



EVIDENCE REVIEW

PARENTING AND CAREGIVER SUPPORT PROGRAMMES TO PREVENT AND RESPOND TO VIOLENCE IN THE HOME

SUMMARY

Parenting programmes are interventions or services aimed at improving interactions between parents and their children, as well as knowledge, beliefs, attitudes and practices that affect parent-child relationships and children's development.

This review looks at parent and caregiver support programmes that seek to prevent both IPV and VAC. However, it finds that despite growing attention to the potential to address family violence through parenting interventions, few programmes intentionally seek to reduce VAC, and even fewer attempt to prevent IPV.

This review then summarises the current evidence of the impacts of parenting programmes on VAC and IPV. Almost all the rigorous evaluations included in our review found significant reductions in VAC, including decreased use of physical punishment and, in some cases, reductions in the use of emotional violence. A few found reductions in IPV, and others had more mixed results.

The review then offers insights into promising approaches and components of parenting programmes including on curriculum content for learning parenting and relationship skills as well as programme approaches, delivery methods and format. It then identifies gaps in the existing evidence and provides emerging guidance and recommendations on programming and for future research.

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Masayang Pamilya Para Sa Batang Parenting Programme (MaPa) from the Philippines

Annex II:

Program P in Rwanda and Bolivia

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For Baby's Sake



INTRODUCTION

Parenting and caregiver support programmes (hereafter referred to as parenting programmes) have been identified as a promising strategy to improve family dynamics and prevent violence against children (VAC), including child maltreatment and harsh physical discipline (1-3). A stable, nurturing relationship with one or more parents or caregivers during a child's early years is critical to children's healthy development. The family is crucial for learning core values, skills, behaviours, and norms—It is where most children first get exposed to gender-related roles and norms, notions of fairness and acceptable behaviour, and learn how to relate to others, and resolve conflicts. Therefore, parenting programmes are increasingly used in the Global North, and more recently in the Global South, to improve parenting skills, enrich parent-child relationships, enhance child development, and prevent VAC (4-8).

Moreover, there is emerging evidence that some parenting programmes can contribute to reducing both the experience (9) and perpetration of intimate partner violence (IPV) (10). The exposure to violence in childhood, either as a victim or as a witness to adult violence, increases the likelihood that a child will grow up to experience or perpetrate violence in their future relationships. Thus, programmes that can reduce both IPV and maltreatment or harsh discipline of children in the family hold the potential to yield dual benefits for both women and children. They can reduce the immediate, harmful effects of violence, while simultaneously reducing the longer-term emotional and cognitive effects of trauma and social learning that fuel the intergenerational transmission of violence. However, at present, there is limited evidence, guidance, and resources available for practitioners wishing to address

both these forms of violence through parenting programmes.

The Prevention Collaborative works with partner organisations to expand and improve programming to prevent both IPV and VAC in the home (11). We recognise the intersections between these forms of violence and the significant potential of averting violence in the next generation by preventing children's exposure to IPV and VAC during their childhood. We work together with partners to review, adapt, and scale up promising approaches or strategies to prevent both IPV and VAC in a more intentional way. They may include programme platforms working with families with young children in a diversity of contexts in the Global South.

Given emerging evidence, we feel it is essential to explore whether the scope of parenting programmes can be widened to include the promotion of gender-equitable relationships and non-violent interactions for the whole family. Furthermore, where violence is already present, can we use parenting interventions to transform restrictive gender norms in the household and support, empower, and enable women to make decisions and protect themselves and their children? To answer these questions, this review identifies current evidence on parent and caregiver support programmes seeking to prevent both IPV and VAC. It offers insights into promising approaches and components of parenting programmes, which are useful in preventing IPV and/or VAC in different settings.

METHODOLOGY

This evidence review builds on previous reviews that identified a few rigorously evaluated programmes with positive impacts on both children and women (7,12-14). It focuses exclusively on identifying programmes that:

- i) Intentionally sought to reduce VAC and IPV; or found promising results in terms of violence reduction for women and/or children; and
- ii) Sought to reduce factors associated with increased risk of violence in the family, including levels of couple conflict, parental stress, caregiver depression, or alcohol abuse, inequitable distribution of caregiving responsibilities, and restrictive/patriarchal gender attitudes.

We complemented this review with a series of case studies informed by conversations with practitioners and researchers involved in the implementation and evaluation of parenting programmes. We sought to understand how they approach violence prevention within the family and what challenges they encounter when doing so.

We identified common approaches and elements of promising interventions with hypothesised pathways of change—through which attitudes and practices concerning parenting, gender relationships, and the prevention of violence against women (VAW) and VAC can be promoted.



AN OVERVIEW OF PARENTING PROGRAMMES

Types of programmes

Parenting programmes generally fall into three broad types, depending on their theoretical orientation and primary focus:

- Those that teach parenting skills to improve how they manage their children's behaviour: These aim to reduce coercive parenting and adverse outcomes for children.
- Those that combine behaviour management with improving the quality of parent-child relations: A minority of these programmes seek to promote gender-equitable relationships within the family (between parents and among children).
- Those that work to promote comprehensive early childhood development (ECD) (e.g. nurturing care, including early bonding, secure attachment, stimulation, safety, adequate nutrition, and language development).

Common forms of delivery of parenting programmes

Parenting programmes can be delivered in several ways, including:

- i) Home visits by a trained health professional, or by a social or lay worker, for a period between 3-6 months and two years.
- ii) Participatory parent education, usually in a group or community setting with a duration of 8-16 sessions (rarely lasting longer than one year).
- iii) Group-based education integrated into broader social or economic development programmes such as cash transfer programmes.
- iv) Early detection and intervention programmes for family violence through educational platforms such as daycare centres, health facilities, or social protection programmes.

Although most programmes are nominally offered to female and male parents and caregivers, in practice, they almost exclusively reach women who are typically in charge of caregiving of children. A few programmes with gender transformative approaches have an explicit objective to engage fathers in caregiving to improve family well-being and relationships.

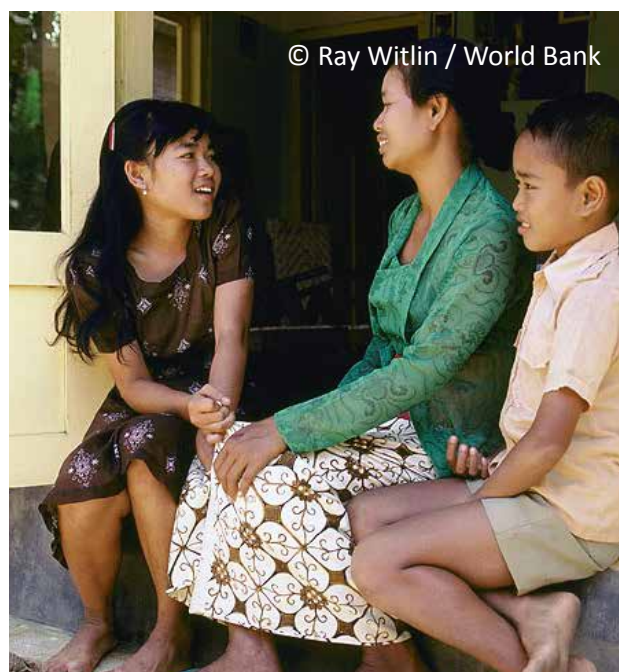
Parenting programmes are interventions or services aimed at improving interactions between parents and their children, as well as knowledge, beliefs, attitudes and practices that affect parent-child relationships and children's development (15).

Such programmes can be offered to groups or individuals, through home visits or in the community (e.g. at early childcare or health centres).

They can be delivered universally to all families or targeted to more vulnerable families (e.g. those living in poverty or with co-occurring problems).

Parenting programmes approaches:

- **A universal primary prevention approach:** providing universal support open to everyone.
- **A targeted prevention approach:** targeting caregivers with specific characteristics identified as risk factors for poor parenting and abuse of children (e.g. substance abuse, teenage at time of child birth), or approaches that align with theories of successful intervention (e.g. working with first-time parents).





WHY SHOULD PARENTING PROGRAMMES ADDRESS GENDER EQUALITY, IPV AND VAC?

Traditionally, parenting programmes have focused almost exclusively on facilitating healthy child development. While most acknowledge that current care can have long term impact on a child’s future well-being, only a few have extended their efforts to address the childhood origins of future violence, even though both issues are intimately intertwined. There are numerous, compelling reasons why combining a concern for both violence against women and children makes sense for parenting programmes.

Global evidence confirms that IPV and VAC frequently co-occur in the home. VAC is more likely to occur in families in which IPV is present, and vice versa (16). The incidence of IPV increases the likelihood that a child is subject to forms of violence such as harsh physical punishment, exposure to a challenging or unsafe home environment such as physical damage to the home resulting from IPV (17-19), and exposure to dysfunctional family relationships, psychological and sexual abuse (18, 20). For example, IPV was present in 46 percent of substantiated child abuse cases in Colombia (21), and children living with domestic violence in the home were twice as likely to experience abuse in rural India (22).

Both IPV and VAC are highly prevalent across the world. An average of one in three women will experience IPV in her lifetime, and one in two children will experience violence (23, 24). These rates are relatively consistent in the Global South. Recent data shows that the proportion of women (aged 15-49) who report ever having experienced physical or sexual violence by an intimate partner during their lifetime is: 30 percent in Latin America, 37 percent in Sub-Saharan Africa, and 38 percent in South-East Asia. Rates of VAC (23) are also high in the Global South: 34 percent of children report experiencing violence in Latin America, 50 percent in Africa, and 68 percent in Asia (23).

Child maltreatment and IPV share common risk factors. Common to both IPV and physical discipline of children is the belief that violence is an appropriate and effective way to correct behaviour and secure obedience. Both IPV and VAC share the underlying foundational assumption of the

patriarchal family—that wives must obey their husbands and children must obey their parents. Both IPV and VAC also share other common risk factors, such as marital conflict, poverty and economic stress, substance and alcohol use, and inadequate legal or community responses to violence (10, 25-29). Shared beliefs and social norms that underline both IPV and VAC include the acceptance of violent discipline, conceptions of masculinity that are based on aggression and control, prioritisation of family reputation over victim well-being, blaming survivors of violence, and gender inequality (16).

IPV has a negative impact on parenting capacity. Research demonstrates several pathways through which IPV affects parenting capacity, specifically the capacity of women to care for their children:

- A mother’s use of controlling behaviour towards her children to avoid violence from an abusive male partner;
- Deliberate attempts by men to hinder maternal-child bonds through tactics such as separation and alienation from children;
- Damage to a woman’s mental health, which can affect her ability to parent effectively and to form a safe attachment to her child during the first years of life;
- IPV and controlling behaviours by a male partner can prevent women from seeking and accessing timely health and social services necessary for her own and her children’s wellbeing (13, 31-34, 70-72).

There is also evidence of intergenerational effects of VAC and IPV. A substantial body of research has connected a child’s exposure to VAC to later perpetration of IPV (in boys) and experience of IPV (in girls), and the use of harsh parenting strategies in adulthood (35-38). Additionally, research shows that children who witness IPV are more likely to use and experience IPV as adults (36, 39). While further evidence is needed to understand temporal relationships between experiencing VAC and later use of violence, these studies highlight the opportunity to stop intergenerational cycles of violence by intervening to prevent both IPV and VAC in the home.





OVERVIEW OF THE EVIDENCE: PARENTING PROGRAMMES THAT SEEK TO REDUCE IPV AND VAC

As other reviews have found (13), despite growing attention to the potential of parent and caregiver support interventions to address family violence, few programmes intentionally seek to reduce VAC, and even fewer attempt to prevent IPV. In our review, we identified fourteen parenting programmes that focused specifically on the prevention of VAC, and also, either sought to prevent IPV or found (sometimes incidentally) positive results in reducing IPV or risk factors associated with violence in the family.

These interventions were mostly implemented in the Global South (11 out of 14) or had a substantial body of evidence from the Global North (*Nurse-Family Partnership* and *Triple P*). Some were implemented in the Global South without rigorous evaluations to date (*Triple P*, *Safe at Home*, *Parenting for Respectability*). Eight of the fourteen identified programmes focused on joint prevention of IPV and VAC (see Table 1). Seven programmes were evaluated using a randomised controlled trial design (40-46), one was evaluated through a quasi-experimental design (47), and two were evaluated qualitatively following programme implementation (48-50). Four ongoing evaluations include two randomised controlled trials (*Masang Pamilya*, *Program P Bolivia*), and two single-group, pre-and-post-pilot evaluations (51, 52), for which preliminary results are presented as they are available.

Almost all the rigorous evaluations included in our review found significant reductions in VAC, including decreased use of physical punishment and, in some cases, reductions in use of emotional violence. A few found reductions in IPV; others had mixed results:

- Three of seven programmes (with data available from randomised controlled trials) resulted in quantitative reductions in both VAC and IPV (*Program P/Bandebereho*, *Graduation Approach*, *REAL Fathers*)—although one programme (*REAL Fathers*) did not corroborate men’s self-reports by asking women about their experiences.
- Preliminary results from one pre-post-test study (*Safe at Home*) also demonstrate significant reductions in both VAC and IPV.
- Some studies of programmes found quantitative reductions in VAC, and of either IPV reduction (*Happy Families*, *Parents Make the Difference*) or improvement in risk factors associated with family violence such as reduction in alcohol use, restrictive social norms (gender attitudes) and/or improvement of couple relationship/communication skills (*Triple P*).
- One programme found significant reductions in VAC and mixed findings on IPV (*Nurse Family Partnership*).
- One found reductions in VAC but did not report findings on IPV (*Parenting for Lifelong Health*).

In most instances where violence was measured, VAC outcomes were measured by asking parents to report on their perpetration. One evaluation found a reduction in the experience of violent discipline reported by children themselves (*Graduation Approach*)—but others relied upon women and/or men’s self-reported use of violence against their children.





TABLE 1. KEY FINDINGS OF PARENT AND CAREGIVER SUPPORT PROGRAMMES AT THE INTERSECTION OF IPV AND VAC

INTERVENTION AND ORGANISATIONS	INTERVENTION DESCRIPTION	TYPE OF EVALUATION	COUNTRY	TARGET OF INTERVENTION	KEY IPV & VAC FINDINGS
<p>Program P: Bandebereho</p> <p>Rwanda Men's Resource Centre; Promundo; MenCare+; Rutgers; WPF.</p> <p>Case Study: Annex II</p>	<p>15-session discussion-based curriculum for expecting fathers. Aimed at improving father's involvement in maternal, newborn and child health, family planning, caregiving, and preventing domestic violence.</p>	<p>Randomised controlled trial, but no baseline data</p> <p>(Doyle et al., 2018)</p>	Rwanda	IPV & VAC	<p>VAC: Significant reductions in both women and men's use of physical punishment against children.</p> <p>IPV: Significant reductions in women's self-report of experiencing physical IPV and sexual IPV in the past year.</p>
<p>Program P: Bolivia</p> <p>Inter-American Development Bank; Consejo de Salud Rural Andino; Men Care.</p> <p>Case Study: Annex II</p>	<p>Nine curriculum-based sessions for women and ten sessions for their male partners. Aimed at promoting equitable division of caregiving and domestic work, positive parenting, preventing corporal punishment, gender-equitable socialisation of children, and IPV prevention.</p>	<p>Randomised controlled trial</p> <p>(Alemann et al., forthcoming)</p>	Bolivia	IPV & VAC	<p>VAC: On average, no statistically significant results on the use of harsh physical punishment. Some modest statistically significant reduction in the use of harsh punishment against children, as reported by mothers who worked outside the home. An increase in the use of positive parenting practices among mothers with a higher level of education (high school or more), but not for the entire treatment group.</p> <p>IPV: Preliminary findings indicate a significant reduction in self-reported experiences of psychological IPV during the previous six months, but not sexual or physical IPV among women. Additionally, women and men in the treatment group reported a statistically significant increase in joint decision-making as compared to the control group.</p>
<p>For Baby's Sake</p> <p>Stefanou Foundation; Governor's Task Force on Infant Mortality South Dakota).</p> <p>Case Study:</p>	<p>2.5-year whole-family intervention for couples, newly parenting in the context of IPV. Sex-segregated, individual therapeutic sessions with co-parents on domestic violence, parenting, and trauma.</p>	<p>One-group pre-post test</p> <p>(Domoney et al., 2019)</p>	United Kingdom	IPV & VAC	Evaluation ongoing.
<p>Graduation Approach</p> <p>Trickle Up; Women's Refugee Commission; Aide aux Enfants et aux Familles Demunies.</p>	<p>Economic empowerment and child rights intervention for women with children ages 10-15 and their families. Savings groups, livelihoods and household management training, and seed capital grants for women, combined with education on child rights and well-being. Targeted to all household members.</p>	<p>Randomised controlled trial</p> <p>(Ismayilova et al., 2018a; Ismayilova & Karimli, 2018)</p>	Burkina Faso	IPV & VAC	<p>VAC: Significant reductions in children's self-reported past-year exposure to emotional violence and physical violence at 24-month follow-up, but not at 12-month follow-up.</p> <p>IPV: Significant reductions in women's self-reported past-year experience of emotional IPV at 12-month follow-up.</p>





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<p>Happy Families</p> <p>International Rescue Committee.</p>	<p>12-week group-based programme for caregivers and their children aged 8-12 years. Caregivers and children participate in weekly age-separated sessions, followed by joint play sessions.</p>	<p>Randomised controlled trial</p> <p>(Sim et al., 2014a)</p>	Thailand	VAC	<p>VAC: Reductions in caregiver's self-reported use of harsh physical discipline. Children reported a significant reduction in their experience of spanking and slapping, but no significant reduction in overall harsh physical punishment.</p> <p>IPV: Qualitative interviews found more joint decision-making between intimate partners, less conflict among family members, improved caregiver mental well-being, and decreased alcohol use among caregivers.</p>
<p>Masayang Pamilya (MaPa)</p> <p>Case Study: Annex I</p>	<p>12-session group-based adaptation of Parenting for Lifelong Health (see below) for parents of children aged 0-6 years in the Philippines, focused on building skills and positive relationships between parents and children.</p>	<p>Randomised controlled trial</p>	Philippines	IPV & VAC	<p>Evaluation ongoing.</p>
<p>Nurse Family Partnership</p> <p>Nurse-Family Partnership.</p>	<p>Pre-and post-natal home visiting programme for newly parenting, low-income women of children aged 0-2 years.</p> <p>Focused on improving maternal and child health and development, with recent adaption to IPV screening and intervention.</p>	<p>Randomised controlled trial</p> <p>(Miller, 2015; Meta-analysis; Olds et al., 2010)</p>	United States of America	VAC, with recent adaptation targeting IPV	<p>VAC: : Meta-analysis found a reduction in child maltreatment.</p> <p>IPV: Meta-analysis found a reduction in IPV among mothers of children aged 0-4 but Olds et al., found no significant reductions in mothers' experience of physical IPV in 9 year and 12 year follow-up.</p>
<p>One Man Can Fatherhood Project</p> <p>Sonke Gender Justice; UNDP.</p>	<p>Gender-transformative masculinities and rights programme, implemented through workshops to improve men's relationships with their partners, children and families, and to reduce violence against women, men and children.</p>	<p>Qualitative</p> <p>(Hatcher et al., 2014; van den Berg et al., 2013)</p>	South Africa	IPV & VAC	<p>VAC: Men reported less use of violence towards their children and increased use of caring and protective behaviours towards children.</p> <p>IPV: Men reported more mutual decision-making around when to have sex and reduced alcohol use.</p>
<p>Parenting for Lifelong Health</p> <p>Ikamva Labantu Parent Centre; Clowns without Borders; South Africa University of Cape Town; University of Oxford; University of Bangor; WHO; UNICEF; Government of South Africa.</p>	<p>A 12-week programme for parents of children aged 2-9 years. Focused on improving parent-child relationships before using non-violent discipline strategies through a combination of education, discussion and skills practice.</p>	<p>Control Trial</p> <p>(Lachman et al., 2017; Ward et al., 2019)</p>	South Africa	VAC	<p>VAC: Both studies note significant difference in harsh discipline in the intervention group compared to the control through either caregiver self-support or observation of negative parenting behaviours.</p> <p>IPV: Ward et al. measured caregivers baseline IPV but did not report the effects of the intervention on IPV.</p>





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<p>Parenting for Respectability</p> <p>Child Health and Development Centre, Makerere University.</p>	<p>21-session community-based programme (10 single-sex session, 11 mixed-sex sessions) with education. Discussion and skills-based activities to improve gender-equitable and non-violent parenting and IPV reduction.</p>	<p>Qualitative</p> <p>(Siu et al., 2017)</p>	Uganda	IPV & VAC	<p>VAC: Men reported greater use of non-violent discipline strategies with children.</p> <p>IPV: Men described less spousal conflict and more mutual respect for female partners, but no reported change in IPV.</p>
<p>Parents Make the Difference</p> <p>International Rescue Committee.</p>	<p>10-session small-group curriculum for parents of children aged 3-7 years to reduce harsh parenting, improve positive parenting, prevent malaria, and improve cognitive, emotional and behavioural outcomes.</p>	<p>Randomised controlled trial</p> <p>(Sim et al., 2014b)</p>	Liberia	VAC	<p>VAC: Significant reduction in caregiver self-reported overall use of harsh physical and psychological punishment, with large reductions in beating, whipping, spanking and harsh psychological punishment.</p> <p>IPV: Qualitative interviews with caregivers indicated less marital conflict, improved problem-solving, and less substance use in the home.</p>
<p>REAL Fathers</p> <p>Case Study: Annex III</p>	<p>12-session mentoring programme for young fathers (age 16-25) raising a child aged 1-3 years to promote non-violent parenting and intimate partner relationships. Combines monthly group meetings for fathers with one-on-one meetings with fathers and their partner, and community poster campaign.</p>	<p>Quasi-experimental trial</p> <p>(Ashburn et al., 2017)</p>	Uganda	IPV & VAC	<p>VAC: Significant reductions in men's self-reported overall use of harsh physical or emotional punishment against their children at long-term follow-up, but not at endline.</p> <p>IPV: Significant reductions in men's self-reported overall use of physical, psychological or verbal violence against female partners at endline and long-term follow-up.</p>
<p>Safe at Home</p> <p>International Rescue Committee.</p>	<p>A curriculum-based programme designed to transform gender relations and improve positive parenting. The curriculum includes single-sex discussions, couple discussions, and family discussions.</p>	<p>One-group pre-post test</p> <p>(IRC, 2018)</p>	DRC, Myanmar	IPV & VAC	<p>VAC: Preliminary results show a significant reduction in men's and women's reports of using physical discipline and harsh psychological discipline against children and a reduction in the acceptance of harsh discipline.</p> <p>IPV: Preliminary results show significant reductions in women's self-report of IPV, and a significant improvement in gender attitudes of both women and men.</p>
<p>Triple P</p> <p>Triple P; International University of Queensland.</p> <p>Case Study: Annex IV</p>	<p>Multi-level intervention including: (1) a mass-media campaign; (2) brief consultation through a parenting seminar; (3) consultation for managing child behaviour; (4) 8-10 individual- or group-based skills-building sessions paired with home visits or phone follow-up; (5) enhanced version of level 4 for parents with clear difficulties in emotional regulation and behaviour management of children.</p>	<p>Randomised controlled trial</p> <p>(Prinz et al., 2009)</p>	United States of America	VAC	<p>VAC: Significant reductions in county-level reports of substantiated child maltreatment—documented by child protective services staff, child out-of-home placements documented through the foster care system, and child maltreatment injuries resulting in hospital or emergency room visits documented by medical personnel.</p>



PROMISING APPROACHES:

INTEGRATING COMPONENTS INTO PARENTING PROGRAMMES TO PREVENT IPV AND VAC

There is increasing interest in identifying common components or shared features of effective interventions in the public health field (53). This can assist with refining and optimising interventions and implementation, particularly in contexts where resources may not support the delivery of intensive programmes. For example, a recent meta-analysis of parenting programmes demonstrated the importance of teaching non-violent discipline techniques and positive reinforcement in supporting parents to manage disruptive child behaviour (54). However, to date, no analysis has been undertaken to examine the common elements of effective parenting programmes to reduce IPV and VAC together. This section offers insights into approaches and elements drawn from five programmes which showed promise in preventing IPV and/or VAC in different settings. The five programmes share several similarities in terms of curriculum content, approach and delivery methods. While there is insufficient evidence to conclude that these are 'good practice' *per se*, there are common and promising approaches observed in the reviewed programmes. More empirical research and practice-based learning is needed in this area.

CURRICULUM CONTENT: LEARNING PARENTING AND RELATIONSHIP SKILLS

1. Promote nurturing and caring relationships between parents and children.

Most of the case study programmes focus on supporting parents to develop positive relationships with their children and helping parents to understand the importance of emotional closeness to their children from the day they are born (and before). Also, assisting parents to understand the damaging and long-term effects of family violence (both IPV and violent discipline) and the associated trauma and toxic stress on children's development can be a powerful motivation for them to learn how to prevent it. For example, the *REAL Fathers* programme in Uganda and *Bandebereho* in Rwanda helped to strengthen interactions between male caregivers and children as well as reduce IPV. Encouraging engaged fatherhood was the entry point for discussions about violence.

2. Build skills to manage a child's behaviour through positive reinforcement and non-violent discipline.

Most of the case study programmes support parents and caregivers to learn how to manage a child's behaviour through positive reinforcement and non-violent discipline. For example, during the *MaPa* and *Triple P* programmes, parents/caregivers developed knowledge and skills to foster nurturing and safe relationships with their children and to use non-violent discipline methods. These programmes help parents to replace spanking with more constructive discipline methods such as offering positive non-verbal attention through body language, ignoring capricious requests for attention, and redirecting children's attention when they are about to misbehave.

3. Develop parents' and caregivers' emotional self-regulation skills.

Some case study programmes sought to build parents' awareness of their own emotions, which was critical for them to help their children manage their emotions and behaviour. For example, *Program P* and *Triple P* helped parents to identify, recognise and manage difficult emotions such as anger, anxiety and frustration. They

supported parents to master simple techniques such as mindful breathing, stepping aside and taking a walk, which can de-escalate family tension, enhance parents' patience and understanding of children's behaviour and needs, and respond in a more empathic and non-reactive way. Parental self-regulation helps to diffuse tension, manage frustrations and conflicts around parenting and as a couple.

4. Promote gender-equitable relationships in the family

Program P and *REAL Fathers* encourage shared decision-making, collaborative problem-solving and communication skills between male and female caregivers which can contribute to more gender-equitable relationships. Supporting couples to reflect and shift their attitudes and behaviours can lay the groundwork for more comprehensive community-based efforts to shift norms around gender roles, parenting and child discipline. *Program P* facilitates group discussions and guides parents to question restrictive gender norms that negatively affect their health, their relationships and their children's opportunities in life.

5. Engage fathers or male caregivers in caregiving and household chores.

Programmes that explicitly seek to work with fathers can help deconstruct restrictive gender norms that assign responsibility for children's health, development and safety to mothers and women. *Program P* and *REAL Fathers* developed specific strategies to reach men in places and at times that fit with their schedules. They sought to identify men's concerns around parenting to motivate them to come and learn how to address them. Both programmes include separate sessions of male-only group discussions to create a safe space for men to exchange their concerns related to parenting and couple relationships. They also emphasise the development of non-violent discipline, communication and conflict resolution skills, and sharing of caregiving and household chores.





APPROACH, DELIVERY METHODS AND FORMAT

1. Modelling behaviour and interactive exercises

Most of the case study programmes are informed by social learning theory. The sessions include participants' sharing their experiences and concerns, hands-on activities and interactive exercises (open-ended story, role-playing, drawings) and a take-home activity to encourage reflection and practice at home. These approaches can lead to changes across a range of behaviours that are key to building caring couple and parenting relationships. While *Triple P* focused on parenting skills, gender-transformative programmes such as *REAL Fathers* and *Program P* facilitated discussions where men and women: 1) question and critically reflect on gender norms and how these shape their lives; 2) rehearse equitable and non-violent attitudes and behaviours in a comfortable space with supportive peers; 3) internalise these new gender attitudes and behaviours, and apply them in their own lives and relationships.

2. Group-based sessions

The five case study programmes were delivered either entirely or mostly to a group of participants. Group-learning formats can have therapeutic power for participants since they not only allow interpersonal/observational learning but also instil hope and generate social support, which contribute to the adoption of healthier behaviour (55). Group learning can help to reduce anxiety around parenting as participants realise that others face similar challenges, work together through common problems and find shared solutions to parenting issues. Groups that promote network formation among their participants can thus contribute to parental well-being.

3. Individual sessions

Three of the case study programmes included individual sessions for adult participants with a trained mentor. The number of individual sessions varied: *REAL Fathers* included six-monthly one-on-one meetings between a mentor and father, as well as two meetings also with his intimate female partner. *Program P* in Bolivia modified its original group approach for some families which had difficulties attending all 10 group sessions given heavy work schedules. Facilitators adapted and visited them in their homes or workplaces, holding the sessions wherever they were to ensure continuity.

Individual sessions can respond more flexibly to participants' needs, in both content and pace of delivery and many prefer the personalisation and choice of setting (56). In different cultural settings, certain issues are easier to discuss in individual or couple sessions, while other issues benefit from a group discussion, participatory exercises and modelling of behaviour.

4. The length of exposure

Programme intensity was similar across the case studies, which all had medium or longer-term durations, with a minimum of 10 sessions and a maximum of 15. For example, *Program P* in Bolivia included 10 sessions for men and nine for their female partners. In *REAL Fathers*, male participants were engaged in six individual sessions and six group sessions (a total of 12 sessions). The *Bandebereho* intervention included 15 sessions for men and eight for women. Addressing social norms and changing behaviour takes time and is not feasible in a few sessions - evidence suggests striking a balance between the number of programme outcomes and the time dedicated to achieving the results (57,58).

5. A universal approach to reach programme participants

Most of the case study programmes used a universal approach within the communities covered by the intervention, inviting parents that met certain basic characteristics rather than targeting families where violence was already known to be present (except *For Baby's Sake*). For example, *MaPa* targeted primary caregivers of children 0-6 years that were receiving a cash transfer; *Program P* invited expectant or current parents of children 0-5 in Rwanda, and 0-3 in Bolivia; and *REAL Fathers* engaged first-time fathers aged 16-25 who have children aged 1-3 years old.

Evidence from *Triple P* in the Global North (directed to parents of children aged 0-16) shows that while a universal approach is most commonly used to facilitate uptake, the programme achieves stronger impacts when applied in a targeted manner. In South America, however, practitioners highlighted the importance of a universal approach to appeal to parents that are reluctant to attend parenting sessions if they feel they are being targeted due to their poverty or because they are considered at risk by child protection agencies.

6. Tailored approaches by gender of parents/caregivers

The case study programmes vary in terms of the gender of participants: either men and women or families together (e.g. *For Baby's Sake*, *Triple P*, *Program P*, *REAL Fathers* on some sessions); others provide (mostly) gender-separate interventions (e.g. *REAL Fathers* and *Program P Bolivia*). This difference can be related to various factors: assessing risks the programme may pose for increasing conflict among partners; and whether discussions and exercises are considered to be most effective in mixed or single sex groups according to the cultural contexts and how comfortable participants feel in these two settings. Most interventions were aimed at families of toddler and preschool aged children (under 5/6 years of age)—based on the evidence of the critical window of opportunity that exists during early childhood to promote nurturing, safe and stimulating parenting practices and foster non-violent strategies (15, 73, 74).





GAPS IN THE EVIDENCE ON PREVENTING IPV AND VAC THROUGH PARENTING PROGRAMMES

- **Few parenting programmes intentionally address or measure IPV.** Despite suggestions that parenting programmes may improve relationships between intimate partners (12,59), there is limited evidence of joint prevention of IPV and VAC in design, delivery and measurement. While some parenting programmes have measured impacts on VAC and IPV, the joint prevention of violence against both women and children is often incidental rather than deliberate (60). Programmes do not generally include specific content to address the drivers of IPV; instead, they unexpectedly discover that couple relationships have improved, that there is less conflict and more joint decision-making among the spouses, or that the programme has affected other risk factors such as decreased alcohol consumption or enhanced caregiver well-being.
- **IPV and VAC are measured inconsistently within and across contexts.** Reviews of interventions and evaluations of parenting programmes and IPV/VAC intersections have noted inconsistent methods used to measure outcomes on IPV and VAC, such as the use of different definitions and questions. Moreover, programmes that do include standard indicators to measure IPV or VAC generally rely on self-reported behaviour, increasing the likelihood of social desirability bias. For example, in most of the case studies in this review, women are not asked about their experiences to compare with male reports of IPV perpetration (12-14,37,61).
- **There is limited information about the pathways of change and which components of parenting interventions have been most effective.** Most evaluations describe results achieved but provide an insufficient description of the curriculum content, the profile of facilitators, the strategies used to recruit and sustain adherence to the programme and the necessary 'know-how' for replication. Moreover, there is insufficient evidence on the specifics of interventions, and which curriculum content or modes of delivery for parenting interventions are most effective in preventing VAC and IPV. Information that would inform the design and delivery of interventions—such as on dosage, fidelity and cost-effectiveness—was often absent from published literature on parenting programmes (12,62).
- **Parenting programmes that focus on preventing VAC often focus only on young children.** Much of the evidence for parent and caregiver support has been derived from evaluations of programmes for parents of young children, i.e. pre-and-primary-school aged (1,3). There is much less programming and research on parent and caregiver support in later childhood and adolescence, even though these life stages are often acknowledged as challenging for children and parents (63).
- **There isn't enough evidence about effective strategies to engage fathers and male caregivers.** More analysis is needed to explore how successful approaches, outreach and delivery platforms can be rolled out in different contexts to address the challenges faced by interventions seeking to involve men. *Program P* invited expectant or current parents of children 0-5 in Rwanda, and 0-3 in Bolivia; and *REAL Fathers* engaged first-time fathers aged 16-25 who have children aged 1-3 years old.
- **Strategies to encourage non-violent behaviours for all families may be different from those aiming to reduce or stop IPV in families where it already exists.** Guidance and evidence on how parenting programmes can identify and respond to participant families experiencing family violence are lacking. There is scant information available about whether and how programmes go about determining if a participant or enrolling parent is or has experienced IPV and how they address IPV when it is identified.





CONCLUSION

Integrated approaches to addressing VAC and IPV through parenting programmes represent a significant opportunity to address family violence holistically. This review shows that—despite the extremely scarce evidence base on parenting programmes that intentionally address or measure IPV and VAC—it is possible to integrate strategies that address both types of family violence. In our case studies of promising programmes, we identified a series of shared characteristics and approaches to prevent IPV and/or VAC in different settings. However, more information is needed on the effectiveness of specific programme components (e.g. curriculum content, delivery format, dosage, complementary activities with the broader community), as well as on how to measure changes and which platforms are more useful for delivering programmes (e.g. home-based versus health facility-based). Moving forward, based on these common elements of promising interventions, it will be useful to develop and test innovative models that integrate IPV and VAC prevention into a parenting programme. This will help to build the evidence base on how to design, implement, and measure the change in preventing family violence.

EMERGING GUIDANCE AND RECOMMENDATIONS

Parenting programmes should consider including these intervention components, curriculum content, and delivery strategies to prevent family violence in an integrated manner:

Promote critical reflection on gender inequality, power imbalances in relationships and family wellbeing. Identify the underlying social norms related to masculinities and gender that perpetuate inequitable relationships and violent behaviours and allow men and women to reflect on these norms in sex-segregated spaces before addressing them together (64). Work with parenting practitioners to examine their own beliefs about gender roles and norms to raise their awareness and address their prejudices before working to address those of parents. Encourage discussions among parents and adoption of shared decision-making, collaborative problem-solving and caregiver communication skills that can contribute to more equitable and non-violent family relationships.

Facilitate discussions on the effects of gender socialisation⁴ on child development and life opportunities. Use this understanding to guide reflections with parents on the distinct treatment of girls and boys and how they are raised to conform to gender-related norms and stereotypes.

Propose and encourage parents to use some concrete strategies such as:

- Enable both girls and boys to experience a varied range of learning opportunities for physical development, education, and emotional well-being. Let them explore different roles: lead initiatives, explore both the inside and outside world around them, express opinions and emotions, solve age appropriate problems and take age appropriate risks.
- Foster the development of a broad spectrum of skills without associating them with their gender: teach girls and boys to gradually assume responsibilities related to caregiving and housekeeping; to develop listening skills and empathy, physical ability, logical and spatial thinking, leadership and decision-making.
- Use gender-neutral educational materials, toys, songs and games that encourage all kinds of play. Don't discriminate spaces, themes, activities and roles

according to gender. This includes images, books and other media depicting girls and boys, men and women performing all kinds of tasks and non-stereotypical qualities.

- Role model positive examples at home by sharing caregiving and household responsibilities including managing family resources and finances, treating each other with respect, and valuing each other's work, be it paid or unpaid, independently of who performs it.
- Avoid and speak-up to reject any sexist jokes and comments that teach children that their value is determined by their physical appearance, fragility and submissiveness (girls) or by their courage, physical strength and emotional control (boys).

Build parent and caregivers' skills to manage a child's behaviour through positive reinforcement and non-violent discipline techniques. This also requires sharing information about how children behave depending on their developmental stage, which can help parents to set realistic expectations and deter them from responding to misbehaviour with violent discipline methods. These strategies are effective to prevent VAC and can help to improve the overall family environment for women.

Building skills to foster positive communication between parents and their children, and between intimate partners. Qualitative findings related to IPV indicate that improved communication skills in parenting programmes can also improve partner communication. As such, a focus on healthy and positive relationships may be a key ingredient in addressing IPV and VAC jointly in the home.

Consider opportunities to address other shared risk factors for IPV and VAC, such as alcohol and substance use. Integrate into curriculum/sessions for parents to reflect on how alcohol or substance abuse can prevent them from achieving their aspirations for their family,





and affect their relationships and health. Teach participants the skills to recognise their emotions and stress, and to manage pressures that can lead to alcohol abuse.

Design interventions that support parents and caregivers to learn from others by observation and practicing new skills in safe spaces. Integrate explicit content and opportunities to reflect and challenge norms underlying violence and share strategies to address common risk factors of family violence by developing skills such as self-regulation, positive reinforcement of child behaviour and sensitive communication through social learning approaches.

Consider combining a group format with personalised sessions. While a group format favours learning with and from others through group sharing, reflection and exercises, individualised sessions allow individual participants or family members to open up and share more intimate concerns with their mentor. For example, *Safe at Home* and the *Graduation Approach* included family discussions, and *REAL Fathers* included one-on-one mentoring sessions and couple's sessions, in addition to structured activities in a larger group setting. Home or work site visits can use short, appealing videos or other audio-visual material to engage participants in discussion, and home visitors can play an important role in challenging norms underpinning both IPV and VAC, such as gender socialisation (65).

Balance programme depth (intensity) with breadth (range of topics and skills). Reinforcing opportunities to unpack beliefs and practice skills across sessions may yield more lasting outcomes than including a 'checklist' of topics to cover. Structuring a curriculum with an eye towards skills needed to support healthy and supportive relationships with both children and intimate partners may facilitate the internalisation of programme messaging.

Develop specific strategies to reach fathers in places and at times that work with their schedules. Programmes should identify and address men's concerns around parenting in order to motivate them to attend, and hold sex-segregated group discussions to create a safe space for mutual sharing and learning on parenting and couple relationships.

Develop a response protocol and strengthen facilitator skills to support families already affected by IPV. Train them how to recognise violence, how to reach out and respond compassionately and in a non-judgemental way, and establish relationships with local support services.

Identify and address barriers for participation and adherence of parents and caregivers. Test and explore flexible, modular approaches to programme delivery to facilitate participation. Consider combining participatory group sessions with home visits that use short, appealing videos or other audio-visual material. Alternatively, offer a low-intensity intervention, such as parenting seminars, in as many contexts as possible (e.g., workplace/after school/playgrounds/during football practice). Parents interested in learning more can be engaged in longer term programmes and parenting sessions.

AREAS FOR FUTURE RESEARCH AND PROGRAMMING

Create space within parenting programmes to innovate, develop, implement, and test a specific intervention for families experiencing IPV. New approaches can be designed and piloted, informed by the emerging guidance and promising approaches identified in this review including:

- Integrating components that challenge traditional gender socialisation, and encourage parents and caregivers to reflect on programmes' effectiveness on children and the quality of relationships;
- Engaging fathers in caregiving and household work, and promoting equitable relationships;
- Building communication, anger management, and self-regulation skills of parents;
- Supporting women experiencing IPV by providing a compassionate response, information about options and referral to psychosocial, health, economic opportunities, and legal advice services.

Find complementary ways to measure relationship quality and IPV and VAC outcomes beyond self-reports by men for IPV or caregivers for VAC.

Observing family relationships in a controlled but realistic context or using biomarker data could help to corroborate self-reported behaviour change. In programmes that involve older children, child-sensitive and age-appropriate participant feedback measures could be implemented to verify adult reports of positive parenting and reduced physical punishment.

Design and test different intervention modalities, formats, and delivery platforms to respond to different population groups' needs and contexts. In some urban settings interventions offering more flexible, modular approaches with a combination of group-based and personalised one-to-one mentoring, supported with appealing media and interactive materials can be effective for delivering parenting programmes that address VAC and IPV. There is a need to understand which platforms for delivery (home base, school or health centre, work site) and modalities work best for different groups.





Increase knowledge sharing and peer exchange in a way that is accessible to practitioners. Many organisations implementing parenting programmes are not aware of each other and could mutually benefit from exchanging expertise and knowledge.

Use mixed methods research and collection of practice-based knowledge to determine which approaches and programme components are critical to prevent family violence and can be integrated into broader interventions. This can inform contextually appropriate adaptation, replication and/or scale up, as

well as investments in innovations. The role of qualitative research in highlighting unanticipated outcomes of parenting programmes on IPV serves as an example of how mixed-methods research can expand our understanding of pathways for generating change through parenting interventions.

This review did not include programmes targeting parents/caregivers of older children (adolescents) and a scoping review is needed to learn from existing research and practice-based knowledge on this group.

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ENDNOTES

¹ Additional ethical precautions should be followed when conducting research with children; even so, asking caregivers to report on their own use of violence without also asking children who are able to report on their own experiences may yield similar issues in terms of validation of results as asking men to report on perpetration of IPV without asking women about their own experiences of IPV.

² 1) Program P Bandebereho (Rwanda) and Program P Bolivia, 2) Triple P, 3) REAL Fathers, 4) For Baby's Sake, 5) Masayang Pamilya (MaPa).

³ The Masang Pamilya in the Philippines, for example, is being scaled up across the country through government-supported social protection programming. This initiative is showing promising results in VAC reduction. However, there is little reference to IPV despite the high prevalence in the country. The outcome evaluation does not include any measures for IPV prevention or reduction as well. This is a missed opportunity for women and children.

⁴ A process by which individuals learn what society expects from them (how to behave and feel) according to their gender. This process is consolidated since the early years through the internalisation of gender norms and roles that are transmitted daily to children through their interactions with key actors of socialisation, such as their family, social networks, institutions (school, educational and recreational settings, health services), and the media.

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