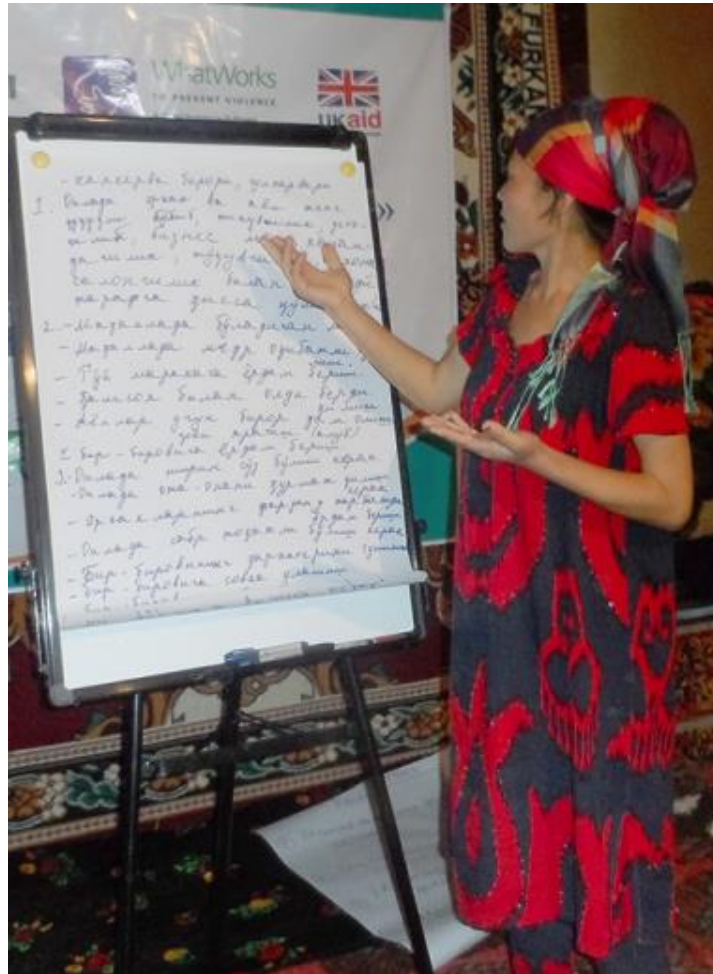


GUIDANCE FOR DFID COUNTRY OFFICES IN PREVENTING AND ADDRESSING VIOLENCE AGAINST WOMEN AND CHILDREN

A BRIEF HOW TO GUIDE



What is VAWG and VAEC?



Violence against women and girls (VAWG): The UK Government's Call to End Violence Against Women and Girls defines VAWG according to the UN Declaration on the Elimination of Violence against Women (1993) as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life'.

Violence, abuse and exploitation of children (VAEC): Covers the full range of harm to children including exploitative situations through which children experience violence (e.g. child labour, trafficking and modern slavery), witnessing violence in childhood (e.g. in emergencies or domestic violence) as well as direct individual experiences of violence against children such as at home or school (which are the most widespread). Children are vulnerable to violence, abuse and exploitation due to many factors including their age, gender, and development stage as well as factors that cause their marginalisation and the interactions and power dynamics that occur at multiple levels of society. 'Protecting children' includes both prevention and response to VAEC, acknowledging the need for multiple sectors and actors in the response.

Violence against children (VAC): Covers all forms of violence against children whether physical, sexual or emotional. This term is used in much of the literature.

Violence against women (VAW): Refers to all forms of violence against women. A term commonly used in the literature and by stakeholders other than DFID.

What are the intersections between VAC and VAW?

Shared stakeholders

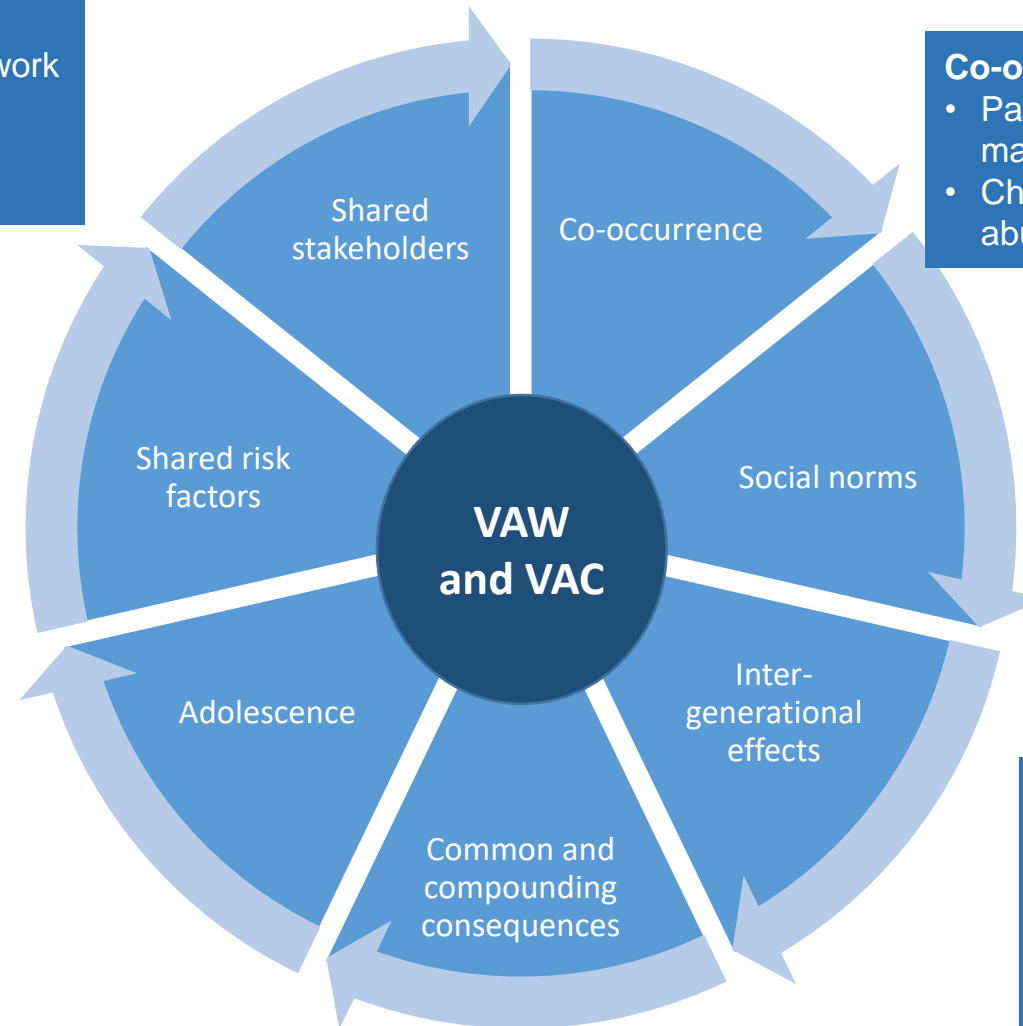
- Service providers often have mandates to work on both VAW and VAC
- Programmes often work directly with both women and their children

Shared risk factors

- Gender inequality and discrimination
- Lack of responsive features
- Weak legal sanctions against violence
- Male dominance in the household
- Marital conflict
- Harmful use of drugs and alcohol

Adolescence

- VAC and VAW intersect at adolescence
- Elevated vulnerability to some violence
- Perpetration and victimisation often begin in adolescence
- Early marriage and childbearing – risk factors for VAC/VAW
- Adolescents sometimes overlooked by both fields
- Prevention opportunities exist



Co-occurrence

- Partner violence and child abuse / maltreatment often occur in the same family
- Children in households where mother is abused more likely to experience violence

Social norms that:

- Condone violent discipline (wife beating and corporal punishment)
- Promote masculinities based on violence and control
- Prioritise family reputation and blame victims
- Support gender inequality

Inter-generational effects

- Consequence of VAC last into adulthood
- Partner violence affects low birth weight, under-5 mortality, child mental health and social development
- VAC increases risk of perpetrating or experiencing violence later in life

Common and compounding consequences

- Similar health consequences
- Violence (polyvictimisation) may have cumulative, compounding consequences

Evidence from DFID research and programming on intersections between VAW and VAC

Co-occurrence of violence against women and children in the same household:

The baseline for the Women for Women International project in Afghanistan funded under What Works fund, found that women who reported physical intimate partner violence in the last 12 months were more likely to report beating their child, than women who had not.

Social norms: Research in Pakistan with children in grade 6 funded by the What Works programme found that patriarchal gender norms are associated with children's experience of and witnessing violence in the home.

Common and compounding effects: Research from Young Lives in India and Vietnam found that children from ethnic minority or other marginalised households were likely to experience violence both related to their age and gender and due to their belonging to a marginalised group.

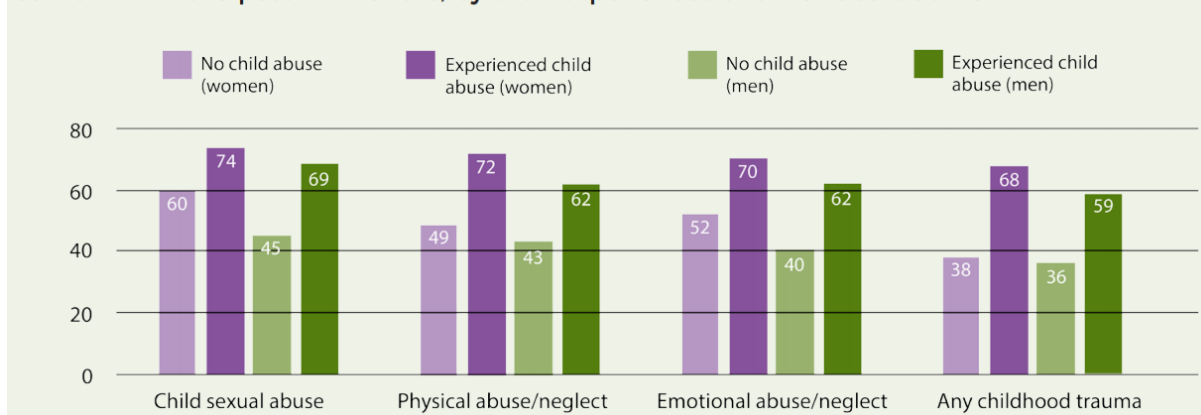
Shared risk factors: Qualitative research conducted by Raising Voices in Uganda found that patriarchal norms in the family were a common risk factor for VAW and VAC as they rigidly define hierarchy in the family (based on sex and age). With the more powerful individual (the male head of household) being able to legitimately enforce expected gender and childhood roles and correct behaviours considered inappropriate through the use of violence against women and children.

Adolescence: Girls are at higher risk of experiencing some forms of violence due to the vulnerability of both gender and age and the risk is exacerbated in humanitarian and emergency contexts. Research from DFID's COMPASS programme in DRC and Ethiopia found that the main perpetrators of violence against adolescent girls are intimate partners and families. Intimate partners are also recognised as the main perpetrators of VAW while family members tend to perpetrate violence against younger children.

Inter-generational effects: Young Lives research in Peru suggest that that cycles of violence may be transmitted intergenerationally in the context of wider societal acceptance and normalisation of violence, with parents who experienced violence in childhood using violence to control their own children.

Shared stakeholders: Qualitative research with key stakeholders on VAW and VAC commissioned through a Tanzania VAWG Helpdesk country assignment, found that stakeholders widely agreed that there was more they could do to both prevent and respond to both VAW and VAC. This has also been acknowledged by Tanzanian authorities who recently developed a single National Action Plan covering both VAW and VAC.

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



Using the ecological framework to work at multiple levels on VAW and VAEC

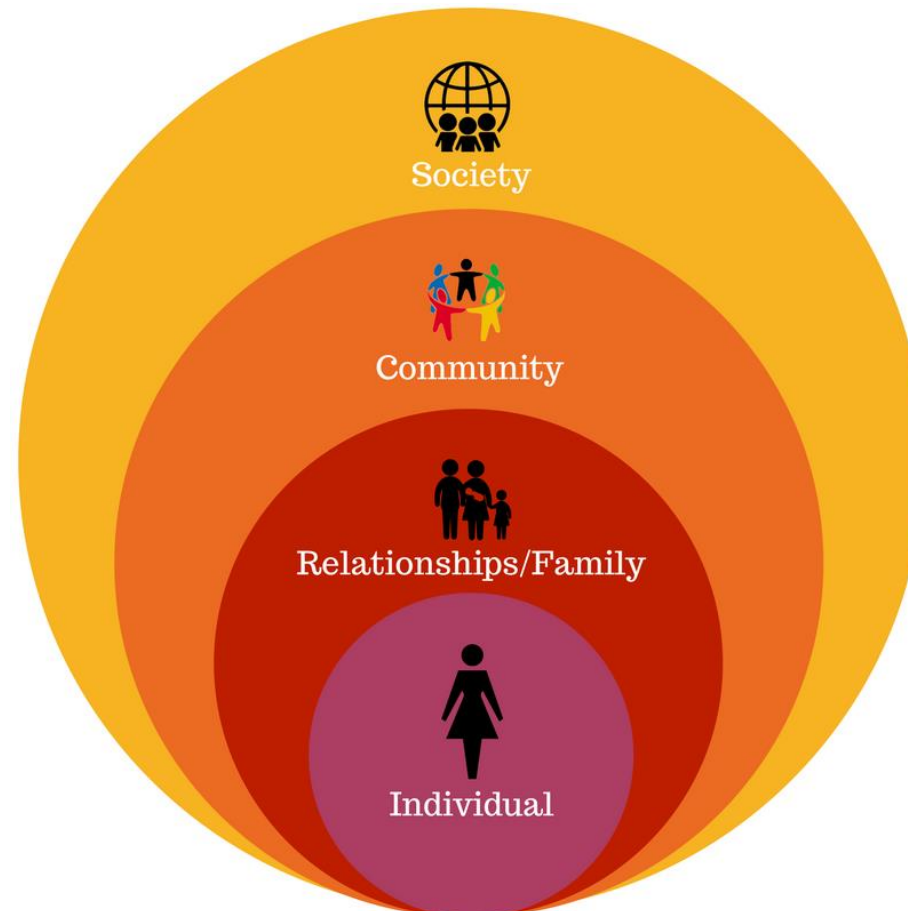
Women and children experience different types of violence, occurring in different settings such as the home, community, school, workplace, and online. Children who are victims of violence at school are more likely to experience violence at home, and in their communities – this is known as poly-victimisation. No single factor can explain why some people or groups are at higher risk of violence. The ecological framework helps us understand the interactions among many factors at four levels: the individual, the relationship, the community, and the societal. Programmes should work at multiple levels, recognising and addressing underlying vulnerabilities within the target population. Additional targeted activities may be needed to reach particularly vulnerable individuals and groups.

Societal

Society plays a role in encouraging or prohibiting violence, including through economic and social policies that maintain socioeconomic inequalities between people, the availability of weapons, and social and cultural norms such as those around male dominance over women, parental dominance over children and cultural norms that endorse violence as an acceptable method to resolve conflicts.

Relationship/family

Different relationships including family, friends, intimate partners and peers may influence the risk of becoming a victim or perpetrator of violence. For example, having violent friends may influence whether a young person engages in or becomes a victim of violence.



Community

Contexts in which social relationships occur, including schools, neighbourhoods and workplaces, also influence violence. Risk factors for violence include unemployment, population density, mobility and the existence of a local drug or gun trade.

Individual

Personal history and biological factors influence how individuals behave and increase/decrease their likelihood of experiencing or perpetrating violence. Risk factors include being a victim of child maltreatment, psychological or personality disorders, alcohol and/or substance abuse and a history of behaving aggressively or having experienced abuse.

Opportunities for intervening on VAW and VAEC: Questions to get you started



Evidence of VAW and VAEC: What **data and evidence** is available on VAW and VAEC (quantitative and qualitative) in your context? What **forms of violence and harmful practices are prevalent** in your context targeted at women and children (boys and girls)? What are the **risk factors** for experiencing VAW and VAEC? Where does both VAW and VAEC **take place** in your context? Think about for example in the family, in schools, community etc. Who are the individuals and institutions that **perpetrate** both VAEC and VAW? Note that even in contexts where there is no or little *evidence* of VAW and VAEC such as in **humanitarian contexts** it should always be assumed that these forms of violence takes place. What evidence (if any) exists in your context or region of **what has worked** to address VAW or VAEC?



Political will and existing structures: What are the current political opportunities to prevent and address VAW and VAEC? What formal **laws, policies and structures** are in place to prevent and respond to VAW and VAEC? What informal structures are in place?



Stakeholder mapping and capacity: Who are the **key stakeholders** for preventing and addressing VAW and VAEC (formal and informal)? What is the **capacity of key formal and informal stakeholders** at both **national and local level** to address VAW and VAEC? Carefully consider different formal actors such as the Ministry of Social Welfare, Ministry of Gender and Children, the Police, Ministry of Justice and Health actors, but also other stakeholders such as women's groups, local organisations, traditional and religious leaders etc.



Service provision on VAW/VAEC: What stakeholders and **service providers** work on VAW or VAEC - and to what extent have they made the connection between VAW and VAEC? What is the **quality** of their work to support survivors of VAW and/ or VAEC? What service providers **should work on both forms of violence**, but currently do not? How well do formal service providers **safeguard** women and children that use or may need their services? Remember that prevention should always be accompanied by response in order to avoid putting women and children at further risk.









Social norms: What **social norms** underpin both VAW and VAEC in a particular setting and what factors influence and undermine them? Who **perpetrates** VAWC and VAEC and what do they try to achieve by perpetrating violence and dominance?



Coordination: What are other **donors and organisations** currently doing on VAW and VAEC and what are their geographical priorities?

What are the key entry points to prevent and respond to VAEC and VAW?

Entry points	Illustrative examples for different sectors	Programming examples
 <p>Implement and enforce laws criminalising abuse and exploitation of both women and children</p>	<p>Livelihoods: Pushing for laws that criminalise abuse and exploitation of women and children in the workplace, including trafficking and modern slavery.</p> <p>Security and Justice: Training and capacity building to improve the knowledge and skills of S&J actors to respond in an effective and appropriate way to VAEC and VAW.</p> <p>Coordination: Support improved coordination across VAW and VAEC actors.</p>	<p>NSRP and V4C, Nigeria; Child Protection Fund II, Zimbabwe</p>
 <p>Promote gender norms that do not accept VAW or VAEC</p>	<p>Education: Curriculum approaches that help young people to develop life skills to engage in healthy relationships and violence prevention, including questioning gender norms that do not accept VAW or VAEC.</p> <p>Livelihoods: Social norm change to promote gender equality and address harmful norms around the abuse and exploitation of women and children in the workplace.</p> <p>Humanitarian/conflict affected: Engaging with faith groups to promote gender positive norms and reject VAW and VAEC.</p>	<p>Programs H, M and D, Brazil (and adapted internationally); Raising Voices in Uganda; What Works HER Respect in Bangladesh; V4C, Nigeria</p>
 <p>Improve access to safe and responsive prevention and support services that are age and gender appropriate</p>	<p>Health: Integrating VAW and VAEC response into broader health services results in better services that are more responsive to women's and children's needs.</p> <p>Education: Whole-school approach to reinforce key messages across students, staff, parents and the wider community, focusing on curriculum, culture and practices.</p> <p>Social services: Support expansion and professionalisation of social services and budget allocation to social welfare.</p> <p>Infrastructure/construction: Ensuring social safeguards are in place to mitigate and address risks of violence, abuse and exploitation of women and children, including sexual harassment policies, reporting frameworks and robust grievance mechanisms.</p>	<p>Raising Voices' Good School Project in Uganda; Preventing Violence through Sports, Pakistan (see slide 11); SPARK, Kenya</p>

Entry points	Illustrative examples for different sectors	Programming examples
 <p>Integrate material on gender socialisation and equal treatment of girls and boys into home and community-based parenting programmes</p>	<p>Health/nutrition: Support maternal and child health and nutrition services to develop positive parenting programmes that reduce harsh parenting practices, and include content on gender roles, power and intimate partner violence.</p> <p>Humanitarian/conflict: Group-based parenting programmes, combined with a limited number of home visits, with displaced populations.</p>	<p>See case study on the REAL Fathers Initiative, Northern Uganda (Slide 9)</p> <p>Happy Families Program (a parenting and family skills intervention with Burmese migrant families on the Thai–Burmese border)</p>
 <p>Promote the integration of a gender perspective into microfinance programmes</p>	<p>Livelihoods/microfinance: Group based microfinance interventions that support adolescent girls and women to become financially literate coupled with wider empowerment programming.</p> <p>Social/livelihoods: Linking vulnerable families with both social protection and child protection services.</p>	<p>Camfed and Kiva partnership, Zimbabwe and Tanzania; Women for Women International, Afghanistan</p>
 <p>Strengthen intimate partner violence prevention programmes and ensure that they also consider children both directly and indirectly exposed to violence</p>	<p>Social: Alcohol reduction programmes coupled with support to question gender norms that do not accept VAW or VAEC.</p> <p>Humanitarian/conflict: Community mentoring programmes targeting both positive parenting and IPV for men.</p> <p>Education: Strengthen the rights awareness and confidence of adolescent girls to reject child marriage and IPV.</p>	<p>See case study of Strengthening prevention of GBV in Rwanda (Slide 10); VATU project in Zambia; REAL Fathers, Northern Uganda</p>

Case study 1: Integrating gender socialisation and equal treatment of girls and boys into home and community-based parenting programmes in Northern Uganda

The USAID-funded Responsible Engaged and Loving (REAL) Fathers Initiative aimed to build positive partnerships and parenting practices among **young fathers between the ages of 16 and 25** in Northern Uganda to reduce their use of violence towards both their intimate partners and their children. The theory behind the programme was that working with young fathers who are still learning new roles as parents and partners is an ideal time to promote nonviolence in parenting and partner relationships as their expectations and behaviours are not yet firmly established.

The project worked on two levels, the individual and the community level. The interventions centred around 12 **mentoring sessions** provided by community mentors. After receiving training, the mentors delivered a combination of individual, couples and group mentoring sessions over a **six month** period to the fathers. These sessions aimed to support young fathers to reflect on gender inequities, improve their communication with their partners, develop confidence in using nonviolent discipline strategies, and ultimately to prevent their use of physical punishment and intimate partner violence. Posters supporting these behaviours were also displayed in the communities.

A **pre and post survey** of 500 young fathers aged 16 to 25 who had toddler-aged children (1–3 years) and were married or cohabitating with their wife or partner found that:

- Fathers who took part in the mentoring sessions were more likely than non-exposed men to spend time playing with their children and were less likely to use physical punishment towards their children. They were also almost **twice as likely to use positive parenting compared to unexposed men.**
- Father who took part were more likely to have better communication with their partners and **less likely to use of violence towards their intimate partner** (physical violence declined over time among the entire sample from 38% at baseline to 12% at long-term follow-up)
- Significant changes were observed even for fathers that attended only a few of the 12 sessions.



Case study 2: Promoting gender norms that do not accept VAW or VAC in Rwanda

DFID is currently funding a £4.6m violence prevention programme in Rwanda (2014-2018) which aims to **tackle the social norms that lie behind violence against women and children**. It consists of the following elements:

- £3.99 million to CARE International to further develop and roll out its '**Indashyikirwa**' **community-level programming** to seven districts, working with two partner Rwandan civil society organisations (CSOs).
- £400,000 to UNICEF to support the development and roll out of a **new community-level child protection system** in Rwanda, focused on curriculum development and training of child protection community workers and volunteers known as Friends of the Family or *Inshuti z'Umuryango*.

A separate **impact evaluation and operational research** component is being implemented alongside the programme, funded by DFID's 'What Works to Prevent Violence Against Women and Girls (VAWG)' facility.



The programme consists of a package of interventions designed to work at individual, family and community level, including:

- **Dialogue and awareness raising** on gender and GBV with the members of Village Savings and Loans Association (VSLA) through GBV 'peer educators' elected within VSLA groups;
- **Implementation of a gender transformative curriculum** called "Journeys of Transformation+" with couples, and further outreach to other couples and families through establishing '**Gender Clubs**' at sector level; and
- **Training of community activists using the SASA! Approach** developed in Uganda, which aims to bring about wider change at a community level.

Evaluation results are expected in early 2019.

Case study 3: Improving access to safe and responsive prevention and support services that are age and gender appropriate in Pakistan

Under the What Works programme DFID is currently funding the Preventing Violence Against Women and Girls through Sport and Play programme implemented by the NGO Right to Play in Hyderabad District in Sindh Province in Pakistan. The project works to shift social norms that perpetuate and condone violence, using the school as an entry point.

The project is aiming to:

- Create a **safe learning environment** in schools with curricula and teaching practices that challenge the acceptability of VAWG and promote gender-equitable norms;
- Support girls and women **to acquire key life skills** such as leadership, confidence, critical thinking, self-efficiency, self-expression and resiliency to help protect them from violence;
- Support boys and men to practice **positive forms of masculinity** in their schools, homes and communities;
- Increased capacity and action by **community based organisations**, local/national authorities and government to reduce gender based violence.

To support broad change, the project is working at **all levels of the ecological model**, (i.e. individual, relationship, community and societal levels), in order to engage children consistently and comprehensively around norms change for gender equality. The project is **currently being evaluated** and compared to a control group that will receive treatment as usual. Results are expected in the second quarter of 2018.



Key principles and approaches to consider when looking at both VAW and VAEC



- **Gender transformative** approaches are critical to address VAW and VAEC as they focus not only on the specific violent behaviour but also the underlying gender inequalities and power relations that encourage the subordination of women and children to men, and that drive VAW and VAEC.



- **Rights based** approaches where beneficiaries are treated as 'rights-holders', and duty bearers are held to account, create a legitimate channel for their voices to be heard, and enable people to play an active role in the response to tackling VAW and VAEC. Such an approach may require rights awareness raising as a key step in building understanding and addressing power inequalities that constrain marginalised women and girls (and men and boys) from actively challenging discriminatory norms.



- **Inclusive and age-appropriate** approaches recognise the intersection of vulnerability and make sure that programmes are tailored for inclusion of groups most likely to experience violence, including those with disabilities, LGBTQI and other groups.



- **Do No Harm** needs to be an overarching principle of any engagement due to the high risk of backlash and further violence when working on VAWG and VAEC programmes. For example, programmes that challenge norms may in the early stages of change put individuals who report violence or speak out against violence at risk from stigma and discrimination from family and community members; this risk needs to be carefully assessed and mitigated.



- **Work at multiple levels on both prevention and response:** a multi-level approach (as per the ecological model) in prevention and response is the best way to mitigate against harm. Since prevention programming is likely to lead to an escalation of cases of violence and abuse being reported, it is important that women and children who come forward are then supported to access the needed support to both escape abusive situations, seek redress and deal with emotional and physical trauma.



- **Institutional safeguarding** needs to be an overarching principle for all programmes and organisations working with children and young people. Programmes should have adequate safeguards in place (policies and procedures) to make sure staff are vetted, there is a code of conduct and that children and young people can report harassment and abuse. As some adults (LGBTQI, women and disabled individuals) can also be particularly vulnerable to violence and harassment, Protection against Sexual Exploitation and Abuse (PSEA) policies must therefore also be in place.

What are some of the risks when working on VAW and VAEC and how do you mitigate against them?

- **Competing priorities between women's rights and children's rights:** this is especially likely to be problematic when service providers are addressing violence in households where both VAW and VAEC take place.
 - **Mitigation:** Joint interventions must be based on the equal protection, right and voice of children (both boys and girls) and women.
- **Overburdening response services by linking VAW and VAEC:** there is likely to be more demand on services which may impact negatively on service delivery standards. This is especially problematic in poorer contexts where services and resources are already limited.
 - **Mitigation:** Programmes must be developed with a response component that is adequately tailored to the needs of children and adolescents.
- **Mothers who experience IPV being blamed for not protecting children:** where there is 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 solely responsible for the health, safety and wellbeing of their children.
 - **Mitigation:** Ensure programmes also include careful consideration for women survivors and their limited agency within households where domestic abuse take place.
- **Gaps in parenting programmes for adolescents:** addressing 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.
 - **Mitigation:** Ensure families with older children and adolescents are also included in targeting and that appropriate messages and support are available for them.
- **Gaps in targeting:** Targeting of families with co-occurrence must be done carefully with both universal and targeted approaches having both benefits and drawbacks. Despite targeted approaches being cheaper, negative aspects such as being associated with a violence prevention or response programme may lead to stigma and segregation, reduce take up and thus limit impact. The risk 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 targeted programmes.
 - **Mitigation:** Targeting must be done according to locally developed solutions with careful weighting of the risks and benefits of each approach.



Monitoring and evaluation: Some considerations for programming on VAWG and VAEC

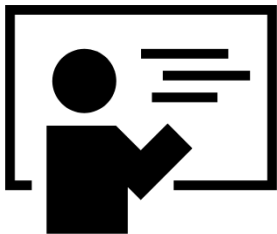
- **Close consideration should be paid to the ethical and safety challenges and risks** when conducting M&E on violence against children and women. It is the responsibility of all actors to ensure safety, confidentiality and informed consent when collecting or sharing data (including monitoring data). Staff should be fully trained to handle ethical considerations and to refer women and children requesting assistance to available local services and sources of support. Research should be conducted in accordance with the [International Charter for Ethical Research Involving Children](#), WHO's [ethical and safety recommendations for research on domestic violence against women](#) (2016) and [sexual violence in emergencies](#) (2007). Organisational safeguarding policies and procedures must also be implemented when conducting research.
- **Formative research can help to understand contextual factors and design programming that builds on existing entry points**, e.g. nature, scope and scale of violence; causes and risk factors; knowledge, attitudes and behaviour of key actors (including girls and boys); reporting and referral structures; support services available (both formal and informal); existing civil society organisations, government actors, and donors working on violence against women and children.
- **Data disaggregation**: Ensure data is collected on sex, age, disability and other characteristics that may affect women and children's vulnerability to violence.



- **Nationally representative surveys** are considered the more reliable standard for measuring the magnitude of the problem, identifying vulnerable groups and measuring progress. e.g. Violence Against Children Surveys (VACS), the Global School-based Student Health Survey (GSHS), Demographic and Health Surveys (DHS), or Multiple Indicator Surveys (MICS).
- **Be aware of non-linear change processes**: Measuring both quantitative and qualitative changes is important to track progress and understand complex processes of change, including possible increases in reports of violence.

Examples of VAW and VAEC indicators for DFID sector programmes

All indicators should be disaggregated by age, sex, and type of violence (where appropriate)



Education

- % of students who have received training in life skills and violence prevention
- % of students who report that they feel safe at school
- % of surveyed girls/boys reporting reduced incidence of violence
- # of schools with code of conduct that bans violent behaviour / abuse
- % of students who know about reporting mechanisms and feel confident about using them

Health

- % of health facilities that have documented & adopted a protocol for the clinical management of VAW/VAEC
- % of health facilities with at least one service provider trained to care for and refer VAEC and VAW survivors
- % of sexual violence survivors who have received PEP Kits from an integrated health facility within 72 hours
- Functional multi-sectoral committees at District level on VAC and VAW in place

Security and Justice

- % of victims of violence, abuse or exploitation who have sought help from the police
- % of VAEC/VAW cases reported that are recorded, investigated, referred & prosecuted in line with the law
- Specialist VAW/VAEC personnel in place in province-level / regional level police stations
- # of children with protection concerns that benefit from case management services

Livelihoods/ microfinance

- # of girls and women participating in asset building activities through safe spaces
- Laws and regulation changes that increase safety and security of women and children in the workplace, in markets and in public spaces
- % of women and children reporting violence in the workplace or on the way to/from work

Examples of VAW and VAEC indicators for DFID sector programmes

All indicators should be disaggregated by age, sex, and type of violence (where appropriate)



Conflict/humanitarian

% of children and women participating in safe space activities reporting knowing where to go for services and support if they or someone they know experiences violence

of targeted communities with child-friendly multi-sectoral services for child survivors of VAEC

of child protection staff/agencies who participated in a training on the GBV Guidelines



Infrastructure/ Transport

Safeguards in place to mitigate and address risks of violence, abuse and exploitation of women and children

% of women reporting violence against them in last year in public spaces and/or on transport

% of transport workers aware of how to report trafficking and sexual exploitation



WASH

% of WASH staff aware of basic issues related to gender and prevention of VAW and VAEC

% of schools with access to adequate (private, lockable) sanitation facilities for girls

WASH facilities have adequate lighting, sturdy internal locks, and privacy fencing

Female-to-male ratio of persons who participate in community-based WASH committees or other decision-making structures



Nutrition

% of women who report physical violence during pregnancy by a husband or cohabiting partner

Child outcomes, including anaemia, low height for age (stunting), low weight for height (wasting), low weight for age (underweight), and low body mass index for age

Note: further research is needed in this area to develop suitable indicators