

STRENGTHENING COUNTRY PLEDGE COMMITMENTS TO ADDRESS BOTH VIOLENCE AGAINST CHILDREN (VAC) AND VIOLENCE AGAINST WOMEN (VAW)

*Recommendations for the Global Ministerial Conference on Ending Violence
Against Children (GMC) Sector Dialogue on VAC/VAW Intersections*



INTRODUCTION

There is a strong and growing evidence base showing how [violence against children and violence against women intersect](#) [See Image 1]. These areas of overlap include shared and compounding consequences for children's and women's health and well-being. Both forms of violence also occur at different life stages of women and children. Experiences of violence across childhood, adolescence, and adulthood are often connected by the same underlying drivers, including unequal gender norms and power imbalances. This means that prevention gains made at one point along this continuum can help protect against violence later in life. Yet the policy and service systems responsible for preventing and responding to these forms of violence largely continue to operate in parallel. They are often governed by separate ministries, financed through separate budget lines, and staffed by workforces with limited cross-sectoral training.

At the same time, there is promising evidence that addressing both forms of violence can yield multiple positive outcomes for children, couples, women, men, and future generations.^{1,2} The [2nd Global Ministerial Conference on Ending Violence Against Children](#) (GMC), and the pledge process that accompanies it, offers a timely and concrete opportunity to translate this evidence into political commitment. ***This document provides concrete recommendations for governments and other key stakeholders seeking to strengthen their pledges to address both forms of violence, advance gender equality, and strengthen positive outcomes for children.*** These recommendations are informed by an online Sector Dialogue held in the lead-up to the GMC.

SECTOR DIALOGUE ON VAC/VAW INTERSECTIONS

On July 8, 2026, a virtual Sector Dialogue brought together organisations with a sustained history of working at the VAC/VAW intersection. The dialogue was co-hosted by UNICEF, WHO, Prevention Collaborative, Equimundo, Plan International, World Vision, Save the Children, and the Global Youth-Led Movement on Ending Violence Against Children.

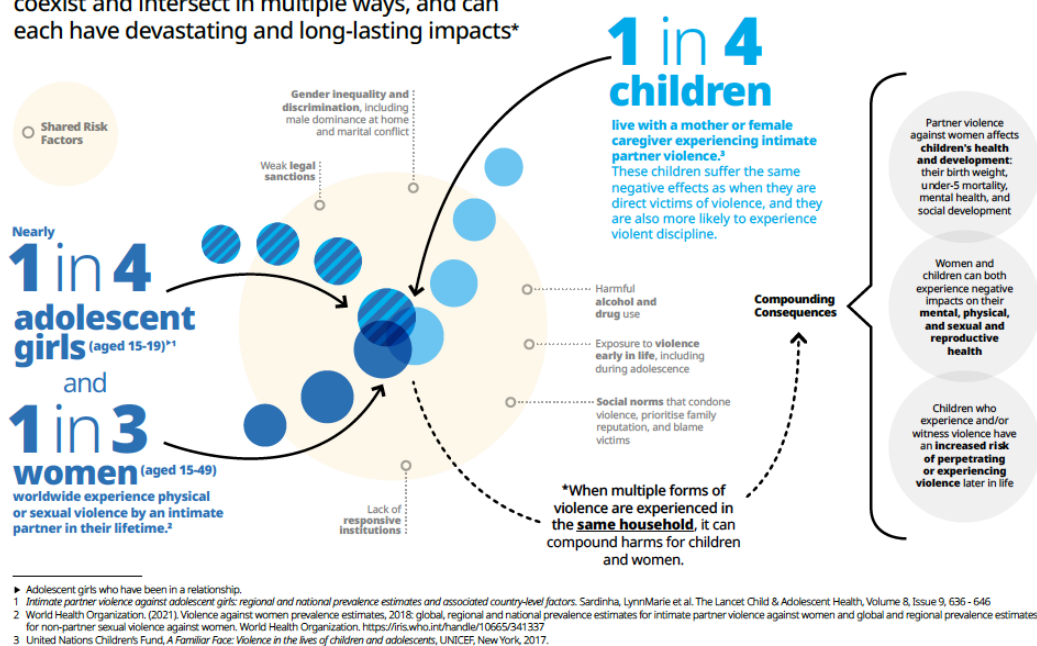
This Sector Dialogue brought together more than 80 civil society representatives, researchers, advocates, practitioners, and other stakeholders. Participants reflected on progress since the Bogotá Ministerial Conference on addressing VAC/VAW intersections in pledges. They identified priority asks for government pledges at the 2nd Ministerial Conference, explored opportunities for practical alignment in the months ahead to maximise the likelihood of those commitments being made, and highlighted key recommendations for making pledges more impactful.

Image 1 UNICEF Infographic on the Intersections of VAC and VAW

Violence Against Children and Violence Against Women

coexist and intersect in multiple ways, and can each have devastating and long-lasting impacts*

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WHAT MESSAGES STRONG COUNTRY PLEDGES SHOULD INCLUDE

1. Prevent violence before it starts.

Invest in evidence-based programmes that prevent both violence against children and violence against women, address their interconnected drivers, including unequal gender norms and power dynamics, and end intergenerational cycles of harm.

Across groups, the most consistent finding was that VAC and VAW institutions, funding, advocacy, and programming are often disconnected in practice, even where national strategies formally cover both. At the same time, participants pointed to promising integrated and life-course models that focus on prevention, such as [gender-transformative parenting programmes](#) that address violence against children, intimate partner violence, and early childhood development; school-based programmes focused on adolescents; and programmes embedded within existing health systems.

2. Work across the life course.

Violence against children and violence against women are connected: invest in life-course approaches that intervene early, address risks and vulnerabilities at each life stage, and pay particular attention to adolescents, especially girls, who are often overlooked in policy and programming.

Adolescents surfaced repeatedly as an under-addressed intersection point and as a recognised gap from the first Ministerial in Bogotá. According to the recent [ASEAN Youth Survey on Ending Violence Against Children](#), half of youth overall – and three quarters of female respondents – reported that at least some of the violence they experienced in adulthood was likely a continuation of the violence they experienced in childhood. Evidence across global settings consistently shows that violence experienced in girlhood predicts violence experienced in womanhood, reflecting a continuum of violence rooted in gender inequality, unequal power relations, and harmful social norms. Adolescent girls also experience multiple and overlapping forms of violence across the transition from childhood to adulthood. [WHO estimates](#) show that violence starts early in the lives of girls with nearly a quarter of adolescent girls (15-19 years) have experienced such violence in their lifetime.³ [UNICEF's Brief 3: Adolescent Programming to Prevent Violence](#) provides guidance on how to strengthen violence prevention programming and services for adolescents.

Among those who reported experiences of violence in childhood, **violence against girls continued into violence against women** for:

3 out of 4



Source 1: Slide from Mariñas, B. presentation to the VAC/VAW Intersections Dialogue using data from the ASEAN Youth Survey on Ending Violence Against Children. July 2026.

3. Build coordinated response systems.

Strengthen referral and response systems to provide coordinated, confidential, accessible, child-friendly, and survivor-centred services for children, adolescents, and women experiencing violence.

Respondents emphasised that prevention and response mechanisms should work hand in hand. Some examples of actions to create a more coordinated response system include:

- Invest in integrated models at point of service deliver and coordinated response to violence through child protection, health (including mental health), and law enforcement and legal support systems for women and children that improve access at the community level and respond comprehensively to survivor needs.
- Train health, social service, and justice-sector workforces to identify and respond to violence against children and against women including by bringing these sectors together on coordination and referrals.
- Strengthen referral pathways and information-sharing across systems, including across health, family courts, criminal courts, and child protection authorities.
- Strengthen health systems to recognise identify and respond to intimate partner violence and child maltreatment in a coordinated manner. Where children are exposed to intimate partner violence at home, offer psychotherapeutic support including sessions with and without their mother, recognising that evidence on its feasibility and adaptation in low- and middle-income settings remains limited (see WHO, 2013 resource below).

- Make services accessible to those facing multiple and overlapping forms of exclusion, including disability, displacement, poverty, and other barriers.

Participants brought up examples of health-sector identification, integration and one-stop multidisciplinary service centres from Brazil, South Africa, and the Philippines. However, while there is value in exploring these models, it is important to evaluate the effectiveness and quality of these approaches. This includes implications for how child protection systems and those that address violence against women with distinct responsibilities and safety considerations need to be considered.

For more resources, please see:

World Health Organization. (2013). [*Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*](#).

World Health Organization. (2019). [*WHO guidelines for health sector response to child maltreatment*](#).

4. Strengthen data and evidence.

Invest in age-, sex-, disability-, and gender identity-disaggregated data, research wherever possible, and measurement systems to better understand the intersections between violence against children and violence against women, track progress, and inform policy and programming.

There must be continued investment in multi-country surveys such as DHS, VAWG, VACS, and MICS, alongside better coordination of survey cycles, sampling, and measures across instruments to enable more meaningful cross-comparison. Data systems should help identify which groups are being left behind and where services are not reaching those most at risk. This means that data systems should also go beyond collecting data on age and sex to capture intersectional vulnerabilities (e.g. adolescent girls with disabilities, or children in displacement settings).

5. Make all pledges measurable and accountable.

Governments must commit to concrete, costed, and time-bound actions with clearly identified responsible institutions, indicators for success, and transparent reporting on progress.

Commitments framed in general or aspirational terms are difficult to track and rarely translate into action or accountability. Governments must commit to concrete, costed, financed, and time-bound actions. Countries are encouraged to name the institution(s) responsible, a defined timeline, and a measurable indicator so that a pledge can become an important mechanism of accountability.

6. Share decision-making power with children, young people, women, and survivors.

Ensure their safe and meaningful participation in designing, implementing, and monitoring commitments that prevent and respond to violence against children and violence against women – from beginning to end.

Engaging children, adolescents, particularly girls and young women, in inclusive and participatory pledge processes from the very beginning through monitoring can challenge the existing power imbalances and help ensure that frameworks are genuinely responsive to young people's needs. Participation should influence decisions, resource allocation, implementation, and monitoring, not simply provide input.

WHAT ADVOCATES, RESEARCHERS, AND PRACTITIONERS CAN DO BEFORE MANILA

Civil society, key institutions, researchers, and others have a crucial role to play in influencing pledge-making processes, ensuring that the intersections of VAC and VAW remain on the agenda at the GMC and are meaningfully integrated into government pledges.

Before and during pledge development

Invitations for the GMC have been sent out, and national preparatory sessions should take place soon. During this time, you can:

- Bring [evidence](#) showing how VAC and VAW intersect and who is being left behind.
- Through your own work, identify opportunities to bring together VAC and VAW stakeholders who may currently work separately.
- Advocate for integrated, adequately financed, and accountable commitments.
- Create safe avenues for child, youth, and survivor participation throughout the pledge process, not only at the end.
- Review draft pledges against the key recommendations outlined above.

After pledges are made

- Identify opportunities within the pledge to support implementation and cross-sector coordination.
- Monitor budgets, milestones, and indicators, and discuss these with government to support accountability.
- Identify and address gaps with key ministerial and other stakeholder counterparts.
- Continue to invest in strengthening the evidence on interventions that address the intersections of VAC and VAW.

The Global Ministerial Conference organisers have also prepared [their own resources](#), including *National Preparatory Guidance*, guidance on developing strong national pledges, and reporting guidance.

This document was prepared by Prevention Collaborative in collaboration with UNICEF Office of Strategy and Evidence – Innocenti, Equimundo, Plan International, World Vision, Save the Children, and the Global Youth-Led Movement on Ending Violence Against Children. Inputs were provided by WHO.

NOTES

¹ Bacchus, L. J., et al. (2024). [Interventions that prevent or respond to intimate partner violence and violence against children: A systematic review](#). *Lancet Public Health*, 9, e326-38.

² UNICEF Innocenti – Global Office of Research and Foresight. (2024). [Working at the intersections of violence against children and violence against women: Why it matters for children's protection and well-being \(Evidence to Action Brief No. 1\)](#). UNICEF Innocenti.

³ Sardinha L, Yüksel-Kaptanoğlu I, Maheu-Giroux M et al. (2024). [Intimate partner violence against adolescent girls: regional and national prevalence estimates and associated country-level factors](#). *The Lancet Child & Adolescent Health*, 8, 636-646.