Shared drivers and norms, but unshared theories: Preventing Co-Occurring Violence against Women and Children

19 May 2022
Event information

- Webinar: 90 minutes
- Event will be recorded
- Audience is muted – please add questions & comments to chat/Q&A
- Interpretation is available in Spanish and French
Moderator: Daniela Ligiero
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EMERGING EVIDENCE ON INTERSECTIONS OF VIOLENCE AGAINST WOMEN AND VIOLENCE AGAINST CHILDREN

Presenting:
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FIELDS THAT HAVE GROWN IN PARALLEL, BUT SEPARATE WAYS...

- Relatively new areas of work that are **drastically** underfunded
- Highly **political** areas of work
- Led by **passionate** advocates, researchers, activists
- **Competing agendas**: empowering women / protecting children
- Concern that placing violence against women next to violence against children will:
  - infantilize women
  - divert attention away from children
  - diminish funding
- Separate programs, policies, laws, research and advocacy
**SHARED RISK FACTORS**
- Gender inequality and discrimination
- Lack of responsive institutions
- Weak legal sanctions
- Male dominance in household
- Marital conflict
- Harmful alcohol and drug use

**SOCIAL NORMS**
- Condone violent discipline
- Promote masculinities based on violence, control
- Prioritize family reputation, blame victims
- Support gender inequality

**COMMON AND COMPOUNDING CONSEQUENCES**
- Similar mental, physical, sexual and reproductive health consequences
- May have cumulative, compounding effects

**CO-OCCURRENCE**
- Partner violence and child abuse often occur in same family
- Children in households where mother abused more likely to experience violent discipline

**ADOLESCENCE**
- When VAW and VAC intersect
- Elevated vulnerability
- When perpetration and victimization often begin
- Early marriage and childbearing
- Adolescents sometimes overlooked
- Opportunities to prevent

**INTER-GENERATIONAL EFFECTS**
- Consequences of VAC last into adulthood
- Partner violence affects: birth weight, under-5 mortality, mental health, social development
- VAC increases risk of perpetrating or experiencing violence later in life
• Rationale for greater attention to gender dimensions of violence
• Existing frameworks for action: INSPIRE + RESPECT
• Review of evidence on effective gender-transformative strategies
• Ways UNICEF can strengthen violence prevention and response
• Recommendations for UNICEF’s strategic planning
01. Produce and promote the use of evidence on gender transformative approaches to violence prevention.

02. Explore emerging issues for UNICEF's work on violence prevention + response.

03. Strengthen networks and capacities for generating and using evidence.
SELECT UNICEF INNOCENTI’S WORK:
PRODUCE AND PROMOTE EVIDENCE ON GENDER DIMENSIONS OF VIOLENCE

1. How do violence against children and violence against women intersect?
   - The Co-occurrence of Intimate Partner Violence and Violence Against Children: A Systematic Review on Associated Factors in Low- and Middle-Income Countries (w/ LSHTM)
   - Co-occurring violent discipline of children and intimate partner violence against women in Latin America and the Caribbean: A systematic search and secondary analysis of national datasets

2. What are the implications of these intersections to policy and practice?
   - What are promising and/or effective interventions that seek to prevent and/or respond to intimate partner violence against women and child maltreatment? (w/ LSHTM)
   - East Asia and Pacific: Ending Violence Against Women and Children: Opportunities and Challenges for Collaborative and Integrative Approaches (w/ UNFPA and UN Women)

3. What are the priorities for research on VAW / VAC intersections?
   - Global Shared Research Agenda on the Intersections of Violence against Children and Violence against Women (w/ WHO + Sexual Violence Research Initiative)

*Links embedded*
The Co-Occurrence of Intimate Partner Violence and Violence Against Children: ASSOCIATED FACTORS IN LOW- AND MIDDLE-INCOME COUNTRIES

Isabelle Pearson, Sabrina Page, Cathy Zimmerman, Franziska Meinck, Floriza Gennari, Alessandra Guedes, Heidi Stöckl
THE SYSTEMATIC LITERATURE REVIEW AIMED TO:

01 Identify and synthesise research on co-occurring intimate partner violence and violence against children.

02 Identify risk factors associated with co-occurring violence.

Setting:
Low- and middle-income countries.
RESULTS

11,236 references found

33 studies included in the review
- 31 cross sectional,
- 1 case control,
- 1 cohort

25 LMICs

1st January 2000 to 16th February 2021
DEFINITION OF 'CO-OCCURRENCE'?
RESULTS PART 1: TYPES OF CO-OCCURRENCE
RESULTS PART 2: RISK FACTORS (1/2)

UGANDA (CARLSON ET AL., 2020)

- Female’s education & Female caregivers emotional attachment to their intimate partner protected against female caregiver VAC.

- Male caregivers attitudes against violence against children & Male caregivers emotional attachment to their intimate partner protected against female caregiver VAC.

- Male perpetrated IPV.
RESULTS PART 2:

RISK FACTORS (2/2)

• Caregiver companion’s education level and the presence of children aged under 5 years protected against & older maternal age, caregiver misuse of alcohol and/or drugs were risks for unspecified caregiver VAC.

• Absence of child’s father, paternal anti-social behaviour, neighbourhood violence, level of criticism in the relationship, maternal depression, younger maternal age were risks for unspecified caregiver VAC.

• Male perpetrated IPV.

Brazil (Reichenheim et al., 2019)

Brazil (Buffarini et al., 2021)
DISCUSSION

LACK OF RESEARCH REGARDING MEN’S USE OF VIOLENT PARENTING

• Over-representation of female-perpetrated violence
• Need to understand the dynamics of the household as a whole

DEFINITIONAL INCONGRUITY

• Overlap between terms such as physical violence, maltreatment, abuse, harsh discipline, cruelty
• Wide spectrum of abuses included

LIMITED EVIDENCE ON RISK FACTORS
Effective interventions that seek to prevent/respond to intimate partner violence against women and child maltreatment:

A RAPID SYSTEMATIC REVIEW

Manuela Colombini, Loraine J Bacchus, Isabelle Pearson and Alessandra Guedes
METHODOLOGY

Rapid systematic review approach (Tricco et al 2017).

AIM:
To identify effective interventions that seek to prevent and/or respond to IPV and CM by parents and caregivers

GEOGRAPHICAL SCOPE:
Global- HIC and LMIC
RESULTS

DATABASE SEARCH
11,469 studies found.

FINAL NUMBERS
28 studies covering 25 unique interventions

15 COUNTRIES
3 HIC: Sweden, UK, US
12 LMIC: Afghanistan, Cambodia, Colombia, Kenya, Liberia, Papua New Guinea, Peru, Philippines, Rwanda, South Africa, Uganda, Vietnam

1st January 2010 to 2nd February 2021
<table>
<thead>
<tr>
<th>TYPES</th>
<th>PRIMARY PREVENTION INTERVENTIONS (17)</th>
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<tr>
<td><strong>Community-based/couples programmes</strong></td>
<td>Critical reflection on gender norms, power dynamics and gender inequity, and the consequences of IPV on health/relationships</td>
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<tr>
<td><strong>School-based programmes</strong></td>
<td>Changing harmful social norms related to gender and violence at school</td>
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<tr>
<td><strong>Parenting programmes</strong></td>
<td>Reducing use of violent discipline towards children &amp; developing positive caregiver-child relationship</td>
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<tr>
<td><strong>Cash transfer programmes</strong></td>
<td>Changing social norms on VAW &amp; improving communication and conflict resolution</td>
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MAIN FINDINGS – Prevention interventions

COMMUNITY-BASED/COPLES PROGRAMMES
- in IPV, violent discipline, children’s exposure to IPV, acceptability of IPV (community program)

PARENTING PROGRAMMES
- in violent discipline, indirectly in IPV
- in awareness of the harmful effects of violence on children

SCHOOL-BASED PROGRAMMES
- in violent discipline at home, children’s exposure to IPV, emotional IPV
- in gender-equitable attitudes

CASH TRANSFER PROGRAMMES
- No effect on IPV or violent discipline
- Low impact on changing social norms
KEY FINDINGS:  

RESPONSE INTERVENTIONS (8)

TYPES

**Psychotherapeutic treatment for survivors & their children**
- Improving psychosocial wellbeing of the mother and child.

**Targeting IPV perpetrators**
- Regulating emotions, restoring the father-child relationship and reducing VAW.

**Health care provider training**
- Improving practitioners’ knowledge of multi-agency work on child safeguarding in the context of IPV.
MAIN FINDINGS – Response interventions

**PSYCHOTHERAPEUTIC TREATMENT FOR SURVIVORS & THEIR CHILDREN**

- in IPV (new and current relations)
- use of violent discipline
  - Improved mental health of mother and children

**TARGETING IPV PERPETRATORS**

- in IPV
- in anger and affect dysregulation problems
  - Changes in attitudes towards violence against wives & children

**HEALTH CARE PROVIDER TRAINING**

- Changes in knowledge, confidence and self-efficacy
- Improved understanding of processes for addressing IPV and child safeguarding
PATHWAYS FOR PREVENTING IPV AND CM

**Intervention components**
- IPV-focused (used in the community and school-based interventions):
  - Content on reducing IPV
  - Improving relationship conflict management and conflict resolution training with community members
  - Communications skills training for couples emphasising respect & trust
  - Exploring gender norms and power, equitable relationships and gender attitudes in relation to IPV
  - Communications skills & relationship training for adolescents
  - Community activities (e.g. radio messaging)

- VAC-focused (in parenting interventions):
  - Reducing harsh discipline of children
  - Practicing skills related to non-violent discipline techniques
  - Encouraging positive caregiver-child interaction & communication
  - Improving family functioning and cohesion
  - Addressing risk factors for family violence (parental stress, depression & anxiety)
  - Improving caregiver communication & problem-solving skills
  - Enabling children to develop social competencies

**Pathways to IPV reduction**
- Improved conflict management/resolution and couple communication led to reduced stress and conflict at home and improved caregiver-child relationship
- More equitable views on gender norms & roles in relationships led to more engaged men (e.g. men’s involvement in child rearing)
- Reduced community tolerance towards IPV and CM
- Couples’ recognition of harmful impact of IPV on children

**Pathways to CM reduction**
- Improved mental health & wellbeing of women led to reduced CM and family conflict
- Improved adult/caregiver problem solving and communication skills with children (and between parents) led to reduced conflict at home
- Shared parenting reduced stress and conflict between couples (indirectly addresses equity in gender roles)
- Improved communication skills between parents (and with children) & respect = reduced conflict between couples
- Adoption of non-violent techniques for managing child behaviour also with partner

**Outcomes**
- IPV: Reduction in experience or perpetration of physical/sexual IPV
- Reduction in verbal IPV
- Reduction in acceptability of IPV

- Child Exposure to Violence at Home:
  - Reduction of harsh physical & psychological punishment
  - Reduction in witnessing IPV
  - Reduction in acceptability of corporal punishment
RESPONSE INTERVENTION PATHWAYS TO REDUCED VIOLENCE FOR SURVIVORS AND THEIR CHILDREN

**Interventions**

- Goal Oriented community-based treatment
- Court mandated intervention for survivors
- Psycho-therapeutic
- Child trauma focussed treatment

**Pathways to reduced violence and improved mental health**

**MECHANISMS TO REDUCED IPV**
- Understanding healthy relationships, recognising danger signs of IPV
- Improved communication skills used in new romantic relationships and with existing partners (court mandated)

**MECHANISMS TO REDUCED CHILD EXPOSURE TO VIOLENCE**
- Use of non-violent discipline strategies
- Understanding consequences of child exposure to IPV
- Strengthened child-parental bonds & less family conflict
- Better mental health of the mother (combined with improved child mental health due to the intervention)

**Outcomes**

**IPV**
- Reduction in IPV (court mandated)
- New relationships violence free
- Increased readiness to decrease violence (goal oriented)

**Women & children’s Mental Health**
- Decreased anxiety/depression
- Increased self-efficacy

**Child Exposure to Violence at Home**
- Reduction in use of harsh punishment
KEY ELEMENTS TO REDUCE IPV AND CM

01. Broader approach versus survivor-centric

02. Awareness of adverse health consequences of IPV (and violence in general) on children.

03. Critical reflection on gender equitable norms

04. Improved couple communication and use of conflict resolution strategies
EVIDENCE GAPS AND IMPLICATIONS

- When appropriate to combine VAW and VAC interventions and when not
- Tendency to focus more on one type of violence or addressed the other type of violence in a very limited way
- Lack of evidence on response interventions, especially in LMIC – and with families experiencing abuse. Missed opportunities to integrate VAC responses e.g. in the health system response to IPV.
- Lack of programming and research on interventions that target adolescents
- Lack of standardised approaches to measurement of IPV and violent discipline of children
Growing evidence on VAW and VAC intersections:
- valuable data collected and studied on IPV and VAC across many LMICs, though often not analysed + reported
- promising evidence of effective interventions that seek to reduce both IPV and CM – predominantly prevention interventions

Limited evidence on:
- adolescents
- risk factors and research regarding men’s use of violent parenting
- key elements that lead to reduction of both VAW and VAC (studies tend to focus on one or the other type of violence)
- response interventions that seek to reduce both IPV and CM
Panel discussion

Moderator:
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