



Parenting Programmes to Prevent Violence and Advance Gender Equality: Findings from a Global Mapping

Acknowledgements

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Rationale



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Parenting programmes already play an important role in supporting parents and caregivers, helping children thrive in all regions of the world. Yet too many children grow up in homes characterised by violence directed at them and/or their mothers or female caregivers. Violent discipline — which includes physical punishment and psychological aggression by parents and caregivers — and intimate partner violence (IPV) are the most common forms of violence that children and women experience, respectively.^{1 2} Often, these two forms of violence co-occur.³ Both types of violence undermine children's health, development, and well-being. Women who experience IPV face a multitude of health, social, and economic consequences. The use or experience of violence may affect parents' ability to bond with their children and provide responsive care.^{4 5 6} **While very few parenting programmes explicitly seek to reduce both violence against children (VAC) and violence against their mothers, emerging evidence demonstrates that parenting programmes can reduce both simultaneously — particularly when they adopt a 'gender-transformative' approach.** Programmes such as [Parenting for Respectability](#), [REAL Fathers](#), and [Bandeberhe](#) have found significant reductions in both VAC and IPV.⁷ Such programmes can also impart new, more gender equitable ideas, which can strengthen relationships between caregivers and encourage parents to treat their children more equally in terms of roles, responsibilities and opportunities.

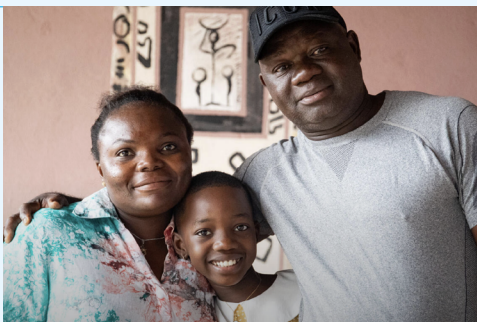
However, questions still remain. **Apart from the gender-transformative programmes that have been rigorously documented and evaluated, how are other parenting programmes currently addressing harmful gender attitudes and reducing violence? Which parenting programmes have the potential to expand the evidence on how these approaches can create safer and more equitable families?** To understand this better, Equipundo: Center for Masculinities and Social Justice, Parenting for Lifelong Health (PLH), the Prevention Collaborative, and UNICEF carried out a global mapping of parenting programmes.

What are Gender-Transformative Parenting Programmes?

Gender-transformative parenting programmes intentionally seek to address the root causes of gender-based inequalities and to challenge or transform harmful gender roles, norms, and power imbalances between women and men, girls and boys.⁸ They work with both female and male parents and caregivers to build and sustain healthy, non-violent relationships with their partners and children.

To learn more about gender-transformative parenting programmes, see the complete [Parenting Programmes to Prevent Violence Against Children and Women](#) series:

BRIEF #1



Why gender-transformative parenting programming is important?

BRIEF #2



What gender-transformative programmes look like.

BRIEF #3



How to adapt programmes to address both types of violence.

BRIEF #4

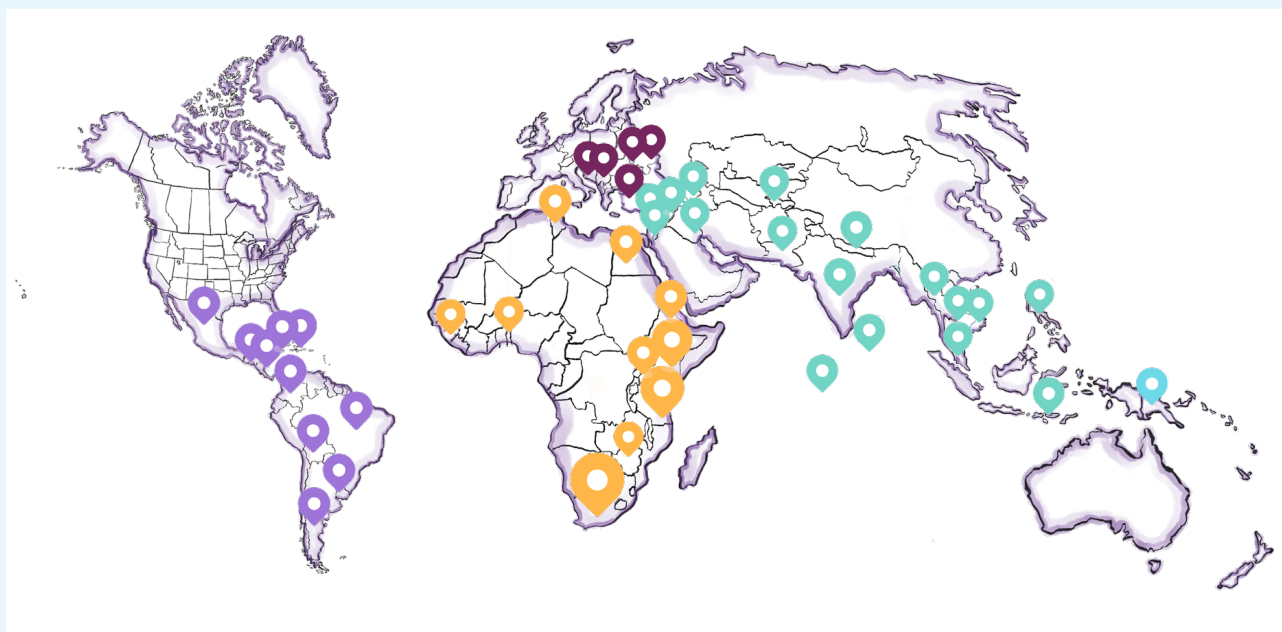


How to measure change.

Main take-aways

- A growing number of parenting programmes are working to address both violence against women and violence against children or are interested in doing so.
- Many programmes remain at early or partial stages of integrating gender equitable approaches and reflections to more deeply address power relations and the harmful gender equitable approaches and reflections that drive violence.
- There is a broad diversity in implementing stakeholders, ranging from local NGOs and international NGOs to government–NGO partnerships and university collaborations.
- Programmes vary in delivery format — some are in-person group sessions, while others combine digital engagement, community mobilisation, and professional capacity building for social workers and facilitators. Examples include home-visiting, blended online models using messaging apps, and father-focused community groups.
- Most programmes operate at community or household levels, with fewer examples of institutional or policy-level engagement.
- Many programmes are documenting impact, but there remains a need to evaluate evidence on gender-transformative outcomes.

See this [interactive map](#) on Genially, which captures some of the key highlights of this mapping of parenting and caregiver programmes!



Disclaimer: This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

Methodology

The purpose of this rapid mapping was to identify and learn about programmes that can address VAC and violence against women (VAW) and gender inequality, and also to better understand the wider environments in which these programmes operate. This mapping was not meant to be exhaustive, but rather a snapshot of parenting programmes globally, with a focus on those implemented in the Global South.

Broadly, we sought to identify programmes that work directly with parents and caregivers and fit at least two or more of the following criteria. Programmes did not have to be traditional parenting programmes focused on child development, as we recognised that there is much to be learned from programmes working with parents and caregivers in other ways. Programmes that:

- Address gender norms, violence, and equitable relationships and couple dynamics.
- Describe themselves as 'gender-transformative', but may or may not include content on VAC and/or IPV.
- Focus on VAC, but may not include IPV or gender.
- Have the potential to build new evidence in the areas of parenting, violence prevention, and gender equality (e.g. working with underrepresented groups or using new methodologies).
- Engage men as caregivers.
- Focus on parental/maternal mental health (and so may also be attentive to IPV).
- Focus on promoting early childhood development (cognitive, socio-emotional, and physical development).
- Demonstrate an organisational capacity to deliver at scale.

Based on these criteria, each partner organisation reached out through their networks to identify programmes for inclusion in the mapping. For instance, PLH contacted their implementing partners and country managers, UNICEF connected with country office staff and regional advisors, and Equimundo and the Prevention Collaborative engaged their local partners and parenting experts and conducted a rapid review of the literature. Once each organisation had identified at least 12 programmes, additional information was collected through online searches and follow-up conversations with programme teams. These discussions helped gather details on each programme's reach, target groups, main activities, delivery model, and content, as well as any available evidence supporting the programme's theory of change and intended outcomes. All the information was entered into a shared scored spreadsheet created for the purpose of this mapping exercise.

Throughout these processes, the mapping partners met monthly to discuss their findings. After the mapping was completed, each partner recommended at least three programmes with whom to conduct one-on-one interviews to better understand their approaches to addressing gender and preventing violence and their capacities to implement at scale. Three of these programmes are highlighted in the case studies further below.

Case Study: **Bandebereho** - An Example of a Rigorously Evaluated Gender-Transformative Parenting Intervention



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The Bandebereho ('role model') programme in Rwanda works with fathers of young children alongside mothers to promote reproductive, maternal, and child health, men's caregiving, and healthier couple relations. Fatherhood and the prenatal period are used as entry points to work with fathers. The 17-session curriculum applies a gender-transformative approach to build skills in caregiving, couple communication, and non-violent relationships. Seven sessions are for men only and 10 are for couples. The programme was piloted by the Rwanda Men's Resource Centre, Equimundo, and the Rwanda Biomedical Centre between 2013 and 2015.

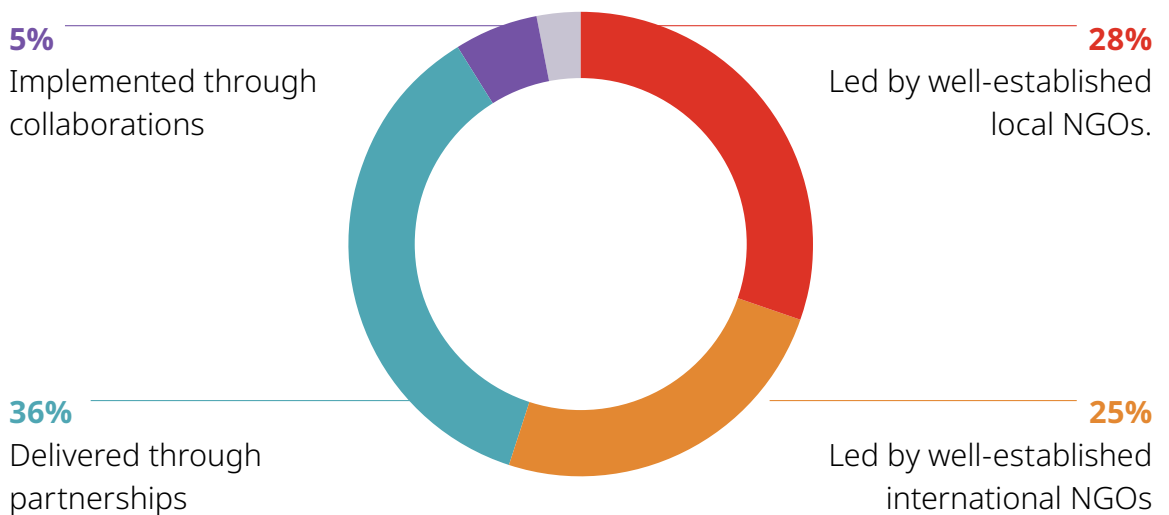
A randomised controlled trial with 1,199 couples showed significant and sustained reductions for up to six years in both intimate partner violence (physical, sexual, emotional, and economic) and parents' use of violent discipline with children. The study also showed greater participation of men in caregiving, improved couple communication, joint decision-making, and relationship quality alongside better child behavioural outcomes. The programme is now being taken to scale through the Rwandan health system by training community health workers to deliver the approach as part of their routine work — and has already reached more than 60,000 parents. The Bandebereho experience underscores the importance of strong government collaboration and long-term commitment for successful scale-up.

Main findings

In total, 69 parenting programmes were mapped across 43 countries.

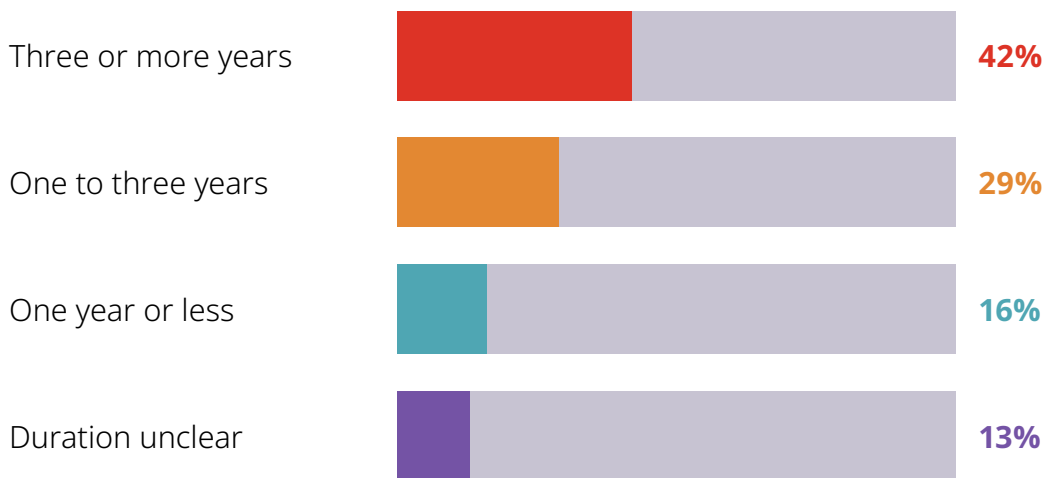
Programme Implementation and Evaluation Partners

The parenting programmes included in this mapping are implemented by a wide variety of organisations and partnerships. Most are led by well-established local (**21 programmes**, 28 percent) and/or international (**17 programmes**, 25 percent) non-governmental organisations (NGOs). Many others are delivered through partnerships between governments and NGOs — either local or international — representing **25 of the programmes** mapped (36 percent). For example, Parentalidades Comprometidas con la Primera Infancia (PPC) in Uruguay is implemented through a partnership between the government state agency, Instituto del Niño y Adolescente del Uruguay (INAU), the country's Integrated National Care System (Sistema Nacional Integrado de Cuidados, or SNIC), and local civil society organisations that manage childcare centres. A smaller number of programmes (**four programmes**, five percent) are implemented through collaborations between universities, research institutions, and NGOs, with one partner typically leading implementation while the other focuses on research and evaluation.



Programme Reach and Audience

A significant number of programmes have been implemented for three or more years (**29 programmes**, 42 percent), followed by one to three years (**20 programmes**, 29 percent), and **11 programmes** (16 percent) have been implemented for one year or less. Most parenting programmes (**55 programmes**, 80 percent) were still actively being implemented at the time of this mapping (August–December 2024). Nine programmes did not have data on the duration of implementation. At the time of the mapping, 80% of programmes were still being implemented.



Unsurprisingly, parenting programmes with longer-term implementation tend to reach larger audiences. In total, 39 programmes (56 percent) have reached more than 1,000 participants. Most of the programmes that fell into this category represented partnerships between governments and NGOs. Eight programmes (12 percent) reached between 300 and 1,000 participants, while 11 programmes (16 percent) reached fewer than 300 participants — typically those that had been running for three years or less. There was no data on this for 10 programmes mapped.

The parenting programmes mapped engage a wide array of groups, with male and female caregivers being the most common target groups in all programmes. In addition to this, **11 programmes** worked with adolescents and caregivers, **eight programmes** explicitly targeted programming to work with vulnerable families living in rural areas, **seven programmes** worked with migrant and/or conflict-affected caregivers, and **four programmes** worked specifically with parents with disabilities.

Working with caregivers in conflict-affected areas is an area that requires more research. In the Kurdistan Region of Iraq, the locally known ‘Healthy Families’ programme, an adaptation of Equimundo’s Programme H and Programme P by SEED Foundation, worked to prevent and reduce gender-based by engaging men and boys as allies for gender equality. It involved both fathers and their adolescent sons (ages 14–19) to reduce intergenerational violence and promote caring, supportive family relationships. The programme reached members of the Kurdish host community, internally displaced persons, and the Syrian refugee population.

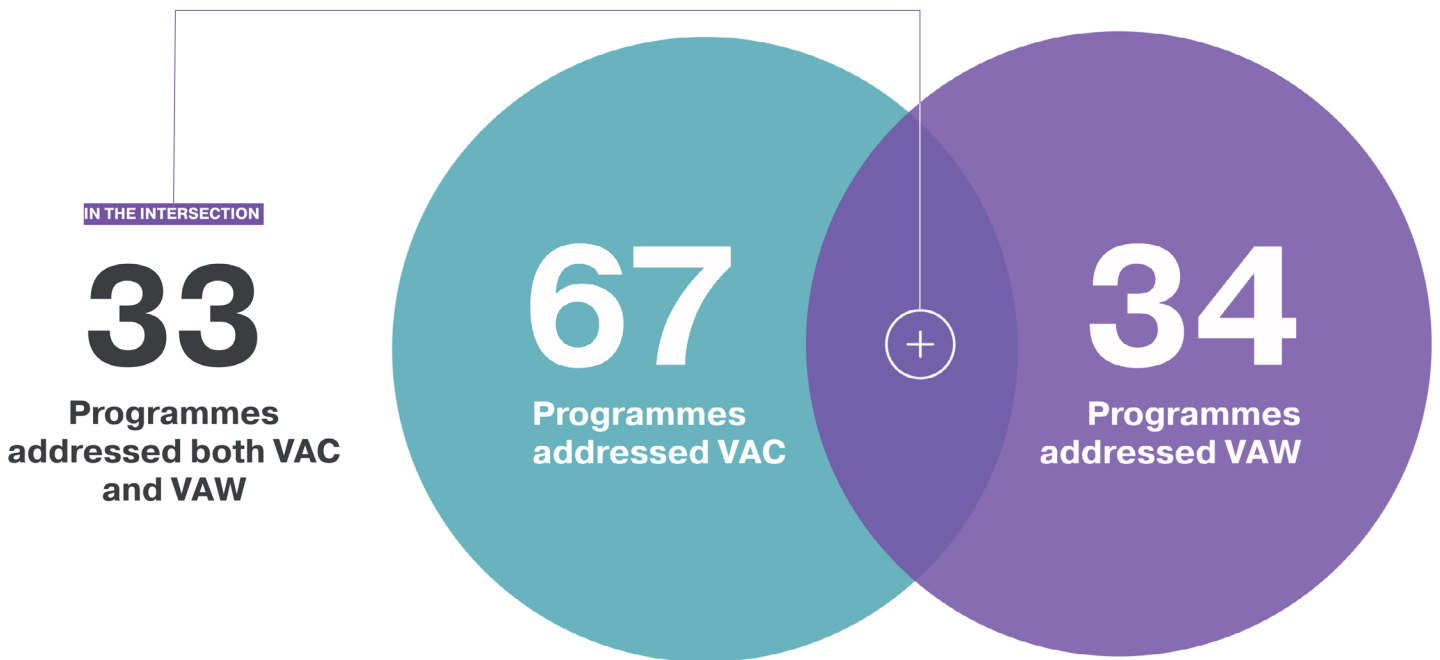
Notably, 46 programmes (67 percent) sought to work with men, whether solely with male caregivers or with couples. Twenty-three of the 46 programmes working with men (50 percent) contained content that is tailored to participating men, such as encouraging fathers to invest more time in the care and development of their children and challenging some of the harmful masculine norms that drive violence against women and children.

Goals and Outcomes of Mapped Parenting Programmes

The mapping also captured the main goals and outcomes of programmes that work with caregivers. Unsurprisingly, the majority of parenting programmes mapped mainly focused on improving the way parents and caregivers interact with and raise their children. For example, most programmes mapped aimed to foster positive parenting practices, encouraging nurturing care, and managing child behaviour. There were also a significant number of outcomes focused on improving communication between caregivers and children and reducing corporal punishment and harsh parenting methods, as evidenced in the table below.

Goal/Outcome Area	Description	# Programmes addressing this goal
Positive Parenting and Nurturing Care	Focused on strengthening caregiver–child interactions through positive parenting practices, nurturing care, and improved behaviour management.	69
Reduction of Harsh Parenting/Corporal Punishment	Targeted reduction of violent or harsh disciplinary practices.	45
Improved Communication	Aimed to enhance communication between caregivers and children.	40
Prevention of Violence Against Children (VAC)	Explicitly addressed VAC such as physical/emotional abuse and neglect, focusing on child protection and safety.	34
Child Well-being	Included goals around early stimulation, learning, health and nutrition, and social-emotional development.	25
Gender Equality and Male Engagement	Promoted gender-equitable caregiving, challenged rigid gender roles, and increased fathers’ involvement in childcare.	17
Prevention of Intimate Partner Violence (IPV)	Sought to reduce domestic violence and IPV, recognising its impact on children and family well-being.	12

Addressing the Intersections of VAW and VAC



Caregiver Mental Health and Well-being

Included outcomes related to reducing parental stress, enhancing coping skills, strengthening social support, and linking caregivers to services.

10

Among the 69 programmes mapped, 67 (97 percent) sought to prevent or reduce violence against children and 34 sought to prevent or reduce violence against women (49 percent). A third of the programmes (33 percent) sought to address both forms of violence, demonstrating that though many of the parenting programmes mapped were already working at the intersection of both forms of violence, there was ample opportunity for more parenting programmes to strengthen violence prevention and advance gender equality.

Practitioners from programmes that were addressing violence against children, but not violence against women, highlighted similar concerns about addressing violence against women. This included concerns about overloading programme curricula, which already addressed many topics, staff knowledge, and capacity; concerns about how to effectively engage fathers in caregiving; and being able to adequately respond to and refer women who were experiencing violence to services.

Addressing Gender Equity

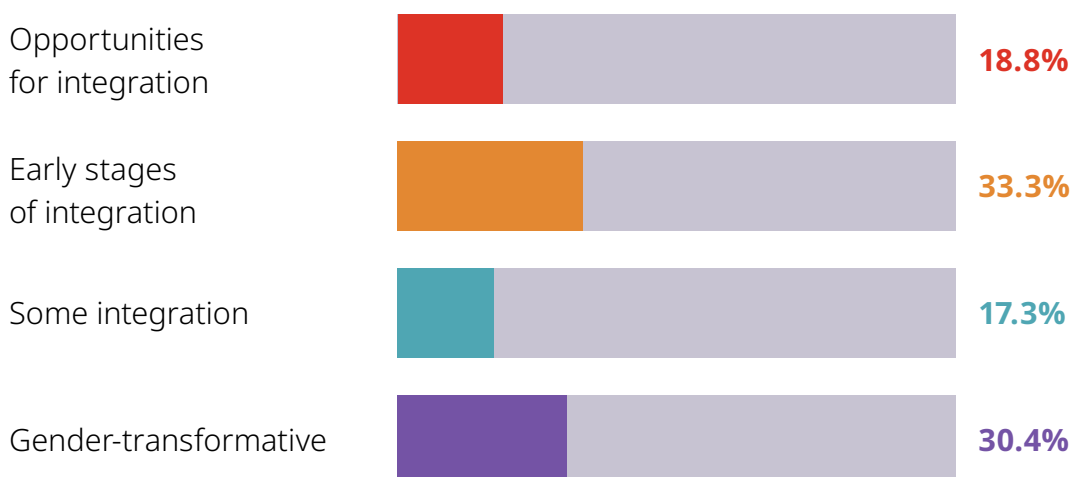
The mapping aimed to assess to what extent programmes were already addressing gender in the programmatic design, content, delivery, and assessment of outcomes. More specifically:

- Did the objectives and expected outcomes include reference to shifting gender roles, attitudes, or norms?

- To what extent did the programme content address gender issues with the aim of challenging restrictive gender attitudes and practices and promoting more equitable ones?
- How were the main activities designed to create opportunities to promote gender equality in the family?
- What evidence was there that the programme was able to shift restrictive gender norms?

After reviewing openly available published materials (e.g. curricula, facilitator manuals, programme briefs, evaluation reports, and consulting with partners, advisors, and staff, the parenting programmes were categorised into the following:

- *Opportunities for Integration* — Defined as programmes that have many opportunities to integrate gender as the programme made little to no mention of gender, gender norms, or the different roles/needs of women, men, girls, or boys.
→ 18.8 percent of programmes fit into this category.
- *Early Stages of Integration* — The programme made initial references to gender (e.g., mentioned mothers and fathers) but did not address power dynamics, roles, or equality.
→ 33.3 percent of programmes fit into this category.
- *Some Integration* — The programme integrated gender considerations in some activities or content (e.g., encouraged involvement of both caregivers, acknowledged unequal roles or norms), but it was not systematic or transformative.
→ 17.3 percent of programmes fit into this category.



- *Gender-Transformative* — The programme consistently and intentionally addressed gender equality and power dynamics and included this focus as an integral part of its objectives and expected outcomes (e.g., promoted shared caregiving, challenges harmful gender norms, supports equitable decision-making, and worked to promote more equal, and non-violent relationships overall).
→ 30.4 percent of programmes fit into this category.

Many practitioners we spoke with were eager to strengthen the gender transformative content of their programs and were taking active steps to do so. However, many noted that they struggled with how to identify the key opportunities or entry points where their programme could be strengthened, and how to thoughtfully facilitate reflection on gender norms – particularly in the face of rising backlash against gender equality. Practitioners struggled with how to deepen their existing content to provoke meaningful critical reflection (i.e., going beyond superficial changes to content). They also focused less on re-thinking programme design and implementation quality in addition to shifting programme content.

Programme Delivery - Main Activities

The programmes mapped were implemented in a variety of ways such as in-person interactive learning (e.g., discussion groups), digital delivery, and community mobilisation to promote positive parenting practices and prevent violence. Thirty-eight programmes (55 percent) were delivered mostly in-person with parents and caregivers in homes, schools, health centres, and even at the workplace. For example, 'Free to Grow' is a workplace-based programme that addresses violence in the home by supporting working parents and caregivers. Designed to be delivered during working hours, it helped employees build stronger families and better work relationships — reducing home conflict. Several programmes coupled this with community-based approaches such as 'Safe Families', a programme for use in development and humanitarian contexts to reduce physical and humiliating punishment against children. The approach engages men and women in parenting group sessions, adult-child interactions, and community mobilisation activities.

Twenty-five programmes (36%) were delivered using a blend of in-person and online approaches, with the latter including the use of tools such as instant messaging apps and social media to deliver programme content. For example, the 'PLH for Young Children' in Thailand promoted positive discipline and support caregiver well-being, using a blend of in-person sessions and reinforcement of messages through a phone messaging app. Digitisation through the use of online tools such as chatbots and instant messaging apps was increasingly seen as a low-cost and effective way to deliver and scale up parenting programmes.

Potential for Scale

The vast majority of the parenting programmes mapped were implemented primarily at the community and household levels, aiming to influence behavioural changes and skills-building among parents and caregivers. Most activities, as described above, involved group sessions or workshops for parents and direct parent-child engagement activities. Though still significant, a smaller proportion of programmes included community mobilisation such as through community dialogues or sensitisation campaigns, or peer-led models that built local support networks. Some programmes involved government or NGO partners for implementation and mostly focused on programme delivery. For example, see the case study on 'Early Journey of Life', an early childhood development programme with a focus on maternal and child mental health in Vietnam.

Case Study: Early Journey of Life (Vietnam)

Early Journey of Life (EJOL) is a parenting programme that addresses key risk factors for maternal mental and physical health and early childhood development in Vietnam and was developed by the Research and Training Centre for Community Development (RTCCD) in Hanoi and Monash University in Melbourne. Originally focused on the first 1,000 days of life, it has expanded to cover pregnancy through to age five (the first 2,000 days).

The programme offers in-person, hybrid, and online formats. The hybrid model includes 12 group sessions integrated into routine immunisation visits, delivered in-person during the 30-minute post-vaccination waiting period, organised by age cohorts, and four optional online courses. Sessions are also offered in paediatric and obstetrics departments. The online courses are also available for parents who are unable to attend in person.

The sessions and courses cover nine topics, including pregnancy, childbirth preparation, newborn care, child–caregiver interactions, injury prevention, perinatal mental health, and gender empowerment. The programme actively encourages fathers to participate in responsive caregiving and supportive partnerships. Materials and imagery (e.g., videos, storybooks, toys) deliberately portray mothers and fathers in non-traditional roles. The EJOL team has analysed the programme’s gender transformative and violence prevention elements and continues strengthening these components.

A cluster randomised controlled trial of an earlier version of EJOL (2018 to 2021) found that children who participated in the programme showed higher cognitive, motor, and language development than the comparison group. The programme also improved parents’ responsive care and early learning activities, including fathers’ behaviours.

EJOL is currently being scaled up together with the Ministry of Health and the Vietnam General Confederation of Labour Vietnam and is expected to reach seven of Vietnam’s 34 provinces by 2028, reaching more than 12 percent of the country’s population. The programme is also being adapted to reach 16 ethnic minority groups across the country. The team is working to institutionalise EJOL in the national health system through health worker training, policy integration, indicator reporting, and promotion of positive caregiving practices nationally. Given its reach, deliberate and effective scale-up strategy, and focus on multiple risk factors, EJOL has enormous potential to prevent IPV and VAC and promote more equitable relationships.

For more information, see: ejol.vn/ejol-in-english

At the same time, the mapping found that systemic or institutional engagement remained limited. This means that there were potential areas for future investment especially on policy influence, institutional reform, and integration of gender-transformative programming into national frameworks. For example, as the result of years-long advocacy, the Kenya National Prevention and Response Plan recognised positive parenting programmes as an evidence-based intervention to reduce VAC. Investing in Children and their Societies (ICS-SP) collaborated with UNICEF and the Government of Kenya to design the Kenya National Positive Parenting Programme (NPPP). ICS-SP integrated a gender-transformative approach to its parenting programme and, together with the government and other partners, is scaling it nationally. See the case study [here](#).

Programme Evidence

Most programmes in the global mapping were either evidence-based or actively documenting their impact, though the strength and rigour of that evidence vary considerably. Overall, 49 of the 69 programmes (71 percent) have been evaluated or were in the process of being evaluated, with the methods and tools ranging from pre- and post-test questionnaires measuring changes in knowledge, attitudes, and behaviours; supervision observations; and qualitative interviews with caregivers, service providers, and others involved in the programme. Fourteen parenting programmes (20 percent), where data was available, reported to have a more rigorous evidence base such as randomised or quasi-experimental evaluations either completed or in progress. Of those programmes that referenced impact evaluations, pilot studies, or monitoring results, positive outcomes were reported, such as:

- Significant increases of about 30–50 percent in men’s active participation in housework and caregiving tasks and increased communication in the couple about their own and their partner’s concerns and feelings (Programme Abb in Lebanon).⁹
- Improved child cognitive and receptive language development and maternal stimulation, improved gender relations, and significant reductions in IPV (EFFECTS in Tanzania).¹⁰
- Increased primary caregiver engagement in responsive care and early learning activities in early childhood development (Moments that Matter in Kenya).¹¹
- Significant positive changes in caregiver depression, anxiety, stress, internalising symptoms, and emotional regulation skills (Crianza con Consciencia+ in Mexico). See the case study on CC+ below to learn more.¹²

Case Study: Crianza Con Conciencia Positiva



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Crianza con Conciencia+ (CG+) is a parenting and well-being programme in Mexico that was developed by Parenting for Lifelong Health in collaboration with UNICEF Mexico, the National Institute of Psychiatry Ramón de la Fuente Muñiz, and IDEMS International, and was delivered through Juconi Foundation, National System for Integral Family Development, and other public institutions. The programme aims to strengthen family bonds and promote the emotional and mental well-being of children, adolescents, and their caregivers. Through a hybrid model that combines digital tools with in-person sessions, the programme extends its reach to mothers, fathers, and caregivers in diverse local contexts. Daily sessions are 15-minutes and delivered via WhatsApp.

The programme's seven modules address key topics such as improving the caregiver-child relationship, sharing parenting responsibilities, caring for mutual well-being, ensuring safety and health, guiding behaviour, supporting learning, and understanding child development. In addition to promoting positive parenting practices, the programme includes content on mental health, play, and well-being for both caregivers and children and adolescents. CG+ also integrates core elements of a gender-transformative approach by addressing unequal gender norms in caregiving and positioning both women and men as active agents in promoting children's well-being. The programme features diverse and non-stereotypical visual representations of male and female caregivers and a targeted course for male caregivers that focuses on healthy, non-violent partner relationships and shared parenting responsibilities.

CC+ has been implemented mainly with the support of staff from government institutions, in community development centres, and spaces connected to care networks. In 2024, a pilot was carried out in four states — Baja California, Chihuahua, Mexico City, and Michoacán — benefiting 292 families and showing positive results across all key indicators. In its new expansion phase, implementation has resumed in these states and Guerrero has been added, with an enhanced version of the digital tools.

The pilot, led by the University of Oxford and the National Institute of Psychiatry Ramón de la Fuente Muñiz, found that caregivers showed significant improvements in mental health with noticeable reductions in symptoms of depression, anxiety, and stress. Additionally, there were improvements in emotional well-being, gratitude, and self-efficacy, which contributed to healthier family dynamics. Caregivers became more actively involved in positive parenting practices, fostering stronger and more supportive relationships with their children. There was also a significant decrease in general violence, including both physical and emotional abuse, creating safer home environments for children. Qualitative findings, particularly from urban contexts, point to early shifts in fathers' involvement, including increased caregiving time and improved emotional connection with children.

CC+ is in the process of being scaled by expanding access in low-connectivity areas through the development of ParentApp. A comprehensive revision of the programme's gender transformative approach is in process to maximise the programme's impact in preventing violence against women, children, and adolescents. A rigorous evaluation of programme effectiveness through a randomised controlled trial is also being planned to generate robust evidence to inform decision-making for scale-up.

For more information, see www.parentingforlifelonghealth.org/mexico-english

Conclusion



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These findings show that parenting programmes are a powerful entry point for addressing both gender inequality and family violence. Parenting programmes are already bridging the fields of early childhood development, violence prevention, mental health, and working with diverse populations in family-centred ways. Scaling gender-transformative parenting within national systems (as seen in Kenya and Vietnam) could significantly advance global prevention goals, shifting from isolated interventions to holistic family well-being strategies that engage fathers, challenge harmful norms, and reduce multiple forms of violence.

Recommendations for parenting programmes

1. Donors and governments should invest in the design and scale-up of gender-transformation parenting programmes that address both types of violence.

There is a strong diversity of delivery models and donors and governments have the opportunity to invest in the design and scale-up of gender-transformative parenting programmes that intentionally address both violence against children and violence against women rather than treating these as separate issues.

2. Parenting practitioners should adapt their programmes to integrate gender/violence prevention, building on the evidence.

Many programmes already have strong delivery platforms and parenting practitioners should be supported to adapt and strengthen content to address harmful gender norms, power relations, and violence, building on existing evidence and guidance.

Learn more about gender-transformative parenting programmes [here](#). This four-part series helps parenting practitioners integrate violence prevention and gender equality into their programmes, highlighting how effective initiatives often use gender-transformative approaches. The briefs distil key evidence and offer practical guidance on adapting, implementing, and evaluating parenting programmes to address both VAC and IPV.

3. Create spaces for more sharing across the field to enable learning from existing programmes and address common challenges.

The mapping highlights shared challenges and innovations across programmes when it comes to addressing gender and violence prevention. This underscores the need for regular learning and exchange spaces where implementers, governments, and researchers can share lessons, troubleshoot challenges, and collectively advance gender-transformative practice.

4. Evaluate parenting programmes to assess impact on both VAC and VAW, and gendered risks factors.

Programmes documenting implementation and caregiving outcomes are using a diversity of methods. There is a need to strengthen the evidence to assess the impact of gender-transformative parenting programming on both VAC and VAW, as well as on risk factors of violence such as unequal power dynamics, and gender inequitable norms, and roles

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About us

UNICEF, the United Nations agency for children, works to protect the rights of every child, everywhere, especially the most disadvantaged children and in the toughest places to reach. Across more than 190 countries and territories, we do whatever it takes to help children survive, thrive, and fulfil their potential.

UNICEF Office of Strategy and Evidence – Innocenti accelerates progress for children by working to ensure that policies and programming are informed by high-quality evidence. As the global custodian of child-related official statistics, it works closely with governments and partners to strengthen national statistical systems. Through world-leading data, research and foresight, it underpins UNICEF's global leadership on children's rights and serves as the organization's hub for setting strategy and monitoring programmes. With the active engagement of young people and other partners, it supports advocacy and dialogue aimed at improving the lives of children everywhere.

The **Prevention Collaborative** works to reduce violence against women and their children by strengthening capacity of key actors to deliver effective prevention programmes, based on feminist principles and evidence -and practice -based learning. We serve the specific needs of practitioners and implementing partners by curating evidence, mentoring organisations, and ensuring that donor funding is channelled wisely.

Equimundo: Center for Masculinities and Social Justice has worked internationally and in the US since 2011 to engage men and boys as allies in gender equality, promote healthy manhood, and prevent violence. Equimundo works to achieve gender equality and social justice by transforming intergenerational patterns of harm and promoting patterns of care, empathy, and accountability among boys and men throughout their lives.

Parenting for Lifelong Health (PLH) aims to reduce family violence, support family mental health, and promote child development and learning by delivering evidence-based, low-cost parenting programmes delivered at scale. Co-created with families and grounded in rigorous research, PLH promotes equitable, caring relationships and challenges harmful gender norms. Founded in 2012 with UNICEF and WHO and established as a UK charity in 2022, PLH has reached over 8 million families worldwide.

for every child, **answers**