

PREVENTING CHILDHOOD VIOLENCE IN THE HOME: A PREVENTION COLLABORATIVE STRATEGY PAPER

1. WHY DO WE NEED A STRATEGY TO PREVENT CHILDHOOD VIOLENCE IN THE HOME?

The mission of the Prevention Collaborative is to strengthen the ability of key actors to deliver cutting edge violence prevention programming informed by research-based evidence, practice-based learning and feminist principles. A core objective of the Prevention Collaborative is to address violence in families, affecting both women and children. Violence against women (VAW) and violence against children (VAC) are human rights violations and global health epidemics with prolonged impacts on the well-being and safety of both individuals and communities. VAW and VAC are closely interconnected and, as described in *Figure 1*, intersect in several ways.

DEFINITIONS

VAC is defined as the intentional use of power, threatened or actual, against a child, by an individual or group, that either results in, or has a high likelihood of resulting in, actual or potential harm to the child's health, survival or dignity (WHO, 2014). Violence in childhood includes physical, emotional, and sexual violence as well as neglect, and occurs in all settings where children live, learn and play (WHO, 2014). It also includes violence perpetrated by children (such as bullying).

FAMILY VIOLENCE can include both VAC and intimate partner violence (IPV). It is defined as any behaviour by a person towards a family member that is physically, sexually, emotionally or economically abusive, that is threatening or coercive, or that controls or dominates the family member in a way that causes them to fear for their safety and wellbeing or that of another person. It also includes behaviour by a person that causes a child to hear, witness or otherwise be exposed to any of the behaviours listed above (Fulu, McCook & Falb, 2017a; Fulu, Miedema & Roselli, 2017b.).

PARENTS AND CAREGIVERS are defined as those with the responsibility to raise children in a household. In many contexts, parents are not always the primary caregivers for their children (e.g. they reside elsewhere or because children are being raised by grandparents/uncles/aunts, etc). Recognising that children's families are shaped differently across the world, we refer to both "parents and caregivers" throughout this Strategy.



Figure 1. VAW and VAC intersections (Fulu, et al., 2017a).

VAW and VAC frequently *co-occur* in the family and home setting. Moreover, IPV is the most common form of VAW globally, and corporal punishment and neglect by parents and caregivers are the most common forms of VAC (Hillis et al., 2016). VAW and VAC also share *multiple risk factors* (Fulu et al., 2017a; Guedes & Mikton, 2013; Guedes, Bott, Garcia-Moreno, & Colombini, 2016):

- In many countries, a significant proportion of adult victims of sexual violence report first being victimised in childhood or adolescence (UNICEF, 2014).
- Perpetrators of IPV are frequently the victims of childhood sexual or physical violence themselves (Fulu, Jewkes, et al., 2013). Similarly, girls who witness IPV as children are more likely to experience later IPV victimisation as adults (Dunkle et al., 2004; Fulu et al., 2017b). In this way, preventing VAC in this generation can help reduce VAW in the next.





Preventing violence in this generation can help reduce violence in the next.

- Harsh physical punishment by caregivers (both maternal and paternal) can also be driven by past childhood trauma (Fulu, Warner, et al., 2013; Fulu et al., 2017a; 2017b).
- Because of their age and life stage, adolescents are both at risk of violence from family members and from intimate partners. Women who are married as adolescents (< 18 years) are at increased risk of experiencing IPV (Peterman, Black & Palermo, 2015) and their children are at greater risk of stunting, anaemia and lower school attainment (Fall et al., 2016). Yet, their access to services is especially limited. Legislation in many countries, for example, may consider married adolescents as emancipated, thus limiting their access to tailored child-specific legal, health, and psychosocial support. In these circumstances, adolescents may fall through the cracks or be overlooked by both VAC and VAW actors.
- IPV during pregnancy can have significant adverse impacts on both mother and foetus, impacting the

mother's perinatal health and the long-term health and wellbeing of her child (Murray et al., 2018).

- Both share other risk factors as well, including lack of responsive institutions, weak legal systems and limited services for victims.

In addition, VAW and VAC are underpinned by *common social norms* that tolerate violence and allow for male control over women and children. Such norms condone violent discipline (wife-beating and corporal punishment of children); promote masculinities based on violence and control; legitimise the use of violence to resolve conflicts by male household heads; prioritise family reputation over help seeking; blame the victims; and support gender inequality and male authority over women. A feminist perspective is critical to informing VAW and VAC prevention (Namy et al., 2017).

Increasingly, researchers and practitioners are recognising that an approach that brings together VAC and VAW perspectives to programming, informed by feminist thinking, is needed.

2. CHALLENGES TO EFFECTIVE PROGRAMMING TO ADDRESS VAW AND VAC IN THE HOME

The growing body of evidence about the intersections between VAW and VAC, particularly in the home setting, is not yet commensurate with practice. Efforts to address family violence remain ad hoc and fragmented (Bacchus et al., 2017) and are underfunded globally, despite their well-documented costs to individuals and societies (Fang et al., 2013). Limited resources, competing mandates, and a lack of cooperation within and between governments and non-governmental groups result in "siloes" approaches that reduce the impact of programmes and do little to support women and children who require integrated care and support. The VAW and VAC prevention fields have also evolved separately, with different approaches not always complementing each other.

Violence against women and children are *inter-generational* and require *multi-faceted partnerships by different sectors* (health, social protection, legal, protection) *at all stages of the life course* to comprehensively address the rights and needs of women and children. Unfortunately, there is limited information available from Low- and Middle- Income Countries (LMICs) about what such an approach entails. Recent systematic and other reviews have only identified a

handful of rigorously evaluated programmes in LMICs that have shown positive impacts on both children and women, most of which were parenting initiatives (Asghar, Rubenstein & Stark 2017; Bacchus et al., 2017).





Adolescents in Indonesia learn about forming non-violent classrooms and relationships

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There are several reasons for these practice and knowledge gaps:

- i) Most programmes are limited in scale and tend to rely upon trained community cadres/ volunteers with little support from government systems, including financing. Current good practice models require sustained financing and support for longer term, sustainable change;
- ii) Many good practice models that have managed to reduce VAC—for example through targeting harsh and abusive parenting—have focused on women as the primary caretaker. This risks perpetuating gendered social norms about women’s roles in the family and society. When safe to do so, male caregivers need to be consistently engaged and involved in violence prevention efforts, without diverting attention and resources from women, girls and boys and, most importantly, staying accountable to women and girls;
- iii) The rights and age-specific needs of adolescents are often overlooked in violence prevention programmes, whether emerging from the VAW or VAC space. Research on VAW, for example, can include adolescents as young as 15, but may neglect to include specific child safeguarding and ethical protocols for children in the research process. At the same time, research about children’s protection from violence seldom involves young people in research design or implementation, thereby limiting the efficacy of such research and the right of adolescents to participate in decision-making;

We need more evidence about effective strategies that simultaneously address risks to women and children in the home

- iv) Few violence prevention programmes solicit information directly from child participants and rely heavily upon self-reports by caregivers, rendering the results of evaluations limited and subject to possible social desirability bias. Prevention programmes should aim to capture feedback on programme outcomes from children and adolescents as well as from both male and female parents/caregivers to compare results reported and compensate for the lack of observable measures;
- v) Whilst some good practice models have been rigorously tested and evaluated, there is limited information about the pathways of change and which components of complex programmes have been most successful. Most evaluations describe results achieved but provide little ‘know-how’ for replication. Mixed methods research and more practice-based knowledge is needed to inform contextually appropriate adaptation, replication and/or scale up as well as investments in new innovations.

Overall, few programmes explicitly seek to address the intersections between the prevention of VAW and VAC. Where such attempts have been made, there is a gap in documentation, leading to a significant evidence gap about effective approaches to address family violence.

3. THE PURPOSE OF THIS STRATEGY

This Strategy is intended to guide our efforts to address violence against women and children in the family. It sets out how the Prevention Collaborative aims to work with partners to contribute to expand and improve programming to prevent both VAW and VAC, including the adaptation and scale up of promising

approaches in a diversity of contexts, especially LMICs. VAW and VAC prevention are still emerging fields, with limited resources available. This Strategy is an evolving document— feedback, updates and revisions are welcomed as the field evolves.



4. WHAT WILL THE PREVENTION COLLABORATIVE DO TO ADDRESS THE INTERSECTIONS BETWEEN VAW AND VAC IN THE HOME?

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In order to ground the Prevention Collaborative’s work on existing efforts, we will engage with and continually consult key global actors, organisations, researchers and practitioners working to address VAW and VAC. We will seek to better understand the key challenges around coordinating or integrating approaches to prevent VAW and VAC; the risks and concerns that might affect the protection of rights, needs, attention or funds focused on

women and/or children; and where the interests of one group could take precedence or undermine those of the other. These conversations will also help guide how the Prevention Collaborative will work to curate knowledge on family violence prevention and support programme innovation and adaptation through Accompaniment and Learning Partnerships.

The Prevention Collaborative will *embed* its efforts to work at the intersections of VAC and VAW in the family within our four main pillars of work: (i) Accompaniment; (ii) Knowledge; (iii) Community; and (iv) Advocacy.

We aspire to create a positive and inspiring community of practice for a cohort of innovators and researchers to experiment and learn.



ACCOMPANIMENT

In our work to create an effective accompaniment programme and build community among practitioners, researchers and activists working to prevent VAW and VAC, the Prevention

Collaborative will train and support Mentors to have the skills and background to encourage effective prevention work at the intersections of VAW and VAC in the home. This includes:

- Innovative **Learning Partnerships** to collaborate with partners to adapt, innovate and apply promising practices in programming;
- **Learning and training programs for Mentors** to support evidence-based programming with selected Learning Partners;
- Supporting Mentors to advocate for at least **one child- and one woman-focused outcome** in every Learning Partnership;

- Capturing **practice-based knowledge** on coordinated VAW and VAC prevention interventions.

Initially, the Prevention Collaborative will focus its Accompaniment with Mentors and Learning Partners to support three priority programme areas/entry points. These priorities are based on the recommendations of recent evidence reviews (Asghar et al., 2017; Bacchus et al., 2017) and global guidelines (WHO, 2018):

- 1) **Parenting and caregiver support programmes** to mitigate and prevent household violence, from pregnancy through to early childhood and adolescence. In various settings, this may involve, for example:
 - Supporting the adaptation of an existing IPV prevention programme working with adult men and women to include sessions on positive parenting and non-violent discipline and also measure changes in behaviours by collecting feedback from both adults and children.



- Introducing feminist-inspired reading books and literacy materials for parents and caregivers to share with their children that include messages about girls' empowerment and gender equality into parenting programmes initially designed from an exclusively early child development or child protection perspective.

Programmes will be adapted to context through an interactive co-design process between Learning Partners and Mentors. We will learn from programmes that have not succeeded in achieving outcomes for women and children or where interventions have reinforced negative gender stereotypes and norms about women's role in the family and society.

2) Supporting social norms change programmes to challenge the acceptance of violence against women and children in the broader community, building on good practice and lessons learned from LMICs in this area. Programmes will seek to support communities, activists and grassroots organisations to bring about lasting change from a feminist perspective.

3) Working with adolescents - especially adolescent girls- with an explicit focus on gender, power, building confidence and nurturing healthy non-violent relationships as they start to navigate their first intimate relationships. When safe and appropriate, this will include closely engaging boys and men as peers, responsible and accountable fathers, equal partners, and siblings. Interventions may differ in their location (e.g. school-based), depending on the context, and should be linked to other support services for adolescents (e.g. education subsidies, livelihoods programs, adolescent health services).



KNOWLEDGE

As part of our knowledge pillar, the Prevention Collaborative will regularly publish and disseminate practice-based insights from its Learning Partnerships, as well as other organisations in its extended networks, in a variety of ways (e.g. webinars, case studies, practice briefs, prevention stories, blogs). Curated evidence about existing, promising approaches to tackling VAW and VAC intersections (evidence syntheses) will also be widely shared with Mentors, Learning Partners and other partners through formal and informal networks and partners (such as the Sexual Violence Research Initiative, the Global Partnership to End Violence, among others).



COMMUNITY

In addition to pairing Prevention Mentors with local groups for long-term accompaniment, we will create an active learning community that links mentors, learning partners, and others interested in working at the intersections of VAW and VAC and nurture a vibrant community of practice.

We will pay particular attention to learning from our mistakes and innovating through partnerships. As described above, this means conducting webinars, facilitating learning groups and sharing, and providing an intellectual and emotional home for those who align themselves with the Prevention Collaborative and its work.



ADVOCACY

As a core part of our advocacy agenda, the Prevention Collaborative will advocate for programming at the intersections of VAW and VAC to funders, researchers and programmers. We will elevate promising practices and ideas that are being initiated in LMICs to integrate gender into VAC prevention programming and explicit concern for children into VAW prevention programming. Messages will include the importance of:

- Investing in innovative approaches to end VAW and VAC in the home;
- Supporting local women and children's movements and organisations;
- Encouraging increased dialogue, communication and information between VAW and VAC programmers and activists.

Where appropriate, the Prevention Collaborative will aim to influence programmes in other fields to adopt feminist and child right's perspectives -such as early childhood development and health systems strengthening.

We will be an active member of global networks and initiatives such as the [Global Partnership to End Violence](#), the [Sexual Violence Research Initiative](#) (SVRI), the [CPC Learning Network](#), among others, to share information, updates and ideas.

We will also promote, where applicable, such approaches amongst relevant stakeholders and local networks together with Learning Partners in selected countries and programmes.



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The Prevention Collaborative works to strengthen the ability of key actors to deliver cutting edge violence prevention interventions informed by research-based evidence, practice-based learning and feminist principles. For more information go to www.prevention-collaborative.org

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