognition that patriarchal norms underpin VAC and VAW with the potential for one form of violence to trigger the other (Namy and Carlson, 2016; Namy et al, 2017) and the need to address gender across strategies (UNICEF, 2014b; WHO, 2016), **most best practice examples, of interventions to improve parenting[18] and reduce VAC, provided by UNICEF (2014b) and the WHO (2016) do not include a focus on gender and most focus on mothers only**. Ten out of 12 interventions included in a systemic review of ways to improve positive parenting skills and reduce harsh and abusive parenting in low- and middle-income countries focused on mothers and the evaluations of the other two focused on improvements in the attitudes and behaviours of mothers (Knerr et al, 2013).

IRC recommend reviewing current literature and best practice / models to understand how, and how well, gender is addressed in order to inform an improved approach to positive parenting. It would also involve consulting parents, girls and boys (possibly separately) and staff regarding their perceived needs and how they believe gender impacts parenting practice (See annex for more information from IRC). Raising Voices have developed a feminist framework for addressing intersecting violence in the family. They believe that **a feminist approach to parenting interventions would need to address: the patriarchal family structure, including sex/age hierarchy; discipline/control of 'subordinate' family members; and rigid normative expectations around masculinity and femininity**. (Namy et al, 2017)

Despite the lack of evidence, **there are some examples of initiatives that have included a focus on gender norms and that include men, specifically promoting joint decision-making and open communication between caregivers (as well as positive discipline). There is also evidence that addressing IPV has a positive impact on children's exposure to violence.** (Bacchus et al, 2017; see also best practice examples).

To meet primary goals of enhancing child and family development, as well as health and safety outcomes, home visiting policies and programs must appropriately:

1. Integrate domestic violence identification, assessment and prevention into all aspects of home visitation training and service delivery;
2. Connect mothers and children who experience or are at risk of experiencing domestic violence with available community-based resources;
3. Educate parents about the potentially harmful effects of exposure to domestic violence on children and how parents' own exposure to violence can influence their parenting both positively and negatively;
4. Engage fathers and other men, when safe to do so, in effective strategies to create healthy relationships with their partners and children while continuing to hold them accountable when they use violence.

Source: Family Violence Prevention Fund (2010).

Although involving men and fathers in efforts to address VAC is considered an important part of a holistic, effective and gendered approach (McAllister et al, 2012), a note of caution is needed if abuse is already present in the home. The box to the right provides some pointers from the Family Violence Prevention Fund in the US when addressing both VAC and IPV. With regards to children exposed to IPV, a systematic review found that parent skills training, delivered in combination with practical support for non-abusing mothers and group based psycho-education delivered to mothers and children may be effective for improving children's behavioural outcomes, although this is a tentative conclusion based on a small number of studies (Howarth et al., 2016).

Best practice examples:

[18] Nurse-family Partnership (Australia, Canada, Netherlands, United Kingdom and United States) – focus on first time mothers; the Early Enrichment Project: aCEV (Bahrain, Belgium, Bosnia and Herzegovina, France, Germany, Jordan, Lebanon, Mexico, Netherlands, Saudi Arabia, Switzerland, turkey and United Kingdom), Roving Caregivers (Belize, Dominica, Grenada, Jamaica, Saint Lucia, Saint Vincent and the Grenadines) and; Parents Make the Difference (Liberia); ACT/Parents Raising Safe Kids Program (USA); SOS! a programme delivered by primary care providers in health centres during routine immunization visits (low- and middle-income countries).

Parents/families Matter! (FMP) **(Botswana, Côte d'Ivoire, Kenya, Mozambique, South Africa, United republic of Tanzania, United States, Zambia and Zimbabwe)** adapted from CDC's U.S. evidence-based intervention, **includes a focus on gender-based violence and gender norms.** The ultimate goal of FMP is to reduce sexual risk behaviour among adolescents, including delayed onset of sexual debut, by using parents to deliver primary prevention to their children and increasing awareness and protective strategies against child sexual abuse and harmful gender norms that may lead to violence. (CDC, 2014)

In Kenya, over 500 facilitators have been trained and certified and over 250,000 Kenyan families reached through the programme. Data were collected from parents and their children at baseline and 1 year post-intervention in rural Western Kenya. The intervention's effect was measured on six parenting and parent-child communication composite scores reported separately for parents and children. Of 375 parents, 351 (94%) attended all five intervention sessions. **Parents' attitudes regarding sexuality education changed positively**. Five of the six composite parenting scores reported by parents, and six of six reported by children, increased significantly at 1 year post-intervention. (Vandenhoudt et al, 2010)

Happy Families, part of EMERGE, is a programme providing training to married couples to enhance their communication skills around family matters, such as money management, decision making, positive parenting and support for household work. **They also learn about gender, domestic violence, sexual and gender based violence, family hygiene, sexual and reproductive health and money management.** Additional trainings on men and masculinities, positive parenting, and fatherhood are also provided. Happy Families has been expanded to include working with the children of these couples on such matters as norms of masculinity, using forum theatre and campaigns to raise awareness on positive parenting and the changes they have noticed in their own families.[19]

An internal evaluation highlights lessons learned and how they were responded to: expertise was hard to find so CARE had to create a pool of trainers on men and masculinities; provide incentives to sustain the engagement of young people; ensure that working with men did not give more power to men; provide evidence to gain attention and provide a safe space for couples to receive training. **The evaluation also found that trained families provide positive role models in the community; and male change agents in each community are taking their responsibility seriously**.[20]

International Rescue Committee parenting programmes – Working with Burmese migrant and displaced families on the border between Myanmar and Thailand, with very poor communities in rural Liberia and vulnerable households in Burundi[21], the International Rescue Committee (IRC) demonstrated through randomized control trials how group-based parenting programmes, combined with a limited number of home visits, can reduce harsh physical and psychological punishment, increase positive strategies to manage children's behaviour, and enhance the quality of caregiver-child interactions in post-conflict settings and with displaced populations.[22] **IRC's parenting programmes look at gender and the role that children are given within the household**. However, **they have made recommendations for how the sector could better explore gender issues in relation to how children are treated and how discipline is used differently in different context/cultural backgrounds** (see box). (Sim, et al., 2014; Puffer et al., 2014; Annan, Bundervoet et al, 2013). Broader recommendations for DFID are included in the annex.

[19] CARE website - http://www.care.org/our-work/womens-empowerment/what-about-men-boys/challenges-and-success-emerge-sri-lanka
[20] CARE website - *Ibid*
[21] Examples of topics covered in the Healing Families and Communities discussion sessions: 1) children's perspectives and reality; 2) children's wellbeing and participation; 3) access to health and education; 4) positive discipline and communication; 5) child protection in the family; 6) child protection in the community; 7) daily life and income use in the household; and 8) family budgeting.
[22] In Thailand the conclusion was that their intervention may have the potential to reduce VAC in families.

Recommendation on incorporating a gender lens for parenting programmes:

- How can we adapt the parenting training with a gendered lens, so that not only are we discussing with parents the difference between boys and girls (especially in adolescence) but also the need to treat children the same and promote equal use of punishment (not harsh discipline) and praise for both girls and boys?
- How are parents interacting with children of both genders? (e.g. Are they hugging girls more than boys? Are they playing more with boys than girls?) How to use this intervention to transform harmful gender norms for girls and boys and promote positive gender norms?
- Do parents expect and assign different tasks to children according to their gender? (e.g. girls made to do housework, boys work at an earlier age or receive harsher physical punishment.) At what age does this start? (For example, is a 3 year old boy allowed to cry or is he criticized and told not to cry when he hurts himself?)
- How are parents' gender identities and roles analysed and assessed when delivering parenting programs? What influence do these have on how parents perceive their role in their child's development and therefore how they interact with their children? How can positive changes be made to those gendered roles?
- How do we support fathers in understanding their role, as role models for their children – both sons and daughters- and how do we engage them in the parenting programs? IRC has explored options of having joint sessions as well as just fathers and just mothers – depending on context – but maybe context should not be the only determining factor – maybe a different approach should be used to engaging fathers – different times of day for the sessions – focus the session on slightly different topics, which engage fathers more in parenthood.

Source: Pers comms: IRC, 22.03.2017

The Responsible, Loving, and Engaged Fathers (REAL) in Uganda - The Responsible, Loving, and Engaged Fathers (REAL) Initiative was **designed to address gender norms that trigger use of violence in child discipline and with intimate partners through promotion of positive parenting and partnerships**. The REAL Fathers intervention targeted new fathers aged 16 to 25 who have toddler aged children (1-3 years) using a mentoring program and a community poster campaign.[23] The REAL Fathers Initiative was evaluated using a randomized controlled trial design with 250 men assigned to the intervention group and 250 men assigned to the control group. **The intervention had positive effects on some parenting practices and the attitudes related to using violence, parent communication, and positive parenting practices.** For example, men exposed to the intervention had significantly greater odds of practicing positive parenting; nearly twice the odds of unexposed men to have unsupportive attitudes toward the use of harsh physical discipline; and greater than twice the odds of unexposed men to feel very confident in their ability to handle the child without shouting,

[23] The fathers were asked to select someone in their community to serve as their mentor. They were guided to select someone they respected and from whom they could take advice. Mentors had to meet the approval of thewives/partners of the fathers. Mentors had two visits per month with their mentees, six individual sessions and six group sessions in small groups of about 15 mentors and their mentees. Two of the individual sessions and one group session included the female partners of the fathers. In addition to the mentoring sessions, a series of six posters were displayed on sign boards at locations in the community that were frequented by the young fathers. Posters were changed each month in tandem with the themes and messages presented during the mentoring sessions. After the final mentoring session community celebrations supported norm change at the community level by providing a public forum for fathers to make public commitments to continue to practice new skills and for the community to commit their support to the men and their families.

threatening or hitting the child. However, no effects of the intervention were observed on use of harsh physical punishment or use of nonviolent discipline. (Ashburn et al, 2015)

SASA! in Uganda – an RCT explored the extent to which SASA!, an intervention to prevent violence against women, impacted children's exposure to violence. Between 2007 and 2012 a cluster randomized controlled trial was conducted in Kampala, Uganda. Under the qualitative evaluation, 82 in-depth interviews were audio recorded at follow-up, transcribed verbatim, and analyzed using thematic analysis complemented by constant comparative methods. **The findings suggest that SASA! impacted on children's experience of violence in three main ways.** First, quantitative data suggest that children's exposure to IPV was reduced. The researchers estimate that reductions in IPV combined with reduced witnessing by children when IPV did occur, led to a 64% reduction in prevalence of children witnessing IPV in their home. Second, among couples who experienced reduced IPV, qualitative data suggests parenting and discipline practices sometimes also changed-improving parent–child relationships and for a few parents, resulting in the complete rejection of corporal punishment as a disciplinary method. Third, some participants reported intervening to prevent violence against children. The findings suggest that **interventions to prevent IPV may also impact on children's exposure to violence, and improve parent–child relationships.** They also point to potential synergies for violence prevention, an area meriting further exploration. (Kyegombe et al, 2015)

Program P was designed around a growing body of research, including results from the International Men and Gender Equality Survey (IMAGES), that highlights how men's involved caregiving benefits mothers, prevents violence against women and children, and positively impacts family well-being. Promundo and partners have conducted formative research to adapt the Program P model across multiple countries and regions. Hands-on activities and role-playing **exercises with fathers and couples create a safe environment for discussing and challenging traditional gender norms and practicing new, positive social behaviours related to men's caregiving and involvement in prenatal, new-born, and children's health**. Along with group education for parents, Program P trainings are carried out for health and social sector staff in conjunction with community-level campaigns and local and national advocacy initiatives. As part of the global MenCare campaign, the Program P toolkit includes a step-by-step guide for creating and launching community campaigns to promote positive, involved caregiving.[24] An RCT has been conducted in Rwanda using Program P and will be published shortly**. The evaluation looked at outcomes related to VAC in addition to IPV and there were reductions in both.** (Pers comms: Jane Kato-Wallace, Senior Program Officer, Promundo-US, 21 Mar 2017)

The Sinoyuvo Caring Families programme in South Africa includes activities that focus on how caregivers can communicate effectively when faced with a variety of exposures to violence – including an adolescent female's experience of rape by a family member and being lured into a car by a "sugar daddy". The programme is **a culturally-relevant, evidence-informed, and low-cost intervention for parents of 2- to 9-year-olds to reduce child behaviour problems, reduce harsh parenting, and increase positive parenting**. The programme is currently being evaluated via a randomised controlled trial with 296 caregiver-child dyads in Khayelitsha and Nyanga. The initiative includes a project aimed at reducing the risk of violence against children ages 10 to 17 through parenting programmes.

A mixed-methods process evaluation examined the feasibility of the parenting programme in low-income families with children aged 3–8 years in Cape Town**. Quantitative results show high levels of participant involvement, implementation, and acceptability.** Thematic analyses identified seven themes related to programme feasibility: (a) supporting participant involvement, (b)

[24] Promundo- http://promundoglobal.org/programs/program-p/

engagement in collaborative learning, (c) strengthening facilitator competency, (d) delivering nonviolent discipline skills, (e) contextualizing content, (f) receptivity to existing practices, and (g) resistance to new skills. (Lachman et al, 2016)

Institutional Programmes in Turkey to Engage Men in Norms Change - All male recruits entering the Turkish army participate in a one-day programme that **focuses on sexual and reproductive health, men's violence, and men's roles and responsibilities** as fathers. 600,000 soldiers complete the programme each year. (MenEngage-UNFPA, undated) This initiative has not been evaluated but provides a possible way to reach men in large numbers and to challenge social norms around discipline at home.

3.2 School-related GBV (including corporal punishment)

The use of physical discipline, or corporal punishment, in schools is a form of violence, and it can have a gendered profile (as shown in Section 2.4). Corporal punishment is prohibited either by policy or by law in many countries and school-wide efforts to reduce gender-based violence usually include a focus on eliminating corporal punishment, hence this section focuses on efforts to address school-related violence more broadly. This can be challenging as in many parts of the world teachers and parents believe that physical disciplinary measures are good methods for controlling behaviour and it is still practiced in many schools. (UNESCO Bangkok, 2016).

Corporal punishment has a gendered profile partly because boys are more likely to be the target of corporal punishment and male teachers are more likely to administer it. The aim of the punishment can also be driven by gender norms such as the need to 'toughen' up boys or to punish girls for being too assertive. There are also other forms of school-related gender-based violence perpetrated by teachers, administrators, or transport drivers that can be addressed through interventions aimed or that include staff. Teachers may also be witnesses to violence occurring between students, between colleagues, or directed by colleagues at students. However, they may be afraid to intervene or to report if they do not feel supported by the school rules, policies or practices. (UNESCO Bangkok, 2016).

Further **non-physical psychological aggression can be overlook in efforts to tackle violence, including corporal punishment, and they too can have a very gendered form.** Teachers may use non-physical punishment that belittles, humiliates, denigrates, threatens, scares or ridicules children. Examples from South Africa include male and female teachers insulting learners as 'whores' or 'sluts' in the guise of disciplining them, or speak in a derogatory manner about the female body. Some male teachers jeer at boys (including 'straight' boys) using anti-gay language in order to challenge them for lack of toughness and 'masculinity'. (The Department of Basic Education in collaboration with the United Nations Children's Fund (UNICEF), the Tshwaranang Legal Advocacy Centre and MIET Africa, 2015).

Examples of legal changes:

- Tanzania's Law of the Child Act (2009) protects children from all forms of sexual abuse, including in schools); In 2010, corporal punishment became unlawful in all settings, including schools (Article 29 of Constitution).
- Kenya's Sexual Offences Act (2006) also criminalizes both physical and verbal sexual harassment. Sexual offences by people in positions of authority/trust within education settings are also against the law, liable upon conviction to imprisonment for a term of not less than 10 years.
- In 2006, the Government of Mongolia passed major amendments to the education law, prohibiting all forms of violence in education settings, including corporal punishment and emotional harassment. The new law also introduced a Code of Conduct and mechanisms to monitor and regulate breaches of the Code.
- Brazil and South Africa are examples of two countries that have policies in place to address school-related homophobic and Transphobic violence and discrimination.

Source: UNESCO and UN Women, 2016; UNESCO, 2016)

Strategies to address violence, including corporal punishment in schools that employ a gendered approach include:

- A legal and policy environment at national and school level address violence discipline (see box above).[25]
- Reporting and referral mechanisms and services that respond effectively to all types of gender-based violence in education settings (not just physical form of violence against students),
- The involvement of communities in supporting activities to address gender-based violence,
- Teachers and school staff understand the harmful effects of GBV, know what appropriate behaviour towards girls and boys is, and use positive discipline techniques that teach and model non-violence. Teacher training should therefore explore teachers' own gendered lives and how these influence the way they approach their work and relationships
- Effective prevention of and response to GBV are an explicit goal of the education system and included in the curriculum,
- Curricula are gender-aware, developmentally appropriate, culturally relevant and context specific and promote attitudes and behaviours that reduce GBV,
- Education staff, including teachers and administrators, have the knowledge, skills and professional support and coaching to address GBV in education (included in teacher and staff training),
- Schools provide safe, secure, healing and welcoming learning environments for girls and boys regardless of their sexuality, ethnicity, disability etc.
- Monitoring the impact and uptake of approaches.[26]

(Adapted from UNESCO, UN Women (2016 and Fancy and McAslan Fraser, 2014 based on best practice examples below).

Some of the best practice examples below have a strict focus on GBV. Most of the examples below have been selected because they focus on boys and girls as well as including a focus on corporal punishment. Other take a whole school approach to VAC and to varying degrees apply a gendered lens.

Best practice:

a) The Good School Toolkit[27] is a well-tested example of an effective whole school programme. Developed by a Ugandan non-profit organization, Raising Voices, **the Toolkit aims to reduce corporal punishment using extensive staff training and classroom activities. The manual recognise that gender norms influence the nature and impact of discipline for boys and girls and that gender roles in the community influence the participation of girls and boys in education**. Each school is encouraged to develop a plan of action and *'Think about the special needs girls may have based on the beliefs and stereotypes in your community. Consider the gender norms that may influence how teachers discipline boys differently from girls.'* (Naker and Sekitoleko, 2009 :41)

A rigorous evaluation found that schools that implemented the Toolkit saw a **42% reduction in the number of students who reported they had been victims of violence from school staff.**

[25]Available data also suggest that in countries where policies do not clearly refer to homophobic and transphobic violence, this form of violence may not be addressed by schools. (UNESCO, 2016)
[26] UNICEF and UNESCO are developing a monitoring and evaluation framework the Global Working Group to End School-related GBV.
[27] Raising Voices - http://raisingvoices.org/good-school/

Students expressed greater attachment to their school and peer violence declined. There was no collateral deterioration in students' behaviour or educational performance. The approach appears cost effective and scalable, even in resource-poor countries. There was weak evidence that the intervention had a stronger effect for male students than female students. (Devries et al, 2015)

b) USAID's Doorways training programme in Ghana and Malawi (2003-2008) was designed to train teachers to help prevent and respond to school-related gender-based violence by reinforcing teaching practices and attitudes that promote a safe learning environment for all students. **The training aimed to increase teachers' knowledge and shift attitudes and behaviours around VAWG and discriminatory gender norms.** The classroom programme was complemented with training programmes for students and community counsellors, and additional interventions such as radio, drama, gender clubs, extra-curricular activities, and assemblies.[28]

In 2009, the final evaluation using a baseline/endline survey of 400 teachers in Ghana and Malawi found that **several improvements in teachers' attitudes about gender norms and school related GBV** and classroom practices were achieved over the lifetime of the programme. For example:

- Ghana - there was a nearly 50% increase in teachers who thought girls could experience sexual harassment in school – from 30% (baseline) to nearly 80% (endline). There were similar increases when teachers were asked if boys could experience sexual harassment in school.
- There was an important change in teachers' attitudes around corporal punishment, with a 20–30% increase in the percentage of teachers in both countries who said that it was not permissible to whip boys to maintain discipline in class. However, this change in attitudes had not yet filtered through to a change in teachers' behaviours, with two-thirds of teachers in Ghana and 14 per cent in Malawi having whipped or caned a student in the last 12 months.

(USAID, 2009; UNESCO and UN Women, 2016)

c) Connect with respect - an innovative teaching tool aimed at stemming gender-based violence against students, for use in Viet Nam's secondary schools and developed with support from UN Women. More than 50 teachers and education managers and experts in Viet Nam learned how to use the toolkit (web-based toolkit, *"Connect with Respect: Preventing Gender-based Violence in Schools)* in the one-day training led by the Viet Nam Ministry of Education and Training and supported by United Nations agencies, including UN Women. **The toolkit provides learning activities such as role plays and group tasks that promote respectful relationships and gender equality among students** from 11-14 years old. It can be adapted for use by older students, and can be used in non-formal education settings, including community learning and literacy programmes. (UNESCO Bangkok, 2016) The programme has yet to be evaluated.

d) Addressing GBV in schools in South Africa - The Department of Gender Equity in the Education Department has produced a training manual for use by teachers and other educators entitled *Opening Our Eyes: Addressing Gender-based Violence in South African Schools* (Mlamleli *et al.*, 2001, updated in 2015 by the Department of Basic Education in collaboration with the United Nations Children's Fund (UNICEF), the Tshwaranang Legal Advocacy Centre and MIET Africa). **The manual includes workshops on: an introduction to gender-based violence; recognising harassment and taking action; dealing with hate crimes at school; responding to situations of child abuse; gender-based violence and HIV and AIDS; educators as facilitators of healing; a school policy on gender-based violence; a whole-school approach to gender-based violence**.

[28] Modules in the training included: attitudes towards young people; gender; violence and SRGBV; human rights; creating a safe and supportive classroom environment; response.

The revised manual has been tested in eight provinces. The testing has shown that **the manual is effective in addressing the need for information, education and skills for addressing sexual violence in schools**.[29] (Department of Basic Education in collaboration with the United Nations Children's Fund (UNICEF), the Tshwaranang Legal Advocacy Centre and MIET Africa, 2015)

South Africa also has explicit policies to deal with homophobic bullying in education. The Department of Education also has developed a School charter against homophobic bullying and provides teachers, students, school principals, senior management and school governing body members with information on how to prevent homophobic bullying. Although these efforts have not been evaluated, evaluations of policies that address transphobic and homophobic violence and discrimination in schools from developed countries show that such a policy environment has had a positive effect on reducing the prevalence of such abuse. (UNESCO, 2016) It would be interesting to assess the impact on violence in schools more generally.

e) Plan UK: Building Skills for Life (BS4L) – DFID is currently funding this programme since April 2011, focusing on adolescent girls' education in nine countries: Pakistan, Cambodia, El Salvador, Mali, Malawi, Zimbabwe, Rwanda, Sierra Leone, and Kenya. **BS4L seeks to empower adolescent girls, particularly through education, and includes work on attitudes and violence in schools.**

The BS4L programme established an M&E system for the nine country projects funded by the PPA, including quantitative and qualitative data collection at the baseline (mid-2011), midterm (end-2012), and at Year 3 (mid-2014). Findings from the Year 3 Evaluation suggest that since the programme began:

- A higher proportion of girls felt safe in school, with 85% interviewed at the baseline agreeing that they felt safe, compared with 97% of those interviewed at the Y3E - a statistically significant difference.
- Majority of children, parents and teachers reported a decrease in abuse (serious physical, sexual, and verbal abuse), fighting and bullying in school, though there were still problems in some countries.
- **Significant decreases in the occurrence of corporal punishment (measured using blind voting in focus group discussions), although it is still widely accepted by a slight majority as a suitable form of punishment**.

Based on focus group discussions with children and teachers, the decreases are attributed to a growing awareness by teachers that it is wrong/unsuitable punishment, but also in some cases a fear of getting in trouble for doing it. **The most significant improvements in attitudes against corporal punishment have occurred in countries with regulation/enforcement interventions as well as intensive training on alternative forms of discipline.** In some of the other countries, workshops to raise awareness of 'rights' have had a limited impact on attitudes towards corporal punishment. (Heaner and Littlewood, 2014 discussed in Fancy and McAslan Fraser, 2014)

f) Democratic Republic of the Congo (DRC) Prevention of School-Related Gender-Based Violence (Communication for Change project)[30] - implemented by FHI 360 and funded by the U.S. Agency for International Development, works in eastern DRC to **challenge prevailing social and gender norms that perpetuate violence in student communities and to promote positive norms to prevent and mitigate school-related, gender-based violence.** This behaviour change communication project was introduced in 31 schools and neighbouring communities in Katanga

[29] The authors were unable to find the original study.
[30] C-Change website: https://www.c-changeprogram.org/

Province. It uses a multi-level (system-wide) approach, a gender-based approach to combating school-related violence and is delivered in the formal school system.

C-Change received strong backing from the Governor of Katanga Province and the regional Ministry of Education, which encouraged participation at the community level. They also worked with a local partner to develop engaging/entertaining educational materials including comic books, radio spots (in Swahili as the most widely spoken language in Katanga province), and radio and TV programmes aimed at capturing the attention of youth and motivating them to take action against violence in their schools and communities.

An evaluation provides evidence for a decline in violence against girls its 31 project schools, which it attributed to the presence of the focal teacher, in-depth teacher training and the development of teachers' codes of conduct explicitly addressing SRGBV. The project's endline survey also indicated a significant decrease violence in general, and increased reporting of violent acts, with 46% of students in the 21 target schools saying that they felt safer at school than they had done in previous years, compared to only 14% in the control schools (with 21% in the latter saying they felt less secure).

Table 2: proportion of teachers who reported that they had administered physical punishments during the last 12 months, Katanga Province, DRC

Physical punishments inflicted on	*Baseline*	*Endline*
Hitting, kicking	23.5%	7.5%
Pulling by hair, pinching	20.6%	12.5%
Whipping, caning	25.0%	9.0%
Pushing, shoving	9.3%	8.0%
Hard physical labour	4.9%	3.5%

Source: C-Change Prevention of School-Related Gender Based Violence (SRGBV) Project results Post-Project Endline data, reported in Leach et al, 2014

g) The Plan Malawi Learn without Fear project (2008-2010) was a child protection intervention within the Plan International campaign to end violence in schools. **It aimed to bring awareness and advocacy on child rights, improve prevention and response mechanisms in schools, increase childrens' and communities' knowledge about violence, and strengthen relationships among school children, teachers and parents.** The project targeted four Plan districts of Lilongwe, Kasungu, Mzuzu/Mzimba and Mulanje and aimed to reach 43,770 girls and 43,228 boys in 137 schools. A key component of the project was improved child reporting of abuse through helplines and designated 'happiness and sadness' boxes placed in target schools. (Plan International, 2013)

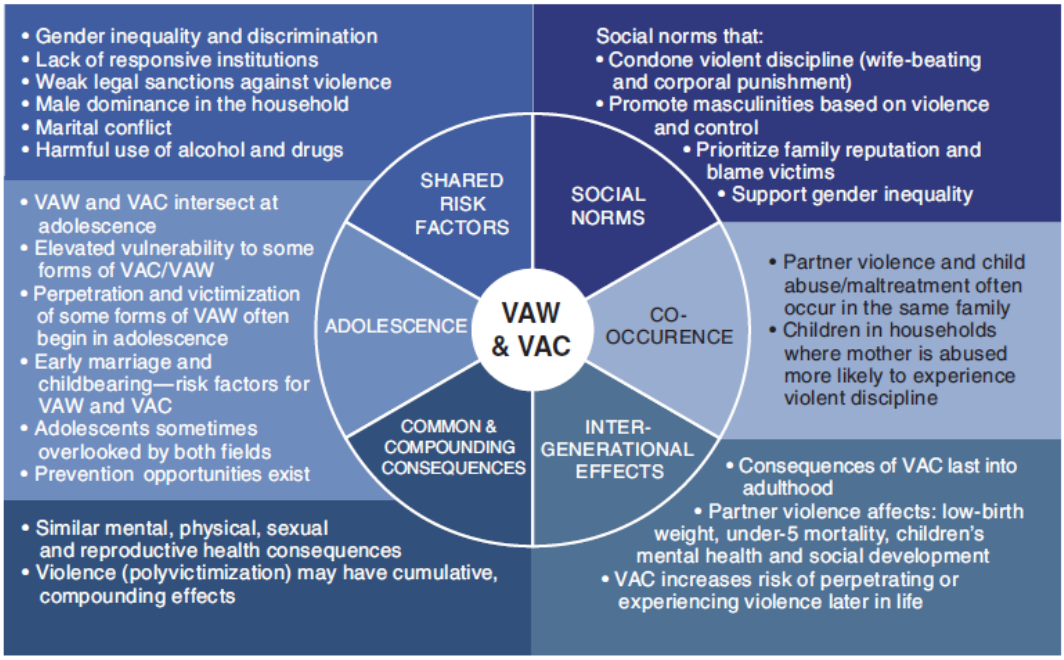
A 2010 final evaluation (using focus group discussions, interviews and a participatory approach) found that more children were reporting abuse through helplines and 'happiness and sadness' boxes, however, there is a need to encourage further girls' participation and ensure that reported VAWG issues are addressed. The evaluation also found that in some schools, corporal punishment has drastically reduced or eliminated. In addition, sexual abuse of school girls especially by male teachers has also reduced. (Alinane Consulting, 2010)

4. Sensitivities and risks

4.1 VAC and VAW (and GBV) communities and linkages

While the children's rights movements was engendered from the work of women's rights activists, the two fields of VAC and VAW have been largely separate with their own agendas (Fulu et al, forthcoming). While the goals of two movements, women's rights and children's rights, are intricately linked, the evidence base in developing countries linking the two have only started to be developed in the last few years. To date Guedes et al (2016) has developed the most comprehensive model outlining the links between VAW and VAC.

Table: Linking VAW and VAC



Source: *Guedes, A. et al (2016), 'Bridging the gaps: a global review of intersections of violence against women and violence against children'*

The evidence is not yet at a point where it can be claimed categorically that a focus on VAC without a focus on GBV can undermine the effectiveness of VAC interventions, However, these bullets suggest that synergies may improve both efforts to reduce VAC and VAW. In particular evidence from developing settings are starting to emerge showing the following:

- **Interconnected root causes of VAC and VAW**: For example, Wilkins et al (2014:1) argue that different forms of violence including intimate partner violence, sexual violence, child maltreatment, bullying, suicidal behaviour, and elder abuse and neglect are "interconnected and often share the same root causes". Understanding these overlapping causes of violence and the protective factors can thus help us better address violence in all its forms (ibid). Dartnall and Gevers (2015) argue that since several of the risk factors are rooted in childhood violence, prevention efforts must begin in childhood. The linkages between different forms of violence suggest that targeting key shared risk factors may strengthen the impact of violence prevention programmes. Guedes et al (2016) also suggest that consolidating efforts to address shared risk factors may help prevent both forms of violence, such as preparing service providers to address multiple forms of violence, improving coordination between services for women and for children, school-based strategies to address gender inequality, parenting programmes, and programming to specifically support adolescent health and development.

- **Exposure to VAC and the increased risk or perpetrating or experiencing VAW**: There is strong evidence that children who witness violence between their parents or who are physically abused themselves are more likely to perpetrate partner violence as adults. Exposure to violence in childhood also appears to increase women's risk of being a victim of IPV in adulthood, although the link is less consistent (Heise, 2011).
- **How IPV is linked to child maltreatment**. For example, a survey amongst 3,427 non-boarding primary school students aged 11–14 years in Uganda found that 26% of children reported witnessing IPV and of these children, only 0.6% of boys and 1.6% of girls had not experienced violence themselves (Devries et al, 2017). Notably children who witnessed IPV were found to be at increased risk of violence perpetrated by parents and also from other perpetrators though the study is not able to determine the causes of this.
- **Using VAC to reinforce gender equality** - One important aspect of VAC is how it can be used to reinforce gender stereotypes and discrimination by undermining the masculinity or femininity of the victim. For example, Leach et al (2014) when writing about gender-based violence in schools observe that discipline can be used to punish girls who are not obedient or sexually compliant, whereas physical punishment against boys by a male teacher, can be used as a means of asserting male authority and 'toughening' boys up. Undermining a boy's masculinity or a girl's femininity can also be used as a way to hurt children. These forms of violence serve the purpose of further entrenching gender inequality (a driver of VAW).

This acknowledgement of the links between VAW and VAC and the cycle of violence has resulted in numerous calls to better link these two areas of work in order to maximise the impact on both women and children's rights and well-being including in the area of violence prevention (UNFPA and UNICEF, 2010; Bacchus et al, 2017). **Most arguments for strengthening the links between VAW and VAC has centred particularly on the interaction between IPV and child maltreatment** (Guedes and Mikton, 2013; Bacchus et al, 2017; UNICEF, 2015; Asghar et al, 2017). While most of the research is focused on high-income countries, some evidence is starting to emerge from developing countries although more is needed (Guedes et al 2016). This includes:

- **Multi-country study:** Lansford et al (2014) using data from UNICEF's MICS from 25 countries 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** and the children of mothers who supported both wife-beating and corporal punishment were more likely than other children to experience psychological or physical violence (ibid).
- **Northern Uganda:** A study involving interviews with 368 children, 365 female guardians, and 304 male guardians from seven war-affected rural communities found that the **strongest predictors of self-reported aggressive parenting behaviours toward a child were caregivers' own experiences of childhood maltreatment**, followed by female caregivers' experience of IPV and male caregivers' post-traumatic stress disorder (PTSD) symptoms and alcohol-related problems (Saile et al, 2014).
- **Asia-Pacific:** A UN study of men's perpetration of violence in Asia and the Pacific found that **at least one form of childhood abuse was associated with IPV perpetration** in all the studied countries, with emotional abuse or neglect, sexual abuse and witnessing abuse of one's mother as the most common (Fulu et al, 2013). The study also found that half of all men surveyed who reported having raped a woman had done so as a teenager and a large proportion had done so before age 15.

- **South Pacific:** A UN study in Fiji, Kiribati, Samoa, Solomon Island, Tonga and Vanuatu found a strong link between IPV and children's exposure to violence. In particular, the study found **correlation between being abused as a child, growing up in a household where domestic violence occurs and the acceptance of violence as part of life**. Women who have suffered IPV were also more likely to have had a mother who was beaten, to have had a partner whose mother was beaten, a partner who was beaten as a child and have had an experience of child sexual abuse, indicating that violence is very much a learned behaviour and cyclical in nature with the likelihood that the perpetrator of violence has also himself/herself experienced violence (UNICEF, 2015).

A note on terminology

GBV or VAWG?

While gender-based violence is used to refer to any violence perpetrated against a person's will and based on socially ascribed gender differences between males and females, some actors prefer to use the terminology VAWG to take account of the fact that the majority of GBV is in fact perpetrated against women and girls (Smee, 2014). One problem with the term VAWG is that it obscures the gendered nature of violence faced by boys and how violence may be used to toughen them up and socialise them into conforming to gender stereotypes such as perpetrating violence against women and girls. Many actors therefore prefer to use the term GBV, which is a more inclusive term, though in practice has often been used to refer to VAWG (Leach et al, 2014).

VAWG or VAC?

While VAWG looks at violence experienced by women and girls, VAC looks at the prevention of and response to all forms of physical, emotional and sexual violence, abuse, exploitation and neglect of children. Children are all boys and girls under the age of 18. It comprises violence happening across all settings where children live and function, including in the home, at school, at the workplace, in communities and in societies at large. The types of violence children are exposed to, as well as the root causes of these types of violence, may differ depending on their gender or belonging to a particular social group.

VAWG is the physical, sexual, emotional and structural harm inflicted on women and girls. It is directly rooted in gender inequality and gender discrimination, which stems from gender norms/roles that give more power, status and rights to men and boys vs. women and girls. Thus, VAWG is systemic, and incidents take place within the context of patterns of power and control and visible violence (e.g. beating, rape) is underpinned and made possible by invisible or structural violence (the threat of violence, economic dependence, laws giving women less rights).

The main difference between VAWG and VAC is the conceptual underpinning where VAWG starts with inequality and discrimination of women and girls based on gender and power dynamics, and VAC starts with vulnerability of children based on their age and development stage. Girls are then a group that face a double risk or double burden by being both female and young.

GBV or VAC?

While GBV can also affect girls under the age of 18, it excludes violence that is not gender based, including some violence perpetrated against boys. Children's rights actors therefore often use the term VAC, which includes all forms of violence against both boys and girls. Ravi and Ahluwalia (2017) using data from four VAC surveys in Africa find that there is no significant relationship between likelihood of facing violence and gender when it comes to children. They find that an estimated 78% of girls and 79% of boys suffer some form of violence before the age of 18 years. However, it is important to note that aggregating data at a global level can obscure important gender differences and how gender influences VAC. Further it is important to note the limitations of the VAC surveys including their geographical limitation, their lack of exploration of structural violence and discrimination, as well as sex-selected abortions, harmful traditional practices (such as FGM/C, early marriages, rites into manhood). In order to understand VAC, a gender lens must be applied. Children can experience violence both due to their gender and due to their age.

Source: IRC expert comments, Ravi and Ahluwalia (2017)

4.2 Limitations of the evidence base

While VAW and VAC are global health concerns, there is limited population-based data from low- and middle-income countries on their linkages (Fulu et al, forthcoming). Much of the research on the links between childhood violence and VAW, and IPV in particular, has been conducted in industrialised countries (Guedes et al, 2016). One of the problems is that the quantitative evidence base around VAC is still developing and is limited in scope, confined to a few national VAC surveys, GSHS and limited to specific aspects or groups of children in other survey instruments such as MICS (covering for example violent discipline for children aged 1-14 years and FGM/C) and DHS (only includes children aged over 15).

In addition to the lack of systematic data collection on VAC, another problem has been establishing a consistent definition of violence against children which means data is often not comparable (Coore Desai et al, 2017). Often research also omits details of the perpetrator of child maltreatment, referring only to 'parent' or 'caregiver', rather than furthering our understanding of whether children experience violent discipline by men who abuse women or by women who themselves experience abuse (Guedes et al, 2016). However, there is some evidence to suggest that there are gendered differences in relation to perpetration of different forms of violence and towards children of different ages, for example research conducted in China, Chile, Finland, India and the United States suggests that women report using more physical discipline than men (WHO, 2002). Other research suggest that men are more likely to be perpetrators of life-threatening injuries and sexual violence (ibid) and that male teachers are more likely than female teachers to administer corporal punishment (UNESCO Bangkok, 2016).

The evidence base in humanitarian settings is even less developed. For example Asghar et al's (2017) review of the landscape of interventions that have been used in humanitarian setting and that may have applicability to primary prevention of any form of interpersonal household violence, including VAW, VAC or both, found that of the 43 identified interventions, only six interventions focused on prevention of both intimate partner violence (IPV) and VAC. An additional barrier has been that despite high levels of household violence having been recorded in some humanitarian emergencies, the humanitarian response tends to focus on high-profile forms of violence, such as physical and sexual violence from armed groups and sexual abuse and exploitation from humanitarian workers.

4.3 The sensitivities and risks of linking VAW and VAC

It is important to recognise that while IPV and some forms of VAC, such as child maltreatment may share some of the same root causes,[31] this does not mean that all VAW and VAC share the same root causes. In addition, several areas of links between VAW and VAC are yet to be explored such as gang violence and armed conflict (Guedes et al, 2016). Further research is needed to better understand the drivers and causes of different forms of violence in childhood, especially in low and middle income settings (Coore Desai et al 2017; Ravi and Ahluwalia, 2017).

Considering that we are still in the early stages of linking VAW and VAC in developing contexts, the literature is limited when it comes to the risks of strengthening the links between these two areas. In general, the literature concludes that **while these risks are important and deserve discussion, they should not prevent greater cooperation between the two fields when appropriate** (Bacchus et al, 2017, Guedes et al, 2016).

Some of the **sensitivities and risks** identified include:

[31] Including social norms that condone violence and reinforce gender inequality, unemployment, poverty, high levels of community violence and social isolation, as well as individual level factors such as poor mental health and substance abuse (Bacchus, 2017)

- **Competing priorities:** Child protection actors may be concerned that children's voices will not be heard sufficiently and conversely those working on VAW might be concerned that children's rights will take priority over women's rights and safety (for example if service providers are required to report partner violence to child protection agencies) (Guedes et al, 2016). It is therefore crucial that all joint interventions are based on the equal protection and rights of children (both boys and girls) and women (Bacchus, 2017).
- **Service capacity and suitability:** Child protection actors may be concerned that services are not sufficiently tailored to the special needs of children or that they have the capacity to address different forms of violence within the same family (Guedes et al, 2016). While it is important that social services and other support services develop the capacity to respond to families with co-occurrence of different forms of violence, experience in high-income countries show that this can be difficult. For example, research in Canada has found that frontline services, such as child protection, health and social services do not share the same understanding of the problems and solutions in households experiencing co-occurrence of child maltreatment and IPV since they often operate in parallel networks (Lessard et al, 2014). A similar concern and limitation has been found in the UK (Hester, 2011).
- **Overburdening services:** By linking VAW and VAC there may also be more demands on services which will impact negatively on service delivery standards (Guedes et al, 2016). This is important especially in poorer contexts where services and resources are already limited and programmes must be developed with this in mind (Bacchus, 2017).
- **Definitional issues triggering mandatory reporting:** A further risk and one that contributes to the limited global evidence about the magnitude of co-occurrence of child maltreatment and IPV is when researchers, institutions and legal systems define child exposure to intimate partner violence (by itself) as a form of child maltreatment. This may trigger mandatory reporting to child protection services, which subsequently poses challenges for service providers and women seeking help (Guedes et al, 2016).
- **Mothers who experience IPV being blamed for not protecting children:** There are some concerns that if for example there is a mandatory reporting of children to protection agencies in households that experience IPV, the mother or female caregiver may be blamed for not having sufficiently protect her child/ren as women are generally seen as solely responsible for the health, safety and wellbeing of their children. While the importance of fathers is becoming more acknowledged, there is a need to balance this with the safety and wellbeing of mothers and children where partners/fathers are known perpetrators of violence. Further research and discussion regarding how to best support the parenting practices of men who are known to be abusive to their partner and in which circumstances this should be promoted or restricted is needed (Bacchus, 2017).
- **Gaps in parenting programmes for adolescents:** Programmes to address co-occurrence of IPV and child maltreatment may focus too much on younger children. For example, parenting programmes in developing countries tend to focus on caregivers of toddlers and young children rather than adolescents which may mean some families in need of support are overlooked (Bacchus, 2017).
- **Universal versus targeted approaches:** Targeting of families with co-occurrence must also be done carefully with both universal and targeted approaches having both benefits and drawbacks. While targeted approaches are cheaper, negative aspects such as being associated with a violence prevention or response programme may lead to stigma and segregation. There is also a possibility that families in need of support may either move in or out of eligibility criteria or be totally excluded should also be born in mind while developing programmes (Bacchus, 2017).

- **Challenges in ensuring adequate attention to gender equality within violence prevention programmes** (Guedes et al, 2016). Gender is often overlooked in both VAC and VAW programming and it is crucial that all prevention programmes are built on solid understanding of the gendered drivers of violence, the gendered manifestations of violence and that violence against both boys and girls, men and women are appropriately addressed. For example, the evaluation of Plan Zimbabwe's Building Skills for Life Project (BS4L) found that while physical corporal punishment was said to be decreasing, such as whipping or slapping, other forms such manual labour and emotional punishment were reported to be increasing by adolescents as alternatives to physical punishment (Marimo, 2014).

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Web resources:

- End Violence Now: http://www.endvawnow.org/en/articles/299-fast-facts-statistics-on-violence-against-women-and-girls-.html
- The Sexual Violence Research Initiative (SVRI): http://www.svri.org
- Global School-based Student Health Survey (GSHS) - https://www.cdc.gov/gshs/index.htm
- Know Violence in Childhood - http://www.knowviolenceinchildhood.org/

Expert contributors

Jane Kato-Wallace, Promundo-US

Elizabeth Dartnall, Medical research Council, South Africa

Emma Fulu, Equality Institute

Diana Trimino, International Rescue Committee

Jeanne Ward, Independent consultant

Ruth Rothman, Family Nurse Partnership National Unit

Sophie Namy, Raising Voices

Alina Potts, UNICEF

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