Snapshot 4





Bridging the gaps:

Understanding and addressing the intersections of violence against and violence against children

ALESSANDRA GUEDES REGIONAL ADVISOR, FAMILY VIOLENCE PAHO/WHO



OUTLINE OF THE PRESENTATION

- How do violence against children and violence against women intersect?
- 2. What are the implications for policy and programs?
- 3. What are the risks of a combined agenda?



ARTICLE WILL BE UPLOADED AT MEETING WEBSITE



REVIEW ARTICLE

Bridging the gaps: a global review of intersections of violence against women and violence against children

Alessandra Guedes^{1*}, Sarah Bott¹, Claudia Garcia-Moreno² and Manuela Colombini³

¹Family, Gender and Life Course Department, Pan American Health Organization/World Health Organization, Regional Office for the Americas, Washington, DC, USA; ²Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland; ³Department of Global Health and Development, London School of Hygiene & Tropical Medicine, London, UK

Background: The international community recognises violence against women (VAW) and violence against children (VAC) as global human rights and public health problems. Historically, research, programmes, and policies on these forms of violence followed parallel but distinct trajectories. Some have called for efforts to bridge these gaps, based in part on evidence that individuals and families often experience multiple forms of violence that may be difficult to address in isolation, and that violence in childhood elevates the risk of violence

1. HOW DO VIOLENCE AGAINST CHILDREN AND VIOLENCE AGAINST WOMEN INTERSECT?

- 1. Shared risk factors
- 2. Social norms that support VAW and VAC
- 3. Co-occurrence of partner violence and child maltreatment
- 4. Intergenerational effects
- 5. Common and compounded consequences
- 6. Common interest in adolescence

1. SELECTED SHARED RISK FACTORS FOR <u>PERPETRATION</u> OF BOTH VIOLENCE AGAINST CHILDREN AND VIOLENCE AGAINST WOMEN

INDIVIDUAL (perpetration)	 Witnessed or experienced violence as a child Young age Alcohol and drug use Depression Personality disorder / antisocial behavior Attitudes that condone violence and gender inequality
FAMILY/HOUSEHOLD	 Marital conflict / Family breakdown Male dominance in the family Economic stress Poverty/destitution Non-biological father figures
COMMUNITY	 Institutions that tolerate/fail to respond to violence Community tolerance of violence Lack of services for women, children, families Gender and social inequality in the community Community norms about privacy in the family High level of criminal violence or and armed conflict
SOCIETAL	 Weak legal sanctions Social norms that support violence, including physical punishment of wives/children Social, economic, legal and political disempowerment of women

2. SOCIAL NORMS: LINKS BETWEEN ACCEPTANCE OF WIFE-BEATING AND OF CORPORAL PUNISHMENT

- 4 of 10 women worldwide agree that wifebeating is justified under some circumstances (World Bank, 2014)
- 3% to 82% of adult caregivers say physical punishment is necessary for raising children (UNICEF, 2014)
- Corporal punishment in schools or homes
 remains legal in 150 of 198 countries (as of Dec
 2015 / Global Initiative, 2015)
- Mothers who believe wife-beating is justified are more likely to believe corporal punishment is necessary (Lansford et al., 2014)
- Children of mothers who support both wifebeating and corporal punishment are more likely to experience psychological or physical violence (Lansford et al., 2014)



3. CO-OCCURRENCE OF PARTNER VIOLENCE AND CHILD MALTREATMENT

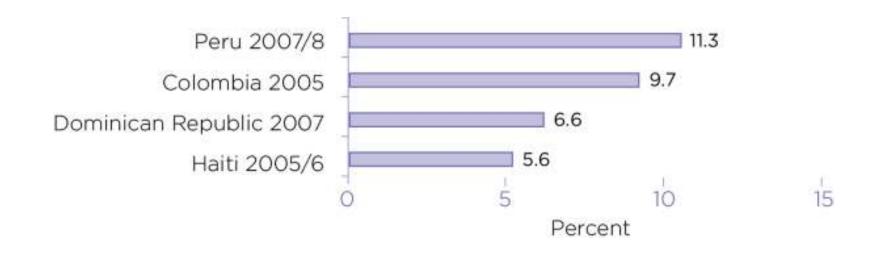
- Definition: Intimate partner violence and child maltreatment co-occur in the same household during the same period
- Limited data from low- and middle-income countries
- Children in families affected by partner violence are more likely to experience child abuse and neglect (Hamby et al. 2010, Jouriles et al. 2008)
 - In as many as 4 of 10 households affected by partner violence in the US, children also experience physical abuse (Appel & Holden 1998)

4. INTERGENERATIONAL EFFECTS

- Violence during pregnancy is associated with increased risk of pre-term delivery and low birth weight (Han & Stewart 2014, Sarkar 2008, WHO 2013)
- Partner violence against women is associated with higher rates of infant and under-five mortality (Garoma et al 2011)
- Child exposure to partner violence can lead to similar consequences as child abuse and neglect (MacMillan & Wathen 2014, Wood & Sommers 2011)
- Exposure to violence in childhood (as a victim or witness) increases risk of experiencing or perpetrating violence during adolescence and adulthood (Bott et al 2012, Islam et al 2014, Mandal & Hindin 2015)

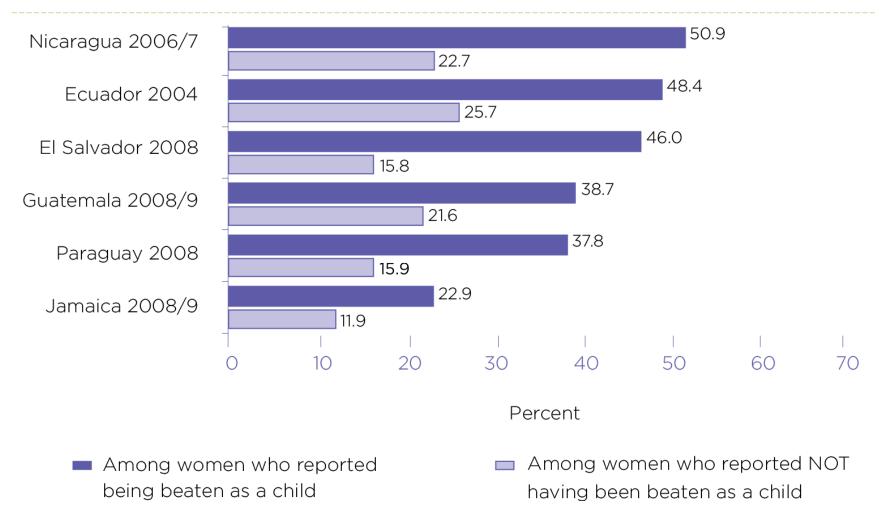


PREVALENCE OF PHYSICAL VIOLENCE DURING PREGNANCY, BY ANY PERPETRATOR



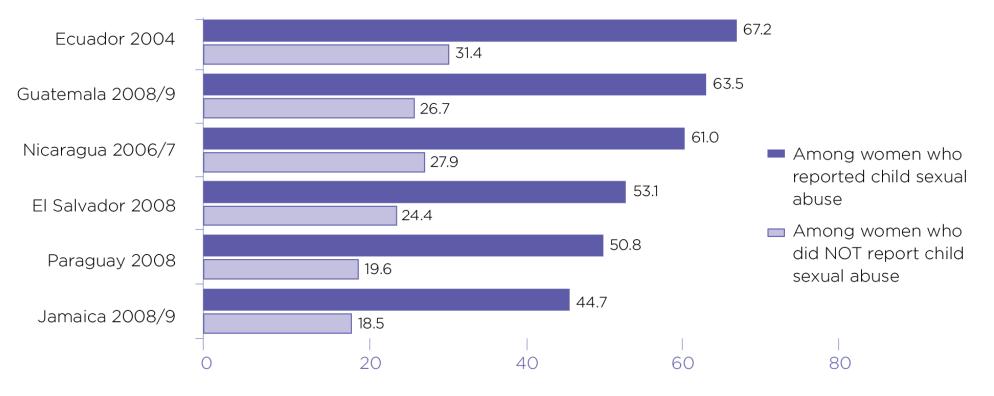
Source: Violence against women in Latin America and the Caribbean: Comparative analysis of population-level data from 12 countries (PAHO & CDC, 2012).

PREVALENCE OF PARTNER VIOLENCE, ACCORDING TO WOMEN'S EXPERIENCE OF PHYSICAL ABUSE IN CHILDHOOD



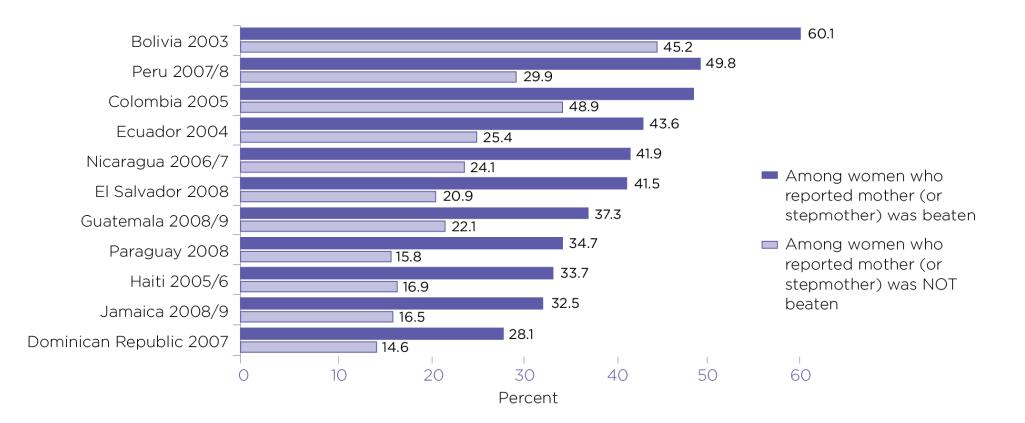
Source: Violence against women in Latin America and the Caribbean: Comparative analysis of population-level data from 12 countries (PAHO & CDC, 2012).

PREVALENCE OF PARTNER VIOLENCE, ACCORDING TO HISTORY OF SEXUAL ABUSE IN CHILDHOOD

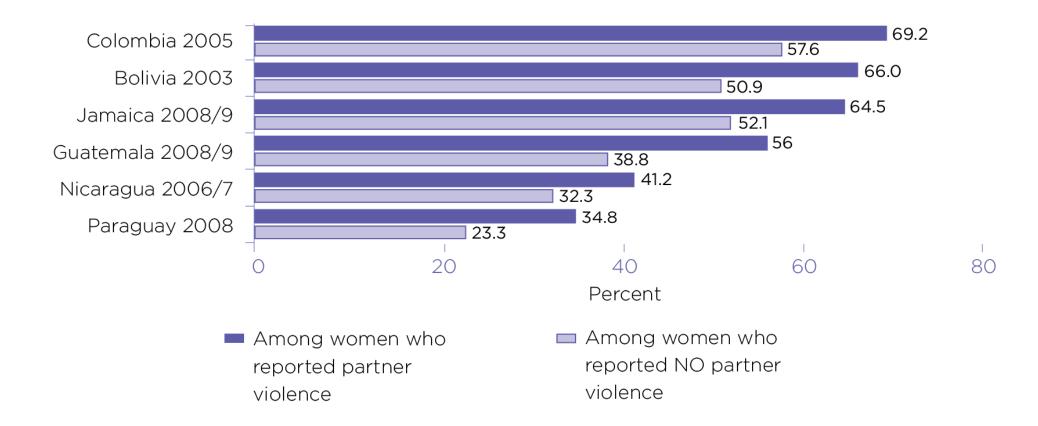


Percent

PREVALENCE OF PARTNER VIOLENCE, ACCORDING TO WHETHER MOTHER (OR STEPMOTHER) WAS BEATEN



PHYSICAL PUNISHMENT OF CHILDREN, ACCORDING TO THE WOMAN'S EXPERIENCE OF PARTNER VIOLENCE



Source: Violence against women in Latin America and the Caribbean: Comparative analysis of population-level data from 12 countries (PAHO & CDC, 2012).

5. COMMON, CUMULATIVE AND COMPOUNDING CONSEQUENCES

- Violence against children, adolescents and women may have similar consequences for health and social functioning
- Polyvictimization (experiencing multiple forms of violence) in childhood or adolescence may have cumulative or compounding effects (Herrenkohl et al 2008)
- Women who experience partner violence may be at heightened risk of negative mental and physical health outcomes, if they have a history of childhood violence (Montalvo-Liendo et al 2015)



6. ADOLESCENCE

- Girls age 15-17 fall within the intersection of VAW and VAC
- Adolescents sometimes overlooked by both fields
- Elevated vulnerability to some forms of VAC/VAW
- Perpetration and victimization of some forms of VAW often begin early
- Early marriage and childbearing are risk factors for VAW and VAC
- Prevention opportunities



IMPLICATIONS & RECOMMENDATIONS

- 1. Address shared risk-factors
- Social norms that support violence
- Harmful use of alcohol and drugs
- Prevent childhood exposure to violence
- 2. Deliver integrated early intervention
- Home visitation programs
 - Assess for partner violence
- Parent training programs
 - Integrate attention to gender socialization, equitable treatment of boys and girls and partner violence

3. Address multiple forms of violence in schoolbased programs and ensure a gender lens

4. Promote age-appropriate and multi-faceted responses:

- Improve collaboration between services for adult, adolescent and child survivors of abuse
- Engage the mother, screen and provide services <u>when</u>
 <u>safe and appropriate</u>
- Consider prenatal services as an entry point

5. Do not overlook adolescents



WHAT ARE THE RISKS OF A COMBINED AGENDA?

- Not everything needs to be 'integrated'
- Will children's voices be heard?
- Will services be adequately tailored to the needs of children and adolescents?
- Will children's rights take precedence over women's safety?
- Will women be penalized when children are exposed to intimate partner violence
- Will women's needs be overlooked?
- Will we invest equitably in girls and boys?
- What about intersections with other forms of violence?



EVERY CHILD, WOMAN AND MAN HAS A RIGHT TO BE FREE FROM VIOLENCE OF ANY KIND

Thank you for listening!